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## NEGOTIATIONS



The president of the Federation, Jennie Skene, welcomed delegates at the Special federal meeting. This meeting marked the first stage of the bargaining round for the renewal of the collective agreement, where delegates were to adopt negotiation priorities.

To understand the environment of the next round of negotiations, a brief review of the general context was presented and the main issues were analyzed. The economic situation, the pre-electoral climate and the nursing shortage will all influence the content of the collective agreement and the progress of the negotiations. Ignoring this could lead to the adoption of strategies that are hazardous, perilous and costly for nurses and the organization.

### The context, the issues at stake ...

#### The political environment: emerging trends

The PQ government's mandate will end no later than November 2003. This reality will significantly influence the progress of the negotiations. We already know that negotiations will be concluded with a newly-elected government. The history of negotiations in the public and private sector attests that, in the last few months of a mandate, the government usually refuses to enter into real discussions on the renewal of collective agreements. At most, it agrees to settle a priority issue, from which it hopes to gain a political advantage. Looking towards the next electoral encounter, the government has identified, as its priority, the achievement of pay equity for its 400,000 employees, divided into more than 500 female and male job categories. Once the pay equity mandate is fulfilled, it certainly will not take the risk of embarking on discussions regarding the renewal of the collective agreements. It knows very well that the duration of such a process is likely to cost it the capital of public sympathy it hopes to gain from the pay equity settlement.

It can be foreseen that the CPNSSS will also have little inclination to negotiate in a pre-electoral context. The employers still have fresh memories of the 1999 negotiations. In February, they had just managed to convince the newly reelected Parti Québécois government that it was time to decentralize the negotiations when, barely three months later, the government withdrew this mandate from them, due in particular to the pressure exerted by the FIIQ to find solutions to the "nursing problem". Thus, their sole negotiating priority vanished. After this experience with the current government and the possibility of the election of a government more receptive to their line of decentralization and of more flexible content for collective agreements, the employers will certainly not force the Landry government to begin negotiations speedily.

#### An unpredictable economic context

The main feature of the global economic context is its unpredictability. The collapse of new economy markets and the mass layoffs it triggered in companies such as Nortel, Telus, Vivendi, IBM and others was succeeded by the fall of financial empires like Enron and Worldcom,

giants with accountants who were too clever and reckless! All this without counting the consequences that would inevitably result from an American attack on Iraq. If such an attack occurs, it will not fail to trigger a serious economic slowdown, if not a recession. Although the federal and Quebec governments currently present balanced budgets, the effects of the means implemented to achieve and maintain the zero budget deficit continue to be felt. As we saw, it was possible to wipe out a large part of the federal government deficit thanks to two measures: the reform of the employment insurance system and federal disengagement from funding of health care, postsecondary education and income security. For 2001-2002 alone, the Commission on the Fiscal Imbalance estimates the revenue loss attributable to this disengagement at \$2.2 billion for Quebec.

The federal government has made a timid commitment to discuss the question of health-care funding after the tabling of the Romanow Commission Report, which is expected for November 2002. For many years, the various provincial governments have called for more funds to improve the funding of social programs under their responsibility and jurisdiction. The capacity of the provinces to form a common front will be a crucial factor in the positive conclusion of the negotiations that will begin at the end of this year.

Another factor likely to influence the Quebec government's finances is the cost of pay equity. The results of this far-reaching exercise are expected for the end of 2002. Since no basis exists to estimate the costs of such an approach, we can only rely on the statistics on these questions, which show average adjustments fluctuating between 2% and 6% of the aggregate payroll. For Quebec, this could mean a disbursement ranging between \$400 million and \$1.12 billion.

#### A special union context

As a result of the refusal by the Federal Council delegates in March 2002 to extend the collective agreement, the FIIQ and a few other union organizations, including the FNEEQ-CSN, the FAC and the APTMQ have retained June 30, 2002 as the expiration date of their collective agreements. For all other union organizations, the expiration date is June 30, 2003, since they agreed to a one-year extension.

Since the government will wish to maintain a uniform salary policy for all government employees, it can be foreseen that the discussions around the general pay raise and the pension plan will only be held when the organizations representing a sizable majority of these employees are able to conclude their negotiations, which cannot be before the end of 2003.

## In short

Given these different factors, the Executive Committee considers that it is premature, at this time, to set the demands concerning the general salary increase rates and the pension plan. Moreover, Since the period to reach a settlement on the entire collective agreement may extend over more than 12 months, this time should be used to consult, inform and debate locally with the members so that they can monitor the progress of the negotiations from beginning to end.

To summarize, the key factors of the sociopolitical environment that will seriously influence the progress of the negotiations are:

- the unstable economic climate, made vulnerable by the war on terrorism;
- the future discussions between the federal and provincial governments on the funding of health services and social services;
- the proximity of a general election;
- the government's pre-election priority of pay equity;
- the unknown cost of the pay equity settlement;
- the expiration dates of the collective agreements.

## The nursing environment: a crisis and its causes

The process for renewal of the nurses' collective agreement is being initiated at a turning point, when the nursing profession is laying the foundations of modern nursing and instituting new rules of practice, a period when nursing have to redefine their methods and their role. This crucial time for nurses' current and future practice unfortunately has arrived when the nursing profession is in the midst of a major crisis. The crisis is largely explained by the budget cuts and underfunding of the health-care network, the nursing shortage and the network decision-makers' lack of perspective.

### Cuts and underfunding

The current state of the health and social services network largely results from the budget cuts and underfunding to which it has been subjected in the past few years. These cuts and underfunding are the product of debatable decisions by the current provincial government.

The practice of the nursing profession has also suffered the multiple after-shocks of this decision: overwork; proliferation of overtime; deterioration of the work climate; loss of motivation and reduced self-esteem; growing absenteeism; reduction of training and professional development activities. Even worse, the actions taken by the government to reduce costs have seriously compromised any possibility of balance between nursing supply and demand on the job market in the health-care sector, thus generating an unprecedented nursing shortage.

Underfunding of the network is a pressing and disturbing issue. The gap between the growth of health-care expenditures and the projected needs for health care and services is growing steadily. The FHIQ remains convinced that major investments in the health-care network are necessary, for the quality of care and services, the future of the nursing profession, and the quality of nurses' professional and personal lives.

### A growing nursing shortage

According to the World Health Organization (WHO), the nursing sector is in the midst of a global crisis, particularly in terms of headcount. The WHO's profile is unequivocal: in the United States, 168,000 vacant hospital positions; in England, 48,000 including 15,000 in the public sector; in France, 10,000 in the hospitals and, in Germany, 13,000 .

The Canadian and Quebec situation is scarcely any rosier. According to the Canadian Nurses Association (CNA), there will be a shortage of 78,000 nurses in Canada in 2011, and 113,000 in 2016 . Quebec was short 1,778 nurses in 2001, and this figure is likely to increase, if nothing is done, to 5,700 in 2007, 13,400 in 2012 and 21,300 in 2017, or 26% of the workforce required by that date .

Several factors can explain this shortage and can be grouped in three categories. The first category is quantitative:

- aging workforce;
- accelerated increase in retirements;
- staff recruiting pool reduced, particularly due to the falling birth rate and the increased attraction to disciplines other than those in the health-care sector;
- desertion of the profession.

The second category is qualitative:

- difficulty filling certain positions due to the scarcity of a skilled workforce, mainly in specialized fields;
- underutilization of nurses' potential;
- insufficient funding of continuing education and professional development;

The third category of factors is organizational:

- overwork;
- non-stimulating work environment;
- casualization
- absence of recognition;
- physical and psychological violence engendered by and in the workplace;

The solutions advanced by the Quebec Forum on Nursing Workforce Planning to head off this shortage cover all of these factors and attest to the importance and urgency of addressing them unswervingly. Some corrective actions recommended in the report have already been implemented.

Despite their positive impact, these actions are still insufficient to remedy the current and future nursing shortage. Sustainable solutions to this problem necessarily require the improvement of nurses' working conditions.

### Decision-makers without perspective

Due to the underfunding of the health and social services network, administrators' decisions have been and often are made solely under the influence of financial pressure. The decision-makers' lack of perspective means that the chosen solution often generates problems instead of correcting these situations. For example, the tendency to resort to casual and part-time work has contributed to accentuating the instability of the regular teams, increasing orientation costs, fragmenting the care continuum, increasing desertion of the profession and turning away potential aspirants to a nursing career.

The underutilization of nurses' competencies inevitably translates into losses in terms of efficiency, effectiveness and quality of care. Often certain tasks provide nurses with little satisfaction and prevent them from acquiring new ones, enriching their knowledge and advancing professionally. This professional deskilling leads to a devaluation of the work performed by nurses and causes them to lose motivation. Decision-makers and employers should review their management style: it is inconceivable that they persist in managing human resources shortsightedly and in a piecemeal fashion.

### In conclusion

The next round of negotiations is beginning, within a context where sociopolitical issues are marked by a right-wing trend where privatization, deregulation and government disengagement are increasingly on the agenda. Quebec, like other countries, does not escape this pattern. As nurses, we must be vigilant and protect the gains and defend the rights won in health care and services. The collective agreement is a tool that not only defines nurses' working conditions but assures the public of quality care and accessible services. Thus, the Federal Council recommends to local general assemblies that our negotiation priorities be the following:

- the arrangement of work time;
- the stabilisation of positions;
- the maintenance and development of competencies
- the prevention of violence
- accelerated dispute resolution
- access to workplace daycare centres

Jennie Skene,  
President

# FOR NURSES: MAJOR PRIORITIES

**A**fter a presentation of over two hours by the negotiation coordinating team, Lina Bonamie, Sylvie Savard, Linda Perron and Richard Beaulé, delegates questioned, commented and debated the negotiation priorities.



From the start, the Executive Committee member in charge of negotiations, Lina Bonamie, pointed out that the issues related to remuneration, the general pay raise, retirement, job titles and the recognition of academic training would not be dealt with at this stage in the priorities since there are presently talks on these issues with the government. Delegates therefore critically examined current working conditions, analyzed the causes of their deterioration, identified solutions to put forward at the national level and measures that could be implemented locally to consolidate and improve working conditions and the conditions of nursing practice.

In order to help delegates to better understand the issues at stake and the priorities, the presentation was broken down into two parts. The first part of the presentation and debate dealt with:

→ the arrangement of work time

→ the stabilization of positions

Afterwards, Sylvie Savard, Executive Committee member jointly responsible for negotiations, presented the following priorities:

→ Maintenance and development of nursing competencies

→ The prevention of violence

→ Accelerated dispute resolution

As the President stated, the collective agreement is an instrument that regulates nurses' working conditions, but it also guarantees that the public will receive quality care and that services will be available. In view of this, the priorities regarding the arrangement of work time and the stabilization of positions are designed to promote the attraction and retention of the nursing workforce and to counter the effects of the nursing shortage. The labour market will undergo a radical transformation in the coming years. Thousands of nurses will leave for a well-deserved retirement and thousands of young nurses will take over. The challenge facing us all: to have a enough healthy and motivated nurses to deliver quality care and services to a population with growing needs

## Arrangement of work time

This priority includes the recommendations pertaining to the reduction of the number of workdays required for a position to be considered full-time, pre-retirement and statutory holidays.

### The reduction of the number of days required for full-time status

The first conclusion, in observing nurses' current work environment, is that overwork and workloads are constantly increasing and proliferating. An excessively heavy workload that keeps on growing can certainly have negative consequences for nurses' health and well-being, and for the balance between their professional and personal lives.

The recurrence of workloads, their generalization and their increasingly negative effects on the working conditions of nurses holding full-time positions require that we cast a new look at the employment structure. Indeed, the status of full-time employee has become less interesting and many nurses are abandoning it. Some prefer to take or keep a part-time position and to complete their regular work week when they choose. They thus ensure a better balance between their professional and personal lives. Part-time work should not be the solution to constant overwork, compulsory overtime or the difficulty of reconciling professional and personal life. For Federal Council delegates, the search for balance between professional and personal life requires reorganization of the work schedules of full-time employees while maintaining all the advantages related to this status. For delegates, it was also essential that there be better compensation for work on the evening and night shifts, and on rotation, and that the effects of excessive workloads be lessened.

Thus, when drawing up a new schedule model, the Executive Committee and the negotiating team were guided by the following principles:

- Protection of the annual salary
- Maintenance of fringe benefits, that is 4 weeks of annual vacation, 13 statutory holidays and 9,6 sick-leave days
- Universal model applying to all nurses, regardless of the vocation of their institution;

...if nothing is done to remedy the nursing shortage:

- in Canada, there will be a shortfall of 78,000 nurses by 2011
- in Quebec, there will be a shortfall of 5,700 nurses by 2007 and 13,400 by 2012

*Whereas* overwork and the difficulties in bridging professional responsibilities and personal life lead to deterioration of health, declining professional satisfaction and reduced commitment to the profession;

*Whereas* work on the evening and night shift has detrimental effects on health and personal life, and makes work/family reconciliation difficult;

*Whereas* in the context of a nursing shortage, the evening and night shifts are deserted and this leads to increased reliance on overtime and shift rotation;

The Federal Council recommends:

**R** "That the number of work days necessary to determine a full-time position be reduced depending on the work shift."

This means that both nurses who work full-time and part-time would have their work schedules modified. Over a four-week period, a nurse on the day shift would work 18 shifts, a nurse on the evening shift would work 17 shifts, and finally, a nurse on the night shift would work 16 shifts. Their daily presence at work would be increased from 7.25 to 8 hours (CH, CHSLD, EPC, CR) and from 7 to 7.75 hours (CLSC, CPEJ). The number of work days per year would drop from 228 currently to 209, of which 5 days would be specifically set aside for training.

...the proportion of nurses who held a full-time position on March 31, 2001 was 43.5%.

...the proportion of nurses who did not hold positions on March 31, 2001 was 22.7%.

Here are two illustrations of this:

**Example 1**  
A nurse working in a hospital centre (CH)

Monique works as a nurse in a hospital centre and she is at the 12<sup>th</sup> echelon of the salary scale.

**CURRENT SITUATION**

Monique works:

- 228 days/year
- 7.25 hours/work shift

Monique has:

- an hourly rate of \$26.13
- 13 statutory holidays \_ 20 days of annual vacation leave

Monique therefore has a total of 261 paid workdays, that is 1892.25 hours, which corresponds to an annual salary of \$49,444.49.

**Proposed model**

Monique would work:

- 209 days/year
- 8 hours/work shift

Monique would have:

- an hourly rate of \$26.13
- 13 statutory holidays
- 18 days of annual vacation leave

Monique would therefore have a total of 240 paid workdays, that is 1920 hours, which would correspond to an annual salary of \$50,169.00.

With the proposed model, there is a difference of \$725.11 per year, which represents a 1.47% increase.

**Example 2**  
A nurse working in a CLSC

Micheline works as a nurse in a CLSC and she is at the 12<sup>th</sup> echelon of the salary scale.

**CURRENT SITUATION**

Micheline works:

- 228 days/year
- 7 hours/work shift

Micheline has:

- an hourly rate of \$26.13
- 13 statutory holidays
- 20 days of annual vacation leave

Micheline therefore has a total of 261 paid workdays, that is 1827 hours, which corresponds to an annual salary of \$47,739.51.

**Proposed model**

Micheline would work:

- 209 days/year
- 7.75 hours/work shift

Micheline would have:

- an hourly rate of \$26.13
- 13 statutory holidays
- 18 days of annual vacation leave

Micheline would therefore have a total of 240 paid workdays, that is 1860 hours, which would correspond to an annual salary of \$48,601.80.

With the proposed model, there is a difference of \$862.29 per year, which represents a 1.81% increase.

**Pre-retirement**

Another reality that gives rise to reflection is demographic aging of the nursing population. According to OIIQ statistics, at the end of 2001 in Quebec, 26% of nurses practising the profession were over 50 years of age and this proportion is increasing steadily. The scarcity of nurses is leading the FIIQ to approach this reality in a new way.

If the work environment truly adapted to the reality of an aging workforce, but still capable of delivering quality care, these nurses could delay their retirement on a voluntary basis. The transmission of knowledge to their peers and the support older nurses can undoubtedly provide in themselves justify the introduction of incentives for nurses interested in continuing their careers on a voluntary basis.

For the Federal Council, one thing is certain – the adaptation of work to the aging nursing workforce must definitely involve the possibility of transmitting their knowledge and know-how to younger nurses and the reduction of work-related obligations in order to better reconcile professional and personal life.

Whereas nurses at retirement age constitute a large pool of skilled and available nurses;

Whereas nurses have few possibilities of transmitting their knowledge to their peers;

The Federal Council recommends:

**R** "That nurses at retirement age who decide to continue their careers receive additional benefits."

**Statutory holidays**

While the disadvantages related to evening and night shift work can be compensated to some extent by the reduction of work time, this is not the case for work on statutory holidays. We know the difficulty of finding a replacement for an absence on those days. What advantage is there to working on a statutory holiday when a large part of the population can take advantage of that day for activities with family or friends? Compensatory leave represents very little when we know that, in any case, the time spent at work rather than with a spouse, family or friends is irreplaceable.

Whereas work on statutory holidays is a major constraint inherent in a nurse's work;

Whereas this constraint is not recognized and suitably compensated as it is in other work environments;

The Federal Council recommends:

**R** "That the pay for work on statutory holidays be increased."

...from 1996 to 2000, the rate of absenteeism increased by 20%.

...from 1997 to 2001, that is in only four years, overtime hours increase by 100%!

...on March 31, 2002, in the health-care network, there were 33,163 nurses between the age of 40 and 54 years.

## Stabilization of positions

This priority includes the incumbency of positions, the regular basic team and the period for taking annual vacations.

### Incumbency of positions

The nursing shortage creates a new problem regarding the use of availability lists. To counter the problems of management of replacements and the overwork caused by the shortage, one means appears to be appropriate: addressing the casualization of employment. This casualization of the nursing workforce sustains the vicious circle in which overtime and instability of the regular teams combine to amplify the nursing shortage's effects. For the FIIQ, the reduction of casualization depends on the awarding of permanent positions to almost all nurses. This priority is aimed at:

- ensuring that all nurses are able to work on a regular and predictable basis;
- countering increased use of overtime hours and agency personnel;
- promoting attraction to and retention in the nursing profession;
- reducing the workload.

The Executive Committee and delegates based their analysis on the following principle:

- All nurses should hold a position with a minimum of 8 days of work per 4-week reference period (the equivalent of the minimum availability currently requested).

The stabilisation of positions, for its part, rests on the two following principles:

**The first principle:** All work shifts that are freed as a result of the reduction of the number of workdays of full-time employees must remain within the centre of activities..

**The second principle:** The number of positions in a centre of activities must be equivalent, in workdays, to the sum of regular and replacement needs.

*Whereas the nursing shortage influences the behaviour of nurses on the availability lists;*

*Whereas casualization amplifies the problems of management of replacements and hinders the attraction of new candidates to the profession;*

*Whereas reliance on private agencies has become common practice;*

The Federal Council recommends:

**R** "That, except in special cases, all nurses hold either a full-time or a part-time position."

### A regular basic team

The granting of positions to all nurses in an institution has already been advanced by some employers to attract and retain nursing personnel. The main criticism that can be addressed to these employers is that too many float team positions are being created. The float team employees are supposed to be there to respond to temporary work surpluses or fill positions temporarily deprived of their incumbents, not to meet the regular needs in the centres of activity.

Some employers unfortunately now only create float team positions, finding that this provides the mobility of resources they so greatly desire. This is detrimental to the interests of nurses, who want and demand stable positions in the centres of activity. The employers' attitude, in addition to sustaining the instability of regular teams, runs counter to an efficient organization of work, increases workload, and undermines the continuum of care and the development of expertise.

*Whereas the use of the float team to meet regular needs in the centres of activity runs counter to an efficient organization of work and undermines the continuum of care and the development of expertise;*

*Whereas the insufficiency of the regular teams in the centres of activity contributes to increasing the workload;*

The Federal Council recommends:

**R** "That a maximum number of positions be stabilized in the centres of activity."

### Taking annual vacations

The 2000-2001-2002 collective agreement provides for a mechanism that allows for the reduction of the normal annual vacation period. We know that the supply of work allowing the reduction of this period depends on the availability expressed by the nurses. Having positions with incumbents should ensure a better supply of work and thus shorten the period for taking annual vacations.

*Whereas it is even more difficult during the summer to reconcile work and family;*

*Whereas for the past several years, employers have reduced to a minimum the number of nurses who can benefit from an annual vacation during the summer;*

The Federal Council recommends:

**R** "That the normal period for taking the annual vacation be shortened."

## Maintenance and development of nursing competencies

This broad priority includes access to training, the recognition of experience and expertise, and the HRDP. -

### Access to training

Nursing practice must constantly adapt to changes in the environment and the progress of scientific knowledge in nursing. The workplace must be a place of learning where the possibilities of continuing education are offered, where participation in training activities is facilitated and where opportunities are created to develop experiential knowledge. This is not currently the case.

In the development of the competencies of the nursing workforce, particularly within the establishments of the Quebec health-care network, the diagnosis is powerful, pitiful and worrying: non-utilization or underutilization of budgets provided in the collective agreement; nonexistent or very incomplete human resources development plans (HRDP) – conceived without a comprehensive vision and without an integrated approach – formulated without local union participation; insufficient or deficient orientation and welcoming programs.

*Whereas the changes within the work environment and the constant progress of knowledge required means that nurses must adapt and develop their knowledge continuously;*

*Whereas workplaces offer few possibilities of continuing education;*

The Federal Council recommends:

**R** "That all nurses be able to participate in continuing education activities."

### Recognition of experience and expertise

Experiential gains constitute an invaluable pool of knowledge, and their recognition in the workplace undoubtedly represents a major source of motivation and self-esteem for nurses. Recognition of the value of experience and expertise plays a crucial and determining role in access to positions, whether through promotion or through transfer between centres of activity. Some employers refuse to recognize this value when granting positions.

*Whereas the recognition of these gains represents a major source of motivation and self-esteem;*

*Whereas experience and expertise are given little consideration in the process of granting positions;*

The Federal Council recommends:

**R** "That the process of granting positions be reviewed so that nurses' experience and expertise be considered at their fair value, while respecting seniority."

## The HRDP

Human resources development must, of course, be a concern for each nurse throughout her active life on the job market, from entering to leaving the profession, but this should primarily be a preoccupation for the employer. Welcoming, orientation and continuing education programs, and programs geared to motivation, enhancement or professional advancement all contribute to human resources development and must be planned rigorously when the HRDP is formulated.

This is one of the most effective means of promoting attraction, retention and professional advancement. It also assures nurses that new challenges will be posed for them throughout their careers and that they will be able to progress.

*Whereas* human resources development is one of the most deficient aspects in health-care institutions;

*Whereas* nurses' potential is underutilized and little developed;

*Whereas* training is limited to ad hoc activities unrelated to each other;

The Federal Council recommends:

**R** "That each institution of the health-care network have the obligation to have a formal, structured and integrated human resources development plan."

**R** "That the formulation, implementation and monitoring of this human resources development plan be assumed jointly by the employer and the union."

## Prevention of violence

Nurses are confronted day after day with manifestations of physical, verbal or psychological violence. This violence may come from different sources: patients, families, physicians, hierarchical superiors, colleagues. This reality has an impact on nurses' motivation at work and affects their capacity to work under suitable conditions.

The stressful, difficult and tense work climate in which nurses are currently operating is certainly not unrelated to the rise of violence. Indeed, in Quebec health-care environments, violence is omnipresent and quite often is practiced insidiously. Not only does it harm nurses' physical and mental health but it leads to an inestimable loss of resources due to the distress it provokes. The effects of violence on health have an impact on the right of nurses to work in dignity and respect. In the face of this reality, actions must be taken to preserve nurses' health, ensure they are kept employed and cause them to be respected, valued and motivated.

Thus, it is time to formally include preventive and corrective measures in the collective agreement to institute zero tolerance in all health-care institutions.

*Whereas* violence in the workplace is unacceptable and harms the physical and psychological integrity of nurses;

*Whereas* efforts to prevent violence in the workplace are almost nonexistent;

*Whereas* there is no formal management commitment to the prevention of violent behaviour and the management of violent situations;

The Federal Council recommends:

**R** "That a programme to prevent violence in the workplace be implemented in each institution."

**R** "That there be a joint complaint analysis and handling process in each institution."

...67% of nurses were subject to violence at work during the last five years.

...57% of nurses consider that the level of violence in the workplace has risen.

## Accelerated dispute resolution

This priority includes provisions regarding grievance arbitration and salary insurance. -

### Grievance arbitration

The issue of the dispute resolution process raises a lot of questions. This recourse is losing strength because the employers are increasingly using time as a strategy to delay dispute resolution unduly.

The lawyers and their obliging accomplices, the employers, are increasingly trying to transform the grievance arbitration forum into a law court of another era. The courts have adopted, in the past 10 years, various rules to accelerate and facilitate the progress of hearings, out of a concern for rendering justice within a reasonable delay. However, nothing has been done in grievance arbitration where points of procedure and delaying tactics still prevail.

*Whereas* the employers increasingly use time as a strategy to avoid settling disputes;

*Whereas* some management lawyers make every effort to prevent grievance hearings from proceeding speedily;

The Federal Council recommends:

**R** "That the grievance procedure be revised so that a greater number of disputes follow the summary procedure."

**R** "That the progress of hearings be facilitated by revising the arbitration procedure."

### Salary insurance

If there is one type of grievance for which an alternative method of settlement must be found, it is contested salary insurance claims. Employers systematically deny disabilities or refuse reinstatement. They count on time and deprivation of income to force employees to return to work. Often employees have to choose between income security benefits and going back to work. These practices must cease, and grievance arbitration must be abandoned for contested disability claims, because this approach does not allow a decision to be rendered within an acceptable time.

*Whereas* the number of litigious salary insurance cases is growing steadily;

*Whereas* in contested claims, employees are deprived of salary insurance benefits;

The Federal Council recommends:

**R** "That medical arbitration be introduced in the collective agreement for disability disputes."

**R** "That, in the case of contested claims, payment of salary insurance benefits be maintained."

## Access to workplace daycare centres

Delegates voted to add a priority to the five other priorities proposed by the Executive Committee. This priority is aimed at helping to bridge work and family life, but could also encourage nurses to offer more availability for less attractive time periods like the evenings, nights and weekends.

The Federal Council recommends:

**R** "That workplace daycare centres be accessible, in particular for nurses working evenings, nights and weekends."

## Conclusion

In a society where individualism is increasingly being imposed as a dominant value; where the public is increasingly receptive to a discourse where money would determine the ability to receive appropriate health care; where health care is becoming a commodity that the more affluent largely can offer themselves – nurses must collectively adopt priorities, regardless of their age, their region or the type of institution where they work, to improve their working conditions and preserve the accessibility of health care and services. The search for a balance between intergenerational values and needs must translate into collective demands. This is why we must mobilize around common priorities.

The Executive Committee and Federal Council delegates have sought to make these draft priorities as all-embracing as possible. Delegates had the responsibility to enrich them and recommend them to members. Now, it is your responsibility to debate them locally so that the 45,500 Quebec nurses, who are members of the FIIQ, may determine



the priorities they will uphold and defend throughout the negotiations.

These negotiations, like certain others, will possibly be long and difficult. The scope of the issues and the innovative nature of the demands will require sustained involvement and mobilization. We must spare no effort to convince the employers and the government that nurses want a reduction of their work time, permanent employment, conditions

suitable to a rewarding and life-enhancing career, violence-free workplaces and access to workplace daycare centres. Finally, Quebec nurses want a workplace where their collective and individual rights will be recognized and respected and where they will not fear to encourage their daughters and sons to make a career.

With these priorities and recommendations, the Federal Council therefore proposes that we take advantage of the difficult context which nurses experience to set up an innovative schedule system. This model, which is daring in its approach, reflects a collective vision where we must, together, do everything we can to introduce change.

# PAY EQUITY REPORT

As is now customary at each Federal Council meeting, the members of the Negotiation sector presented a progress report to delegates regarding the work accomplished on pay equity.

## Reinforcements!

The team of consultants assigned to this file received reinforcement: Ms. Régine Laurent, an union activist from Santa Cabrini Hospital, has joined the team. In addition, FIIQ union activists from different work environments and various regions have contributed and are still making a contribution to the work on pay equity. These union activists were warmly applauded by the delegates.

## Pay equity surveys conducted smoothly

To be able to assess the value of jobs accurately, exhaustive surveys were conducted of around 560 FIIQ member nurses from 160 institutions. After a debugging phase last June, the union activists went back on the road in September. The institutions and the nurses interviewed were selected at random. The nurses first received a document to allow them to prepare. Then, each nurse was contacted by a member of the equity team to assist her in her preparation. This union activist was also present during the survey, both to explain the questionnaire and to answer the nurses' questions.

These surveys gathered a lot of information about the specific realities of each job category (nurse, baccalaureate nurse, team leader, assistant head nurse/assistant to the immediate superior, nurse instructor and outpost/northern clinic nurse) and the characteristics of the various work environments (CHP, CLSC, CHSLD, EPC, CR, CPEJ). Since October 19, work has begun to synthesize and analyze all the information obtained.

The other union organizations (CSN, CSQ, FTQ, SFPQ) that are members of the Equity interunion coalition also conducted surveys. When the surveys are over, around 12,000 people will have been interviewed.

In the next few weeks, the crucial evaluation stage of the various male and female job categories will begin. After evaluation, each predominantly female job category can thus be compared to the male job categories, since both will have been evaluated with the same evaluation tools, free of sexist bias.

## Classification of nursing jobs:

### an issue to watch

# TO WATCH

**One of the major issues the Negotiation sector is pushing within the context of the renewal of the collective agreement concerns the classification of nursing jobs.**

At the Special Federal Council meeting, the Negotiation sector first considered it important to recall the mandate of the Joint Committee (FIIQ – CPNSSS – MSSS) prescribed in the collective agreement (see Letter of Understanding). This mandate essentially consists of studying the questions regarding classification of nursing jobs, requirements for access to different job titles and the match between nursing functions and the academic training acquired.

Secondly, the Negotiation sector presented the work conducted internally, as well as the work initiated by the Joint Committee regarding this issue.

Internally, for nearly a year, the Negotiation sector has categorized all the information concerning the roles, tasks and functions performed by the nurses working in the network and has documented the factors likely to have an impact on nurses' jobs in the foreseeable future. This means analyzing the current situation, identifying the preferences expressed by the employers regarding the competencies or qualifications sought, and determining the trends here and elsewhere in this matter.

The work conducted by the Joint Committee on Classification began last May. To fulfill their mandate, the members of this committee agreed on the necessity of further documenting a certain number of functions that currently exist in some institutions for the Baccalaureate Nurse job title. These are the functions of nurse instructor, liaison nurse, clinical nurse, nursing counsellor and first surgical assistant. Nearly sixty unionized nurses holding such positions are participating in the survey currently under way to tell us more about the subject.

The stakes related to this issue are very important, including access to positions or the professional career path. The Negotiation sector intends to continue investing the necessary efforts to bring this matter to a successful conclusion.

## Elections

### FOR THE NEGOTIATING COMMITTEE

Delegates elected 11 nurses to represent them at the bargaining table. For some nurses, this is their first experience, while for others it is a second turn. All are motivated by the same objective : to improve nurses' working conditions.



Claude Simard  
*CHUQ, Pavillon  
Hôtel-Dieu de Québec*

For CHSLDs



Isabelle Mailloux  
*CHSLD Drapeau-  
Deschambeault*

For CHs



Mireille Bélanger  
*Hôpital Notre-Dame  
du CHUM*

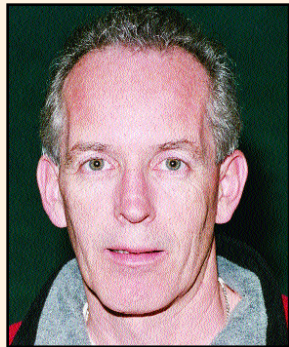


Jean-François Tremblay  
*CH de Granby*



Isabelle Thelland  
*CSP Grace-Dart*

For CLSCs, Health  
Centres, Outposts or  
northern clinics



Réjean Constantineau  
*CH Laurentien*



Diane Bouillon  
*CLSC de la Vallée*

Substitutes

Delegates also elected  
substitutes for the  
Negotiating Committee:

For CLSCs:



Dany Carpenter  
*CLSC René-Cassin*

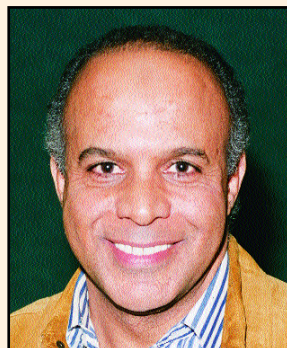


Stéphane Gagnon  
*CHR Delanaudière*



Élise Mireault  
*CLSC Côte-des-Neiges*

For CHSLDs:



Hassan Duali  
*Hôpital  
Ste-Monique*



Diane Gaze  
*Hôpital du  
Sacré-Coeur de Montréal  
Pav. Albert-Prévost*



Christiane Sanvido  
*CLSC Maria-Thibault*

## IMPORTANT DATES TO COME

### Weeks of November 11 and 18, 2002

- adoption of priorities by local general assemblies

### November 27, 2002

- Deadline for returning the results of the consultation on priorities

### December 3, 4 and 5, 2002: Federal Council

- Presentation of the proposed draft collective agreement

### Weeks from December 16, 2002 to January 13, 2003

- Consultation of local general assemblies on the proposed draft collective agreement

### January 17, 2003

- Deadline for returning the results of the consultation on the proposed draft collective agreement

### February 11-12-13-14, 2003: Federal Council

- Adoption of the draft collective agreement

### End of March, beginning of April 2003

- Tabling of the draft collective agreement



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