FRONT LINES

Issue Four 2005

The Magazine for Manitoba Nurses by the Manitoba Nurses' Union

BULLY

Understanding bullying behaviours, helps MNU protect our members from harassment and abuse

Manitoba Nurses' Union

ALWAYS CARING • ALWAYS A NURSE

MNU Meets with the Minister of Public Health

Protecting the Privacy of Your Pension and Benefits

Are You Eligible for a Dues Refund?

Front Lines is published six times a year by the Manitoba Nurses' Union. The MNU was founded in 1975. Today it remains an active member-driven organization dedicated to meeting the needs of its members. Approximately 11,000 nurses province-wide belong to the MNU. That's 97% of unionized nurses in Manitoba.

"To Care for Nurses is to Care for Patients"

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Cover: Bullying is no longer tolerated in the workplace... targets fight back.

Front Lines

Issue Four 2005 — The Magazine for Manitoba Nurses by the Manitoba Nurses' Union

Features

Departments

President's Message

Abuse – Crisis in the ER

MNU President,
Maureen Hancharyk

This issue of Frontlines features an article on the bullying and abuse that occurs in our workplaces. Nurses in Manitoba deal with abuse and bullying everyday in our health care system. Hopefully, this issue will provide you with some tools to recognize and deal with this problem.

While we assume our responsibility to ensure that our workplaces are free of abuse, we must make sure that employers assume theirs.

Recently, I received a call from Glen Stobbe, the President of the Seven Oaks Hospital Local in Winnipeg. He highlighted other forms of abuse in our system, abuse by patients toward nurses and abuse by patients toward other patients. These incidents of assaults on both nurses and patients have increased as that hospital's ER, and its catchment area, undergo expansion. An increase in gang-related activity and the dramatic increase in crystal meth use have resulted in more violent and dangerous patients being seen by nurses and physicians.

Seven Oaks' nurses are calling for increased security. Their ER is becoming very much like that of Winnipeg's largest inner city hospital, Health Sciences Centre (HSC), but without any of the attendant precautions. While nurses at HSC have a full-time Security Guard on-site in the ER and a Triage desk situated behind protective glass, nurses at Seven Oaks are left completely vulnerable to assault. The only barrier from these potentially violent patients is a curtain. This is not enough.

I have scheduled a meeting with Minister of Health, Tim Sale to bring this matter to his attention. The Local has brought this issue up at Union Management meetings and is also putting it on the agenda for N.A.C. and Health and Safety Committee.

I have also received reports from other hospitals throughout the province that nurses are often left without any protection in the workplace. Northern and rural nurses report that they often have to deal with volatile situations with little or no back up. This issue must be dealt with.

Worksite and local Presidents can work with the Manitoba Nurses' Union staff to ensure that this issue is put on the agenda at local meetings and relevant joint committees. I will continue to lobby Government to do the right thing and ensure that caregivers are not vulnerable to assault in the workplace.

Bullying is persistent unwelcome behaviour, mostly using unwarranted or invalid criticism, nit-picking, and faultfinding. It often includes exclusion, isolation, being singled out and treated differently, verbal put downs and insults, being shouted at and humiliated. Bullying tactics in the workplace may also include: excessive monitoring, unreasonable work demands, disregard for exemplary work, having verbal and written warnings imposed, and much more.

Gossip and isolation, monitoring and criticism, even being given increased workloads, are less overt – yet just as harmful – bullying.

A Winnipeg nurse who was a victim of bullying says that it was one of the most difficult times of her life. "I never knew what to expect at work. To some, our supervisor was sickeningly sweet; to others she was rude and arrogant. There seemed to be no rhyme or reason for it. I don't know how I let myself be bullied by her. I think of myself as an assertive person usually. The more she attacked me the less confident I became. Eventually, I began to feel completely helpless. I became focused on either trying to avoid her or to make her happy – anything to get through the shift."

Bullying in the workplace may take many forms. It may be a supervisor's overt and aggressive criticism of you in front of others or it may be a form of social or physical isolation from the rest of the work unit carried on by management and other staff. Sad to say, peer bullying is a frequent occurrence in the health care system. As the health care system makes do with fewer and fewer resources the increased pressure on those carrying the load may also lead to an increase in some destructive behaviours. Bullies often achieve their aim by talking about an individual to others to garner clique support. This isolates their target and further erodes their confidence. As one's confidence goes down, one is likely to make more mistakes thus justifying further criticism from the bully.

Profile of a Bully

Bullies come in many guises. Mistreatment of a target by a bully is driven by the bully's desire to control the target. The target may be a nurse who is independent and who rejects subservience or a nurse with more technical competence or who is better liked on the unit. Jealousy and envy often motivate a bully to identify a competent and popular individual.

"I was doing just fine at my job until she came into the unit. I had received excellent reviews and was quite happy with my performance. I loved my job," said the Winnipeg nurse, "however, just a few short months after she started I could feel her hostility towards me. When she wasn't outwardly criticizing me she would just roll her eyes and make some side comment to the others at the nursing station. While I got sympathetic looks from my co-workers no one was going to stand up for me. She could make their life miserable as well. I have never felt so isolated. Eventually, I began losing my confidence as a nurse. I started second guessing everything I did because I was afraid to make a mistake. Co-workers started to see me as having an attitude problem because I withdrew into a shell and because I was so negative." At the end of one shift she started suffering chest pains. Tests showed that she wasn't suffering from heart problems but from acute anxiety. Finally she left her job.

This happens all too often. A study in the United States by Gary Namie, PHD, a social psychologist and founder of The Workplace Bullying and Trauma Institute showed that 70% of people targeted by a bully leave their workplace, 33% for their health, and 37% because they were victims of a performance appraisal system manipulated to show they were incompetent.

"Bullies have long ruined nurses quality of life and driven many good nurses out of the profession."

A new crop of Generation X and Y nurses are entering the profession who are speaking out and challenging the concept of bullies in the workplace. "Many older employees thought bullying was an inevitable part of their jobs they were forced to tolerate," Namie said, "Now this younger generation is fighting back and refusing to suffer subordination for a pay cheque."

"Bullies may be narcissistic, attention seeking personalities. They seldom accept responsibility for their behaviour. In fact, what bullies fear most is being called publicly to account for their behaviour. Bullies often bully to hide feelings of inadequacy. People who bully to hide inadequacy are often incompetent.

Mistreatment of a target by a bully is driven by the bully's desire to control the target.

"Narcissistic" bullies believe that others are beneath them, and blindly step on others to get ahead.

The Three Types of Bullies

Psychologist, Keryl Egan describes three basic types of bully.

The "Accidental Bully" is a "tough, insensitive klutz" who is intimidating and abusive without really understanding what they are doing. Often this person is trying to get to the head of the group and treats others poorly as a result.

The "Narcissistic Bully" is needy and feels entitled to special treatment. This type of bully believes they deserve better than others, is competitive, and undermines their colleagues. Narcissistic bullies don't intentionally set out to hurt people they just blindly step on others as a result of their own shortcomings.

The most dangerous type of bully is the "Psychopathic Bully". This type of bully systematically organizes and makes a deliberate attempt to destroy another person. According to Keryl, "They are authoritarian, fearless and lack remorse. She points out what while this type of bully may not be redeemable the employer is responsible.

How Bullying May Affect You.

Bullying may make you ill. Enduring the prolonged distress of bullying may bring on a variety of illnesses such as viral infections, headaches and migraines, sleeplessness, exhaustion, reactive depression, and Irritable Bowel Syndrome. Hypersensitivity, hypervigilance, uncharacteristic irritability or tearfulness may also manifest themselves.

You may experience panic or anxiety especially about going to work. Family tension and stress is likely to increase. The victim often experiences inability to concentrate, low morale and decreased productivity. Again this lowered performance gives the bully more ammunition with which to bully.

Bullying can result in nurses calling in sick, missing shifts & clock-watching, all affecting you and your workplace.

How Bullying Affects the Workplace.

The financial cost and human toll associated with abuse or harassment of staff can be mind-boggling. There will be many adverse affects on a workplace if it is not dealt with. Some costs to an organization include: increased absenteeism and associated costs for sick leave, sick leave replacement and LTD; increased costs associated with WCB; increased turnover of staff; increased costs of EAPs; increased stress and decreased morale; increased risk of accidents, incidents, errors; decreased productivity and poorer service for patients/residents.

MNU Fights for Victims of Bullying.

MNU members who are victims of bullying or harassment in the workplace should document the incidents as well as how it made them "feel". This subjective element needs to be documented at the time of the incident(s) so it is not lost with the passage of time. MNU will not condone our members being subjected to bullying or harassment at work. If you file a complaint with the Employer pursuant to a "zero tolerance" policy and the Employer fails to deal with it appropriately, a grievance can be filed under the Collective Agreement. The MNU has been aggressively working to protect our members from harassment and abuse. The Human Rights Act provides protection for employees against discrimination and harassment by reason of ancestry, religion, race, marital or family status, sexual orientation, physical or mental disability etc. This legislation is very important and provides some degree of protection, however, the MNU has negotiated added protections for our members in our Collective Agreements. We have negotiated provisions, which protect the health and safety of our members at work and which provide our members access to the grievance procedure to address workplace harassment, abuse or bullying.

In Health Care – Many Sources of Abuse

In a health care setting abuse may come from many sources: patients, clients, residents, family members or visitors, other health care practitioners, managers or the general public. Since some of the sources of abuse are not party to our Collective Agreement, we cannot grieve directly against them. We may direct a grievance at the employer if we feel that the employer has condoned the abuse or turned a blind eye to it. MNU or its members are entitled to grieve under the Collective Agreement if we can show that the employer is aware of the situation and not taking responsible steps to deal with it. We have assisted nurses by using the grievance process to deal with situations of staff abuse in facilities. We have also used mediators to assist in resolving some situations.

Employer's Must Take Responsibility.

MNU Collective Agreements stipulate that employers must have a policy prohibiting staff abuse. That's a good starting point. However, employers must demonstrate true leadership by making a commitment to a respectful (violence/bullying free) workplace. Employees must see evidence that they will be supported when they make a report on workplace bullying. Employees must be satisfied that offenders will be dealt with and that they will not have to worry about reprisals.

An employer policy on staff abuse is of limited value without the training and education to support it. Employees at all levels must be fully aware of their rights and responsibilities under the policy. Orientation sessions for employees are a must, but in addition to this, managers and supervisors must be trained to ensure that they are intimately familiar with the policy itself and their responsibilities under it.

There is no doubt that a proactive approach in dealing with bullying and other forms of harassment or abuse in the workplace will ultimately benefit everyone in the organization – both management and staff.

Being Bullied?

If you are being bullied or harassed at work, you are not alone. Contact your Ward Rep or your local worksite President. The MNU has Labour Relations Officers specially trained to deal with bullying in the workplace. They can be reached at the Provincial Office – 942-1320.

by Allan Rosky – MNU Labour Relations Officer

"As I look back at this time, I wonder why I felt so helpless. While trying to come to terms with the fact that I had effectively let myself be bullied, I read about the experiments in which learnt helplessness was described. A dog was put in a cage and given electric shocks through one side of the floor of the cage. The dog quickly learned to stay on the other side. The same thing happened when the other side was used, the dog avoiding the shocks. Then the dog received the shocks from all parts of the floor at random. Initially, the dog tried to avoid them, but when unable to, gave up, laid down, and received the shocks. After this the cage door was opened. The dog did not escape but stayed on the floor of the cage receiving the shocks. I realized that the feeling of not being able to escape is all part of the torture."
– A victim of bullying describes the trauma of bullying.

Uniforms featured in the photgraphs accompanying this article courestey of Mark's Work Wearhouse.

CODE PINK

Bullying in the health care system has become so commonplace that the term "Code Pink" has been coined for a method of dealing with it. This term refers to the practice of supporting the victim of bullying by surrounding the victim as the perpetrator is carrying out the act. This has been shown to be very effective in stopping the bully in his or her tracks. In a recent incident, a physician was dressing down a nurse in the hallway in front of visitors and other nurses. A code pink was called and all of the nurses on the floor came to the area and surrounded the nurse and physician. This quickly ended the tirade and provided witnesses to its occurrence.

If everyone around the target is silent or withdraws, the target is victimized again. If you are neutral in situations of injustice then you have chosen the side of the oppressor. It is critical that colleagues not look the other way when someone is being bullied.

CODE PINK:
Embarassment, at their tirade being witnessed, will typically result in a bully becoming less agressive and finally leaving the situation.

Top 10 Bullying Tactics

1. Blame for "errors"
2. Unreasonable job demands
3. Criticism of ability
4. Inconsistent compliance with rules
5. Threatens job loss
6. Insults and put-downs
7. Discounting/denial of accomplishments
8. Exclusion, "icing out"
9. Yelling, screaming
10. Stealing Credit

The Bully at Work,
Gary Namie, Ph. D. & Ruth Namie, Ph. D.

Minister of Public Health meets with Manitoba Nurses' Union

Carolyn Bennett, the Minister of State (Public Health) met for breakfast with the Manitoba Nurses' Union Board Executive, representatives from Public Health Nursing and the University of Manitoba Faculty of Nursing on Thursday, August 26, 2005.

It was an honour to meet with Dr. Bennett, who is the very first Minister of Public Health for Canada. Dr. Bennett stated that for her, a meeting with Manitoba Nurses was one of the best ways to hear about the "real" health issues in the community.

Dr. Bennett articulated her beliefs about the current health status of Canadians. From her perspective, health conditions such as diabetes, heart disease, obesity, and other chronic illness are some of the major challenges facing Public Health practitioners today. She clearly conveyed an understanding of how these health issues are rooted in poverty and other social determinants of health.

Dr. Bennett spoke about solutions that resonated with the nurses at the table. The importance of comprehensive school health, increased activity and the inclusion of the arts in education are three of the essential components of promoting the health of a population, according to the Minister. She is a strong proponent of consultation with the community and she encourages participation in the development of the Public Health Goals for Canada which can be found at www.healthycanadians.ca.

Breastfeeding support to families across the country was one of the issues raised with the Minister. The Public Health Nurses identified how research indicates that the health benefits of breastfeeding include a decrease in the incidence of obesity, adult onset diabetes, asthma, and other chronic illnesses. Breastfeeding has also been associated with decreased rates of ovarian and breast cancer in women. The Minister promised to provide information about the national strategy for breast-feeding promotion to the President and members of the Manitoba Nurses' Union.

Another issue of interest was the percentage of health care dollars that are directed to Public Health. Federally and Provincially only 1 - 2 % of health care budgets are devoted to Public Health. The Minister agreed that even with a small increase much more could be accomplished. However, she was encouraged by the creation of her position as an acknowledgement of the importance of Public Health.

While monetary benefits were not the focus of the discussion, it was noted that in a profession that is critical to the health of the population, there are no provisions for vacation or relief staffing in Public Health Nursing in Manitoba.

The Minister and everyone in attendance left the meeting energized about the future of Public Health in Canada. Dr. Bennett stated that she hopes to put 'health' back into health care, and the 'public' back into Public Health.

Submitted by Bluma Levine, Carolyn Hill-Carroll and Fran Coulter

Canadians aren't aware of Medicare's value

World-renowned cancer expert specialist Eduardo Bruera is homesick for Canada's health-care system.

Edmonton – September 27, 2005: John Cotter, Canadian Press

Dr. Bruera left Edmonton's Cross Cancer Institute after 15 years in 1999 to become chairman of the department of palliative care at the University of Texas M.D. Anderson Cancer Centre in Houston. After working in both countries, Bruera, an oncologist, has a message for people who complain about Medicare or who want to expand the use of private insurance in Canada.

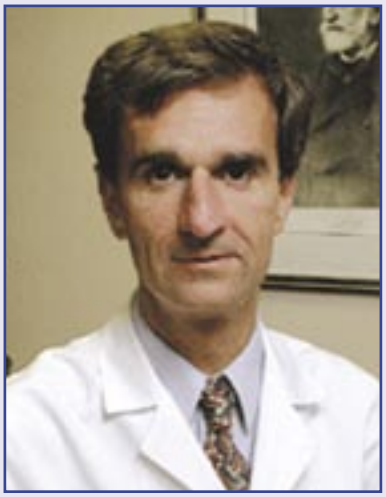
"The portability and the universality of health care in Canada are unbelievably good. I think Canadians are not aware of that," said Bruera, who was to compare care in the two countries in a speech at the annual conference of the Canadian Hospice Palliative Care Association. "Don't look at the United States. The public health-care system makes it impossible for patients to access palliative care in Canada earlier and more effectively."

Since moving to Texas, Bruera said he can't get over the spectre of crushing debt that even upper-middle-class Americans face when a family member is dying from an advanced illness. Even premium private health insurance in the United States rarely covers all the costs, which can lead to bereaved survivors facing an almost never-ending list of medical bills, he said.

Of every $100 spent by families on medical care at the M.D. Anderson Centre, only $32 is paid for by private insurance, he said. More than 41 million Americans don't have health insurance, he said. Of those who are insured, one in three will lose all their financial assets during illness. "To me, it is an enormous impact on quality of life. The burden of dying in the U.S. of cancer is much heavier than the burden... in Canada."

Bruera's remarks come as the federal and provincial governments work to come to grips with a Supreme Court of Canada decision in a Quebec case earlier this year which approved some uses of private health insurance. Since the ruling, provinces such as Alberta have been actively considering expanding the use of private health insurance. The province is expected to announce by the end of October which private insurance firm will be chosen to conduct an actuarial study of the pros and cons of such a scheme. Premier Ralph Klein has said allowing private insurance firms to sell policies would benefit Albertans who want to shorten their waiting times for non-emergency procedures. However, the province has yet to define exactly what it means by non-emergency.

Bruera said he is "100 percent sure" that private insurance would not improve palliative care. "In general, services such as palliative care, that is not highly profitable or high-tech, are generally not insured very well in the U.S.," he said."If you privatize part of the system, the juicy parts, the ones that are more profitable, will be taken by the private insurers. The most costly and less rewarding will be left for the government services."



Dr. Bruera earned his medical degree at the University of Rosario (Argentina) in 1979. He completed his training in Medical Oncology and joined the University of Alberta and the Cross Cancer Institute in Edmonton (Canada) in 1984. Dr. Bruera became Professor of Oncology and The Alberta Cancer Foundation Chair in Palliative Care. In 1999 he became Professor of Medicine and the F.T. McGraw Chair in the Treatment of Cancer at The University of Texas M. D. Anderson Cancer Center (USA).

Dr. Bruera has had a strong interest in the development of palliative care around the world. He has mostly worked on education, clinical development program development, and research in Latin America and the Caribbean. He collaborated for many years with the World Health Organization and the Pan American Health Organization as regional point for palliative care and as leader of a number of specific projects.

Dr. Bruera has published more than 600 papers, abstracts, and book chapters. He has trained over the years hundreds of physicians who are currently practicing palliative care around the world.

Image and bio: www.hospicecare.com

Strategic Planning Session of the Dauphin Worksite 25 Executive, (left to right): Judy Todoruk, Janet Olson, Leanna Compton, Donna Nykiforuk, Ezzy Winters

These sessions are available from the Provincial office. Through the planning process, participants develop a plan for the upcoming year with specific strategies to help reach their goals. Worksites and Locals that have held their sessions, report that they have been very helpful to local leadership.

ACROSS CANADA

Information and issues from across the country

A cross-country look at Nurses' negotiations is as follows:

British Columbia

BCNU

March 31, 2006 expiry.
BCNU is preparing for negotiations.

Alberta

UNA

March 31, 2007 expiry.
UNA's Collective Agreement was extended in spring to 2007 with a 3% increase to wages for the year 2006 to 2007.

Saskatchewan

SUN

March 31, 2005 expiry.
After months of negotiations, a tentative settlement was achieved October 28, 2005. It includes 7.5% increases in wages and retention allowances over 3 years, and an additional 2% to each classification at the top step on April 1, 2007. New contract expiry March 31, 2008.

Ontario

ONA

March 31, 2004 expiry.
Hospital agreement settled by binding arbitration – September 9, 2005, award. New 2-year agreement expires March 31, 2006. Arbitration award included general salary increases of 3% retro to April 1, 2004, 3% retro to April 1, 2005. As well, employees with 25 years experience receive an additional 2% effective January 1, 2006. (Clarification is being sought from the Arbitrator regarding how this applies to Full-time vs. Part-time employees as well as those employed by various employers over the course of 25 years).

Quebec

FIIQ

June 30, 2004 expiry.
FIIQ is in negotiations.

New Brunswick

NBNU

December 31, 2007 expiry for Hospital Agreement (4-year agreement).
NBNU's Long Term Care Nurses' group settled recently, 90 minutes before a strike deadline. NBNU is still negotiating the Public Health and Mental Health Nurses' agreements.

Nova Scotia

NSNU

October 31, 2006 expiry.
NSNU is in the process of initial preparations for next bargaining.

Prince Edward Island

PEINU

March 31, 2005 expiry.
PEINU will be negotiating this fall. PEINU has had numerous problems including government offering controversial buy-out packages to nurses in spring, in the midst of a nursing shortage.

Newfoundland/Labrador

NLNU

June 30, 2004 expiry.
NLNU did not serve notice to negotiate, so the agreement was automatically renewed for 1 year to June 30, 2005. This spring, the employers served notice to bargain, but negotiations have not yet begun.

Labour School 2005

Labour School was held Sept 27-29, 2005 at the Hecla Resort and Conference Centre. A record number of first timers attended this years' Labour School.

Courses included; the Administration of a Worksite/Local, Grievance and Arbitration Process, Meeting the Leadership Challenge, Gen Xer's and Baby Boomers (When Generations Collide!), the Collective Bargaining Process, Public Speaking, and Aboriginal Cultural Awareness.

The event was well received by the nurses in attendance and the evaluations suggested the organization is clearly on the right track with respect to education for our membership. Comments from the Nurses included, "a great opportunity to share ideas and experiences from around the province", to suggestions for future courses to be considered at Labour School.

Due to the impending closure of Hecla, we have moved the 2006 Labour School to another unionized facility in Gimli, the Lakeview Resort. We will be providing an information package to the Local Unions and worksites at the 2006 Annual General Meeting for members to apply for and attend the 2006 Labour School.

Come out and be a part of your Union!

MNU President, *Maureen Hancharyk*, presents certificates to *Carol Thompson* – Local 10 (left), winner of the Education Committee, Labour School Draw and *Sherry Guikas* – Local 3, winner of the American Income Life Insurance, Labour School Draw.

MNU Supports CBC Workers

MNU Board of Directors recently took time out from their meeting in Winnipeg to join locked out CBC workers on their picket line. Workers were locked out from August 15 to October 11, 2005.

MNU President Maureen Hancharyk is shown presenting a cheque to John Webb, President of the Winnipeg Location of the CBC Branch of the Canadian Media Guild.

The Duty to Accommodate

Glenda Doerkson – MNU Labour Relations Officer

Pregnancy

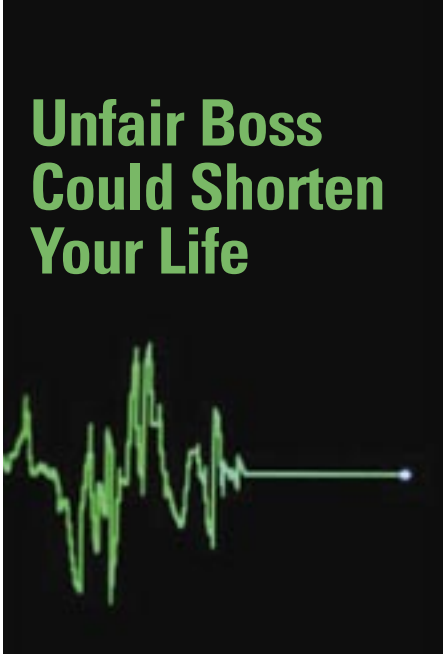
Perhaps more is understood about the accommodation of pregnancy than any other characteristic protected by the Human Rights Code. And yet, there are still significant challenges to be faced by women who wish to work during their pregnancy, and return to work when the period of parenting leave is over. This column will review a few basic principles that arise out of the duty to accommodate pregnancy and childbirth in the workplace.

If a pregnant nurse's health is such that there is a need for accommodation to work – that she can perform within the limitations set by her physician – it is incumbent upon the employer to make every reasonable effort to do so, up to undue hardship.

Pregnant nurses have the right to expect that all provisions of the Collective Agreement, continue to apply to them during their pregnancy and while they are on Parenting Leave. These include the right to compete for a posted position as though they were present at work, and the right to access their income protection banks for illness related to the pregnancy and/or the postpartum period. Case law supports the right to utilize income protection for the time immediately preceding birth and/or the postpartum period. Employment Insurance (E.I.) recognizes this, but there are implications to the E.I. Maternity Benefit that must be taken into consideration. If you wish more information in this regard, please contact your Labour Relations Officer and/or a Public Liaison Officer at any Human Resources Development Canada (HRDC) office.

Pregnant women do not have the right to expect, and/or to negotiate with their employer to receive, benefits superior to those enjoyed by the rest of the Bargaining Unit. For example, it is not considered to be discriminatory that a nurse on an unpaid leave of absence related to the birth of a child does not earn vacation, because workers on unpaid leaves for other reasons do not earn vacation either.

It is not the purpose of this column to provide contract interpretation in relation to the specific clauses in the Collective Agreement that relate to Parenting Leave. If you wish to seek assistance in that regard please contact your Local/ Worksite President or your Labour Relations Officer for assistance.



Researchers in Finland who did a study, found that workers who felt they were being treated fairly had a much lower incidence of coronary disease, the leading cause of death in all Western societies.

"Most people care deeply about just treatment by authorities," study author Mika Kivimaki of the Finnish Institute of Occupational Health wrote, "lack of justice may be a source of oppression, deprivation, and stress."

People consider they are being treated fairly at work when their supervisor listens to their viewpoint, shares information about decision-making and treats individuals fairly and in a truthful manner, the study said.

MNU Gives to the United Way

MNU President Maureen Hancharyk presents a cheque for $7,200.00 (raised at our Annual General Meeting) to Tom Bryk, United Way of Winnipeg Cabinet Chairperson.

Pension & Benefits Corner

Bob Romphf,
Labour Relations Officer – Benefits

confidentiality, privacy and disclosure

Protecting the Privacy of your Pension and Benefits Information

Pension and Benefit Plans across Canada are in the process conforming to legislation to enhance safeguards protecting members' privacy. HEPP and HEBP are no different in this matter and are in fact one of the first plans to really tackle this situation. One of the cornerstones of this process is not only having proper member consents and authorizations but also ensuring that members understand exactly what information is needed to be gathered, for what reason and who will receive this information. This is predicated on member knowledge and consent.

The initial communication from HEPP and HEBP caused members to be concerned as nurses have a much higher knowledge base on the issues of confidentiality, privacy, and disclosure of information. This is particular in the case of any personal health and medical information surrounding the area of disability and what if any information might flow to employers. The benefits administration office got many calls from concerned members, which prompted further investigation from the union office with senior HEBP and HEPP Administration.

The Pension and Benefits office indicated it is absolutely critical they be able to collect and provide basic statistical information to third parties concerning issues like eligibility, benefit levels, and direction to employers and carriers, like Blue Cross for claims payment. This would come in the version of a general consent for basic information. This would help prevent some problems of employers failing to enroll staff, and failing to make proper deductions or delays, in claims payment due to inaccurate information. In general, members have not had a problem with consenting to basic statistical information, as they know it is in their best interest to protect their benefit.

Personal Health and Medical Information Safeguards

The big issue with consent surrounds the area of Personal Health Information and especially what might be disclosed to employers. The Benefit Plan and Chief Privacy Officer have been working on a clear plan, with policies and procedures to ensure both confidentiality and privacy are maintained. This will include a second tier of very specific consents of members in the area of the Disability and Rehabilitation Plan. The D&R Plan will have special consents clearly explained to the member as to the purpose dissemination and exactly what medical information would be required by the plan. Examples of this may include initial application for disability, update medical information on a claim, or rehab potential. This should always be directed through the member with their knowledge and permission to the health care provider. HEBP was adamant; Employers do NOT get personal health information from the benefits office. The only limited exception to this may be at the time of a Rehab and Return to Work Program where obviously some necessary information will flow with both the knowledge, information, and consent of the nurse on rehab.

The Pension and Benefits office worked very hard in 2005, to ensure that their privacy and confidentiality procedures conform to the law and place members privacy and security concerns at the forefront. The plans have received feedback from nurses and locals and will be carefully taking this into consideration. I have appreciated the information from St. Boniface Local 5, Labour Relations Officers and the members at large, which has enabled me to help ensure members privacy. HEBP/HEPP will be sending out a 'Plan Talk' in the late fall outlining the consent policy of a general consent enhanced by a very specific series of consents in the area of the D & R Plan. Our union will continue to monitor the evolution of this issue. If you have any specific questions please contact Vanessa Sired, Chief Privacy Officer at HEBP or Barb Kieloch, Director of Disability at HEBP, at 942-6598 or Bob Romphf at the MNU Office.

Workplace Safety and Health

Rights and Responsibilities of the Worker

The Workplace Safety and Health Act exists to protect workers from risks to their personal safety and well-being while at work. Specifically the Act states its purpose to be:

(a) the promotion and maintenance of the highest degree of physical, mental and social well-being of workers;

(b) the prevention among workers of ill health caused by their working conditions;

(c) the protection of workers in their employment from factors promoting ill health; and

(d) the placing and maintenance of workers in an occupational environment adapted to their physiological and psychological condition.

In order for this to happen everyone in the workplace enjoys certain rights and bears specific responsibilities. It is only as each person respects and complies with these responsibilities that the objective is reached. This article will identify the worker's role. Next issue will highlight the role of the employer and supervisor.

The Act bestows important rights to every employee. Workers have the right to know what risks exist in the workplace and what precautions are necessary to avoid injury. For example, W.H.M.I.S. regulations require documentation and education be provided regarding potential and/or real chemical exposures.

Workers have the right to participate in activities related to the Workplace Safety and Health Program and to report hazards and/or concerns without risk of harassment or discipline.

Workers also have the right to refuse dangerous work. This right will be the subject of a future article but if you have questions in this regard you may contact Glenda Doerksen, Labour Relations Officer, at the MNU office.

Along with the rights come the responsibilities. The Act states:

5 Every worker while at work shall, in accordance with the objects and purposes of this Act,

(a) take reasonable care to protect his safety and health and the safety and health of other persons who may be affected by his acts or omissions at work;

(b) at all times, when the nature of his work requires, use all devices and wear all articles of clothing and personal protective equipment designated and provided for his protection by his employer, or required to be used and worn by him by the regulations;

(c) consult and co-operate with the workplace safety and health committee, where such a committee exists, regarding the duties and matters with which that committee is charged under this Act;

(d) consult and co-operate with the worker safety and health representative, where such a representative has been designated, regarding the duties and matters with which that representative is charged under this Act;

(e) comply with this Act and the regulations; and

(f) co-operate with any other person exercising a duty imposed by this Act or the regulations.

Nurses face many potentially dangerous situations in the course of their work, and it is imperative that each nurse takes care to protect themselves, their co-workers, and their patients. Unfortunately, some fail to recognize the importance of policies and procedures that are put in place to minimize risk. The MNU has taken a leadership role in lobbying for safe work practices and equipment. Unfortunately, we are also aware that in an effort to save time and cope with a heavy workload, nurses sometimes put themselves and/or others at risk to injury by taking shortcuts and disregarding policies and procedures that they perceive to add to their workload. The Act is not to be taken lightly, and includes penalties for those who are found to be in violation of the Act.

Providing a safe workplace is the responsibility of each and every one of us.

Manitoba Nurses' Union
ALWAYS CARING • ALWAYS A NURSE

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Manitoba Nurses' Union New Email Address – mnu@mts.net

Are You Eligible for a Dues Refund?

You may qualify for a refund of the PROVINCIAL PORTION of MNU dues deducted by your employer, if you paid MNU dues at two or more facilities/ employers during 2005. Union dues consist of two components, the PROVINCIAL and Local dues portions. Only the PROVINCIAL portion of MNU dues is refundable.

PROVINCIAL DUES are:
$22.00 per pay period X 26 pay periods = $572.00.

LOCAL DUES, depending upon the Local, range from:
$1.00 to $8.00 per pay period X 26 pay periods.
This amount is NOT refundable.

Example:

You have been deducted $24.77 in union dues in one pay period ($22.00 Provincial portion and $2.77 Local portion). The Local portion is sent from MNU provincial office to your Local treasurer (this amount is NOT reundable). **If you exceed $572.00 in Provincial dues and are paying MNU dues at two or more facilities/employers**, please apply for a refund between December 31, 2005 and January 31, 2006.

Applying for a refund:

It is your responsibility to apply for a dues refund.

- Requests must be received in our office **no later than January 31, 2006**.
- Applications received **after** this date will **not be eligible**.
- Refunds will be issued by mid-April 2006 or earlier.
- Apply to Manitoba Nurses' Union:
  301-275 Broadway, Winnipeg Manitoba R3C 4M6;
  Or apply online: www.nursesunion.mb.ca;
  Or apply by email: mnu@mts.net
- When applying for a dues refund, indicate your name/or name change, current address, nursing registration licence #, SIN #, and the amount of dues deducted by each employer.
- Home Care and Community Health (Public Health) Nurses; please state your office address.

Please Note:

- To ensure that your application is received in our office by the deadline, we suggest your request be sent by **registered or certified mail**.
- All members receiving a dues refund in 2006 will be issued a T-4A in 2007.

Manitoba Nurses' Union Dues Reimbursement Request

Name/or Name Change: _____

Current Address: _____
(Street)

_____
(City/Town) (Postal Code) (Phone #)

Nursing Registration/Licence # _____ Social Insurance # _____

Places of Employment	MNU Worksite/Local #	Full Time/Part Time	Casual	Total Dues Deducted
1.				
2.				
3.				
4.				
5.				