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Should Nurses Be Unionized?

By Scott Chisholm Lamont, RN.

For approximately two decades, trade unions have represented the socioeconomic concerns of working nurses in Alberta. With significant changes looming in the health care system, the time has come to question whether or not trade unions are the appropriate mechanism for collective bargaining and collective action for nurses.

Unions have unarguably achieved a great deal in terms of improving nurses' working conditions over the years, including significant improvements in the pay, workload, and safety of nurses. Collective action has proven an effective means of achieving positive change. However, many nurses have recently expressed dissatisfaction with being represented by trade unions, specifically citing acrimonious negotiations, the bumping process, inflexible provincial contracts which fail to meet local needs, a philosophical bent toward playing the victim role, and the public's disfavour of unions as reasons.

The issue, therefore, is not whether collective action is appropriate for nurses, but whether a trade union, within the scope of the Labour Relations Code is the appropriate vehicle for that action. Are there serious drawbacks to trade unionism? Are trade unions the only available mechanism of collective action available to professional nurses? Can some or all of those drawbacks be resolved through other mechanisms?

There are many disadvantages to trade unions for nurses. They are unable to represent the

concerns of all nurses, as they are restricted from accepting into membership students (unless they are working within a recognized setting), nurse managers, researchers and educators, nurses in independent practice, or others who fall outside of the role of an employee by strict definition. The Labour Relations Code defeats one of the central purposes of a nurses union: to unite all nurses.

Trade unions have also failed to adapt to or support the increasingly specialized role of nurses. Their adamant adherence to the bumping process, which allows nurses who are senior in a particular agency to displace nurses who may be senior to them in experience or education in a specialized area of practice, is an example of this. The Operating Room Nurses of Alberta raised this as a concern in terms of patient safety (ORNA, 1994). It should also be raised as a concern in terms of career satisfaction for nurses. Can nurses ever win for themselves a satisfying professional career if not only their employer, but also their union fails to respect their specialized education and experience?

Unions have been unable to address a critical issue for nursing: autonomy of practice. Nursing can never expect to have any measure of real autonomy without accepting full responsibility for self-governance. However, unions have strongly resisted any moves by employers or the government to pass self-management responsibilities on to staff nurses, despite indications in the literature that such moves improve worklife satisfaction for nurses.

In two articles examining changes to hospital units, one involving self-scheduling (Simpson, 1993), the other involving annual salarying and flex-time scheduling (Sills, 1993), it was reported that the vast majority of nurses involved were much happier under the new system, and voted to maintain the changes to their workplaces. They stated they had found that the benefits had outweighed the losses. The Steering Committee for the Career Advancement Project for Nurses

(1993), based on input from hundreds of Calgary nurses, recommended among other things: decentralized decision-making, including shared or self-governance; flexible scheduling; recognition of advanced clinical skills; and improved access to continuing education. Furthermore, Jenkins (1991) notes that "For years, having . . . authority over practice within the nurse's range of competence has been identified as the one factor essential to nurse satisfaction."

To a certain extent, unions hands are tied on this matter. Under the Labour Relations Code, if a staff nurse were to accept too much responsibility in terms of peer review, scheduling, or other "management" activities, he or she would no longer qualify as a member of the bargaining unit. It has been in the union's self-interest to oppose any changes which may result in a reduction in membership.

Trade unions are not the only means of collective action available to nurses. The Alberta Medical Association, a powerful member services and lobbying agency, is not a trade union. As a profession, and as individual professionals, we must therefore question the appropriateness of the Labour Relations Code for meeting the legitimate collective action needs of registered nurses, and seriously explore other avenues.

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