



## RN = Really Neglected, angry nurses say

Barbara Sibbald

This article was posted to *CMAJ Online* Apr. 16, 1999.

Registered nurses from Newfoundland to BC are taking on the system, demanding more money, more staff and better working conditions after years of cutbacks, layoffs and increasing workloads. And many physicians are providing moral support.

"Health reform has been basically slashing and burning, and nursing has borne the brunt of that," says Lynda Kushnir Perkul, president of the Canadian Nurses Association (CNA).

Dr. Jim McHattie, a Regina gastroenterologist, agrees that "nurses have been downtrodden for some time." Every day he sees overworked RNs running full tilt for entire 12-hour shifts. "Then they go home hoping they cared for the physical problems, knowing they may not have cared for the emotional."

Even though the nurses' strike in Saskatchewan meant that McHattie could not do any hospital procedures and certainly added to an already long waiting list, he supported the nurses' actions. "This was the only way of raising attention to their plight."

The current rash of job action began in BC last November, where nurses first worked to rule, then imposed a ban on overtime work and finally held 48-hour rotating strikes. The 26 000 RNs finally signed a 3-year contract in January. Although there was only a 2% increase in the contract's last year, it did promise 1000 new jobs to reduce individual workloads. For many nurses, that was more important.

Newfoundland's 4500 RNs were the next to go. After a 9-day strike in March, they are now considering legal action against the province for legislating them back to work and, they say, effectively stealing their right to collective bargaining (see sidebar).

Manitoba's 11 000 RNs weren't on strike at the time of this writing in mid April, but they were demanding a 26% pay increase, increased overtime and a boost in other benefits. They eventually settled for 11% over 3 years.

And Saskatchewan's 8400 RNs defied a court injunction, risking fines of at least \$43.8 million. After 9 days, the nurses returned to work on Apr. 18 after winning a 13.7% increase over 3 years.

Nurses in 3 other provinces are negotiating: Ontario and Alberta RNs have been without a contract for a year, and Quebec nurses could strike anytime.

### Why now?

"The main issues are all the same everywhere," says Kushnir Perkul, a Regina occupational health nurse. "Our members are exhausted, stressed and overworked." She cites commonplace practices such as mandated overtime, working 6 or 8 days in a row, and pulling 16-hour shifts. "They feel no one is listening."

"The basic underlying issue is quality of care," adds Kathleen Connors, president of the National Federation of Nurses Unions (NFNU). But this has been an issue among nurses for years, so why is all this job action happening at once? The NFNU says there are 2 factors: nurses are fed up and the union is growing in strength.

"There has been a buildup of frustration over the past 6, 7, 8 years," says Debbie Forward, president of the Newfoundland and Labrador Nurses Union. "It's almost like someone let the plug out now. I think it's great."

She said the strain of filling in the gaps and being the system's Band-Aid is "tearing RNs apart. They're forced into situations where they can't provide the care patients deserve."

Nurses have been able to provide minimally necessary physical care, says Connors, but the emotional aspects, the "tapestry of caring" that is the essence of nursing, has suffered, and nurses are "fed up and tired."

All nurses seem to be focused on 2 concrete issues: workload and casualization (on-call work in a variety of institutions).

Health care restructuring not only resulted in layoffs but also shorter hospital stays. This in turn means that the patients who remain in hospital are sicker, and Connors says this creates a "staggering workload. There used to be lighter-care patients to offset the postoperative and acutely ill. Now the lighter-care patients are sent home." Sicker patients, decreased staff and increased job stress are a recipe



Canapress: Brian Donogh

**Nurse Donna Champagne during a demonstration at the Manitoba legislature in March**



for disaster — especially when they're combined with a casual-labour workforce.

More than half of Canada's 233 000 practising RNs work part time, and for many it's not by choice. This casual workforce is predominantly made up of new graduates or laid-off workers who can't find permanent work. In Newfoundland there were about 400 casual positions in 1988; by last year that number had increased to 1150, accounting for about 30% of the jobs. More than 20% of BC's RN workforce are casual workers.

A casual workforce appeals to employers: it's less expensive because casual RNs don't get benefits and they aren't subject to the same rules regarding hours off between shifts. Connors says casual RNs have a difficult time developing a skill set in any specific area. "This workforce cannot provide continuity of care."

Not only are nurses fed up, but they are also stronger than ever due to union mergers. In the past 2 years, the NFNU has gained 25 000 new members, including federal employees and unions in Alberta and Saskatchewan. Ironically, many of these mergers and amalgamations came about because government wanted to streamline negotiations. These new members created wage disparities among RNs in Saskatchewan, BC and Manitoba. In Saskatchewan, for example, previous federal employees who had benefited from pay equity were earning \$9000 more per year than their colleagues. Hence, the demand for a \$9000 increase.

The 70 000 member NFNU is unquestionably stronger, particularly with its recent affiliation with the Canadian Labour Congress, which represents 3.2 million workers.

## Physician support

The nurses are also gaining support from doctors. Physicians' organizations usually decline to comment on nursing labour issues — the CMA is an example — but Connors says

individual physicians have been quite supportive, delivering pizza and coffee to picketing nurses and providing moral support. And the Saskatchewan Medical Association issued a position statement Apr. 13, which recognized that "nurses have been providing patient care under increasingly difficult and steadily deteriorating conditions for several years."

Dr. Alan McComiskey, president of the Newfoundland and Labrador Medical Association, says physicians feel a "great deal of empathy" toward nurses. "We've all been trying to keep the system going by giving more and more of ourselves with less and less resources," he says. "We understand and support their efforts to improve and provide patient care."

"I think physicians recognize that RNs are their eyes, ears and hands when they aren't there," says Connors. "We are an important part of their team. Besides, the issue of workloads and funding are the same for both professions."

In addition to job action, RNs see other possibilities for improving their working conditions and the care they are able to provide. Most importantly, the looming nurse shortage gives nurses clout, says CNA president Kushnir Perkul. After years of being in a dime-a-dozen position, nurses are once again in demand. Nowhere is this more evident than Ontario, which has pledged to spend \$375 million hiring 10 000 nurses. Ironically, it cost the government \$400 million to lay off an estimated 6000 RNs between 1994 and 1997.

Finding these nurses could prove difficult. The average nurse is now 47, and enrolment in Canada's 100 nursing schools has declined by 30%. Two years ago the CNA predicted a shortage of 113 000 RNs by 2011. "The shortage will be a leverage to get into serious discussions," predicts Kushnir Perkul. Both the NFNU and CNA emphasize that RNs are in dire need of the 2 Rs: respect and recognition. They say it all comes down to better working conditions.

*Barbara Sibbald is CMAJ's Associate Editor, News and Features.*

## A force to be reckoned with on the Rock

Newfoundland's 4500 RNs, who had been without a contract since 1995, finally went on strike Mar. 24 — their first one in 20 years. Nine days later, on Apr. 1, the government legislated them back to work with a bill that imposed the contract the nurses had previously rejected.

The "agreement" gives the RNs a 7% raise over 39 months. As the lowest-paid RNs in the country, they are concerned about retention. Newfoundland RNs start at \$15.19 per hour; in Nova Scotia the starting wage is \$19.53, which, coincidentally, is the Rock's maximum pay rate. The day the legislation was announced, Newfoundland

and Labrador Nurses Union (NLNU) President Debbie Forward says she got phone calls from casual RNs who were leaving the island for Nova Scotia and elsewhere.

The nurses were outraged by the government's actions. "The government abused its power," says Forward. The nurses considered defying the bill, but were deterred by fines of \$100 000 a day for the union plus \$10 000 a day for union leaders and \$1000 a day per RN. Instead, they decided to channel that money into a possible legal challenge to Bill 3.

They're also taking action that looks a lot like working to rule, although they

aren't calling it that. The NLNU is urging members to "look after themselves," says Forward. That means everything from ensuring that they take their annual leave to limiting non-nursing duties such as emptying garbage. "Before, we would leave the patient to answer the phone," explains Forward. "Now our priority is back with the patient."

The nurses have the public's support. An independent poll in Newfoundland indicated that 80% of people supported nurses' actions; only 8% disagreed.

"The government doesn't know what it has taken on," says Forward. "Nurses are determined it isn't stopping here. We will be a force to be reckoned with."