



Vol. 10, No. 1, March 1999

Actualités

Emergency!

JOURNAL OF THE FIQJ

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in health

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women

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to march
2 good causes
to advocate
MARCH 8

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Beyond the
collective agreement

Solidarity
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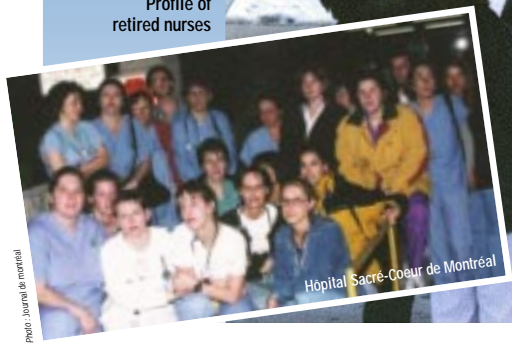
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Cité de la santé de Laval

Photo La Presse

*Hôpital Sacré-Coeur
de Montréal*

*Photo Journal de
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In its spring issue, *FIIQ Actualités* presents an interview with Daniel Gilbert, Executive Committee Member responsible for labour relations, as well as an account on the positions taken by the Federation at the various regional board meetings, and news on nurses in English Canada.

To highlight March 8, International Women's Day, the journal presents the theme of the *Intersyndicale des femmes*, the Women's World March and the FIIQ's stand on pay equity.

Furthermore, in this issue, you will find a follow up on the solidarity Program in Mexico, an article on Amnesty International's health network and information on the Essential Services Council's task force on the Strategic Planning of Nursing Workforce.

As you no doubt noticed, some pages in our last issue contained advertising. Indeed, the Journal Committee decided to offer advertising space to organizations with which the *Fédération des infirmières et infirmiers du Québec* has service contracts. These ads make it possible to familiarise readers with the various services offered to nurses while cutting ever so slightly the journal's production costs.

Happy reading
The Journal Committee

In contact

Reinvesting in health: it is imperative to invest in human resources

In the last few weeks, there has been an unprecedented amount of talk by our governments about reinvesting in health care. After the Martin budget, now the Landry budget wants to reinvest in health. But will nurses, other health-care professionals and the public get anything out of it?



Let us recall that, since the end of January, nurses have been denouncing the unbearable situation in our emergency rooms. Some nurses have refused to work in dangerous conditions. Others have manifested their exasperation with symbolic picketing. Yet others have gone to the media with denunciations about overcrowded emergency rooms and impossible working conditions in emergency and elsewhere. For its part, the FIIQ has done the rounds of public forums and granted over 100 interviews on the situation in hospitals and the nursing issue. Politicians understood that something had to be done.

In his inaugural speech on March 2, Premier Bouchard declared that *«Giving priority to people also means recognising the exhaustion of the personnel, notably the nursing personnel, and responding with the proper adjustments.»* A few days later, on March 5, Minister Marois presented her ministerial guidelines for the health and social services network, stating, *«The current situation of nurses greatly worries me... we must decrease the precariousness of employment and stabilise work teams.»* The Minister ended the part of her speech about nursing staff by stating *«We will adjust the conditions of nursing practice so that it*

may recover its competitive attraction.»

We have already clearly stated what is needed to keep nurses and bring them back to their profession. Working conditions must be such as to make it possible to have a normal life at work and outside of work. Adequate training programs have to be set up. There must be stable regular teams and permanent positions have to be posted. The Minister must understand that nurses have already reached the breaking point, not only in the emergency rooms but also in all care units.

The organisation of work has become synonymous with workload, unstable teams, day-to-day management, overtime hours, dangerous working conditions, overloaded emergency rooms, sick people being made to wait, etc.

We have reason to be sceptical and worried about the network's ability to solve nurses' problems. At 5%, the wage offer presented by the government is very far from our demands and does nothing to allay our concerns. As for the posting of 2000 permanent nursing positions, announced by Minister Marois on March 11, we feel that this is sure to provide some relief. It is a step in the right direction to avoid a disastrous summer, but there is still a long way

to go to attract and retain young nurses.

We hope that the rhythm of negotiations for the renewal of the collective agreement will pick up since better working conditions will have a direct effect on the attraction and retention of nurses in the health-care network.

No one wins when the nurses in the network are exhausted. The *Fédération des infirmières et infirmiers du Québec* will continue to repeat publicly, to all employers and to the government that nurses deserve better working conditions and wages that reflect their workload and their responsibilities.

As we go to press, Federal Council delegates have rejected the non-monetary and wage offers, and have adopted a plan of action to be presented to members in the days to come.

A handwritten signature in blue ink that reads "Jennie Skene".

Jennie Skene,
President

Status of women

2000 GOOD REASONS TO MARCH 2 GOOD CAUSES TO ADVOCATE

You no doubt participated in March 8 activities at your institution or in your region. This was an important get-together, since it marked the last International Women's Day of the century. The end of a century that can certainly be associated with the development of the women's movement around the world. As for the theme this year, **2000 good reasons to march**, it is the first manifestation of the women's movement for the World March of the year 2000.

An exceptional mobilisation of women will begin next March 8 and end on October 17 of the year 2000, on the United Nations **International Day for the Eradication of Poverty**.

Many of us have already joined this vast solidarity movement. Over 1500 groups throughout the world share the hope that the third millennium will bring the eradication of poverty and violence. Let us recall that the FIQ Status of Women Sector's plan of

action for 1999 is aimed at getting local teams involved to promote a high degree of member participation.

This year, the *Intersyndicale des femmes* (inter-union women's coalition) chose to focus on *2 good causes to advocate* or, better yet,

achieve. Both of these causes concern the recognition of women's rights: the right to equal pay and their right to measures that will help them better bridge their work and personal life. A number of activities addressing these issues were organised in various workplaces (community meals, information booths, comedy shows, conferences, etc.).

International Women's Day was also an opportunity to enjoy greater solidarity. A

number of people chose to celebrate the occasion with all the women employees in the institution. It was a way of putting our heads together and sharing our experiences along with our women's vision of a fairer, more egalitarian and more democratic society.

*Odette Pouliot, consultant
Status of Women Sector*



March 8 at the CHUQ, Pavillon Saint-François d'Assise



TOWARD THE WORLD MARCH OF WOMEN

In the year 2000, women all over the world will march against poverty and violence against women. Each participating country or region will organise a march, a public-awareness campaign or other activities related to the Year 2000 March project.

The international demands, adopted in October 1998, will be an integral part of the demands formulated by women in Quebec and Canada.

Broad consultation

The *Coalition nationale des femmes contre la pauvreté et la violence* (national coalition of women against poverty and violence) which is composed of close to fifty organisations including the FIIQ, is working to formulate demands and actions for Quebec and Canada. It is presently organising a broad consultation of women on this subject.

This consultation is therefore an opportunity for all women to dream and reflect together to propose solutions. Interested women's groups will be called upon to participate in discussions,

specify propositions, contribute their own ideas and indicate their priority demands and actions. The FIIQ Status of Women Committee is a party to this consultation.

Ideas presented for consultation

To end violence against women, I will march for a four-fold action plan covering a ten-year period:

- an awareness-raising campaign
- the legislation, aggressors and women
- support for victims
- a mechanism to follow up on demands

To eradicate poverty, I will march for:

- better distribution of wealth
- framework legislation on the eradication of poverty
- better exercise of citizenship based on the absence of discrimination
- the rights of people who do not have jobs
- a real employment policy
- a healthy environment

Some criteria were also proposed with regard to national demands:

- demands must concern women first and foremost;
- they are aimed at both levels of government (Quebec and Ottawa);
- every woman must be able to identify with at least one demand. Special attention shall be paid to

the situation of different categories of women;

- demands must be concrete and shall be explained using grassroots education tools;
- they must be attainable in the short or medium term and be based on the feminist blueprint for society;
- they shall deal with poverty affecting women and violence against women, and they shall tie in with the World March;
- women of all origins must be included. Special attention will be given to native women, Inuit women and the women of various cultural communities so that they may

define the demands that they feel are important:

- demands must be mobilising and make women want to march.

If you would like to follow the events surrounding the March of the year 2000, here is a Web site address: www.ffq.qc.ca/marche2000. The site is updated regularly in French, English and Spanish. It also features the addresses of various women's groups around the world.

*Micheline Poulin, consultant
Communication-Information
Service*



Marche mondiale des femmes

World March of Women

Marcha mundial de las mujeres

Beyond the collective agreement

One of the key sectors of any union organization is the labour relations sector. Ensuring respect for the collective agreement requires a great deal of vigilance. Consultants, coordinators and the executive committee member work as a team to provide member services. **FIHQ Actualités** met with Daniel Gilbert, Executive Committee member responsible for this sector.

Marielle Ruel,
nurse



Is it essential to have an Executive Committee member responsible for labour relations?

For an organization as big as ours – over 47 000 members, 107 unions, 341 institutions – it is important to have standardized ways of doing things and uniform positions. As the Executive Committee member responsible for the sector, it is my job to ensure, in conjunction with the labour relations team, that services with regard to labour relations comply with the guidelines put forth by delegates. It is also my responsibility to ensure that services meet the needs of members, local

teams and unions. It is also important for services to be provided as quickly as possible, taking into account available resources, of course.

Since your arrival at the FIHQ, has there been any particular issue that has required more work on your part?

The main issue I've had to manage has been follow-up of the Essential Services Council's decree issued in June following the overtime ban. Remember that the workload has been identified as a major problem by over 93% of nurses. We applied political pressure to a num-

ber of employer's associations and institutions over the summer in order to ensure respect for the first phase of the Essential Services Council's decree, i.e.: the posting of all positions vacant as of June 30, 1998. All FIHQ resources were mobilized to make this action a success. We therefore invested a lot, as an organization, to support local teams with the whole workload operation.

The work of labour relations consultants is becoming increasingly demanding; how do you explain this?

Consultants play an important supporting role in union life at the local level. In addition to applying the collective agreement, they deal with issues such as the organization of work, occupational health and safety, violence in the workplace. They work with local teams to mobilize nurses in order to achieve a local balance of power. During bargaining periods they, like all other members, are called upon to

support and uphold nurses' demands. These days recourse is no longer strictly a matter of applying the collective agreement and the Labour Code. We must act on a number of fronts to make sure that members' rights are defended properly. This work requires enormous availability and a great deal of energy.

What are your responsibilities as Executive Committee member?

As Executive Committee member responsible for labour relations, I attend all meetings of labour relations consultants whenever possible. This puts me in a position to inform other Executive Committee members on particular situations experienced within institutions. That way, Executive Committee members can act together to analyze the situations and make the best possible decisions. I also meet regularly with our affiliates, either to answer questions or simply talk about certain issues.



Daniel Gilbert

- 2nd Vice President since 1998
- Executive Committee Member responsible for Labour Relations
- CEGEP degree in nursing from the Séminaire St-Georges de Beauce and union member since 1985
- nurse at the CH St-Georges de Beauce
- on the SPIQ Board of Directors since 1987, then Secretary General in 1989 and, finally, President from 1990 to 1998.

Emergency Rooms: nurses take action

Who hasn't seen the many headlines on overcrowded emergency rooms, both on television and in the dailies?

Throughout Quebec, a number of nurses supported by their union have denounced this situation using pressure tactics. *FIQ Actualités* presents some of these actions.



Like all Executive Committee members, I must also make sure that the FIQ's policies, dossiers and actions are followed and implemented in compliance with the decisions made by delegates in decision-making bodies.

You recently represented the FIQ in a solidarity mission in Haiti. Could you tell us a little about it?

Let me first specify that the solidarity mission was mainly focused on the health-care sector. Its purpose was to develop ties of solidarity with groups and unions that share our concerns in the area of health care. Even in a different context, these groups defend demands that are similar to ours. For example, we met with representatives of the *Syndicat du personnel infirmier* (SPI - nursing staff union) who are struggling to improve their working conditions. This union is also involved in the country's democratization process. These workers asked the FIQ for support to help them get orga-



nized to present their demands more effectively to various authorities.

How do you manage to bridge your work and private life, shuttling between two cities?

As president of the SPIIQ, I was already familiar with the degree of commitment required by such responsibilities. It is a little more complicated at the FIQ. Not only must I work on a regular basis both in Quebec City and Montreal, but I must also travel all over Quebec to meet the needs of affiliated unions or make presentations to the Regional Boards. However, I still manage to have a bit of time for myself. It's important, even essential to do so in order to maintain a balance and to continue being a union activist.

Right of refusal

In **Quebec City**, the emergency-room nurses of *Hôpital de l'Enfant-Jésus* and of the CHUL exercised their right to refuse to work in dangerous conditions. In both cases, inspectors from the *Commission de la Santé et de la sécurité au Travail* (CSST) carried out investigations and ruled in favour of nurses. They issued notices for corrective action to the administrators of these hospitals.

In **Montreal**, the emergency-room nurses at *Sacré-Coeur* also exercised their right of refusal and the CSST again issued a corrective action notice to the employer. As for the nurses at *Cité de la Santé* in Laval, they filed a complaint with the CSST and also won their case.

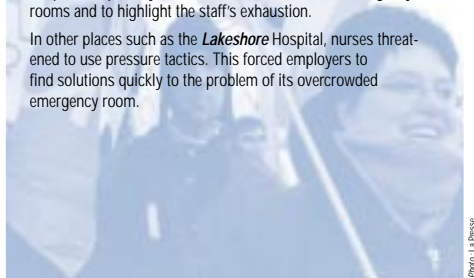
Demonstrations

At *Hôpital Hôtel-Dieu* in **St-Jérôme** and *Cité de la Santé* in **Laval**, nurses demonstrated to show their exasperation with the situation in the emergency rooms. In **Chicoutimi**, nurses from the *Complexe hospitalier de la Sagamie, pavillon St-Vallier* demonstrated to demand better working conditions and wage increases.

Meetings with the press

The nurses of the *LaSalle Pavillon* of the *CH Angrignon* called in the press to denounce the last-minute, inhumane transfer of elderly patients with loss of autonomy from the *Verdun Pavillon* to the *LaSalle Pavillon* to deal with emergency-room problems. The nurses at the *CH Gatineau* and the *CH Rimouski* met with the press to publicly denounce the situation in the emergency rooms and to highlight the staff's exhaustion.

In other places such as the *Lakeshore* Hospital, nurses threatened to use pressure tactics. This forced employers to find solutions quickly to the problem of its overcrowded emergency room.



Solidarity

Program in Mexico

Free trade, globalisation and neo-liberalism are all terms that we hear almost daily. Indeed, not a week goes by without a reference to one of these topics being made in some written or electronic press analysis or public affairs program.

At the end of June 1998, the Centre international de solidarité ouvrière (CISO) organised a solidarity trip to Mexico. One of its objectives was to see the effects of globalisation and the Free Trade Agreement on the Mexican economy and its workers. A delegation of 15 members from the CEQ, the FAC, the FIIQ, the SFPQ and CISO, as well as four American union members from the United Electrical Radio and Machine Workers of America (U.E.), participated in this mission. Three FIIQ consultants, Marjolaine Thérberge, Sophie Fontaine and Danielle Couture, had the opportunity to go to Mexico and see the impact of NAFTA with their own eyes.

In their talks with Mexican unions and workers from sectors such as the manufacturing industry, the public service, education and health, participants came to see that Mexican workers face the same problems as workers in Quebec — pri-

vatation, budget cutbacks, deregulation, workforce flexibility, education reform, health-care reform, social security reform and labour reform. These are all effects of the globalisation of the economy and markets, and of the rise of neo-liberalism. With a population of over 93 million, Mexico is a country that has gone from crisis to crisis. Mexican leaders presented NAFTA to the people as something that would improve the economic situation, promote job creation and raise the standard of living.

The result has been widespread disappointment. While the economic sector has increased by 20%, the number of jobs has decreased by the same percentage. The minimum wage is in a free fall and Mexican manufacturing content dropped from 92% in 1982 to 35% in 1997.

For the union members whom participants met during the session, the only positive effect of NAFTA has been the unification of workers from the three participating countries: the United States, Mexico and Canada.

On all their visits, participants could see that Mexican workers are part of an enormous production chain that stretches across the world. For example, the Otis Elevator Company manufactures the elevator cage and door in Mexico, the motor in Germany, the electronic system in Japan, and so forth. Marketing is managed from the company's



headquarters in the United States, which makes sure all the pieces are sent and assembled directly at the purchaser's in Quebec. With a chain of production like this, where is control over the organisation of work? Where is the satisfaction of having and seeing a finished product...?

Even worse, market globalisation, the rise of neo-liberalism and the signing of NAFTA have speeded up the development of duty free zones. Enterprises that produce mainly for the export market set up in these zones, where they benefit from a number of tax and financial incentives. In Mexico, these plants are called maquiladoras. During their visit to Ciudad Juarez, participants in the solidarity mission saw an example of the maquiladorization of Mexican production. Working in a maquiladora means very fast-paced work, repetitive and alienating movements, few or no breaks, being fired when pregnant, reprisals for holding meetings, dismissal for trying to unionise and wages of approximately 25\$ a week.

In addition to difficult conditions at work, these workers live in neighbourhoods where the majority of people do not have running water, electricity or sanitary equipment. The Mexican border area near the United States is a duty free zone where there are currently over 23,000 maquiladoras that employ 600 000 Mexicans. Fortunately, the resistance is beginning to organise. Movements such as REMALC (Mexican Network for Action on Free Trade), FAT (El Frente Autentico del Trabajo), CETLAC (Centre for Worker Studies and Training), UNT (National Workers' Union) are all working to build an alternative to the free market and globalisation. It is important to create a continent-wide union and grassroots network to be able to deal with the new rules of the game. We must be aware that a world robot is being built on a planetary scale, with its head in the North and, in the South, the little fingers that glue and assemble.



The Amnesty International health network

Follow-up of the solidarity mission: a project

Upon returning to Quebec, those who participated in this solidarity mission developed a project to provide financial support to the FAT in its campaign to unionise the maquiladoras. The coordinator of CETLAC, Béatrice Lujan, will be in Quebec from March 14 to 29 on a solidarity tour. A vast fund-raising campaign will be launched during her visit.

*Danielle Couture, consultant
Communication-Information
Service*

Support unionisation in the maquiladoras

Let's support the fund-raising campaign organised by CISO and the FAT to help Mexican maquiladora workers, both at work and in their communities, improve the inhuman working and living conditions brought about by NAFTA.



CIDA (the Canadian International Development Agency) will donate double your contribution, e.g.: for a \$5 contribution, CIDA will give \$10.

To work in dignity

A \$2, \$5 or
\$10 contribution

Send your donation to:

Centre international
de solidarité ouvrière

9405 Sherbrooke Street east
Montreal (Quebec) H1L 6P3
Tel.: (514) 356-8888

On May 28th 1961, in reaction to the imprisonment of two Portuguese students who proposed a toast to freedom, a British lawyer, Peter Benenson and other activists launched a press campaign entitled «Appeal for Amnesty». In less than a month, over one thousand people had offered their help. That is how Amnesty International was born. Amnesty International is a world-wide, independent and impartial movement of volunteers who act on behalf of human rights. This organisation is active throughout the world thanks to the combined efforts of more than one million members and supporters in over 192 countries. This democratic, self-governed movement is free of all outside control. It neither solicits nor accepts government grants and is financed exclusively by donations and membership fees.

Why a health network at Amnesty International?

Whether it be in the United States, Iraq, China, Turkey, Kenya or elsewhere, doctors participate in human rights violations. They do so by administering the death penalty or by supervising acts of physical mutilation and punishment against men and women prisoners. These prisoners are often held in inhuman and degrading conditions, with no access to medical care.

That is why groups of health professionals at Amnesty International are rising up against doctors who do not respect the medical code of ethics. They also campaign on behalf of prisoners whose basic medical rights have been violated. They furthermore intervene on behalf of their colleagues who refuse to commit this type of violation.



What does the health network do in concrete terms?

The health network of Amnesty International's French-speaking section, created in 1978, uses four means of action: letter writing, education, assistance to victims of torture and pressure to ensure that the medical code of ethics is respected.

The members of the health network are informed of violations of a medical nature and invited to write letters to those who commit these violations, with a carbon copy addressed to all those who may be able to influence decision-making bodies.

The health network also works to inform health professionals of basic human rights violations around the world. It explains the medical aspects of the violations committed in certain countries. It can also participate in campaigns organised around a theme such as the death penalty, for example. Members are invited to speak out at meetings and seminars and to publish articles in professional journals.

Amnesty International's health network works closely with organisations that treat victims of torture. It also facilitates victims' access to these services. It furthermore helps enlist doctors who wish to work in this area.

Finally, the health network also pressures the national and international associations of all categories of health-care professionals to develop and uphold medical codes of ethics that oppose the death penalty, torture and all other degrading and inhuman punishment.

The FIOQ has been a member of Amnesty International for a number of years. It invites unions and nurses to join the ranks of this organisation for the defence of human rights. For more information, contact:

Amnesty International
6250 Monk Blvd, Montreal (Qc) H4E 3H7
Tel.: (514) 766-9766
Internet: amnistie.qc.ca

*Benoit Frenette
Nurse*

Pay equity: a right

On November 21, 1997, the Pay Equity Act adopted by the Quebec Government one year earlier came into effect. Over the last few months, a number of nurses have asked the FIIQ about how the work done so far in this dossier has been progressing. They have shown a definite interest in this highly current issue.

It may be useful to point out that this Act is aimed at correcting the wage differences due to systemic gender discrimination with regard to persons who have jobs in predominantly female job categories. A pay equity plan is essentially based on comparing predominantly female job categories and predominantly male job categories.

This Act applies to all employers whose enterprise is made up of ten employees or more, including the Treasury Board as a government employer. The Act specifies the steps to carry out a pay equity plan and imposes rigorous criteria and precise deadlines.

A pay equity plan differs from a pay relativity plan in that the latter is aimed at evaluating all of the jobs within an organisation, regardless of staff composition. On this subject, it should be noted that, in the 1989 collective agreement, the FIIQ engaged in pay relativity process. Indeed, the collective agreement stipulates that the parties would jointly examine the relative position of nurse and baccalaureate nurse jobs in the wage structure of health and social services.

The Treasury Board's claim

The Pay Equity Act gives employers who embarked on or completed a pay relativity plan before the adoption of the Act the opportunity to avoid the obligation to prepare a pay equity plan. The Pay Equity Commission must determine that the employer's pay relativity plan meets the conditions stipulated in the legislation. To do this, the employers interested by such an opportunity must forward a detailed report to the Pay Equity Commission in order to prove that their pay relativity plan complies with the Pay Equity Act. On November 20, 1998, the Treasury Board filed such a report with the Pay Equity Commission.

Thus, the Treasury Board claims that the government's pay relativity plan that began at the end of the 1980s would seemingly fulfil the conditions of a pay equity plan.

The FIIQ's stand

The FIIQ disputes the validity of this claim. It feels that this pay relativity plan cannot replace a pay equity plan for the nurses it represents.

According to the provisions of the Pay Equity Act, the FIIQ will be communicating its observations and comments on the Treasury Board's claim in the near future. The FIIQ was still in the process of finishing up its observations and comments as this issue went to press. It is, however, possible to briefly give a general idea of our argument, which will be based on four points, i.e.:

- the essentially distinct nature of the two types of plans concerned, i.e.: the pay relativity plan and the pay equity plan;
- the systemic gender discrimination affecting nurses;
- the shortcomings and limits of the measurement tools and approach used to carry out the government's pay relativity plan;
- the impact of the emergence of new realities in the social and health services network on the data gathered by the government for its pay relativity exercise.

What is at stake for nurses

The FIIQ is convinced that the government's pay relativity plan cannot correct pay discrepancies based on systemic gender discrimination. This type of discrimination is at the centre of the FIIQ's concerns because nurses are victims of it: in fact, they suffer heavy consequences including discrimination with regard to pay. This is explained above all by the fact that nurses belong to a category of employment in which professional segregation prevails. This professional segregation is not dissociated from the fact that nurses exercise a profession in which all of the roles, tasks and duties are under-valued.

The Treasury Board's attempt to back out of the Pay Equity Act is a good indication of how important it is for women in general and nurses in particular to keep struggling to achieve equal pay for work of equal worth. The FIIQ remains convinced that pay equity is a right, not a privilege. That is why, in its opinion, all steps toward settling up a real pay equity plan must be taken up with the Treasury Board quickly, within the general framework of the Pay Equity Act.

*Thérèse Laforest, consultant
Task and Organisation of Work Sector*

*Richard Beaulé, consultant
Negotiation Sector*

Essential Services Council: follow-up

On June 25, 1998, following the announcement of the refusal of nurses to work overtime, the Essential Services Council ordered the posting of all positions vacant on June 30, 1998 and the implementation of measures to solve the workload problem experienced by nurses.

Another provision, not very well-known, provided for the setting up of a Quebec task force to examine the best solutions in view of redressing the problematic situation that prevailed then.

Such a group effectively began working on this on October 21, 1998.

The mandate

The mandate of this group, called the *Work group on nursing workforce strategic planning* is "to give the parties at the national and local levels sufficient lighting to develop an approach based on strategic planning of the workforce, the organisation of work and the development of human resources in the health and social services sector and to propose

measures to promote the attraction and retention of this workforce."

An ad hoc mandate

The work of this group made satisfactory progress until now. Recently, following an explicit request from the Minister of Health and Social Services, Mrs. Pauline Marois, the work plan on which this group had initially agreed was temporarily set aside.

Concerned there could be a repeat of the dramatic situation faced by nurses last summer again this summer, Mrs. Marois asked the work group to present recommendations designed to settle in the short-term, the recurrent problem of the attraction and retention of the nursing workforce.

Since the deadline set by the Minister was March 5, the work group met on February 24 and March 4 to work on this ad hoc mandate. Like the other organisations represented in this group (ACHAP, ACCQ, AHQ, RRSSS, OIIQ, MSSS), the FIIQ submitted for analysis and discussion, a working document entitled "*FIIQ orientations for nursing workforce strategic planning*" in which she identified certain avenues of solution which, in the short term, appear

liable to redress the difficulties related to nursing staffing. Several of the recommendations proposed by the FIIQ were, in general, greeted quite favourably by the representatives of the other organisations in this work group.

Recommendations

Recommendations on which the members of the work group agreed were presented in a report entitled "Ad hoc report on nursing workforce strategic planning in the short term, middle term and long term."*

Since some of the recommendations contained in this report required the rapid injection of considerable sums of money in order to be implemented, this report was quickly sent to Minister Marois in order that such recommendations be taken into consideration at the time of the presentation of the March 9 budget by the Finance minister, Mr. Bernard Landry.

The information given by Minister Marois on March 11, on how she intended to distribute the 1,747 billion dollars granted by the government in order to increase the quality and the accessibility of the services to the population, indicated that several of the work

group's recommendations had been well received by Mrs. Marois.

We expect that, in the short term, several of the recommendations formulated in the work group's ad hoc report will have positive effects. Meanwhile, the FIIQ continues and will continue to multiply its interventions to push for concrete measures in line with its recommendations.

For its part, the work group on nursing workforce strategic planning intends to continue its work without delay in order to identify new avenues of solution, for the middle and long term, to redress in a lasting way the recurrent problems affecting nurses.

*Thérèse Laforest,
consultant,
Task and Organisation
of Work*

* The two documents referred to above were distributed to delegates at the Federal Council held on March 17, 18 and 19, 1999.

From coast to coast... a shortage of nurses

Representatives of nurses' unions from all provinces of Canada meet twice a year to exchange information and discuss issues of common concern to their members. The first meeting of 1999 took place in Ottawa on February 8 and 9. The FIIQ was an active participant.

Discussions with the nurses' unions from other provinces of Canada enabled FIIQ participants to see that there is a nurse shortage problem in almost all Canadian provinces. In Saskatchewan the shortage is so severe that managers at the Regina Hospital decided to close 64 beds temporarily in order to have enough staff to provide safe care to the patients already in the hospital.

Parity committees have been set up in a number of provinces to study the issue. In most cases, the committees are made up of representatives of the government, of the professional Order or College and of the unions concerned. These committees try to find ways of recruiting new nurses and hanging on to experienced nurses who are leaving for retirement or to practice in other provinces. These committees make a wide range of proposals. Some would like to develop and promote career plans and training policies. Others recommend setting up a provincial team of candidates or developing recruitment strategies aimed

specifically at men and native people. Yet others foresee a recruitment programme outside their province.

In Saskatchewan, the SUN, a union of 8300 nurses which is currently bargaining the renewal of nurses' collective agreement, received a proposal for a highly unusual clause for the collective agreement. This clause would recognise, for all nurses who decide to go work in Saskatchewan, the seniority and sick bank accumulated with a Canadian employer outside Saskatchewan. This pan-Canadian seniority formula favouring the mobility of nurses throughout Canada caused strong reactions on our part. A number of other union organisations also questioned the formula, showing that in this case as in many others, the situation is different from one province to the other. Some provinces recognise seniority on a regional basis, whereas others, like Quebec, recognise it on a local basis (within institutions). However, certain Canadian organisations with aspirations toward national norms and standards stated that the notion of pan-Canadian mobility should not be dismissed forever. Representatives of the FIIQ and several other unions strenuously contested this minority position.



Very different bargaining systems

The bargaining issue was also on the agenda. Some organisations have just finalised their collective agreement whereas others are in the process of bargaining or actively preparing for negotiations. Once again, the situation varies from province to province, but it should be noted that only small wage increases are obtained: 0.2% (April 1, 2000) in British Columbia; 1.5% per year for nursing homes in New Brunswick. At the time of the meeting, nurses in Newfoundland were on strike. The union organisations gathered in Ottawa made a point of sending a message of support to the striking nurses' president.

It should be noted that unions in the rest of Canada have an even harder time bargaining because, in a number of provinces, they must negotiate all working and wage conditions at specific tables for each category of institution, or for certain categories of nurses, such as psychiatric nurses in British Columbia. In other

provinces, bargaining is still carried out at the local and sometimes regional level.

While privatisation is an issue that worries all union organisations, we saw that once again the danger in this respect is greatest in Alberta under the Ralph Klein government. This government even presented a bill that would have allowed private hospitals to open and provide services to a rich American clientele. The opposition of progressive organisations forced the government to back down, but Alberta nurses worry that the issue will be brought up again at a later date.

Finally, participants at the Ottawa meeting exchanged opinions on a number of other subjects such as the organisation of long-term care, the problem of emergency-room overcrowding, under-financing of the health-care system, changes in nursing practice, etc. After two days of meetings, participants promised to meet again in the fall.

*Marie-Andrée Comtois,
consultant,
Health-Care Sector*

Consolidation plans: the FIIQ is present

Since December, the FIIQ has presented opinions, briefs and comments during the consultations on the 1999-2001 consolidation plans of the regional Boards of Outaouais, Montérégie, Bas Saint-Laurent, Abitibi-Temiscamingue and Mauricie-Centre-du-Quebec.

During these consultations the FIIQ and its affiliated unions challenged the various boards of directors on issues including financing for the network, human resources, optimum use of nursing potential, the quality of care and the creation of regional nursing commissions.

In almost all of the documents prepared by the regional boards, there is no mention whatsoever of the nursing-care issue. The FIIQ put forth the notion that a better utilisation of nurses could be beneficial to the health of the population receiving services. In all areas where they exercise their profession, nurses are active players in the transformation of the health-care network. They can also become a key element of the consolidation process by making sure that services are above all co-ordinated and personalised. During its presentations, the FIIQ also highlighted the importance of investing in promotion and prevention services, particularly with young people in the school environment.

In several regions, the issue of the shortage of doctors concerned regional board directors. The FIIQ mentioned that some regions are also at grips with shortage of nurses. While it may not be appropriate to speak of a workforce shortage in nursing in all regions, regular teams are short everywhere and specialised personnel is lacking. FIIQ representatives pointed out that work teams are below institutions' needs and that nursing staff is managed on a day-to-day basis, with only precarious statuses being granted. The FIIQ representatives reiterated the demand for stable work teams and the creation of permanent positions.

The FIIQ warned the administrators of several regional boards about the development of private-sector health services. Whether it be the creation of a megaclinic or the development of rest home resources taken on by the private sector, the FIIQ forcefully objected and demanded publicly financed home care, not to mention public debate on the issue.

As for the creation of regional nursing commissions, the FIIQ submitted its request to all of the regional boards it visited. Let us recall that this proposal is based on considerations linked exclusively to the organisation and delivery of nursing care to the population, regardless of the living or care environment.

Finally, the FIIQ stressed that regional boards must give their local population access to all front-line services free of charge, as contemplated in the basic principles of our health-care system.

If you want to know more about the content of the opinions and briefs presented by the FIIQ, they are available on our Web site: www.fiiq.qc.ca. Don't hesitate to consult them.

*Micheline Poulin, consultant
Communication-Information Service*



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Please contact Alain Desrochers, FIIQ coordinator at the Solidarity Fund (QFL), at 1 800 361-5017.

2006 Tax year TAKABLE INCOME OF BETWEEN	CONTRIBUTION PER PAYROLL PERIOD		INCOME TAX SAVINGS (Income 1 RRSP + CREDITS		NET PAY REDUCED BY (approximately)		TOTAL INVESTED PER YEAR		
	25 week	52 week	25 week	52 week	25 weeks	52 week			
\$25,000 - \$29,589	\$ 40.00	\$20.00	\$15.12	\$12.00	\$ 7.56	\$ 6.00	\$12.88	\$ 6.44	\$1,040
	\$100.00	\$50.00	\$37.80	\$30.00	\$18.90	\$15.00	\$32.20	\$16.10	\$2,600
	\$192.31	\$96.15	\$72.69	\$57.70	\$36.34	\$28.84	\$61.82	\$30.97	\$5,000
\$29,590 - \$49,999	\$ 40.00	\$20.00	\$18.24	\$12.00	\$ 9.12	\$ 6.00	\$ 9.76	\$ 4.88	\$1,040
	\$100.00	\$50.00	\$45.60	\$30.00	\$22.80	\$15.00	\$24.40	\$12.20	\$2,600
	\$192.31	\$96.15	\$87.69	\$57.70	\$43.84	\$28.84	\$46.82	\$23.67	\$5,000

Research report: a profile of retired nurses

The typical retired nurse has been retired for less than two years. She earned between \$40 000 and \$49 000 before retiring, and now her income fluctuates between \$10 000 and \$29 999. She retired because of advantageous retirement packages, but also because of loss of motivation and the strenuous workload. These are the main conclusions drawn from a research report by Isabelle Nadeau conducted in conjunction with the FIIQ and the RIIR.

Methodology and objectives

At the beginning of summer of 1998, the FIIQ and the RIIR decided to carry out a questionnaire-based survey. The purpose of this survey was to guide their actions and demands on the retirement front in terms of the characteristics and expectations of retired nurses. The main goal of the research report is to draw a psychological, social and economic profile of the members of the *Regroupement des infirmières et infirmiers retraitées (RIIR)*.

At the time the questionnaire was sent out, the RIIR had approximately 3500 members. A random sample of 350 people was therefore selected, of whom 246 returned a duly completed questionnaire.

Some characteristics of the demographic data

Retirees from the nursing profession are 95.5% women. Over 84% are between the ages of 50 and 64 and a large proportion, 72.4% have been retired for less than 2 years. It should

be mentioned that most of the nurses currently retired were trained in nursing schools (67.1%). Over one third of respondents, i.e.: 35.4%, live alone and close to half, 47.2%, live with a spouse. The vast majority have no dependent children and most own single-family homes.

Furthermore, the health of retired nurses is generally good. The consumption of medication and the number of illnesses increase slightly with age. It is important to mention, however, that between the ages of 50 and 59, over 80% of respondents use little or no medication daily. This percentage drops to 68.3% between the ages of 60 and 64, then goes up to 74.2% between the ages of 65 and 69, ending up at 66.7% for retired nurses 70 years of age and older.

Reasons for retiring

Among younger retired nurses (50–54) it seems that an overly heavy workload and loss of motivation were the determining factors in their decision to retire. For nurses between 55 and

59 years of age, over 80% of respondents were influenced by advantageous retirement packages. These packages also contributed to the retirement of 39.1% of nurses between the ages of 60 and 64. Nearly half of nurses between the ages of 65 and 69 had planned their retirement for a long time. Finally, it should be noted that the number of retirements due to loss of motivation decreases with age.

The survey also reveals that nurses who have left for health reasons or due to the workload are those who feel the least happy, the most depressed and the most isolated. This constant also checks out with regard to satisfaction with leisure activities, health and standard of living.

Regardless of the reasons that have led them to retire, the vast majority of retired nurses want the RIIR to get involved by taking public stands on important issues of social debate. They also want their organization to associate with other groups of retirees under specific circumstances and they want it to promote regional activities.

This research report is a gold mine of information on retired nurses. If you would like to read the report in its entirety, simply visit the FIIQ's Web site and click on "RIIR" or go to your local union office. A copy is available there. Happy reading!

*Danielle Couture, consultant
Communication-Information
Service*



REASONS FOR RETIRING

	Number of respondents	Percentage
State of health	56	22,8
Workload	79	32,1
Loss of motivation	73	29,7
Advantageous retirement packages	153	62,2
Planned for a long time	56	22,8
Other	26	10,6

ODDS AND ENDS

GROUP INSURANCE

CAPSS service

At the end of February, Assurance vie Desjardins-Laurentienne (AVDL) sent all FIIQ nurses their new membership cards with a CAPSS (Centre d'autorisation et de paiement des services de santé – health services authorization and payment centre) identification number. Moreover, each dependent person should also have her own card with her own number. Thanks to this service, from now on the pharmacist will be responsible for forwarding medication reimbursement requests. This means there are no more forms to fill out, no receipts to keep track of and no postal fees to pay. Be careful though, since CAPSS is a deferred payment service, nurses must pay the full cost of the medication up front. The reimbursement request is then automatically forwarded to AVDL.

Using your CAPSS card should in no way increase the cost of medication. If this should occur, do not hesitate to contact Social Security Sector resources at 1-800-463-6770 or (418) 626-2226.

Amounts will be reimbursed at the following times, whichever comes first:

- when the amount to be reimbursed reaches \$50.00, or
- at the end of a 30-day period since the last reimbursement of the cost of medication.

Long-term disability, life and ADD insurance

When the insurance contract was renewed, the basic salary used to establish the minimum long-term disability allowance rose from \$10 000 to \$12 000. This amount will apply for all nurses who work part-time, regardless of the percentage of time worked.

Another change since February 28: the disability insurance premium for nurses working 25% or less of full-time hours is now established as a percentage of the nurse's salary. Furthermore, if a nurse works in more than one institution, she must participate in the Extended Plan II in every institution in which she is a FIIQ union member.

AVDL has sent a communiqué to all members explaining the changes made to the insurance contract upon renewal. Make a point of reading it if you haven't already; it's important.

*Danielle Couture, consultant
Communication-Information Service*

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A 10th anniversary celebration

On January 13, the nurses of the Notre-Dame pavilion of the CHUM celebrated the 10th anniversary of their union. Over 500 night, day and evening employees got together over breakfast, lunch and supper to meet and remember old times.

This day also gave nurses the chance to meet FIIQ President Jennie Skene. The members of the local executive committee took advantage of this special occasion to give a souvenir to each of the nurses: a vest with the acronym of the Syndicat des infirmières et infirmiers de l'Hôpital Notre-Dame and of the FIIQ. The celebration was a success and a moment of intense solidarity.



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