

Dispatches

APRIL 2011

Health
Sciences
takes it to
the house!

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Health Sciences Takes it to the House



On Wednesday, March 16th, a strong group of about 30 Health Sciences members attended Question Period in the legislature. NDP Health critic Judy Junor raised several questions about the SAHO double-standard in regards to the negotiating position with Health Sciences. Later, in the rotunda, Health Minister McMorris and HSAS President Cathy Dickson faced questions from the media.

Visit www.hsa-sk.com to for news on the latest in contract negotiations.

Arbitrator Overrides the RQHR Family Responsibility Leave “Catch 22” Rule

By Mario Kijkowski, Labour Relations Officer – Regina

It was not that many years ago when health regions and their affiliates proclaimed themselves to be “family friendly” employers. Unfortunately, most of the time these are only good words to attract new graduates. In practical terms, SAHO and the Health Regions see the family responsibility provisions in Article 11.06 more like a “catch 22” rule that every employer and employee must follow. The employees are entitled to earn and accumulate family responsibility leave, to ask for family responsibility leave, but then their employer cites all of the rules that they have to meet in order to qualify for this earned benefit. The employer will, for example, interrogate members as to family relationships, the

nature of family responsibility, and explore alternative solutions potentially available to our members. This last item becomes a true “catch 22” situation. The employer will typically tell the HSAS member what he or she should and could consider as a solution or alternative. For the employer and SAHO “available solutions” (please see Article 11.06) means that the solutions do not cost the employer anything. Therefore, the list of employer imposed “should and could alternative solutions” is so long that many of our members end up using their paid vacation leave credits in order to meet their family obligations rather than trying to meet the requirements of the “catch 22” rules.



Mario Kijkowski and Natalie Horejda

Take for example, the grievance of Natalie Horejda. She requested family leave in order to attend the high school graduation of her daughter. However, as per the “catch 22” rule, the RQHR denied Natalie access to her earned family responsibility leave paid credits for this purpose. Instead, the RQHR granted Natalie four hours of vacation which means that Natalie paid for this family leave with her earned vacation credits.

The employer argued in front of the arbitrator what Natalie should or could have done in order to solve the problem for the employer. For example, the employer argued that Natalie could/should have tried to access all cost-free solutions available before she would be allowed to be granted access to her earned paid family leave credits. Although the list of the employer's "could or should haves" was very long, the RQHR focused on the use of an ADR (Additional Day of Rest) as a solution instead of "paid family leave." The RQHR argued that our member should and could have considered and utilized various solutions such as using half of an ADR day or switching an entire ADR day so that she could attend the graduation of her daughter.

She could also have chosen to use a vacation day. The good news is that, after seven hours of legal proceedings on January 27, the arbitrator agreed with the union and ordered the RQHR to repay Natalie for her 4 hours of vacation taken and agreed with the Grievor that she had a right to access her paid family leave credits for the graduation of her daughter. As Arbitrator Bob Pelton so eloquently summarized in his arbitration award; "Although operationally the conflict in this case could have been avoided through the use of ADR, I have concluded that requiring the Grievor to use her ADR would, in the circumstances of this case, have taken her beyond what would be a reasonable effort."

In conclusion, the union's position was that just because Natalie knew in advance that her daughter would be graduating, she was still entitled to attend, on family leave, without using her vacation or ADR credits. Of note, currently at the negotiating table, SAHO continues to propose that the family leave language be changed to make it increasingly more restrictive and difficult for members to access.



HSAS Succeeds on Two Important Grievances Pertaining to Overtime Compensation

Inadequate staffing levels among many professions represented by the HSAS create more than one set of challenges. The most obvious consequence of staffing shortages are the high workloads experienced by our members which translate to higher stress levels, less personal/family time, higher burnout rates and less time for each patient. At the same time, these chronic staff shortages create additional challenges for the union. Our union fights for proper compensation for overtime worked by our members. The good news is that the HSAS just had two big success stories pertaining to two separate grievances revolving around overtime issues and schedules.



Health Sciences Wins Arbitration for Five Hills Member

Katherine Brisbin is a Transition Coordinator (classified as an Assessor Coordinator) working full-time in the Five Hills Health Region. Her regular schedule is Monday to Friday (with the exception of ADRs). Originally, Katherine was scheduled as follows:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Dec. 29/08 Regular Shift <i>Shift 1</i>	Dec. 30 Regular Shift <i>Shift 2</i>	Dec. 31 Regular Shift <i>Shift 3</i>	Jan. 1/09 Regular Shift/ Stat Holiday <i>Shift 4</i>	Jan. 2 Regular Shift <i>Shift 5</i>	Jan. 3 Scheduled Day Off <i>Shift 6</i>
Jan. 4 Scheduled Day Off <i>Shift 7</i>	Jan. 5 Regular Shift <i>Shift 8</i>	Jan. 6 Regular Shift <i>Shift 9</i>	Jan. 7 Regular Shift <i>Shift 10</i>	Jan. 8 Regular Shift <i>Shift 11</i>	Jan. 9 ADR	Jan. 10 Scheduled Day Off

However, due to shortages of staff, the employer asked for “volunteers” to work two (2) eight (8) hour shifts: the first shift was for January 3 and the second shift for January 4. Katherine offered to work and did work both of these shifts.

The employer compensated our member at the appropriate overtime rate (2x regular hourly rate) for her work on these two days - days which were her regular scheduled days off (Saturday, January 3 and Sunday, January 4). Katherine contacted the union because her employer refused to compensate her as she expected.

The union took the position that her seventh worked shift was actually on Monday, January

5th because her shift on January 1st was a Stat Holiday and should be counted as a shift worked and therefore included in the calculations of six consecutive days. Therefore, each consecutive shift in excess of six (6) consecutive days, should be compensated at the appropriate overtime rates starting with her shift on January 4th. Having said that, the union and the griever recognized that Sunday, January 4 was, as already mentioned, compensated at overtime rates as it was Katherine’s regular scheduled day off. This reflects an important principle that prohibits the pyramiding of benefits, that is, the paying of overtime twice, under two separate provisions, for the same period of time.

The grievance was filed by the union in February 2009. The employer refused to compensate our member at overtime rates for her work on January 5, 6, 7 and 8, citing that Katherine “volunteered” to work in excess of her six (6) consecutive days and that she was not mandated by the employer to work these additional overtime shifts. The employer argued that Article 15.04(A)(b)(i) only applies to situations where an employee is scheduled to work in excess of six consecutive days by virtue of his or her regular schedule. The employer took the position that it does not apply to situations where shifts in excess of six consecutive days have occurred due to an employee volunteering to accept additional overtime shifts.

The good news is that the Arbitrator, Angela Zborosky, issued a thirty-three page arbitration award in which she agreed with the union's interpretation.

In the opinion of the Arbitrator, once an employee volunteers and accepts overtime shifts, these then are "required" to be worked by the employee.

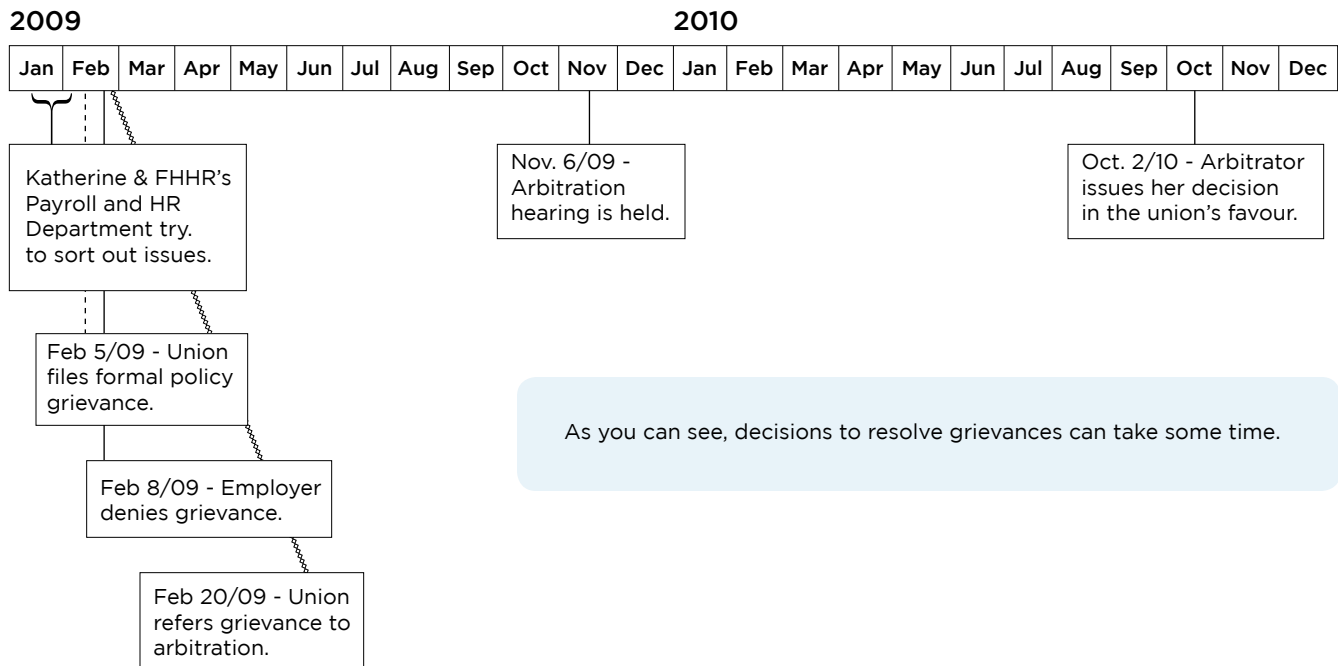
Therefore, the arbitrator ruled that it does not matter how Katherine ended up working in excess of six consecutive days/shifts, the fact is that she worked four (4) shifts in excess of six consecutive days, and she should therefore be entitled to overtime payment for all four (4) shifts (January 5, 6, 7, 8).

It should also be noted that, although Katherine did not actually work her regular shift on January 1st because it was a

statutory holiday, it is considered to be a "shift worked" by virtue of Article 15.01(A)(d). For more information, please read the related HSAS/SAHO collective agreement clauses: 15.01 A(c), 15.01(A)(d), and 15.04(A) (b)(ii) or just simply call your Labour Relations Officer for more information.

Last, but not least, the union thanks Katherine for her courage and her energy that she donated to this important union cause.

Timeline for this Grievance



RQHR's Pharmacists Win Overtime Compensation For Their Cancelled Overtime Shifts

In the summer of 2009, eight of our pharmacists working for the Regina Qu'Appelle Health Region (RQHR) were asked by the employer, and subsequently volunteered, to work some overtime shifts for the purpose of implementing a new pharmacy system/software.

These "conversion go live dates" of overtime shifts had been formally scheduled and confirmed to take place over four days in September of 2009. However, the employer subsequently and abruptly cancelled these scheduled overtime shifts when it announced yet another delay in the implementation of this project. The affected pharmacists

argued that there were significant personal commitment that affected their personal plans and that the employer must compensate them for the inconvenience of cancelling these additional shifts without the minimum two weeks' notice.

The union filed a grievance arguing that when employees are required to change their schedule with less than 2 weeks' notice, the employer must compensate an affected employee at the double (2X) overtime rate for all shifts so changed. The employer argued that Article 15.03 only applies to changes to regular shifts. However, the union's position was that the word "shift" in the context of this article applies to any confirmed

shifts: be that regular or overtime shifts. The good news is that the union succeeded in obtaining a retroactive wage adjustment for all members affected by this grievance without going to arbitration. As is often the case, the employer agreed to settle this grievance without prejudice and on a non precedent setting basis to both parties. The RQHR has paid the overtime owed to these pharmacists. We will be prepared to fight this same grievance again should we be faced with similar action by the employer, either in the RQHR or through the province.

Congratulations goes out to all these pharmacists who stood up collectively for their rights.

New Travel Rates

New travel rates become effective April 1, 2011.

For travel **south of the 54th parallel**, the per kilometer Transportation Rate is **\$0.4510**.

For travel **north of the 54th parallel**, the per kilometer Transportation Rate is **\$0.5010**.



HSAS Wins Parking Decision at Saskatoon City Hospital

HSAS recently took two grievances to Arbitration regarding the contentious issue of parking. The first grievance was on behalf of members at the Nurses Alumnae Wing (NAW) building in Saskatoon. These members are required to have their vehicle at work and use their vehicle every day, multiple times per day, and they are in receipt of a car allowance.

Upon phoning the parking office to obtain a parking pass, our members were told that their position on the list would be behind 600 other names! The fact that they are required to have a car for work and use it daily did not affect their position on the waitlist according to the employer.

HSAS filed a grievance in late 2008 and had reached a tentative settlement with the health region, but Senior Leadership Team would not approve the settlement on behalf of the employer, so the grievance went to Arbitration in October 2010.

In March 2011, Arbitrator Beth Bilson agreed with HSAS that these members should be given priority on the waitlist. The rationale was that the Employers

parking policy already provided for exceptions to the parking policy. Managers, executive, persons with disabilities, etc. were all given priority on the waitlist. Bilson felt that requiring a car for work warranted that another exception be made.

In March 2011, Arbitrator Beth Bilson agreed with HSAS that these members should be given priority on the waitlist.

The second grievance was involving Assessor/ Coordinators at St. Paul's Hospital in Saskatoon. Members at this location have to pay monthly for their parking, despite the fact they are required by the employer to have their car at work – it is not optional to bring their car.

St. Paul's Hospital is considered by the Employer to have reasonable free parking in the neighbourhood surrounding the hospital, and as such, they believe members can choose to park for free.

HSAS grieved their refusal to pay the parking fees on the basis that the neighbourhood is not safe, whereas the parkade is safe.

At the arbitration hearing, a number of our members testified about their personal safety being violated while walking in to work. Unfortunately, Arbitrator Bilson denied our grievance on the basis that the language in our Collective Agreement provides for reimbursement of incidental parking charges, not standing parking charges, and therefore safety does not even play a role.



HSAS Members Excluded from a Strong Saskatchewan Economy

By Ralph Aman, Communications Committee



On January 28, 2011 a news release by Advanced Education, Employment and Immigration Minister Rob Norris noted that “Saskatchewan wage-earners have experienced the largest year-over-year earnings jump in Canada”.

Norris stated that Saskatchewan’s average weekly earnings increased by 5.7% in November 2010, and that after taking inflation of 2% into consideration, workers saw real earnings growth of 3.7%.

Norris’ comments should be good news and combined with the recent announcement by SAHO of a new compensation package for OOS Managers that provides up to 37% increases along with other enhancements illustrates many are benefitting from a robust Saskatchewan economy.

Unfortunately, SAHO’s “Best Offer” to HSAS members on March 11, 2011 that offers a general wage increase of 7.5%

over four years suggests not all workers in the province are entitled to share in Saskatchewan’s good fortune. In fact using Norris’ own analysis, SAHO is suggesting that HSAS members settle for a loss in real wages for 2010 when inflation is factored in.

It’s time for SAHO and the government to provide a fair and equitable settlement to HSAS health care professionals.

Competitive. Really?

The 3,000 specialized health care professionals represented by Saskatchewan Health Sciences today make an average of 25% less than their Alberta counterparts and about 35% less than Registered Nurses working in the same health care workplaces.

If you were an experienced health care professional, where would you work? If you were a young person deciding on a future health care profession, which would you choose?

This is why recruitment and retention of our professionals (such as Paramedics, Physical Therapists, Psychologists, Respiratory Therapists and Occupational Therapists) has become so difficult and why waiting lists are growing longer for our patients, while the quality of service has become more difficult to maintain.

SALARY COMPARISONS

Alberta Health Sciences



Saskatchewan Health Sciences

25% LESS

Saskatchewan Registered Nurses



Saskatchewan Health Sciences

35% LESS

2011 ANNUAL CONVENTION

All HSAS Members are invited to attend the Annual Convention.

Date: October 28th, 2011

**Place: Hotel Saskatchewan Radisson Plaza
2125 Victoria Avenue, Regina, Saskatchewan**

Times and guest speakers to be announced.

For information on how to become a delegate, please refer to Article 3 - Meetings of Members in the HSAS Constitution and By-Laws The Constitution is posted on the web-site under Governance.

Annual Health Sciences Convention

On November 5, 2010, HSAS held its 38th Annual Convention at the TCU Place in Saskatoon. There were 43 HSAS members and staff present for the event.

The day started off with a presentation from Kerry Finucan who spoke to members about stress in the workplace, particularly for healthcare workers. Finucan's comment "If you're feeling burned out it might be you, but it might not be you. It might well be the healthcare system and your workplace that is causing the stress" resonated with attendees.

Finucan spoke about the symptoms of burnout in the

workplace and heavy price that healthcare professionals pay in a system where professional healthcare practice values are being impaired by organizations that fail to support those professional values.

Finucan suggested that patient and client outcomes are closely linked to the way healthcare organizations treat their employees and these organizations must change to create positive practice environments.



Kerry Finucan speaks about stress in the workplace.



Gary Bainbridge & Bill Craik

The second guest speaker for the day was Gary Bainbridge who acts as legal counsel for HSAS and is a well-respected labour lawyer. Bainbridge spoke on a variety of topics important to HSAS members including the employers' "duty to accommodate" workers in a number of situations. The "duty to accommodate" has roots in human rights laws and the Charter of Rights and Freedoms. Bainbridge noted that an important concept of "duty to accommodate" is the need for employers to be creative and "make it happen". In situations where HSAS is unsuccessful at reaching a satisfactory "duty to accommodate" with an employer, the options are to proceed with arbitration or seek a decision from the Human Rights Tribunal. Bainbridge noted that new decisions affecting "duty to accommodate" are occurring regularly across Canada to protect workers and ensure that employers take steps to accommodate those workers who are different.

Bainbridge also provided feedback regarding the various Attendance Management Programs that exist in the workplace, which many HSAS members are familiar with.

While Bainbridge noted there is essentially nothing to stop employers from implementing Attendance Management Programs, problems tend to arise when employers cross the line from "coaching workers" to adopting a disciplinary tone. A worker is not being negligent just because they are ill said Bainbridge. Bainbridge reminded HSAS members that regardless of what the employer's intentions are regarding Attendance Management, the program needs to be reasonable and still provide a "duty to accommodate where necessary and requested by the worker".



Dr. Anita Chakravarti

Dr. Anita Chakravarti was the final presenter for the day. Chakravarti spoke about the importance of self-care for healthcare professionals. She noted that healthcare professionals are disciplined in their work but not always as disciplined in self-care. Chakravarti also reminded members that while we hear much about prevention we rarely see it and hence a need to support prevention wherever possible.

The Annual Convention wrapped up with the business portion of the meeting including an overview of the challenges we are facing in bargaining with SAHO. Many thanks to those who worked so hard to put this convention together and to those who served as delegates.

Roberta Ekberg Award

This award recognizes outstanding, long standing commitment and contribution to furthering and promoting the vision, well being and interests of HSAS. One yearly award of \$500 will be given to the selected nominee.

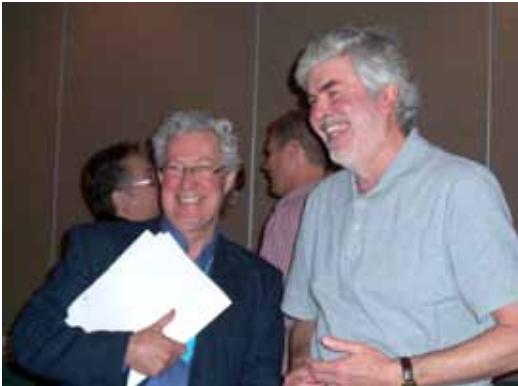
The recipient of the 2010 award was Karen Wasylenko. Karen is a Speech & Language Pathologist employed with Public Health Services in Saskatoon. She also serves as the Treasurer of HSAS.

Karen has been on HSAS Council for 6 years and has been Treasurer since December 2005.



Karen Wasylenko & Warren Chykowski

Pictures from the 2010 Annual Convention and Social



Bills 5 and 6

(Acts to amend the Trade Union Act and the Essential Services Act)



Courtesy of Flickr by Yahoo

The nightmare scenario for Premier Wall and his government in the looming dispute with HSAS and other unions is the lawsuit challenging Bill 5 and Bill 6 as unconstitutional.

Some of you may recall that in the early weeks of the Premier Campbell government in British Columbia (10 years ago), legislation was passed cancelling many of the legal rights of nurses, health sciences members and the provider unions. In June 2007, after many years and in three different courts, this legislation passed by the Campbell government was declared unconstitutional. It breached the unions' Charter Right of Association, particularly on the grounds that there was no consultation or dialogue between the Campbell government and the unions.

Now, an observer might conclude that the incoming Brad Wall government had at least 6 months to consider the impact of this Supreme Court of Canada decision prior to taking action shortly after they were sworn into office in November 2007. Sadly, it is on the record that the only consultation that Premier Wall and Minister Norris undertook was with individuals like President Peter McKinnon of the University of Saskatchewan and Lawyer Kevin Wilson, high-priced legal help to management clients. There was no consultation with HSAS. In fact, HSAS submitted a brief to the incoming government and asked for a meeting.

The International Labour Organization, (ILO) has found fault with the Wall government with respect to this legislation and its lack of consultation.

The court action to consider the illegality of the Brad Wall legislation is on track to go to trial in the summer or fall of 2011. HSAS is part of the lead group of plaintiffs in this lawsuit, under the auspices of the Saskatchewan Federation of Labour. Let us hope that the nightmare scenario for Brad Wall is looming over the horizon as they then will surely have to negotiate with HSAS and other unions if their legislation is struck down!



It Might Be You, But It Probably Isn't

Kerry Finucan, Partner, Finucan-Peterson Consultants Ltd.

That was the main message I tried to convey on November 5 2010, when I spoke at the Annual Convention of your Health Sciences Association of Saskatchewan. The title of my keynote address was *Helping Yourself and Your Societal Partners Avoid Professional Burnout: Recommendations for Health Care Professionals*.

Anyone who is at all familiar with the issue in the province of Saskatchewan realizes that the provincial government, and sadly, much of the public overstate the importance of nurses and doctors in the delivery of quality health care. Unfortunately, that focus is typically at the expense of the other health professionals who attend diligently to the recipients of health care in Saskatchewan.

This misguided focus is typically replicated when it comes to the topic of burnout amongst health care professionals. If you look through the academic literature, as well as the productions and publications of the mass media, you will see hundreds of reports about the high incidence of burnout amongst doctors and nurses. But you will only find a relatively small number of

discussions of burnout amongst other health professionals. Is this because other health professionals don't suffer from professional burnout? Hardly. Rather, it is the "same-old-same-old" differential status afforded doctors and nurses, on the one side of the coin, and "those other" health professionals on the flip side.

Clearly, this highly exclusive focus on doctors and nurses must change, much as it should with respect to salaries, benefits and working conditions.

For several decades now, it has been well recognized that health care professionals are highly susceptible to professional burnout.

In fact, currently many so-called "expert observers" believe that professional burnout amongst health care professionals is approaching "crisis proportions." At the same time, there is a growing consensus that professional burnout amongst the general North American population is one of the most serious occupational health and safety hazards in the 21st Century workplace. What are the implications of these issues for health care professionals?

In my keynote address, I explored those implications and offered recommendations to alleviate this growing occupational hazard.



I began my presentation by summarizing evidence that identifies the extent of professional burnout within the general North American population as well as the population of Canadian health care professionals. I highlighted Sangeeta Gupta's 2010 Master's thesis that reported alarmingly high levels of burnout amongst occupational therapists in Ontario. I cited a 2010 study in the *Journal of Human Nutrition and Dietetics* that found 57% of dieticians in Ontario suffered from moderate to high levels of burnout. Finally, I discussed a 2004 study in the *Journal of Extracorporeal Technology* that found that 58% of perfusionists in various occupational settings experienced moderate to high levels of burnout.

Unquestionably, individual patients and health care professionals can implement personal strategies to reduce the incidence and severity of burnout. To help in this regard, Finucan-Peterson Consultants Ltd. has developed a W.A.R.T.S. model for avoiding professional burnout. This model identifies preventative strategies that individuals can implement related to their work practices (W), attitudes (A), relationships (R), thoughts (T) and self-care (S). But frankly, that is not enough to combat the scourge of professional burnout. I am convinced, as are a growing number of experts on burnout, that governments, health boards, and the mass media must change their attitudes and practices to deal adequately with this problem.

Many discussions of professional burnout seem to essentially "blame the victims," promoting a mentality that says, "If you are suffering from professional burnout, it is due to some sort of weakness or flaw in either your personality or character." Others analyses suggest that by simply accessing the benefits available in employee and family assistance programs, those who suffer from professional burnout will be able to alleviate their symptoms. I dispute these simplistic suggestions, arguing that the causes of professional burnout are usually more deeply rooted and systemic in nature. I contend that, instead of placing the sole responsibility for avoiding/recovering from professional burnout on individuals, we need to assign appropriate responsibility on employers, health boards, governments and the mass media.

Responsibility for their professional burnout cannot sensibly be placed on the shoulders of health care professionals who are experiencing this terrible affliction. On a daily basis, health care professionals experience first-hand understaffing; increasing case loads; unrealistic demands from managers and clients; inadequate professional development opportunities; and a lack of respect and appreciation. When governments and health boards downplay the significance of these realities, they in fact, perpetuate the causes of burnout amongst health care professionals. They also conveniently divert

attention away from their own roles in fostering burnout.

Hopefully, health care professionals will take personal steps to reduce the incidence and severity of burnout amongst themselves. However, health care professionals and their workplace representatives must also try to persuade clients, health boards, governments and the mass media to join them in designing a truly effective response to this crisis. We've had quite enough blaming of the victims, in my view. So if you feel like you are burning out, or if you know a colleague who feels like she or he is burning out, please remember and share this important point. It might be you, but probably it is your workplace situation that is primarily responsible. By all means seek treatment and support from your colleagues in the health care system to alleviate the burnout. But don't beat yourself up and assume the blame. Continue to educate and pressure governments, health boards, the media and the public to do something constructive in attacking the true causes of professional burnout.

For more information on the causes of professional burnout, as well as its remedies, contact Kerry Finucan at (306) 982-4975. Also, visit his web site at finucanpetersonconsultants.com

Are You Ready for Your Work Computer Usage Audit?



The Sunrise Health Region conducted a very invasive audit of all internet browsing and the usage and content of personal email of its employees working for the Mental Health and Addiction Services Department.

All the HSAS members working in this department have computers on their desks which have been provided by their employer. This action, undertaken by the Health Region greatly concerned many of our members who have learned that their employer read many of their e-mails. The employer also reproduced individual internet browsing histories going back many years. These listed not only the internet sites visited by each employee but also the precise time they were logged onto each site.

As a result of this audit, the less fortunate employees received very serious formal discipline.

If it happened to them, it can happen to others. Please remember that your work computers are owned by your employer, and that means that everything you do with the employer's computer is also your employer's business. For example, the information stored on your workplace computers is accessible to your employer without your permission. The employers are quick to point out that they have to protect all the confidential medical information stored on their computers, intellectual property rights, and protect their networks from malicious programs spread by internet and hackers.

Most importantly, the management admittedly wants to know how employees use their time at work.

Next time you write a personal e-mail or spend some employer-paid time browsing even the most innocent websites, remember, you may suffer the wrath of your employer. To avoid any shocking surprises members should locate, read and follow carefully the internet/email usage policies of their employers.

Remember: Please check out the HSAS website frequently but not from your work computer!

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