

The Case for Conditions on Binding Arbitration

Listening to union leaders, be they CUPE or others, one would get the impression that the employer, in the current case, the Nursing Home Association and Government, is being rather stingy in looking at salary rate increases. When numbers like 1% or 2% or 5% over 5 years are thrown around they mean little to the average voter or citizen of New Brunswick.

What goes into a collective agreement is complex and challenging for employers who have to administer it fairly. What often happens in negotiations is that there is a push in early bargaining sessions to get through the narrative of the contract then leave compensation rate increases as the flash-point for government to deal with. Then it gets into the public arena and the public might be tempted to join the chorus of “they are hard-working people, just give the small increase and get this over with.”

You could hear that at Tim Horton’s across the province, no doubt, as the public tires of hearing it.

But the Devil is in the Details! The actual rate increase is normally the smallest part of the issue yet gets the headlines from a press that needs drama for audiences.

The meat of contract negotiations covers much more and often much of that text is referred to as “non-monetary items”; but there is nothing in a collective agreement that does not cost money.

When it is all done, managers across the system are given a final collective agreement, often with limited explanation, and expected to manage. Topics that drive the cost of operations but never get discussed public include Sick Time, for instance. Throughout the public service the use of sick days as surrogate vacation or family days was discussed. The same workers in the private sector might get 2 days, maybe 6-7; but no employer could support 16-18 days particularly when, in many instances, all those days are used year after year. In the private sector the business would collapse!

But where does that conversation take place and in that conversation could the union not come forward and acknowledge not only the cost but the abuse and come to the table as a responsible partner in fixing it?

Staff scheduling is another cost driver particularly when the employer has to pay premium time to schedule staff for certain shifts. Nights and weekends are not highly popular with employees, so often the combination of premium time, sick time, and staff replacement is the same as if the employer had 2-3 staff covering the shift at regular rates.

Worksafe incidents and compensation is yet another. It is a foregone conclusion that every employee who becomes injured by virtue of workplace incident should receive full support from the employer and Worksafe in order to restore health and functionality as quickly as possible. It is, however, often very difficult to determine if that which was reported as an injury in the workplace actually took place in the workplace. That is not to suggest that any employee would not be entirely truthful; by the same token it is often difficult to determine if the flaming sore knee resulted really from manoueuvering a heavy resident into bed or whether it was from the hockey game the previous evening or the slip in the driveway.

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton; he is a Telegraph Journal columnist. Please visit www.KenMcGeorge.com to learn more.

Recruitment and educational requirements are other topics that normally should be part of the collective bargaining process and which cost huge sums of money. What is never discussed in public, maybe not even in private, is the enormous cost of staff turnover. In this the union and management should, if they could function as business partners and not adversaries, can work together toward the common goal of workplace stability.

Unions can continue the adversarial approach to union and management relations or they can understand that most issues of employment are complex and get resolved quicker when *adversarial* is replaced by *partnership*. I learned that valuable lesson many years ago and it was confirmed to me by one of New Brunswick's leading labor leaders when he told me "in my career, we never had to strike".

In the current milieu in nursing homes, both the union and management have much more in common than they have separating them. Both need happy, contented staff that enjoy their work. The work of the union officials is made much more pleasant when the workplace is happy, yet the adversarial approach to union relationships contributes significantly to workplace toxicity.

This, in turn, leads to grievances, high absenteeism, high rate of workplace incidents and Work safe Claims. In my career I have had the pleasure of working with some CUPE officers who understood that and we worked together to create a happier more fulfilling workplace.

When the adversarial approach is dropped and replaced with a collegial set of relationships, management and union can work toward the common goals of creating a work environment that is magnetic and retains great staff. While the union currently desires what some might describe as a modest pay rate increase, they are not working with management to reduce the enormous costs of turnover, absenteeism, worksafe claims and such.

The adversarial approach is an old-fashioned and outmoded style of union-management relations; many unions have learned that and hopefully this will soon be learned in healthcare in NB. If poor management is one of the root causes of employee discontent, it serves no purpose for the conventional adversarial approach to work around it. Rather, it needs to be exposed and dealt with. By the same token, if poor leadership is a factor of the union operation it serves no purpose to work around it and it, too, needs to be exposed and dealt with.

A collegial relationship between union and management does not mean that employees well being is ever compromised; on the contrary, such a relationship can make the workplace a happier, more productive place. It can get issues resolved much faster. What it does do is create the relationship in which the staff and union recognize that management has a job to do while management is mature enough to recognize that the union has a job to do. That mutual understanding and respect can take an organization a great distance.

In the health care sector, union-management relations that are conducted in that manner can make an enormous positive contribution to quality of health care services; the adversarial approach will continue to compromise the quality of service as it has done in past years.

Ken McGeorge, BS,DHA,CHE is an experienced health care executive, health care consultant, and Brunswick News Columnist. He can be contacted at kenmc1@bellaliant.net

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