



# en Action

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## An emergency : Improving our working conditions

**The bargaining round in the public sector, and especially in the health and social services sector, should really have begun at the beginning of February. Instead, we received a bombshell ! The management party tried to delay negotiations by presenting a document that essentially contains orientations for the bargaining round and no responses to our demands.**

On what planet do employers live? Emergencies are overflowing, overtime is used abusively and even, in many cases, imposed on nurses. As a result of continual workload problems, nurses are exhausted and young people are turning away from the profession. It is clear for the Federation that solutions must be found and, in view of this, the negotiation of a new collective agreement, the first since 1989, is a must.

In April 1998, we were already at the bargaining table. During this period, we presented, explained, argued the situation experienced by nurses in the past few years, especially since the massive budget cuts and the numerous closures of institutions in 1995-1996. To support our case and bring to light the pathetic state of management in the health-

care network, we stopped working overtime. After no more than two days, the network had difficulty functioning and the Essential Services Council intervened. An order forced nurses to put an end to the action and employers to post all vacant positions. Moreover, measures for the settlement of disputes concerning workload problems were proposed.

However, we had to wait until February 1999, for the appointment by the *Ministère de la Santé et des Services sociaux* of resource persons to take action on these issues, that is more than seven months after the Council's order. Are we to understand that nurses' workload problems are not a priority for the government? The management offers speak for themselves; there is nothing proposed to come to grips with the

current situation of nurses which is constantly deteriorating.

Will the arrival of a new minister, Madam Pauline Marois, at the head of the health and social services ministry change anything? It remains to be seen. It is the first time in at least three years that we hear the minister say that it is important to reduce job instability among nurses. What a change ! However, the message has yet to be heard and understood by employer associations which seem to negate the problem, hiding behind their sacrosanct management rights.

The population, for its part, understands the situation with regard to the work load and the increasingly difficult working conditions that nurses are facing; thus, we can count on the support of the public, which regularly gives us signs of sympathy.

Moreover, nurses have good credibility in the health and social services network. We have spoken out in all forums to preserve the health care system untouched, and the public knows this.

Although this round of negotiations is bound to be longer and more difficult than expected, I trust that, through solidarity, Quebec nurses will be able to uphold their demands and obtain the necessary corrective measures to ensure a good quality of life not only at work, but also outside of work. Moreover, better working conditions will undoubtedly have an effect on the attraction and retention of young nurses, the relief so sorely needed in the health and social services network.

*Josée St-Onge*

## Management offers meet with disapproval !

On February 2, the members of the Co-ordinating Committee and the Negotiating Committee went to meet the Health and Social Services management negotiating committee (*Comité patronal de négociation de santé et services sociaux - CPNSSS*) for the presentation of management offers. In reality, employer representatives presented demands, not offers, that are orientations for bargaining.

All the concerns discussed at the spring 1998 meetings on nursing issues and job instability are nowhere to be seen in the employers' offers. Thus, there is no admission of nurses' workload problems, no recognition of the work

and contribution of nursing personnel in the re-engineering of the network until now. There is nothing, or next to nothing, to meet the needs of nurses and, consequently, those of the patients they care for. The comments which

the Vice-President responsible for the Negotiations, Lina Bonamie, made after the meeting with the management party were unequivocal: *"Indecent and outrageous !... In no way responds to our demands...Strictly bookkeeping concerns..."*.

Her reaction was all the stronger since employers had disclosed the content of their flimsy document (12 pages) at a press conference held in the morning. This was a mark of a supreme disrespect which is in no way conducive to negotiations !

The Federation believes that what employers presented in February could have been presented long before the elections. Indeed, the government was up for elections, not the employer associations. And since



what they had to present were demands and bargaining orientations rather than offers, why have waited so long ?

Management offers meet with disapproval ! (cont'd)

*"What employers are trying to do is to decentralise the decision-making process as much as possible. In short, they want to divide provincially and rule locally, and thus come back to the situation that prevailed in institutions 30 years ago. And remember that the situation improved thanks to the struggles nurses have waged since then .",* pointed out the Vice President.

Certain problems must be addressed and must be settled : we refer here to the reduction of job instability, the elimination of work load problems, the promotion of better work organisation and the improvement of human resources development.

Employers must understand that it is to the advantage of the patients, the network and those who work in the network to have a fair and equitable collective agreement that is in tune with the new realities of the health and social services network.

Finally, it is important to have a long-term vision and to put an end to piecemeal solutions. The Federation knows that nurses have kept the health-care system running for the past three years. So does the population. It is high time that the managers of the system acknowledge this... at last.

# Management offers : A flimpsy document

**What is there in the management offers presented on February 2 ? We can begin by saying that the intentions of the employer associations can be summarised in two statements :**

- the universal plans such as job security, maternity leaves and salary insurance, and all monetary clauses should be negotiated at the provincial level ;
- all the other elements of the collective agreement should be negotiated at the local level.

With the offers tabled, Employer associations do not respond to any of the demands formulated by FIIQ nurses. They demand instead that there be negotiations on subjects that should, in their opinion, be dealt with at the local level, as a pre-condition to any discussion on other questions.

Let us remind all those who were not around in the early sixties that, at that time, there were important discrepancies in working conditions (salaries, length and arrangement of the workweek, days off, etc...) from one institution to another, that could hardly be justified and that were often very unfair. Indeed, the health-care network was composed of a multitude of institutions, with employers negotiating the working conditions of their employees themselves.

These inequalities led to the creation of the centralised negotiation structure that we have today for the negotiation of the collective agreements in the health-care network.

## THE UNIVERSAL PLANS

Let us begin by looking at the universal plans that, the employers' view, need to be revised. This revision is necessary, they claim, " *to promote greater flexibility and better co-ordination of the provisions related to the management and mobility of the work force* ". They grouped the universal plans and the other provisions to be discussed at the provincial level into the following five categories.

### *Movements of personnel following administrative reorganisations*

For the management party, the provisions of the collective agreement for the transfer of personnel should allow employers to implement changes in the health and social services network, that engender movements of personnel, as simply and as quickly as possible. Employers demand the streamlining of the collective agreements in the network, the addition of measures that would facilitate the pursuit of the transformation of the network and that priority be given to the transfer of employees on job security. What are the measures they propose? There is not a word on this in the employers' document.

### *The multiplicity of certification units*

The merger of institutions (e.g. : the creation of the CHUM, the CHUQ and the CUSE) led to a multiplicity of certification units with one employer. Employers

want to introduce provisions that would allow for a greater mobility of nurses between certification units with the same employer and thus minimise the impact of the multiplicity of certification units. According to management demands, the number of days of union leave with the same employer would henceforth be granted on the basis of the number of employees in all the FIIQ-affiliated certification units. This would considerably reduce services offered by local teams to nurses who have been wronged , especially when members are disseminated in different pavilions.

These stands are diametrically opposed to the demands formulated by nurses on these issues.

### *The job security plan*

Despite the fact that there are no more than 1000 employees of the health and social services network still on job security, and that the vast majority of these employees work on replacements, the management party persists in stating that the rules concerning the job security plan are way too rigid. To this effect, employers would like the revamp the job security plan, raising the relocation radius from 50 to 150 km for an employee who has been laid off for over 12 months.

### *Group insurance plans*

On this subject, the management party indicates that they want to re-evaluate the measures provided for in the provisions of the salary insurance plans to have better control over the costs of absences (this would mean even more control for sick nurses) and encourage presence at work. To this end, whether as a nurse or in another job title not covered by the collective agreement, employers want to review the return-to-work process in the case of professional rehabilitation by ensuring a quicker return of the employee to her position or to a temporary assignment that takes into consideration her functional limitations.

Moreover, the management party wants to propose modifications in order to simplify and update the provisions of the collective agreement with regard to the group insurance plans.

### *The revision of certain other provisions*

The management party also wants to revise the provisions regarding the recognition of post-graduate studies, the deferred pay leave, the payment of arbitration expenses, the payment of salaries, the Human Resources Development Plan (HRDP), the mechanism for the settlement of disputes at the level of the Committee on Nursing, and the provisions concerning the leaves for union activities.

As we mentioned, the management party did not present any offers on the non-monetary clauses of the collective agreement and on monetary matters at the February 2 meeting. In their document, they stated that their offers would be presented after discussions on the decentralisation of certain matters to the local level.



## THE PROPOSAL FOR DECENTRALISATION

For the management party, it is important “ *to give the employer and the union(s) of each institution the responsibility for negotiating all of the working conditions related to organisation and management of the human resources required for the organisation and management of services to the public.* ”

This decentralisation of certain matters to be negotiated at the local level is preliminary, according to the management party, to any discussion of the issues in the collective agreement. The management party even plans that the provisions of the current collective agreements would be maintained on the subjects they want to decentralise until a local agreement is reached by the parties.

The matters to be negotiated at the local level cover several articles of the collective agreement. Entrusting the negotiation of these matters to the local parties cannot constitute a response to the demands formulated by all nurses in our draft collective agreement.

Do not forget that, in the absence of measures to settle deadlocks and in the absence of bargaining leverage,

the outcome of local negotiations could be very different from one institution to another.

As it stands, the management position could bring us back to a time when working conditions varied from one institution to another. Nurses do not want to return to a situation where, for example, the type of leaves granted differed depending on the institution where they worked.

### WHAT MATTERS FOR THE FIIQ...

- the stabilisation of employment in the health-care network by offering better working conditions to all nurses;
- the reduction of job precariousness for part-time nurses;
- the limitation of work load problems.

\* *The excerpts in italics are drawn from the document entitled “Dépôt du Comité patronal de négociation du secteur de la santé et des services sociaux à la Fédération des infirmières et infirmiers du Québec.”*

# The stakes

## OF DECENTRALISATION

**One of the important objectives of employers in this bargaining round is the decentralisation of negotiations. Since this is going to be the topic of the day in the coming weeks, it is important to grasp the possible consequences of the decentralisation of negotiations for nurses.**

The present framework for negotiations is set by the *Act Respecting the process of negotiation in the public and parapublic sectors*. Passed in 1985, this act is commonly referred to as Bill 37.

In the health and social services sector, the *Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS)* is responsible for the negotiation of the collective agreement. The CPNSSS is composed of representatives of the associations of the different types of institutions (*Association des hôpitaux du Québec* for hospitals, *Association des CLSC et CHSLD du Québec* for long-term care and community health centres, etc.) and representatives of the *Ministère de la Santé et des Services Sociaux*. Thus, it is to this committee that the Federation presented the draft collective agreement last November.

The Treasury Board also plays an important role in the negotiations since it gives the negotiation mandates to the CPNSSS. More over the Treasury Board negotiates salaries, the salary scales and the *Régime de retraite des employés du gouvernement et des organismes publics (RREGOP)*, the government employees' pension plan.

### Quebec negotiations and local negotiations

Bill 37 stipulates that, in the health and social services sector, all the clauses of the

collective agreement are negotiated at the provincial level. For nurses, this means that negotiations take place between the CPNSSS and the FIIQ. However, the parties at the provincial level can stipulate that certain subjects are negotiated locally. These are what we call local agreements. The two levels of negotiation can also be used in the following way. The Quebec-wide collective agreement stipulates that there shall be 13 statutory holidays during the year. However, it is up to the local parties to determine, by local agreement, what the dates of these 13 statutory holidays shall be.

It is also possible, while the collective agreement is in effect, for the local parties to agree to modify a provision of the Quebec collective agreement; these are also local agreements. Appendix B of Bill 37 gives a list of subjects that can be subject to local agreements. Article 17 of the collective agreement *Position temporarily deprived of an incumbent and temporary work overload* is a good example of an article which is often subject to local agreements by which the parties agree to modify the procedure for granting replacements.

Local agreements serve in a sense to complete the content of the Quebec collective agreement and to adapt it to the needs of nurses locally.

Although Bill 37 stipulates that all subjects are negotiated at the provincial level, it also allows parties at the Quebec level to decide that certain subjects will be left to the regional or local levels, and this, before negotiations begin. It is in this context that the CPNSSS made its February 2 proposal.

### Breaking deadlocks

The proposal of bringing the negotiation of certain subjects to the local level raises the question of how to break deadlocks. In other words, what happens if the parties are unable to reach an agreement?

In any negotiation, whether the negotiation of a collective agreement, a grievance, a divorce case or another, the question of how to break a deadlock is always present. In labour relations, we must never forget that, sooner or later, negotiations must end and the conflict must be settled. There are essentially two ways of reaching a settlement: the use of bargaining leverage or recourse to a third party. In other words, either the parties succeed in reaching an agreement after having used a pressure tactic, like a strike, or else an arbitrator or a judge rules and imposes a solution on the parties.

### The importance of bargaining leverage

What alternatives does Bill 37 offer to break a deadlock? At the Quebec level, it is mainly the bargaining leverage. Bargaining leverage in the health and social services sector is intimately linked to the pressure of public opinion on the government. There are different ways of obtaining the support of public opinion. Petitions, demonstrations, wearing buttons or T-shirts, are all ways of alerting the public to their demands. To put pressure on the government, other pressure tactics can also be used. The refusal to work overtime, the withdrawal of availability or work stoppages are other pressure tactics to alert the government publicly. The right to strike is rigidly controlled by the provisions of the Labour Code regarding Essential Services. It is nevertheless included in Bill 37 as a means to break deadlocks.

In local negotiations, strike action is not permitted. Instead, Bill 37 provides a process of arbitration mediation to break a deadlock in local negotiations. This mechanism is highly inadequate. Firstly, before a dispute is brought before an arbitrator, both parties must agree to this. It is easy to imagine that the party that has the most to lose would not want a third party to impose a settlement. And, even if the parties agree to have recourse to an arbitrator, they have no guarantee that he will not impose a settlement that suit neither one nor the other of the parties.

Moreover, the arbitrator's decision only applies for a two-year period, after which the provision of the collective agreement that was ruled upon by the arbitrator must be negotiated again. It is easy to imagine the mess that such a system could create. For example, the parties at the Quebec level sign an agreement for a three-year period and two arbitration awards determine the content of certain provisions of the collective agreement in an institution and for a given group of employees. How could such a system ensure a certain stability in the rules governing the parties when one of the decisions expires six months before the end of the collective agreement and the other three months after the end of the collective agreement?

Decentralising the negotiation of certain provisions of the collective agreement would mean that these matters would no longer be part of the subjects negotiated by the FIIQ. It

also means that in the case of a deadlock, it becomes very difficult, and even impossible, to exercise pressure on the government since a local conflict will never have the same impact as a provincial conflict.

The negotiation of certain provisions of the collective agreement cannot be decentralised to the local level as long as there is no possibility to use pressure tactics and as long as the mechanism to break deadlocks is inadequate and results in perpetual negotiations.

### Employers' strategies

The Negotiating Committee was informed that certain employers are presently proposing attractive local agreements to local teams. They are trying to prove that it is easier to agree with nurses at the local level than at the provincial level. It is important not to be fooled by this strategy because employers are trying to push decentralisation. To decentralise a matter, there must be an agreement at the provincial level. Employers are trying to reduce our bargaining power by convincing members directly. However, we must not forget that employers who are trying to push for decentralisation are the same ones who want to increase the radius for relocation of employees laid off for more than 12 months from 50 to 150 kilometres. We must therefore not be taken in by the charm of the song of the sirens of decentralisation, and remain conscious of the possible attitude of employers in a situation

where matters would be decentralised without bargaining power.

The strength of the FIIQ has always been its concern for the defence of nurses' interests and the improvement of the working conditions of all its members. One of the consequences could be the loss of working conditions won through harsh struggles over many years. Indeed, decentralised negotiations could mean that nurses' working conditions would vary from one institution to another. This existed in the sixties and it is in part to remedy this situation that negotiations were centralised. This centralisation made it possible to improve the working conditions of all the employees in the public and para-public sectors since they were able to use pressure tactics to force the government to negotiate.

Governments change, reforms come and go, but for the workers of the public and para-public sectors, the government in place is always responsible for the outcome of negotiations. This is why it is crucial to never lose sight of the fact that the government has the ultimate responsibility for negotiations and that, regardless of the institution we work for, we are all employees of the Quebec state.



# KEEP

## THIS ISSUE OF FIIQ EN ACTION

**It is important that you keep this issue of FIIQ en Action. The information it contains will help you to better prepare for the general assembly that will be held in your institution soon. You will then be asked to take a stand on management offers.**

**These meetings will be held following the next Federal Council convened for March 17, 18 and 19. There are several subjects on the agenda of this Federal Council, including a progress report on negotiations.**

**Keep an eye on your notice boards. Your participation in general assemblies is very important.**



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