Front Lines

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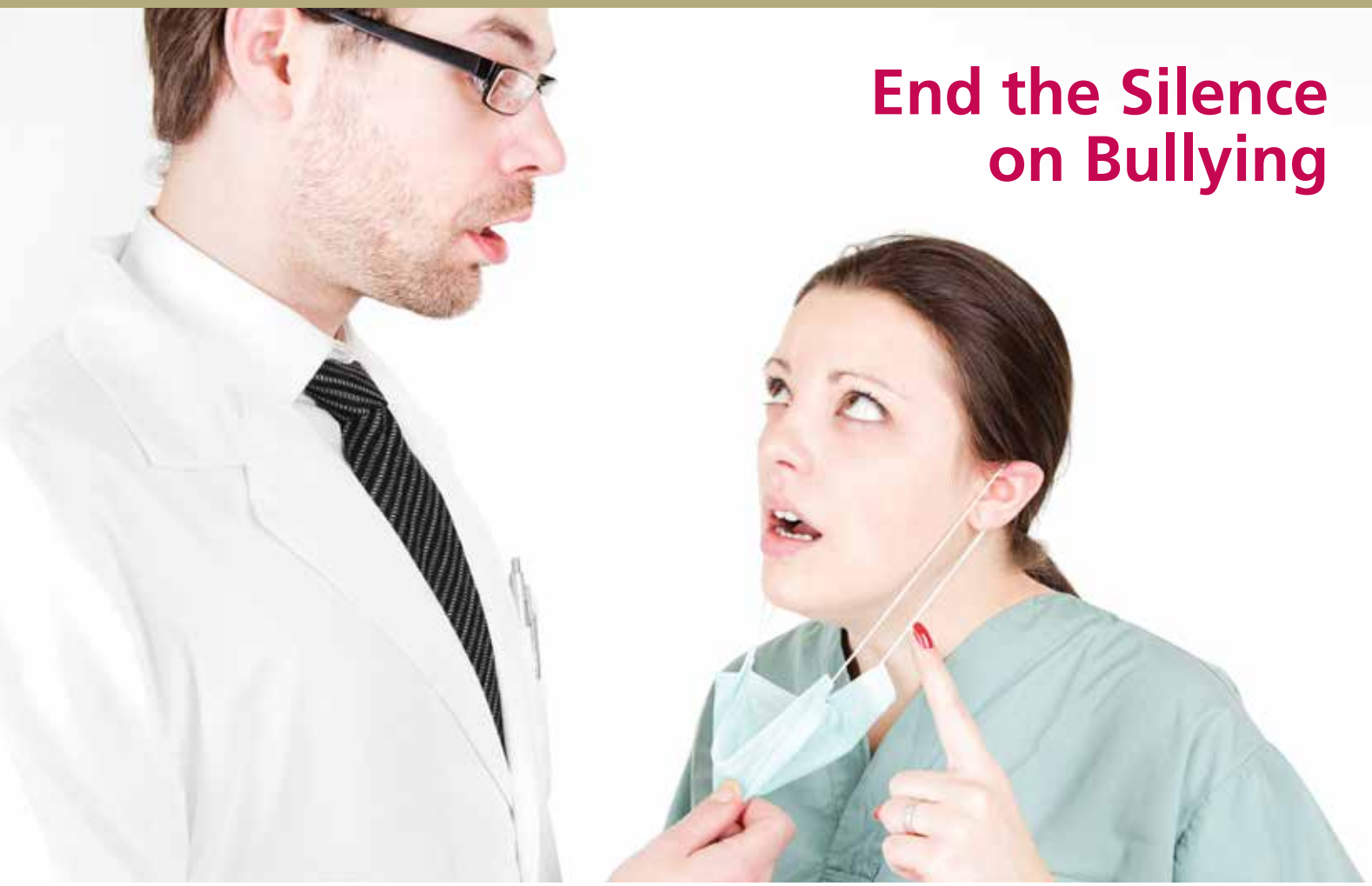

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Manitoba nurses Union

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Message from the **President**

Sandi Mowat, MNU President

Every single nurse I've ever talked to chose our profession for one reason: to provide the best care we can to patients.

We work our whole careers toward that goal. It's tough, challenging work – and we wouldn't do it without our dedication to giving people the quality care they need.

Which is why what the death of Brian Sinclair in September 2008 has affected all of us so deeply. Nurses are devastated at the thought that anyone could come into one of our ERs and have this happen.

As I write this, the inquest into Mr. Sinclair's death has just finished its first week of testimony. Sixteen of our members are testifying at the hearings, which will run through August and resume in October. I'll be there for every day of their testimony, and I know your thoughts will be with them.

The details of this tragedy have been distressing to hear. But as difficult as I found it sitting in that courtroom, it was infinitely more painful for Mr. Sinclair's family – and deeply painful as well for the nurses and other health care staff involved. Our hearts go out to all of them.

There's more to come, and it's going to be just as difficult. But it's absolutely vital that we hear it.

Manitoba's nurses, like everyone else in Manitoba, are counting on this inquest to help us find out what happened and why. We're all seeking answers and solutions to prevent anything like this from ever happening again. •

Front Lines

In this Issue

DEPARTMENTS

Front Lines is published by the Manitoba Nurses Union (MNU). Founded in 1975, MNU continues to be an active member driven organization dedicated to meeting the needs of its members. Approximately 11,000 nurses province-wide belong to MNU. That's 97% of unionized nurses in Manitoba.

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Manitoba nurses Union

A COMMITMENT TO CARING

END THE SILENCE ON BULLYING

Standing up for a healthy workplace

In many cases bullying begins on the playground; it often does not end there. In fact, bullying has risen to the top as one of the fastest growing complaints of workplace violence. The statistics tell the story: 53 per cent of employees report being bullied, 78 per cent have witnessed a co-worker being bullied and 25 per cent of those bullied suffer greatly (severe depression, suicide etc.). It's no wonder that bullying is increasingly viewed as a 'pandemic'.

Bullying does not discriminate; you can be the best employee, the most well-liked colleague, the most kind and helpful person but still be a target. In fact these characteristics might be the reason you are bullied.

BULLYING VS. HARASSMENT

Bullying can be found behind all forms of harassment, discrimination, prejudice, abuse, persecution, conflict and violence.

When bullying has a focus (e.g. race or gender) it is expressed as racial prejudice or harassment, or sexual discrimination and harassment, and so on. When bullying lacks a focus it is simply, bullying.

So what constitutes an act of bullying? Bullying is defined as "repeated, deliberate and disrespectful behaviour by one of or more people toward another for their own gratification, which harms the target." It usually involves someone you know in an environment with which you are familiar, such as your workplace or school.

Manitoba's Workplace Safety and Health Amendment Act (Harassment in the Workplace) defines harassment as:

a) *any vexatious behaviour in the form of hostile, inappropriate and unwanted conduct, verbal comments, actions or gestures that affects a worker's dignity or psychological or physical integrity and that results in a harmful workplace for the worker; or*

b) *the improper use of the power or authority inherent in a person's position to endanger a worker's job, undermine the worker's job performance, threaten the economic livelihood of the worker or negatively interfere in any other way with the worker's career.*

Unfortunately, in most jurisdictions, bullying is not considered as severe as harassment and is often viewed as an internal matter. On the other hand, many workplaces have a zero tolerance policy on harassment and harassment complaints are often prosecuted to the fullest extent of the law, since it discriminatory in nature. In fact, Canada's Criminal Code as well as its Human Rights Act deal specifically with the issue of harassment.

Currently legislation specific to bullying only exists in Quebec and Saskatchewan; however based on the increasingly high instances of bullying it is only a matter of time before the rest of the country follows suit and recognizes bullying as a form of harassment. Bullying is personal harassment.

TYPES OF BULLYING

The four most common types of bullying are:

- **VERBAL BULLYING**
  - name-calling, sarcasm, teasing, spreading rumours, etc.
- **SOCIAL BULLYING**
  - mobbing, scapegoating, excluding others from a group, intimidating and threatening hand gestures, etc.
- **PHYSICAL BULLYING**
  - hitting, poking, pinching, destroying or stealing belongings, etc. Physical bullying also includes menacing behaviours e.g. punching someone in the shoulder as joke, coming up behind someone and scaring them etc.
- **CYBER BULLYING**
  - using the internet or other technological tools to intimidate, put-down and spread rumours.

MEET THE BULLY

Bullying is always about the bully and is exemplified through behaviours that make the bully feel like they are in a position of power. It is important to note that despite the bully's behaviour, to the contrary, bullies have low self-confidence. In fact bullies are extremely insecure. Low self-esteem is a main factor highlighted, as a characteristic of bullies, by all studies on bullying.

In many cases, the bully is inadequate and unable to fulfill the duties and obligations of their job and fear being revealed. The one thing that bullies fear most is exposure of their inadequacy and being called publicly to account for their behaviour.

Furthermore, bullies are usually bitter, filled with resentment and have wide-ranging prejudices which they use as a vehicle for dumping their anger onto others.

Consider, for a moment, an employer/manager/supervisor that bullies a certain employee. The employer would often go to great lengths to keep their target quiet through the use of threats of disciplinary action and dismissal; essentially the employer has the power to make life very difficult for the employee.

While it is easily to notice hierarchal (top-down bullying) it is also important to recognize the growing instances of lateral/horizontal bullying, especially predominant in the nursing profession. Tolerance for lateral bullying in the nursing profession is seen historically in the context of a rite of passage or expressed in the thought "this is how people were to me, when I was learning." If fact, this behaviour is so tolerated and commonplace that it helped coin the phrase, "nurses eat their young."

Here are some common behaviours associated with lateral bullying:

- A nurse rolls her eyes at a co-worker as she picks up the assignment sheet that was created by a younger charge nurse;
- An ICU nurse pretends not to see her co-worker is drowning and ignores her request for help saying she is 'too busy'; and
- A newly hired RN who was previously a health care aide finds she is now shunned by both groups.

Lastly, we cannot ignore bullying that happens from the bottom up for example hospital support staff bullying a nurse. This can occur in many forms, but one of the main behaviours is withholding information.

Bottom line – bullying can and does occur at all levels.

WHY ME?

The Target

We've already established that bullying is about the bully; however in many cases, the person being bullied will assume it happened because of something she/he did.

This is not the case. Bullies are predatory and opportunistic and you might just happen to be in the wrong place at the wrong time. Investigation will reveal a string of predecessors, and if the bully is not stopped, you will unfortunately have a string of successors.

Some other reasons for being targeted include:

- being good at your job, often excelling
- being the expert and the person to whom others come for advice, either personal or professional (i.e. you get more attention than the bully)
- having at least one vulnerability that can be exploited e.g. going through a divorce
- showing independence

If you are being bullied, ignoring the behaviour will not stop the bully. In fact, as long as the target denies or minimizes the bullying behaviour, she/he is encouraging it to continue.

The first step in dealing with a bully is for the target to acknowledge that she/he is being bullied. If allowed to continue, bullying can place an enormous toll on the target's health, keep her/him awake at night, send stress levels through the roof and affect work performance. In most cases, work performance suffers which can lead to more pressures in other areas of life.

EFFECTS OF BULLYING

Ultimately, being the target of a bully or being the witness to bullying behaviour will negatively impact your life. Here are some common side effects of bullying:

- psychological issues such as constant high levels of stress and anxiety
- physical problems, such as stomach issues, constant fatigue and difficulties with sleep
- frequent illness such as viral infections especially flu and glandular fever, colds, coughs, chest, ear, nose and throat infections (stress plays havoc with your immune system)
- poor concentration and bad or intermittently-functioning memory, forgetfulness, especially with trivial day-to-day things
- uncharacteristic irritability and angry outbursts
- shattered self-confidence, low self-worth, low self-esteem, loss of self-love, etc.

WE'RE ALL IN THIS TOGETHER

The Role of the Bystander

Bystanders are often so shocked by the hostility of bullying that they are too surprised and afraid of retaliation to respond.

However, research has shown that if an incident of bullying has been witnessed, the most effective way to create change in the bully is done when the bystanders address the behavior.

Unfortunately, bullying is often ignored until someone complains formally or until the high turnover of staff members is noticed and investigated.

We recognize that bullying is a tough situation to address, but it's everyone's responsibility to maintain a respectful workplace. The best thing you can do is admit what is happening and never make excuses for the bully.

Bystander Checklist

- Acknowledge the reality;
- Practice and rehearse what needs to be said;
- Verbally and respectfully confront the bully. Be assertive. Let them know what you have witnessed is inexcusable and unacceptable. Inform them that if the behavior does not stop, they will be reported;
- Document the incidents including time, date and witnesses;
- Know your company's internal policies; learn about the legislation;
- Report to the employer;
- Talk to your union and explore options;
- Support the target; and
- Utilize Employee Assistance Program (EAP)

The Role of the Employer

Article 7 of the collective agreement specifies the commitment between management and the union to ensure that all members are provided with a safe workplace.

Furthermore, section 10 of the Manitoba Workplace Safety and Health Act and Regulations speaks specifically about harassment and the fact that every employer is mandated to develop and implement a harassment prevention policy as well as ensuring that all employees comply with the harassment prevention policy.

The harassment prevention policy must provide information on the following procedures under the policy:

a. How to make a harassment complaint;

b. How a harassment complaint will be investigated.

c. How the complainant and alleged harasser will be informed of the results of the investigation

The employer must post a copy of the harassment prevention policy in a conspicuous place in the workplace.

PUTTING A STOP TO BULLYING BEHAVIOUR

Carefronting vs. Confronting

Instead of confronting the bully try 'carefronting'. Carefronting is described as the delicate method of disciplining your offender without attacking or insulting them. Unlike confronting, which often results in more frustration and anger, this technique is a much healthier way of dealing with difficult relationships. It also puts the target back in control of the situation, by giving them the ability to share their feelings as well as demand a change in the bully's behaviour. For example a typical carefronting script includes some of the following elements:

- Was it your intent to_____?
  (repeat what the action was and then stop. Do not respond until there is a response from the other side.)
- In the future _____ (what behaviour would you like to see? Be specific- say what you want)
- If there isn't a change _____
  (What's the consequence?)

Filing a Complaint

Please note that harassment policies and procedures for reporting will vary slightly from facility to facility; however they all maintain the same basic principles. Before making a complaint check your facility's policy for specifics, but be aware:

1) The employer conducts the investigation and determines the appropriate outcome.
2) The union ensures that the investigation was fair and thorough and that the outcome is fair and reasonable, to all the involved parties under the circumstance e.g. if there is discipline, the employer must follow the principles of progressive discipline.
3) Depending on the circumstances, the employer may (and is often encouraged to) contract with a third party, to either investigate or mediate the conflict. In some situations the third party performs both functions.

Speak Up

There is never an excuse for disrespectful, deliberate and harmful behaviour towards another. Whether you are the target or the witness, you each play an equally important role in putting an end to workplace bullying.

Speaking up is one of the most important things you can do when dealing with a bully. Talk to the bully about their behaviour. If their behaviour does not improve, contact your manager. It is extremely important to keep a written record of the incident including date, time, location and a description of the behaviour. •

RECOMMENDED READINGS:

The No Asshole Rule, The Bully at Work, Ending Nurse-to-Nurse Hostility, Stabotage and The Power.

FLOOD Forces Evacuation

Over her decade long career, Laura Hockin, president of Worksite#40 has been on both ends of evacuations; preparing to accept evacuees and being evacuated.

"I've participated in a lateral code green due to septic problems a few years ago at the Westman Nursing Home, which included evacuating the kitchen and nursing desk for a day," she said. "In 2011, I was involved in preparing for evacuees from Wawanesa to the Westman nursing home."

While Hockin has had her fair share of evacuations, she will be the first to admit that she has never experienced anything on this scale – the evacuation of 28 patients for an entire week.

The call to evacuate

Spring was late this year and coupled with the increased precipitation resulted in over saturated ground levels. Overland flooding began with a heavy rainstorm which left the town of Reston and surrounding areas submerged in water. Streets had to be pumped out with water trucks and basements were flooded.

The rain continued on and off for the next two days as the town began its cleanup. The railroad which acts as a sort of levy had started to show signs of breakdown in one spot after the flood.

Four days later, Reston was hit by another heavy rainstorm, which began late afternoon and continued well into the night. This time, it was too much for the railroad to handle. Water broke across the railroad tracks and flooded the other side of town. In less than a week, some areas had experienced more than 14 inches of rainfall.

Roads surrounding Reston were closed overnight and the closures continued to the following morning. There was no sewer or water available to the Reston Health Centre, which prompted the decision to evacuate. The staff began informing patients' families and preparing travel bags with clothes and toiletries.

Medication and paperwork required for patient transfers were quickly arranged.

"Policies are different depending on what type of facility a patient is sent to i.e. LTC or acute, meaning that the paperwork needed varied depending on where each patient was sent," Hockin said. "The fact that everyone arrived safely with no major problems is a testament to the hardworking staff of Worksite#40."

The patients were assigned staff escorts and then evacuated. While they were understandably anxious about being displaced they settled well and arrived with everything they needed.

Because of the unique structure of Worksite#40, made up of five sites in three towns, the evacuated patients recognized many of the staff working at the other facilities, since they also worked at the Reston Health Centre.

"Reston staff and familiar faces, working in some of the other locations helped with the adjustment," said Hockin. "Every department pitched in famously, from laundry staff working after hours in the Virden laundry room, to kitchen staff working to assist with the extra workload, and ensure that correct diets were followed."

In total, 28 patients were evacuated of which three were transferred to the Virden Health Centre, seven to the Westman Nursing Home and two to Sherwood Nursing Home. Patients were also sent to Elkwood Manor, Shoal Lake, Hamiota and Deloraine.

Members from Worksite #40

"I would really like to stress how wonderfully everyone rolled up their sleeves and made light work of everything," said Hockin. "Everyone understood that this was not about extra workloads or a longer day. This was about the displaced residents and making it as comfortable as possible for them and we all came together and made that happen."

Standing up for Medicare

MNU president Sandi Mowat rallied with hundreds more for the preservation of Medicare. The rally took place at Niagara-on-the-Lake, the site of the Council of the Federation Summit.

MNU president Sandi Mowat joined CFNU president Linda Silas and representatives of Canada's provincial nurses unions, as well as many advocates of Medicare, at Niagara-on-the Lake during the Council of Federation meetings, a summit attended by all provincial and territorial premiers.

CFNU has been advocating for national discussions on key health priorities, such as a universal Pharamacare program, a comprehensive approach to long term and continuing care, greater attention to health human resources and a re-negotiated Health Accord for many years.

"Nurses believe that implementing a universal Pharmacare program, enhancing innovative services for continuing care, and developing a coordinated health human resource strategy are essential components in building a strong economy," Silas said.

She urged the premiers to be bold and continue to work together to create a national Pharmacare program that meets the needs of Canadians and to press the federal government to negotiate a new Health Accord with the provinces.

The current Canada Health Accord is set to expire in 2014 and a replacement has not been established.

At the Council of the Federation meeting in 2004, premiers committed to the creation of a national Pharmacare plan. Since then, there has been no action to create a plan.

Silas said that each year, we lose billions by not moving forward with this long-promised program.

"As Ottawa continues unloading costs to the provinces, expanding cooperation on cost-effective measures like bulk-purchasing of drugs makes for good fiscal and public policy," she said.

More importantly, millions of Canadians go without adequate access to medically required medications. Statistics show that one in 10 Canadians do not take their medicines as prescribed because of cost.

Researcher Dr. Steve Morgan highlighted the fact that every developed country with a universal health care system, except Canada, provides universal coverage of drugs, and all such countries provide universal coverage of prescription drugs at less cost than Canada spends today.

Fellow researcher Dr. Gagnon said that when it comes to prescription drugs, Canada's current system is plagued by "massive waste, excessive costs, and leaves too many people unable to afford their medicine."

He further noted that while a universal Pharmacare program is not a panacea, it can help to build the institutional capacity to improve access, diminish costs, improve practices and ensure sustainability.

Gagnon's forthcoming report provides a roadmap toward a rational Pharmacare policy in Canada, in which he acknowledges that the recent adoption of bulk purchasing agreements is a positive first step in controlling costs, but more needs to be done, including improving equitable access for all Canadians by establishing a national formulary, which will also help to enhance the safety and security of medications.

Hundreds of people gather in support of Medicare.

Silas urged the Premiers to build on their success from last year's Council of the Federation and press the federal government for a Pharmacare program.

"Now is the time for all our political leaders to be bold and take the necessary steps that will provide Canadians with access to drugs based on their medical needs not on where they live or work."

CFNU and the Canadian Nurses Association (CNA) went on to recommend three priorities where the federal government can contribute to health care transformation. They are as follows:

- strengthen **accountability** by establishing health and system improvement goals based on a series of priority quality indicators with targets across the full healthcare system;
- ensure the capacity to meet the needs of Canadians by stabilizing and securing Canada's **health workforce** today and for the long term; and
- improve health equity and reduce health disparity by investing in greater access to **community-based health services** (e.g., primary care, ambulatory care and home care)

Silas said that the federal government signed up for a collaborative relationship with the provinces and territories in 2004 and almost 10 years later, there are still major gaps in the healthcare system.

"Nurses and others providers have evidence and solutions," she said. "We would appreciate federal investment of effort and resources to help us improve the performance of the health system and the health outcomes of all Canadians." •

UNDERSTANDING ARTICLE 40

Overpayments

It is important for nurses to check their paystubs to ensure they are paid accurately. However, mistakes do happen and sometimes an employee gets paid too much.

It could be because of an accounting error such an under-deduction for employee contributions or taxes, or an overpayment of wages or vacation pay or academic allowance.

Here's an example: A nurse moved to the night shift from the day shift in November 1999 to September 2000. During this time she correctly received a night premium that was added to her hourly wages. Upon returning to her former position, on the day shift, she continued to receive the night premium. In September 2003, the employer discovered she had been overpaid for 3 years.

Timeline for overpayments

Any overpayments should be reported to your supervisor and/or payroll department immediately. The employer is entitled to repayment of overpayments just as a nurse is entitled to recover underpayment.

However, regardless of the reason behind the overpayment, the employer is not permitted to make any deductions from wages unless authorized by statute, by court order, by arbitration award, by the collective agreement or to correct an overpayment error made in good faith.

In the case of the previous example, the error was made in good faith therefore the employer is entitled to recover any overpayment made. It is important to note that under the collective agreement, the employer can only recover overpayments as far back as 12 months, based on the date that the error is discovered.

While the nurse in the example was overpaid for three consecutive years, the employer discovered the error in September 2003, meaning that overpayments can only be dated back to September 2002.

Process for recovering overpayments

Once the error is discovered, the employer gives a notice and a detailed breakdown of the error to the affected nurse and the union.

The employer proposes a method of payment recovery that is as fair and reasonable as possible. The proposed recovery is made over a period of time which is no less than the period during which the overpayment was made, unless otherwise agreed between the employer and the nurse.

Typically, the amount of the overpayment will be deducted in the same fashion that it was paid out. Remember, payments can only go back as far as 12 months, so even though the nurse in the example was overpaid for 36 months, only the payments from the last 12 months will be recovered.

In the event the nurse retires from, or changes jobs before the employer is able to fully recover an overpayment, the employer is entitled to make a full recovery on the nurse's final pay check. This means that the employer can reduce accordingly any wages owed to the nurse to recover the overpayment. •

BUILDING A STRONG WSH PROGRAM

by Tom Henderson, Workplace Safety and Health Officer

THE BASICS

I've spent the last year reviewing and peeling back the layers of WSH committees across the province and have come to the realization that there is an absence of WSH documentation in both the largest, and the smallest of our workplaces.

Next time you're having lunch with your colleagues or at a staff meeting, test my theory by asking these two simple questions:

- What is the Workplace Safety and Health Program?
- Where is our Workplace Safety and Health Program located?

If you get blank stares in response, you're not alone. Unfortunately, WSH programs have been put on the back burner in many facilities, in some cases deemed not necessary by management, even though the establishment of a functioning WSH program is a legislated requirement under the Workplace Safety and Health Act.

Section 7.4 (1) of the act clearly states that,

> *An employer shall establish a written workplace safety and health program for each workplace where 20 or more workers of that employer are regularly employed.*

The act also outlines the content of the program. Every workplace safety and health program must include the following:

1. Policy Statement

This is a statement of principles and general guidelines that govern your safety and health actions.

2. Hazard Identification and Control

Employers must identify existing and potential workplace dangers to workers and the measures that will be taken to reduce, eliminate or control those dangers, including procedures to be followed in an emergency.

3. People and Resources Required in Emergencies

The plan must identify the resources required, including personnel and equipment, needed to respond to an emergency at the workplace. The plan must also identify situations that could produce emergencies and have a written fire safety plan.

4. Statement of Responsibility

A statement of the responsibilities of the employer, supervisors and workers at the workplace must be included in every plan.

Managers and supervisors accountable for implementing each program element, which means they must, for example, name the employee(s) responsible for ordering safety equipment, managing maintenance, and supplying the resources required for work to be done safely, etc.

5. Inspection Schedule

The employer must include a schedule for regular inspections of the workplace and of work processes and procedures, to identify hazards and potential hazards.

6. Develop Plans to Control Chemical and Biological Hazards

Develop a plan for the control of any biological or chemical substance that is used, produced, stored, or disposed of at the workplace. The plan should address how appropriate information about hazards will be obtained and communicated to workers.

7. Plan to safeguard contract workers

In order to deal with the safety and health risks associated with the work of contracted employers or self-employed persons, your program must have a system for evaluating, selecting, and monitoring the safety and health performance of outside companies or self-employed workers, working at your workplace.

8. Training Plan for Workers and Supervisors

Develop a plan for training workers and supervisors in safe work practices and procedures. The plan must determine how safety and health training will be developed and delivered, and by whom.

Training must cover any topic relevant to the safety and health of the worker, including: how to do specific work tasks, emergency procedures, first aid facilities, restricted areas, hazard protection, etc.

9. Procedure for investigating Incidents

Investigations of incidents and dangerous occurrences provide valuable information needed to prevent similar incidents in the future. Investigation procedures for incidents and dangerous occurrences should state:

- the objective of your investigation (find and correct root causes);
- who investigates what (type of) incidents;
- type of training the investigators will receive;
- who receives written investigation reports;
- who follows up on corrective action; and
- who maintains documents and records.

Your program must also include a procedure for investigating work refusals.

10. Develop a Strategy to Involve Workers

All employees need to be involved in efforts to prevent injuries and occupational illnesses. They must be familiar with the program, know their rights and responsibilities, and understand how to handle concerns. Your program should encourage workers to suggest ways to make the workplace safer and healthier, knowing that their concerns/suggestions will be taken seriously and they will not be subjected to reprisals. Your program must also address how the workplace safety and health committee will be kept effective.

11. Evaluate and revise regularly

Your program must be completely reviewed every three years. Full or partial reviews and revision are required when there are changes in the workplace that may affect the safety and health of workers, or when defects are discovered.

Changes include introduction of new technology, production methods, discovery of new risks associated with existing conditions, etc. •

Safe work Station

I attended a conference earlier this year where the creation of a safe work station was recommended for all health care settings.

The station would be located on each unit and contain safety related policies and procedures, equipment manuals, pertinent forms and any other relevant safety information.

It's a very straight forward initiative that should be undertaken in every workplace.

Help us keep you updated

If your contact information has changed please contact Veronica Jones at **204-942-1320** or email **vjones@manitobanurses.ca**.

You can also visit our website at **www.manitobanurses.ca** and change your contact information by logging into the Members Portal and updating your account information.

If you are no longer a MNU member or are receiving this newsletter in error please contact the MNU office at **204-942-1320** so that we can update our records.

Double Dues

You may qualify for a refund of the PROVINCIAL PORTION of your MNU dues deducted by your employer, if you paid MNU dues at two or more facilities/employers.

The deadline for all double dues forms is January 31 of each year.

Visit manitobanurses.ca for more information.

Across Canada is compiled from member websites, media clippings and submissions from member organizations.

ACROSS CANADA

Information and issues from across the country

ONA

Ontario

> CALL FOR INCREASED SAFETY

The Ontario Nurses' Association (ONA) is calling for a meeting with the Premier and Ministry of Health to work together with the union to develop strategies to keep nurses safe on the job.

The decision to appeal to the highest levels of government was spurred by a recent incident at Southlake Regional Health Centre in which a nurse was beaten and three others injured during an assault involving a patient. Southlake nurses had made repeated requests for extra security from hospital management as they cared for numerous patients who had been identified as being a potential danger to themselves or others in an overcrowded ER; their requests were denied. Southlake management had collected back the nurses' panic buttons – used to summon help – several months earlier. It was in this powder-keg environment that the patient attacked staff.

ONA has noted an escalation of reports of violent incidents from many of its 60,000 front-line registered nurses and allied health professionals and reluctance by the Ministry of Labour to fully use existing provincial legislation to prevent such attacks. Hospital management also regularly fail to fully comply with provincial legislation, and police rarely use the relevant sections of the Criminal Code in these cases to file charges, and to ONA's knowledge, they certainly have never done so in health care.

ONA President Linda Haslam-Stroud, RN says the union will not stand by and allow nurses and allied health professionals to continue to be beaten in the workplace. "There is existing legislation that very clearly lays out the responsibility of employers to take every precaution reasonable to keep workers safe. Combined with dangerously low staffing levels across all sectors of health care, it's a recipe for disaster that we're determined to fix."

ONA fought hard for new workplace violence legislation following the workplace murder of Lori Dupont, RN, yet regularly sees evidence that health care leaders are consciously denying the protections needed to prevent attacks on staff.

York Regional Police declined to lay criminal charges against Southlake for what ONA believes was a wanton disregard for the safety of nurses. Ministry of Labour orders written against the hospital have done nothing to immediately keep nurses safe.

"Now is the time to engage with the provincial government," says Haslam-Stroud. "We simply can't wait for another nurse to be killed on the job before they are protected by the full force of the law."

NLNU

Newfoundland

> EMPLOYER PROPOSALS WEAKEN EXISTING CONTRACTS

With the provincial collective agreement expired since June 30, 2012, NLNU commenced bargaining in December 2012. Membership priorities, which were determined through member polling, include wages, workload and no concessions.

Discussions continued in February and April with good dialogue on workplace issues such as workload, inability to get short term leave, non-nursing duties, lack of education opportunities, resolving workplace issues, Clarity Project, and bullying. However, no progress has been made on actual contract improvements to address these issues.

In fact, NLNU faces a number of employer proposals that would considerably weaken its existing contract in many areas. The provincial negotiating team remains solid in defending the current collective agreement while trying to acquire improvements in a very difficult negotiating climate.

Future negotiating dates have been set for the fall of 2013.

UNA

Alberta

> UNION FILES PROVINCE-WIDE GRIEVANCE

United Nurses of Alberta has filed a province-wide grievance against Alberta Health Services demanding the province-wide agency rescind all recent nurse layoffs and stop future layoffs. The grievance was submitted late yesterday to AHS.

Despite audited AHS documents showing a $106 million budget surplus in the 2012/2013 fiscal year, UNA continues to receive notifications of layoffs at hospitals – including three Registered Nurses at Edmonton's University of Alberta last week.

Many of the layoffs have been justified by AHS as necessary because of a lack of funds, despite this year's surplus and surpluses in previous years.

"Through this grievance, we are demanding that AHS cease reducing the quality of patient care that Albertans receive," said UNA Second Vice-President Jane Sustrik.

In recent weeks, UNA has received notice from AHS of Registered Nurse position eliminations or planned position eliminations at health facilities and service departments; many of them part of the AHS continuing "workforce transformation" program, "patient based funding" or other programs.

"Layoffs like these latest announcements in Edmonton continue to add up to a serious problem that is certain to have an impact on patient safety and the quality of care that can be provided here and at hospitals undergoing similar layoffs throughout Alberta," said Sustrik.

Locations where layoffs have been announced include Calgary Community Health, Edmonton Community Health, Edmonton's Glenrose Rehabilitation, University of Alberta, Stollery Children's and Royal Alexandra Hospitals, health centres in Bashaw, Black Diamond, and Okotoks and the Rockyview General Hospital in Calgary.

The number of nurses affected to date is close to 200.

"AHS and the government need to take measures right now to address the shortages of skilled and properly trained nursing staff throughout Alberta that are being created by their own staffing policies," Sustrik said. "Despite their claims, we appear to be moving in the opposite direction."

SUN

Saskatchewan

> KEEPING THE FOCUS ON PATIENTS

Over the past 18 months Saskatchewan's health system has become synonymous with the concept of "transformation". With so much change happening so quickly all around us, it got SUN President, Tracy Zambory wondering: Are we staying focused on what's most important – the patients and families we care for, or are budgetary pressures driving decision making?

She wrote that arguably the single greatest potential threat to patient safety and quality of care in Saskatchewan will be a loss of focus on the sole purpose for our health system's existence – the patients and families who depend on us. They must remain at the center of each and every decision we make and their needs must be the primary driver for change. Unfortunately though, we have reached a crossroads and are now at risk of losing this focus due to the excessive budgetary demands placed on our Regional Health Authorities.

NSNU

Nova Scotia

> PUBLIC HEALTH CARE ON THE LINE

Nursing scrubs, wet from the rain, hung from washing lines outside the IWK Health Care Centre in Halifax.

Members of the Nova Scotia Citizen's Health Care Network hung up the unusual display to signify that public health-care is "on the line" without a new provincial-federal health accord.

"We have 132 scrubs, each representing 10 nursing jobs," said James Hutt, provincial co-ordinator of the network, made up of health-care unions and health-care advocacy groups.

The current 10-year accord expires in 2014 but Prime Minister Stephen Harper has not yet met with the provinces to negotiate a new one.

Without an accord, federal funding for health care will be tied to each province's economic growth.

This would spell disaster in Nova Scotia, which would lose about $902 million in funding over 10 years and be left struggling to meet the needs of an aging population, Hutt said.

That money translates into "1,320 nursing jobs, which is more than 10 per cent of our entire nursing workforce for 10 years," Hutt said.

"There is no way to make that sort of cut without seriously putting patients at risk."

As well, past accords set national standards for health care such as wait list times, he said.

The event in Halifax, which included handing out information pamphlets to members of the public, coincided with a large protest in Niagara-on-the-Lake, Ont., organized by the Canadian Health Coalition.

Nova Scotia health minister David Wilson couldn't comment on the $902 million that health-care groups say could be cut in health transfer payments to Nova Scotia without a new accord, but he conceded it will "mean a loss of tens of millions of dollars. … It is a large sum of money."

Janet Hazelton, president of the Nova Scotia Nurses' Union said that the federal government is abdicating its responsibility to health care.

"It is our opinion that they want out of health care and if that were to happen, Nova Scotia would suffer greatly, she said. "We need those transfer payments in order to sustain what we have."

Pieces of clothing, each representing a job they claim would be lost if there was a $902 million cut in the provincial health budget, hang outside the IWK in Halifax.

Pension & Benefits Corner

GETTING READY TO WORK LONGER

Bob Romphf, Labour Relations Officer – Benefits

Last winter, Ipsos Reid surveyed 3,017 working Canadians, ages 30 to 65, regarding expectations about retirement. According to the poll, only 27 per cent expected to be fully retired at age 66. This is a significant decline from when the survey was last conducted, down from 51 per cent in 2008.

Of course 2008 was the year that the global economic crisis hit and deeply affected workplace pension plans and personal investment accounts. In the aftermath of the crisis, the Bank of Canada opted to keep interest rates at low levels, which did two things—diminished returns on investments and encouraged borrowing.

Now we are faced with the problem of people entering retirement with debt, or faced with the possibility of outliving their savings. According to Statistics Canada, Canadians are living longer — with average life expectancy now at 85.

However, while retirement may be arriving later, Statistics Canada data suggests it is still lasting just as long, because of the corresponding increase in life expectancy.

The expected length of one's retirement increased steadily between 1977 and the mid-1990s, but remained steady since then, even as retirements start later.

Between 1977 and 1994, the expected time men would spend in retirement increased to 15.4 years from 11.2 years. In 2008, it was 15 years. The trend for women was similar.

Between 1977 and 1996, the estimated years of retirement for women rose to 20.6 years from 16.4 years. In 2008, it was calculated that women would spend 19 years in retirement.

As it stands now, 50-year-old men can expect to spend 48 per cent of their remaining years of life in retirement, compared with 45 per cent in 1977. In 2008, 50-year-old women could expect to spend 55 per cent of their remaining years of life in retirement, nearly identical to the proportion in 1977.

Nearly four in 10 survey respondents said there was a "serious risk" they will outlive their retirement savings. The survey also found that of those who said they expect to be working, 63 per cent said it is because they need to, up 10 per cent from previous polling, while 37 per cent said it is because they want to, down from 47 per cent.

Now that we have established that we have to work longer due to a multitude of factors the focus shifts to what average working nurses can do to try and mitigate this pressure.

Get your Financial House in order

It is a very wise plan to meet with a financial planner and map out your current financial status which includes a long term strategy. It is also a good idea to get a pension estimate quote from HEB to see what a rough projection of your pension might look like. A financial strategy will incorporate pension, CPP, OAS, RRSPs and personal savings and debt load. Most financial advisors would agree it is not a good idea to be heading for retirement carrying a huge debt burden.

Get your Healthy House in order

Remember, you are going to live a long time and retirement isn't mostly about the money; it is about your health. Even though you are a nurse it may be time to get a health status check-up and develop a strategy that will carry you healthily into your retirement.

Pros and Cons of delayed retirement

Now that we have your finances and health looked after, let's focus on the positives and negatives of putting off retirement and working longer.

Undoubtedly nurses in the future will have to work longer and there will be less support and subsidies for early retirement even though the job and the workplace may be getting tougher.

Extra Shifts

Can you pick up extra shifts or overtime? These shifts add to income and are also pensionable. Maybe you could designate some of these shifts for RRSP contribution or investment. Think of these shifts as an investment in your future.

Although it is nice to work less maybe it is time to look at bidding on an increased EFT, if you are able. This again increases your income and gives you the ability to save more for retirement.

Nurses who are planning to retire may also plan to come back into the workplace to supplement their pension income. The problem with this is that returning nurses don't generally participate in the ongoing pension plan and they get no future credited service.

In the future, you may see our pension plan undergo changes to enable returning retired nurses to contribute to the plan and get some form of recalculation when they retire a second time. If we continue to see a trend of nurses returning to the workforce, in a position that does not contribute to the pension, this will not be good for the long term viability of the pension plan. Our union has been getting calls from members, indicating that nurses returning to the workforce should continue to pay into the pension plan to ensure its growth and prosperity.

Challenges of working longer

If nurses work longer it will mean added pressure on their physical and mental status which in turn puts added pressure on the Disability EAP, Group Health and Income Protection Banks and absenteeism. Nurses will have to pay more attention to their personal health and injury avoidance if they wish to continue to work in an aging workforce, especially if they return post retirement. Also they may have to look for jobs that may be compatible with some of their aging health issues. Our union will need to monitor this closely and support our members wherever their needs may lie.

Bargaining Begins

The MNU provincial collective bargaining committee is ready to begin negotiations for a new Central Table Agreement.

Your participation in this process, and your support of your bargaining team, will be crucial. We'll keep you up to date on the status of the negotiations on our dedicated bargaining website at www.MNUbargaining.ca.

To receive email updates, please contact vjones@manitobanurses.ca to have your email address added to our database.

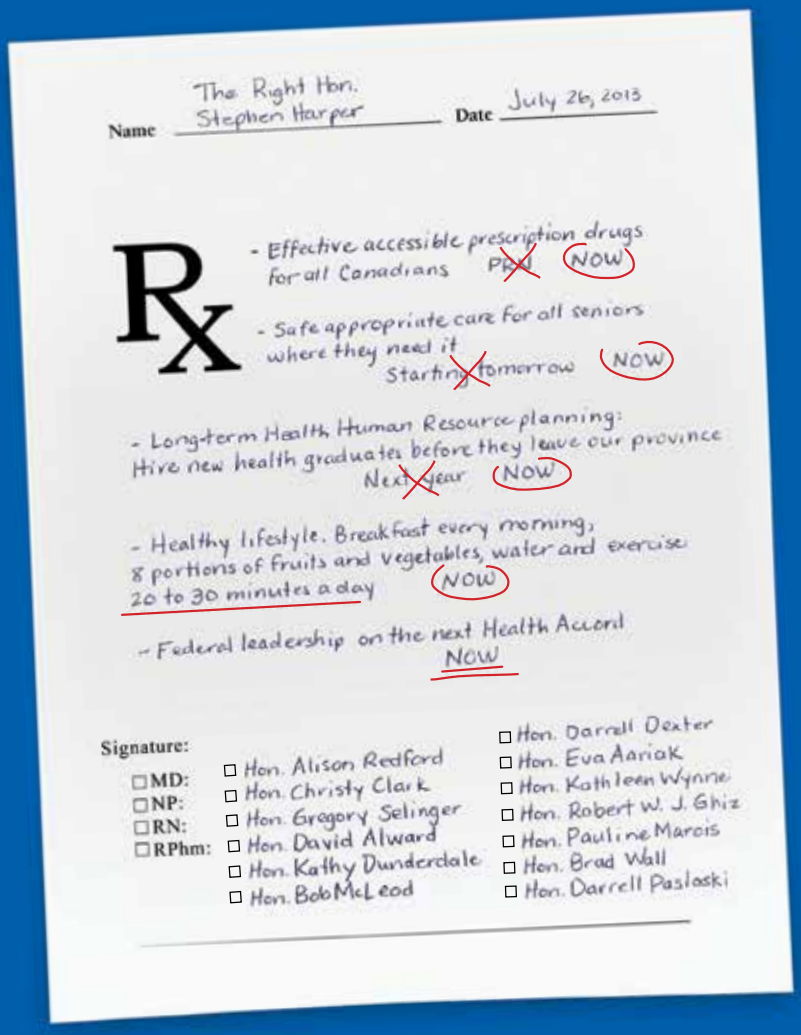
Central Table Bargaining will commence on Monday August 12, 2013.

Here is the schedule of upcoming sessions:

- Monday August 12 – Friday August 16
- Monday August 26 – Thursday August 29
- Wednesday September 4 – Friday September 6
- Monday September 23 – Friday September 27
- Monday September 30 – Wednesday October 2
- Tuesday October 15 – Friday October 18
- Monday October 28 – Friday November 1

For up to date information on the 2013 contract negotiations visit www.MNUbargaining.ca •

Canada's nurses' prescription for our health care system.



If politicians are truly concerned about Canada's economy, they should commit to ongoing leadership to provide quality health care for all.

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WHERE KNOWLEDGE MEETS KNOW-HOW

Manitoba nurses Union
A COMMITMENT TO CARING

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