THE EMERGENCE OF THE NOVA SCOTIA NURSES' UNION: 1968-1985

by

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DEDICATION

To my husband, Terry, who has spent the first two years of our married life encouraging me with thoughtful words and gestures as I struggled through the "thesis remaining" phase of my graduate studies. To my mother, Glenna and brother, Bruce, who have provided me with so much support through the many years I have been working toward my graduate degree. In loving memory of my father, Malcolm Oxner.

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ABSTRACT

Collective bargaining by Canadian nurses was first endorsed by the Canadian Nurses' Association in 1944, although formal collective bargaining by most nurses did not occur until much later. This action was not solely to support trade unionism, but a move to protect the right of nurses to bargain for nurses, rather than be included as members of a multi-professional union.

The RNANS was to initiate collective bargaining by nurses in Nova Scotia, through the establishment of the Social and Economic Welfare Committee in 1966. Through the establishment of local staff associations nurses sought and obtained certification as bargaining agents, thus beginning formal collective bargaining by nurses in Nova Scotia. As the nurses in the province became increasingly involved with collective bargaining, it became evident that collective bargaining must be separated from the professional association, and in 1976 an autonomous organization, the Nova Scotia Nurses' Union, was formed.

The direction collective bargaining was to follow has not always been clear to Nova Scotia nurses, who were novices in labour relations. Issues of professionalism, moral and ethical considerations and image have plagued nurses as they have struggled to effect change in working conditions and benefits through the collective bargaining process.

This thesis is about the development of the NSNU. I trace its beginning to the advent of collective bargaining by Nova Scotia nurses in 1966 until 1985. Both first hand and secondary sources of data were employed. A critical analysis was used to evaluate the data with the specific aim of the study to describe and analyze the emergence of the NSNU using as theoretical frameworks: 1) class, 2) religion, 3) the specifics of the times regarding the labour movement in Canada, and 4) the significance of the time frame for the NSNU in relation to other provinces.

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CHAPTER I

INTRODUCTION

Nursing may trace its roots to the beginning of time. Since the inception of the human race there have been people to care for the sick and infirm. Bullough and Bullough (1984) report that during the Middle Ages the sick were cared for in the home by unskilled female relatives. Nursing was perceived as part of women's work and as requiring no special skills other than those of caring, which were believed to be inherent in all women (Reverby, 1987). It was believed that caring was integral to the female sense of self in that it allowed women to express their love of others. Reverby (1987) further points out that nursing was socially constructed with the expectation that its practitioners would accept a duty to care. Formal education for nurses was not deemed necessary as women were believed to possess the required knowledge and abilities required of a care giver.

The term collective bargaining is relatively new, the word itself is a product of the turn of the century (Heneman, 1968). Hanson (1974) defines collective bargaining as "negotiations between organized workers and their employer or employers for reaching an agreement on wages, hours and working conditions" (p. 23). Although not labeled as such, nurses have been participating in collective bargaining since the beginnings of the more formal organization of nursing, as they negotiated work-life conditions with their employer. Historically, negotiation of work-life issues and benefits has reflected societal norms and

expectations of the time, including the economic climate with respect to demands and expectation of working conditions and benefits deemed to be appropriate. Bargaining to determine working conditions for nurses has been no different, and has been influenced by the role of women in society and the workplace, reflecting the fact that the majority of nurses are women.

This thesis is an historical account chronicling the development of collective bargaining in Nova Scotia, with particular emphasis on the development of the Nova Scotia Nurses' Union. The time frame under consideration is 1968 to 1985, which is usually thought of as the beginning of modern collective bargaining for Nova Scotia nurses. However, it was necessary to begin the study in 1944 with the Canadian Nurses' Association recognition of collective bargaining for nurses.

The time frame was selected as it allows this exploration of collective bargaining to begin with the impact of the 1944 policy statement of the Canadian Nurses' Association, affirming in principle the concept of collective bargaining for its members through the national and provincial nursing associations. This is the generally accepted beginning of collective bargaining for nurses in Canada. Organized collective bargaining began in Nova Scotia much later, in 1968. The Nova Scotia Nurses' Union can trace its beginnings to the historic Canadian Nurses' Association policy statement, although the Nova Scotia Nurses' Union was not formed until much later, in 1976. I chose 1985 as an arbitrary endpoint, as it allows exploration of the development of the Nova Scotia Nurses' Union

from its inception until it became an accomplished representative of its membership.

The setting of this study is Nova Scotia, from which I will describe and analyze the evolution of collective bargaining for Nova Scotia nurses by nurses. It will be necessary to place developments in collective bargaining in a national context, with reference to the national professional nurses' association, the Canadian Nurses Association. Reference will also be made to developments in collective bargaining for nurses in other Canadian provinces.

The specific aims of the study are to: Describe and analyze the emergence of the Nova Scotia Nurses' Union using as theoretical frameworks: 1) class, 2) religion, 3) the specifics of the times regarding the labour movement in Canada, and 4) the significance of the time frame for the Nova Scotia Nurses' Union in relation to other provinces.

When analyzing the development of collective bargaining by Nova Scotia nurses, the variables of class, linked closely to gender must be considered. Twentieth century nursing in Canada has been identified as a profession of white, middle-class women (McPherson, 1996). The influence of religion on nurses and nursing education cannot be overlooked. While nurses were educated and practiced in both Christian and secular settings, Christian rituals were often a part of the student nurses' daily routine in all practice settings (McPherson, 1996). These teachings emphasized servitude, submissiveness and obedience; traits that historically have been valued in nurses. Such

perceptions have influenced nurses and nursing history, particularly the methods used by nurses to negotiate working conditions and benefits.

Although there has been a male influence on nursing, by far the largest number of nurses are female. Nursing has traditionally been referred to as a womans' profession. Thus, even though this research uses a feminist approach and will chronicle the development of collective bargaining for nurses, it does not reflect a desire to exclude men from the research or negate their influence on the profession. It will be noted that although there is a focus on collective bargaining, it is also necessary to simultaneously broadly explore work life issues which are inherent in the evolution of the nursing profession.

Background: Tracing Nursings' Past

Traditionally, nurses have worked long hours for comparatively low wages and were not politically involved in improving their economic situation (Luttman, 1982). This may be attributed in part to gender. Nursing has long been considered women's work, and early nurses were family members who provided "nursing care" to ill or infirm family members. Little value was placed on nursing care as it was viewed as encompassing skills inherent in women.

The twentieth century has brought recognition that nursing knowledge, skills and expertise are not inherent to women. The modern nurse is viewed as requiring special education as a prerequisite for nursing practice. Recognition that nursing skills must be learned, and not passed through genetics has not been accompanied by changes in the working conditions for nurses. Kew (1974)

suggests the lack of action by nurses to improve working conditions has historically been rooted in nursing education, which taught nursing students that patients were the only consideration and that a nurse must not seek personal gain, but dedicate herself to selfless service to the patient. This has contributed to nurses being paid low salaries with few benefits.

The first nurses were females who rendered care to ill and injured family members. It was during the late Middle Ages when a significant change in nursing practice occurred, with nursing duties being assumed by nuns and monks of the religious orders (Jones, 1980). Care giving outside of religious orders was by lay persons. Such lay nurses were of the lower socio-economic classes. Macfarlane (1990) describes these lay nurses as unskilled and of questionable reputation, many being considered immoral drunkards and harlots. However, this is a class issue as well as a gender issue. These lay nurses were themselves poor, exploited and oppressed. Labeling them harlots was another way of blaming the victim. Unfortunately, here began the negative public image of nurses.

After the dissolution of the monasteries in 1535 by King Henry VIII, care giving was removed from monasteries but remained affiliated with religious institutions with lay sisters as care givers (Jones, 1980). With the loss of religious control, health care facilities became overcrowded and recruitment of care givers became less selective, with more lay nurses increasingly assuming care giving roles (Blackett, 1988). During this period, standards of health care as

well as nursing care deteriorated, as did the reputation of nurses who were seen as being criminals, prostitutes and immoral women (Blackett, 1988; Kalisch & Kalisch, 1987).

Florence Nightingale is credited with beginning the era of modern nursing. In 1854 she took a party of 38 nurses to the Crimea, and forever altered the practice of nursing. Her efforts led to formal education for nurses. The efforts of Florence Nightingale made nursing a socially acceptable occupation for middle and upper-class white women. In fact, the training and expertise required of nurses resulted in nursing being increasingly viewed as intellectually challenging and prestigious (Eldridge & Levi, 1982). However, Florence Nightingale also emphasized selfless devotion to duty, placing the care of the patient above all other issues, in fact the rejection of economic gain over professional commitment (Miller, 1980). Miller (1980) suggests this was a reflection of the attitude of society, which believed that women should be submissive, supportive and obedient and that many women would be financially supported by a husband. Nightingale herself was independently wealthy and could afford to take this view.

The post Crimean war period was a time of reform for nursing. The need for nursing education was identified, negating the long held belief that women had the inherent skills and abilities necessary to minister to the infirm. Nursing education began under the auspices of hospital training, rather than the academy. With this emphasis on training came a somewhat improved image of the nurse. Florence Nightingale was instrumental in the movement for nursing

education, and her efforts brought respectability to the nursing profession. The image of nursing was that of a heroine, possessing characteristics of caring, compassion, submissiveness and selfless devotion, characteristics attributed to breeding and social class. She replaced the image of the nurse as an unskilled, drunken, immoral woman with that of the more pleasant, clean, neatly white uniformed Nightingale nurse (Kalisch & Kalisch, 1985). Nurses were now viewed as noble, moral, religious, virginal, ritualistic and self-sacrificing (Kalisch & Kalisch, 1987). However, their working conditions were not to be questioned.

Nursing in the 1900s

The turn of the century was a time of change. A period of greater freedom evolved. Mechanization created jobs that required less physical strength and could be performed by women, who worked for less wages than their male counterparts. World War I forced women to enter the work force and to assume roles previously held by men. Leaving the home gave women more freedom and greater social contact (Kalisch & Kalisch, 1985). World War I had a somewhat liberating effect on women. They enjoyed a more expanded role as more females were entering the work force. There was an improvement in the economic sector with a resulting increase in purchasing power; families were smaller, and women were becoming noticeably interested in birth control (Beeber, 1990).

The 1920's also saw an improvement in health care, attributed largely to improvements in diet, sanitation and housing. Hospitals as health care facilities

were popular and experienced a period of rapid growth (Kalisch & Kalisch, 1987; MacPherson, 1996). Hospitals were staffed primarily by student nurses who were paid stipends to enroll and receive their nursing education, in return for long hours of hard, grueling work (Palmer, 1985). Students were expected to work 12 or more hours per day, often in broken shifts spread over 16 hours. Class time was reserved for evening lectures (Goldstone, 1985). Hospitals employed as few graduate nurses as possible, exploiting students as a source of inexpensive labour.

Matejski (1981) attributes the decline in numbers of "desirable" women entering nursing in the 1920's to the numbers of employment opportunities in other areas. Women were also increasingly obtaining post-secondary education, thus decreasing the numbers of women in the middle and higher socioeconomic classes who entered nursing. For those unable to attain a college education, nursing was the profession of choice since it was seen as less demanding physically than the job of factory worker and carried with it some degree of status (Matejski, 1981).

Matejski (1981) describes a first wave women's movement that extended from the mid-nineteenth century to World War I, which "urged that girls of every economic status become trained in some kind of income producing career to fill up 'vacant years' before marriage and to make women less vulnerable to economic catastrophes" (p. 21). These early feminists were largely members of the upper middle class who had little understanding of the lives of poor women or

women of color, nor much sympathy for their exploitation.

These events mark the beginnings of the current negative image of feminism as described by hooks (1984) which consisted of privileged white middle-upper class, educated females with little understanding or concern about the lives of those less privileged. Matejski (1981) describes the early feminists as college educated persons who recognized the social inequality of women. Although these early feminists identified inequities, it appears their efforts at liberation met with limited success.

With hospitals as the primary sources of nursing education, there was less emphasis on educational standards. Canadian hospitals were principally charitable facilities with emphasis on the provision of care while minimizing costs. Student nurses were seen as inexpensive sources of labour, and the focus was on the service needs of the hospital, not the learning needs of the students (Matejski, 1981; Palmer, 1985). The work ethic was firmly ingrained in their work lives. Matejski (1981) describes long hours, difficult work and little time away from hospital responsibilities as the norm. Even so, there was little criticism of the educational system for nurses from either parents or students, due in part to the strong emphasis on the work ethic and altruism. The majority of nurses were females, and there remained the female duty to care and obligation of servitude to the sick and infirm which can be traced to the roots of nursing practice. Nursing education was to enter a lengthy period of struggle where the educational needs of the student were subjugated to the service needs of the

hospital.

Kerr (1990) attributes this struggle to a lack of autonomy in the nursing profession. Nursing education was dependent upon hospitals whereby funding of programs was at the discretion of the Board of Trustees of the hospital. Boards were reluctant to direct money to nursing education or to allow increased time for study and lectures as this would decrease the time available to meet the staffing needs of the facility.

The 1920s were the era of the flapper, whose energetic image reflected the increased visibility and attempt at freedom of women. This same energy threatened the traditional moral code of women and reflected the image of women in society, which was manifested in a decline of the image of the nurse (Kalisch & Kalisch, 1982).

The period extending from 1930 to 1945 was one of change. The stock market crash of 1929 caused a decline in the economic system with wide-spread unemployment and economic strife. Canadian nurses did not escape unemployment. The majority of nurses at this time worked as private duty nurses, and Sherwood and Henderson (1990) cite statistics indicating one-half to two-thirds of nurses were unable to obtain employment. Many worked as private duty nurses for room and board (Keddy, 1986). Nurses were depicted in the media as brave, rational, dedicated, decisive, humanistic and autonomous, the latter of course being untrue. During this time nursing enjoyed its most positive image to date. Kalisch and Kalisch (1987) describe the image of the nurse as

embodying a heroine. Keddy et al. (1984) write that she was perceived to be a mother surrogate (Keddy, LeDrew, Thompson, Nowaczek, Steward and Englehart, 1984; Keddy, Acker, Hemeon, MacDonald, MacIntyre, Smith & Vokey, 1987).

Hospitals continued to be the primary sources of nursing education and even greater emphasis was placed on student labour. Regulations regarding establishment of hospitals and nursing schools were virtually non-existent, and nursing schools were regularly established as sources of labour, not as educational facilities (Goldstone, 1985). Some progress in nursing education was achieved in 1936, when the Canadian Nurses' Association published and promoted guidelines for nursing education in Canada, "A Proposed Curriculum for Schools of Nursing in Canada", written by Marion Lindeburg (Mussallem, 1992).

As money was limited, so were employment opportunities for Registered Nurses. Graduate nurses were less cost efficient because they required a wage, thus private duty was their primary source of employment (Matejski, 1981; Keddy, 1986). Working conditions were less than optimal, with private duty nurses working 12-hour, and in some instances 24-hour shifts. Nurses often worked an 80-hour work-week. Time off was limited to a half day per week, and night shifts often continued for lengthy periods of time, occasionally continuing for several months (Goldstone, 1985). Nurses working in hospitals and private duty were required to live on the premises, often in crowded residences with little

opportunity or facilities for recreation (Goldstone, 1985).

World War II brought greater employment opportunities for women. It also saw the emergence of multiple roles for women, who were expected to tend to the home as well as hold a paying job. With the majority of men away at war, women enjoyed greater independence with roles as major income providers for the family. The war increased the need for nurses and once again recruitment and educational efforts were accelerated. As women enjoyed a greater and expanded role in society, the image of the nurse continued to be positive (Kalisch & Kalisch, 1982).

The post World War II period was a time of economic growth. Technology was advancing, with mechanization entering many Canadian homes in the form of appliances such as washing machines, electric ranges, refrigerators, mixers and toasters (Kalisch & Kalisch, 1985). Unemployment plummeted resulting in an increase in disposable income. People had increased disposable income and were able to buy many of these modern conveniences.

Since women could expect to have greater leisure time because of an increase in home technology, it would seem reasonable to expect greater strides in their liberation efforts. Unfortunately, this did not occur. In fact, the feminist movement was stalled. Post war, women returned to the home, often in relative isolation in the suburbs, where they assumed the caring role of wife and mother and relinquished the independence won during the war (Reverby, 1987; Sherwood & Henderson, 1991). When women were employed outside of the

home, they continued to find a gendered division of labour and wages.

Kalisch and Kalisch (1987) report that nursing continued to enjoy a positive image during this period, with nursing portrayed as a desired profession for women. Nurses were viewed as valuable, caring members of the health care system, functioning under the guidance of the physician. Nurses were dependent upon physician (male) guidance and direction for action (Keddy et al., 1986). The nurse was not perceived as an autonomous, accountable professional by the medical establishment. The positive image was held by the public, but leaders in nursing had recognized the deficiencies in nursing education.

Numerous studies were conducted in Canada and the United States regarding nursing education in the early 1900's through 1965 - Goldmark, Burgess and Weir being the most notable (Matjeski, 1981; Kerr, 1990). In fact, it has been said that no other event in the history of Canadian nursing affected the profession as profoundly as the Weir Report: Survey of Nursing Education in Canada, which was published in 1932 by the Canadian Nurses' Association (Sherwood & Henderson, 1990).

Each report identified problems with nursing education with accompanying recommendations for action. The source of education, through service oriented hospital based training programs, was identified as causative for lapses in nursing education. This perpetuated the dominant-submissive relationship between physicians and nurses, with physicians the dominant party (Roberts,

1983; Keddy et al., 1986). Emphasis was placed on following orders, deference to authority and submissiveness. Roberts continued, saying that if education was controlled by the powerful and consisted of that which supported their values, there would be little conflict. She also said that a mechanism which is often used by the dominant group when they believe their power threatened involves the token granting of relatively insignificant rights or rewards to the oppressed. This was an accurate portrayal of what was occurring in nursing education.

The image of the nurse as a caring, mothering figure continued until the 1960's. Change at this time was not war related, but credited to what is commonly referred to as the sexual revolution or the second wave feminist movement. This era heralded the arrival of birth control, the Kinsey Report, sexual explicitness in the media, lower birth rates and women's liberation (Kalisch & Kalisch, 1987). Few women worked outside of the home, and the primary focus of women was the family.

The image of the nurse began to deteriorate. As the Kalischs' tell us, in novels and television nurses were increasingly portrayed as "sensual, romantic, hedonistic, frivolous, irresponsible and promiscuous' (1987, p. 161). Nurses were continually portrayed as subservient members of the health care teams; little attention was given to the professional aspect of nursing.

By the 1970s nursing education in Canada had undergone a degree of reform. Hospitals remained the primary sources of nursing education, although

nursing programs did exist in colleges and universities. Admission standards were strengthened and the selection of students followed more rigid criteria. Funding continued to be via hospital budgets, but there was limited funding through government grants. Both sources of funding were under the control of the education programs. The focus was shifted to the education of students, not the staffing needs of the facility. Instructors were now hired specifically to teach the students and a structured curriculum was developed (Kerr, 1990; Matjeski, 1981).

Since the 1970s increasing numbers of women have entered the work force and it is the accepted norm for women to work outside of the home. The modern woman is expected to maintain a household, raise children and hold a "meaningful" job.

Increased technology has resulted in nursing practice becoming extremely complicated. The profession has a greater number of levels of practice, as well as a variety of levels of educational preparation and certification of competence. This is often confusing to the public, who have to adjust their perceptions of nurses accordingly. Lancaster (1986) maintains the image of nursing has deteriorated during the past 20 years. She believes that a positive image is important to nursing in order to prevent limitations of nursing practice.

Macfarlane (1990) says "societal attitudes, that women were less independent and that they required the support and guidance of men persists to this day in some quarters and is notable in some health care institutions" (p. 16).

This attitude has persisted since the beginning of modern nursing, and in fact Florence Nightingale was of the opinion that the role of the nurse was to serve under the physician and follow his instructions (Palmer, 1985). It is primarily because of Florence Nightingale's influence that nursing began its subjugation to physicians. The nurse of today is still attempting to counter this image and replace it with that of the competent, professional nurse (Lancaster, 1986).

The Evolution of Collective Bargaining by Canadian Nurses

The term "collective bargaining" can trace its roots to the year 1900 (Heneman, 1968). It was not until the 1960s and 1970s that modern collective bargaining began by health care employees (Miller, 1980).

The Canadian Nurses Association made a landmark statement in 1944, affirming in principle the concept of collective bargaining for its members to be achieved through the national and provincial nursing associations (Rowsell, 1980; Goldstone, 1985). The Canadian Nurses Association publically endorsed the provincial associations as the bargaining authorities for nurses in each province.

In keeping with the traditional emphasis on selfless devotion and service to the patient at all costs, in 1946 the Canadian Nurses Association passed a resolution opposed to any nurse going on strike at "any time, for any cause" (Lindabury, 1968; Rowsell, 1980). This resolution limited the ability of nurses to negotiate changes in working conditions by denying them the right to withdraw their services. This no-strike policy was eventually rescinded in 1972 (Hibberd,

1992).

In 1946 the Registered Nurses Association of British Columbia became the first provincial nurses association to gain certification and to achieve the designation of a bargaining unit (Rowsell, 1980). Although not yet certified, the remaining provincial associations continued to assume the responsibility for the social and economic welfare of their members. Certification was to prove difficult, and labour laws in most provinces would not allow the professional associations to obtain certification as the bargaining agent for its members (Rowsell, 1980).

Nova Scotia nurses were a part of this movement, seeking union representation for its members for collective bargaining purposes. As with other provinces, the initial efforts were through the provincial association, the Registered Nurses Association of Nova Scotia. The Registered Nurses' Association established a committee on Social and Economic Welfare in 1966, with the hope that this committee would facilitate the improvement of salaries and working conditions. Although Nova Scotia nurses believed that the provincial association should serve as bargaining agent for its members, Nova Scotia professional nursing legislation did not provide for collective bargaining, and certification was achieved under the Trade Union Act.

Nurses in Nova Scotia organized local staff associations, with the first certifications granted in 1969. These staff associations obtained certification under the Trade Union Act, but were affiliated with the Registered Nurses

Association of Nova Scotia. The Nova Scotia Nurses' Union evolved from theses staff associations, and came into being in 1976.

Acceptance of collective bargaining by nurses has not been a simple or easy decision. Initial concerns of nurses centered around questions of the compatibility of collective bargaining with professionalism. Some members of the nursing profession believed unionism to be incompatible with professionalism (Luttman, 1982; McClelland, 1983). Miller (1980) suggests that this dilemma is particularly complex for nurses, since most are women, socialized to be self-sacrificing.

The issue of the professional status of nursing is one long debated in the nursing literature. Grant (1973) believes that professionalism is determined by education, development, conduct and legislation, and not influenced by unionism. Rothwell (1981) further defines attributes essential to a professional as a long period of specialized education and a service orientation, as well as autonomy of action. Rothwell believes that the concept of unionization and professionalism are in conflict, stating that unions, through the constraints of collective agreements, tend to promote uniformity of job structure and responsibility. This inhibits innovation and creativity necessary for the advancement of practice of a profession.

Another dilemma experienced by nurses considering collective bargaining is that of the withdrawal of services. Many believe that the use of the strike weapon is not congruent with nursing ideology or nursing's ethical code (Grand,

1973; Baumgart, 1983). Hibberd (1992) indicates that for nurses one of the more troubling aspects of collective bargaining is the issue of whether it is right to withdraw services. This is tied to the self sacrificing ideals of the profession, which has socialized nurses to believe the welfare of the patient must be placed above all other considerations, especially personal gain for the nurse. Strike action, while impacting upon the patient, is viewed as impacting negatively on the nursing profession and the image of nurses (Luttman, 1982).

Proponents of the right to strike believe that those bargaining for nurses must have access to strike action, and to remove the right to strike weakens the employees position at the bargaining table (Lindabury, 1968; McColl, 1974). In fact, it has been said that the right to strike represents the ultimate weapon available to organized labour in its dealing with management (Kalisch, Kalisch & Young, 1983).

Conclusion

Nurses have struggled to develop and maintain a positive public image. Florence Nightingale has been credited with making nursing a respectable profession, suitable and attractive to young women. Florence Nightingale believed that nurses should possess good character, with traits of nurturing, compassion and submissiveness valued more than academic ability (Leddy & Pepper, 1998). This emphasis on submissiveness and obedience to duty combined with the gendered nature of nursing work has lead to nurses assuming a subordinate role in health care. The role of nursing was to serve the patient,

the physician and the hospital. There existed no formal mechanism for nurses to negotiate working conditions and benefits, and as such, working conditions were poor, with inadequate remuneration for services provided.

While the efforts of Florence Nightingale improved the image of nursing, it hampered the professional growth of nursing. Students were admitted to nursing programs based on character, with no value placed upon academic ability. A professional comprised primarily of middle class, while women, nurses were socialized to take direction and follow orders. Nurses had been taught to place the welfare of the patient above personal gain, including working conditions, benefits and remuneration. Such a background poorly prepared nurses to participate in collective bargaining or to endorse membership in a trade union.

Data Collection

The sources of data in historical research are often written documents, but may also include oral histories. Austin (1958) defines documents broadly to include written and unwritten sources, official and unofficial, private and public sources. Sources may be primary or secondary. Primary sources are first hand accounts of events; secondary are third party or "hearsay" sources. Letters and journals are considered primary sources, while textbooks and journal articles are secondary sources. Photographs may be deemed primary sources if they contain information as to names, dates and locations, Artifacts, such as those in museums, may be either primary or secondary sources, depending on supporting proof of authenticity. Primary sources of documents are archives and

museums.

The sources of data for this study were mostly primary sources. Data were collected from the Public Archives of Nova Scotia, which contains much of the historical records of the Registered Nurses' Association of Nova Scotia, and included minutes of various committees, reports, briefs to government and letters. Data were also collected from the archives of the Nova Scotia Nurses' Union and included minutes (Executive Committee, Annual and Provincial Meetings and Provincial Committee on Collective Bargaining), reports, and other documents detailing the development and growth of the Union.

One source of data which cannot be overlooked is that of individuals who were instrumental in the birth of the Nova Scotia Nurses' Union. Since the Nova Scotia Nurses' Union has been the collective bargaining for agent for nurses in Nova Scotia since 1968, many of the individuals who were involved at its inception and contributed to the growth of the union as bargaining agent for Nova Scotia nurses are available and accessible as sources of information. Oral histories were conducted with three individuals who contributed to the development of the Union: E. Margaret (Bentley) Langille, Winnifred Kettleson and Tom Patterson. Permission has been given by the three individuals to allow the taped interviews and written transcripts of the interviews to be placed in the Public Archives of Nova Scotia.

The world wide web cannot be overlooked as a source of data, and was searched for data relating to collective bargaining in nursing, specifically

Canadian nursing. Web sites of the Canadian Nurses' Association, the Nova Scotia Nurses' Union and the Registered Nurses' Association of Nova Scotia were also searched for historical data.

Data were checked for validity. External criticism refers to establishing the validity of the documents. The origin of the documents was investigated to learn, who, where, why and by whom it was written. Whenever possible, the original document and the primary source was used.

Data were also checked for reliability, internal criticism. This involves obtaining a correct understanding of what it is the document is saying. This is of particular importance in historical research, since words and phrases take on new meanings over time as language is contextually based. Positive criticism involved the stage where I attempted to ensure I understood the meaning of statements in the documents.

The next phase in the process was that of negative criticism, where the reliability of the author of the document is verified. Questions such as the authors' knowledge and reporting of the facts were asked. Primary sources of data were deemed more reliable than secondary sources, as is the accepted norm in historical research (Christy, 1975). To establish something as fact, I corroborated the data with two independent primary sources, or by a primary source and a secondary source, if they were acceptably critically evaluated. Data which could not be accepted as fact were deemed probable or possible depending upon the strength of the sources (Keddy, 1988).

Data Analysis

The collected data were studied and analyzed according to the origin, movements, trends and patterns. Analysis attempted to identify linkages and relationships between concepts and events. Questions such as: what do these facts mean?; how are they related?; are they new?; what impact do they have on nursing today and for the future?; what was their past significance? These were the questions considered when analyzing the data.

When analyzing the data, I looked for interrelationships between the provincial and sometimes the national history regarding gender/economics/ class/power/culture/image/professionalism and collective bargaining.

Interpretation of the facts is a creative process, and the meaning of the facts Is not inherent in the facts. They will of course, reflect my own values and beliefs.

The historical data explored included records of Canadian nurses, the Canadian Nurses' Association, the Registered Nurses' Association of Nova Scotia and the Nova Scotia Nurses' Union during the time frame of 1944 to 1985, as this is the era in which collective bargaining began for nurses in Canada. This is the framework I developed for data analysis. If such relationships were found to have occurred, there was great significance for the future of nursing.

Ethical Considerations

A letter describing the intended research was sent to the Nova Scotia Nurses' Union (via e-mail) (Appendix A). An expression of interest and

permission for the research to take place at the Nova Scotia Nurses' Union was verbally obtained following review of my written request at a staff meeting at the office of the Nova Scotia Nurses' Union. Prior to conducting the research a written consent to participate in the research was obtained from the Nova Scotia Nurses' Union (Appendix B) and from individuals who agreed to be interviewed as part of this research study (Appendix C). The participants were informed that they could withdraw from the study at any time.

Confidentiality of documents was maintained. Documents and copies of data were kept in a secure area. Notes or excerpts taken from documents as well as personal discussions were maintained according to principles of confidentiality, and were kept in a secure area.

Permission to conduct this study was obtained from the Ethics Committee of Graduate Studies at Dalhousie University.

Other ethical considerations for conducting historical research reflect those identified by Polit and Hungler (1991), and include sources of data, subjectivity, inclusion of data in final report and generalizability of the research findings. Since the only available sources of data were available records and individuals, I was aware that they may contain systemic biases. Another consideration was understanding of the meaning of the data, and I have attempted to ensure that I understood and interpreted the facts as they occurred.

I have attempted to include all evidence in my analysis and not disregard data which did not support my framework for analysis. I attempted to organize

the data objectively, including all relevant data in the final research report.
However, critical analysis was presented where appropriate.

CHAPTER II

COLLECTIVE BARGAINING:

THE CANADIAN NURSES' EXPERIENCE

The term collective bargaining made its debut around the year 1900 (Heneman, 1968). It was not until much later that collective bargaining was embraced by Canadian nurses. This chapter will describe the events leading to the landmark statement by the Canadian Nurses' Association in 1944 affirming the principal of collective bargaining, providing the foundation for collective bargaining by Nova Scotia nurses. It will begin with a discussion of the political and legal governance of collective bargaining, followed by a description of nurses work-life and the events leading to the Canadian Nurses' Association endorsement of the principal of collective bargaining. The chapter will attempt to synthesize the events leading to the 1944 Canadian Nurses' Association statement with the impact of the statement on Canadian nurses, and more specifically on Nova Scotia nurses.

Trade Unions in Canada

Collective bargaining can be defined as a negotiation between the employer and employee as a collectivity, usually concerning wages, hours and working conditions (Hanson, 1974). Campbell (1980) adds that negotiations are between the employer and union representation. A review of the literature indicates a high degree of power, control, compromise and antagonism is present in the collective bargaining process. Stern (1982) defines collective

bargaining as a struggle for power in which the parties rival and manipulate to improve and advance their position. Unions, as vehicles for effective collective bargaining are established to protect the rights of workers.

Collective bargaining in Canada has been shaped by British and American influences, as well as Canadian cultural and political history and geographical factors (McGuire, 1966). The British North America Act of 1867 served as Canada's political constitution until it was replaced by the Constitution Act of 1982, and functioned to identify areas of federal and provincial authority (Kehoe & Archer, 1982). In the broadest sense, the British North America Act addressed labour relations by providing guidance regarding federal and provincial jurisdiction of authority. Labour relations are primarily the domain of each province, although the federal government retains control of those aspects of labour relations that involve areas, industries or issues under the federal government or departments of the federal government (Phillips, 1977; Kehoe & Archer, 1982).

The British North America Act did little to protect the rights of workers. As part of the British Commonwealth, Canadian citizens followed the system of English Common law. This was a system in which it was illegal for workers to join together for the purposes of negotiating improvements in salaries, benefits or working conditions (Kehoe & Archer, 1982). In 1872 the federal government of Canada, under pressure from the public, passed the Trade Union Act which allowed groups of employees to join together to negotiate work-life issues. The

government also passed the Criminal Law Amendment Act of 1872, an act which protected employees attempting to organize for bargaining purposes or those certified under the Trade Union Act, from threats or intimidations by the employer because of collective action, including strike action (Phillips, 1977; Kehoe & Archer, 1982).

The Federal Department of Labour was established by the Conciliation Act of 1900. This act was passed to provide a mechanism for intervening in labour disputes. It allowed the Minister of Labour to appoint a conciliator or conciliation board to facilitate the resolution of labour disputes (Kehoe & Archer, 1982).

The early 1900's were a time of change, as labour legislation saw a series of acts passed, with each act attempting to address weaknesses in previous legislation. This reflected the labour climate in Canada, as increasing numbers of employees became members of trade unions.

World War II saw the federal government again pass new labour legislation through the War Measures Act (Phillips, 1977; Kehoe & Archer, 1982). An Order-In-Council, P.C. 1003 was passed giving the federal government an expanded jurisdiction in labour relations, extending to matters that had previously been the domain of the provincial governments (Phillips, 1977). The new legislation established regulations to guide labour relations, including the rights of employees to bargain collectively through unions, the right to strike, and the right to negotiate or request arbitration of labour disputes (Phillips, 1977; Kehoe

& Archer, 1982).

Canadian Nurses' Association Endorses Collective Bargaining

While not immune to legislation governing collective bargaining, Canadian nurses were not actively involved in joint bargaining of working conditions. Prior to 1944, collective bargaining for Canadian nurses was carried out informally by individuals or groups of nurses, but not generally accepted by the nursing profession. Nurses were responsible for negotiating their salary and working conditions without the support or guidance of a collective representative.

The literature indicates that working conditions for nurses were arduous. Most graduate nurses were employed in private duty, often working 12 or even 24 hour days and long periods of night shift, with only a half-day off per week (Goldstone, 1985). Those nurses employed in hospitals often worked 80-hour weeks and were required to live on-site, in crowded residences with little opportunity or available facilities for recreation (Goldstone, 1985). Luttman (1982) describes nurses as working long hours for low wages, while making no efforts at changing the economic status of their profession.

The literature attributes this lack of change in working conditions for nursing to be due in part to the fact that nursing was often viewed as a career stepping stone. Nurses, who were primarily women, often saw nursing as a temporary situation, as a stop-gap between school and marriage or a better job (Kew, 1974). During our interview, Langille describes nursing as a profession for the single woman, stating that if a female chose to marry or became pregnant,

she would resign from her nursing position. Those women who married would only continue to work if they became widowed or their husband were infirm, and unable to support the household financially.

This limited commitment on behalf of nurses to act to improve working conditions, lead to salaries and working conditions within the nursing profession lagging behind those of other comparable professions. This in turn, made the profession less appealing to prospective nurses, who saw a profession with poor working conditions and poor economic rewards (Kew, 1974; MacLeod, 1966). Nurses lacked a collective voice to aid them in their efforts at improving their work-life, therefore little change was forthcoming.

The literature discussing collective bargaining for nursing includes much discussion of the relationship between nursing and women's issues. Since the majority of nurses are female, Baumgart (1980, 1983) sees the struggle of nurses in the workplace as a women's issue, suggesting that the cultural socialization of women has been such that it has excluded women from powerful positions in society. Miller (1980) suggests that societal beliefs that women should be submissive, supportive and obedient are intertwined with the nursing profession, which emphasizes selfless devotion to the patient and a disregard for personal considerations. Stern (1982) agrees, saying the traditional socialization of women has encouraged the acceptance of passive, second-class roles. Keddy (1997) points out that it is not only a gender issue, but also one of race and class.

The national body representing Canadian nurses, the Canadian Nurses' Association was to be instrumental in changing the passive acceptance by nurses of poor working conditions and lack of input in work-life issues. This catalyst of change was introduced in 1944, with the landmark decision of the Canadian Nurses' Association affirming in principal of collective bargaining. At the December 5, 1944 meeting of the Canadian Nurses' Association Labour Relations Committee a motion was passed stating that:

> "WHEREAS the Canadian Nurses Association has gone on record as being in favour of the principle of collective bargaining, and
>
> WHEREAS there is every reason that prompt action should be taken to forestall this right of bargaining for nurses being usurped by other groups.
>
> BE IT RESOLVED:
> That each province take steps to have the Registered Nurses' Association certified as the collective bargaining agent for nurses in that province" (Minutes, December 5, 1944 meeting of the Canadian Nurses' Association Labour Relations Committee, p. 5).

In fact the 1944 decision by the Canadian Nurses' Association had little to do with addressing the deplorable working conditions for Canadian nurses, but was in response to requests from the membership for national action following the labour relations activities initiated by several professional associations during World War II (Canadian Nurses' Association, 1968). The motion endorsing collective bargaining by nurses was an attempt to protect the right of nurses to bargain for nurses, as opposed to inclusion in a multi-professional union.

The 1944 decision by the Canadian Nurses' Association must be reviewed in the broader context of the specifics of the times regarding the labour

movement in Canada. World War II heralded a change for nurses and nursing. One such change was the involvement of government in health care, which saw the rise of hospitals as the provider of service for the sick and for those requiring medical or surgical care (McPherson, 1996). This resulted in an expansion of hospitals and a subsequent increase in the need for nurses to provide care to the patients in these facilities. With many men enlisted in the Canadian Armed Forces, Canadian women were called upon to fill those positions left vacant by the men. This widening of available opportunities for women impacted upon the nursing profession, with women having increased available employment opportunities. Nursing was becoming less desirable as a profession, with prospective nurses seeing a profession with poor working conditions and poor economic rewards (MacPherson, 1996; Kew, 1974; MacLeod, 1966).

In the hospital setting, non-nursing employees were becoming actively involved in collective bargaining, and through their collective voice were seeking changes in salaries, benefits and working conditions, changes that were not forthcoming to the nursing profession (Canadian Nurses' Association, 1968). It was becoming increasingly evident that the national professional association needed to become actively involved in supporting nurses in efforts to improve working conditions.

The impetuous for the landmark decision of the Canadian Nurses Association was not solely to begin collective bargaining for nurses, or to directly effect change in the workplace, but to maintain the right of nurses to bargain for

nurses. A memo from the Labour Relations Committee, Canadian Nurses Association of December 20, 1944 provides some background information regarding the move of the professional association toward collective bargaining. In March 1944 a resolution had been forwarded to the Canadian Nurses' Association from British Columbia relating to a special request to the Federal Government made by the Society of Professional Engineers, who were seeking a definition of their standing in regard to the Wartime Labour Relations Regulations (P.C. 1003). The question had arisen surrounding the status of nurses under the existing legislation. The question of status was in effect, a determination of nursing as a profession. If nursing were to be deemed a profession, nurses would then be eligible for membership in the proposed union of professionals.

The situation was compounded in the fall of 1944 when the Canadian Association of Scientific Workers, at a meeting in Montreal endorsed the resolution that a separate Order-In-Council be legislated for professional workers. Although inclusion in such an order would thrust nurses into the collective bargaining process, it would be as members of a multi-professional union. Nurses would be one of many interests represented by the collective bargaining agent. This was not viewed as desirable by the Canadian Nurses' Association.

The Canadian Nurses' Association was also responding to a situation that had arisen in Quebec, in which nurses were included as part of a collective

bargaining unit without the knowledge of all nurses. Although notice of the intent to apply for certification had been made by the Hospital Service Parity Committee and had been publicized, some nurses had not been aware of the union activity or seen the public notices advising of the action (Minutes, Canadian Nurses' Association Labour Relations Committee, December 5, 1944). Since the nurses had not been aware of the intended union certification, they were not able to voice objection to inclusion in such a bargaining unit and were included as part of that unit. Such inclusion meant that the nurses were required to pay union dues.

To protect the rights of Canadian nurses, the Canadian Nurses Association sought legal counsel which indicated that all provincial associations should be urged to protect their nurses from union organizers by appointing a bargaining agent. The Canadian Nurses' Association further suggested that the nurses in each province could request the professional association in that province serve as bargaining agent (Minutes, December 5, 1944 meeting of the Canadian Nurses' Association labour Relations Committee).

It would then be the responsibility of the professional associations to obtain legal counsel regarding the labour laws of each province, and to determine the most effective means of obtaining certification for collective bargaining purposes. The determination of the professional status of nursing was also deemed to be a provincial matter, with the legal advice obtained by the Canadian Nurses' Association indicating that if nurses in any province were

unable to attain professional status, the government would not be likely to grant it nationally (Minutes, December 5, 1944 meeting of the Canadian Nurses' Association labour Relations Committee).

Nursing was a novice in the collective bargaining process, with the Canadian Nurses' Association advising its members as legal precedents were established. It was still not clear if nursing was considered a profession, although the expectation by nursing leaders was that it would be classified as such by government rulings on the matter and be included in the new Order-In-Council suggested to replace P.C. 1003 for professional workers. A memo dated January 3, 1945 from G.M. Hall, General Secretary to the Canadian Nurses' Association to members of the labour Relations Committee, CNA and Provincial Secretaries, Registered Nurses' Association was to slow the momentum. The memo advised that legal counsel had "conferred with authorities in Ottawa regarding the proposed new Order-In-Council and that he had been advised that this did not apply to the nursing profession." The resulting legal advice was against further action in regard to legal inclusion with the engineers or other professional unions.

The lawyer for the Canadian Nurses' Association advised the Association "that each organization employing two or more nurses be required to have the authorisation of at least 50% of their nursing staff to secure authorization for the Provincial Association to act as their bargaining agents." (Canadian Nurses' Association Letter of January 3, 1945 to members of the Labour Relations

Committee, CNA, and Provincial Secretaries, Registered Nurses Association). The effect of this recommendation was to slow collective bargaining activity by the Canadian Nurses' Association. The association believed the necessity of achieving fifty percent support of the membership to allow the provincial association to serve as bargaining agent would cause confusion given the turnover rate of nurses. The Canadian Nurses' Association recommended further study before any action be taken.

The Canadian Nurses' Association, through the Labour Relations Committee, continued to investigate collective bargaining for nurses. The Wartime Labour Regulations Act P.C. 1003 was passed by the federal government by an Order-In-Council in February 1944, giving employees the right to bargain collectively under certain circumstances (Report of the Labour Relations Committee for Meeting of Executive Committee Canadian Nurses' Association, June 1, 1945). One of these conditions was that the agreement must be between the employer and employee. This condition was cause for concern, since the Canadian Nurses' Association motion endorsing collective bargaining, indicated that it was to be the provincial associations acting as bargaining agents for the nurses of each province. Would it now be possible for the professional association to serve as bargaining agent for its nurses?

Each provincial association was advised by the Canadian Nurses' Association to seek legal counsel to determine their ability to represent the nurses of that province for the purposes of collective bargaining. The first

provinces to obtain legal advice were Nova Scotia, New Brunswick, Manitoba, Saskatchewan and Alberta, who were advised that it was not legally possible for them to serve as the bargaining agent for the nurses in the province (Report of the Labour Relations Committee for Meeting of Executive Committee Canadian Nurses' Association, June 1, 1945).

The ambiguity of the legal status of nursing as profession provided another barrier to collective bargaining. This judgment was the responsibility of the provincial legal system, and there was not a clear consensus within the country. Nurses in Nova Scotia were advised that nursing was a profession based on the Registered Nurses' Association Act of 1931; nurses in New Brunswick were advised that only nurses working in some areas of nursing, such as the industrial sector, were considered professionals; and nurses in Alberta were advised that nursing was not considered a profession (Report of the Labour Relations Committee for Meeting of Executive Committee Canadian Nurses' Association, June 1, 1945).

The lack of a clear national definition of nursing as a profession placed nurses in a difficult position in terms of collective bargaining activity. It was clear that there was not a national mandate to allow the provincial professional associations to serve as bargaining agents, in fact is was increasingly doubtful if certification as bargaining agent would be possible for the professional associations. Consideration had been given by the Canadian Nurses' Association to join other professional groups who were attempting to obtain

separate legislation governing collective bargaining for professional persons (Report of the Labour Relations Committee for Meeting of Executive Committee Canadian Nurses' Association, June 1, 1945). Unfortunately, the lack of a clear determination of nursing as a profession made it impossible for nurses to join the other groups lobbying government for such legislation.

One available option was that of collective bargaining through membership in a trade union. This option was not eagerly embraced by many nurses, who questioned the seemliness of nurses belonging to a trade union. In fact, the concept of collective bargaining was not a commonly subscribed practice in the health care setting of the 1940's. The literature abounds with debates about collective bargaining - is collective bargaining compatible with professionalism? Is uniformity of job structure and economic reward appropriate for nursing? Is the withdrawal of service ethical? Is the economic gain of the nurse at the expense of the patient? What is the role of the professional association? What is the public perception of collective bargaining by nurses? These debates are central to the issues I address but to significant to give only a cursory response to in this thesis.

The literature details the struggle of many nurses as they debated the issue of the compatibility of collective bargaining with professionalism. Some nurses clearly believed collective bargaining to be incompatible with professionalism (Miller, 1980; Luttman, 1982; McClelland, 1983; Baumgart, 1983). Arguments against collective bargaining suggested that unionism is

incompatible with professionalism, and that collective bargaining creates an erosion of the image of nursing as a service oriented profession (Luttman, 1982). The argument leads to the inference that professionalism is influenced by public perception, with the maintenance of a public image of nursing as a service oriented profession as desirable, more desirable than improving working conditions and obtaining remuneration appropriate to the service provided.

The uncertainty in the literature surrounding the acceptance of collective bargaining as appropriate for the nursing profession reflects the socialization of nurses as women. The female desire to please, particularly to please those in power positions is evident in the debates that were waged surround the issue of collective bargaining in the nursing literature. Collective bargaining represented the willingness of nurses to challenge the employer, to contradict long standing ideals of self-sacrificing obedience to duty. To challenge the status quo was to court censure by those in power and posed the risk of losing the support of the public. The sources of nursing education continued to be primarily hospitals, where the military and religious influences stressed obedience and adherence to regulations and duty. Little support and even less education was provided to support collective bargaining for nurses.

The term Nightingalism has been used in the literature to describe the ideal of selfless and dedicated nurse who puts the needs of others before her own; a self-sacrificing giver of service (Grand, 1971; Eldridge & Levi, 1982). Nightingalism is a phenomenon which is closely linked to the predominance of

women in the nursing profession and the role of women in society. The psychological impact was such that nurses were taught to value the service ideal; to place service to the patient above personal considerations. Nightingalism is rooted in the teachings of Florence Nightingale, with remnants lingering in the socialization of Canadian nurses in the 1960's and 1970's. The acceptance of collective bargaining challenged many of the foundations of servitude on which nursing had been built.

The nursing literature also debates the issue of withdrawal of service, with much discussion of the ethical responsibility of the nurse to provide care for the patient at all times. The concept of withdrawal of service was unacceptable to many nurses, who believed that such job action would place the patient in jeopardy, a situation that was not compatible with nursing philosophy.

Given the uncertainty surrounding the appropriate avenue in which to direct collective bargaining activities, the Canadian Nurses' Association did not immediately sanction a course for collective bargaining. In a Report of the Labour Relations Committee to the Meeting of the Executive Committee, Canadian Nurses' Association, June 1, 1945, the Labour Relations Committee recommended that the Canadian Nurses' Association could learn from experience, but cautioned that "we must move slowly." This report reviewed the status of collective bargaining for Canadian nurses, and recognizing that options were limited, suggested a plan to address collective bargaining which would allow the provincial professional associations to become actively involved in the

collective bargaining for their membership. The Labour Relations Committee suggested that each provincial professional association select:

> "three or more employee members, who would inform themselves on Labour conditions in their locality and be prepared to act, if asked, as a certifiable negotiating or bargaining group, either with or without representatives from the nurses employees affected in any disagreement" (Report of the Labour Relations Committee for Meeting of Executive Committee Canadian Nurses' Association, June 1, 1945, p. 4).

The Labour Relations Committee also suggested that each provincial professional association also establish a Labour Relations Committee. With the approval of the Executive of the professional association, the provincial Labour Relations Committee would be able to serve in an advisory capacity to the certified negotiating group, should that assistance be required.

The June 1945 Report of the Labour Relations Committee to the Meeting of the Executive Committee, Canadian Nurses' Association further recommended that the Canadian Nurses' Association Labour Relations Committee would serve in an advisory capacity to the provincial professional associations. It was identified that such a committee would serve only in an advisory capacity, and such service would be available upon the request of the provincial association. This clearly stated that the Canadian Nurses' Association was not directly involved in collective bargaining, but merely serving as a labour relations resource for its members.

The structure recommended in this report was remarkably similar to that which evolved in Nova Scotia, some twenty years later. In 1964 the Canadian

Nurses' Association established the Social and Economic Welfare Committee, with the provincial professional associations quickly following the example of their national body. The initial meeting of the national Social and Economic Welfare Committee and provincial representatives was held on September 14, 1965 (Canadian Nurses' Association, 1968).

To support the efforts of the Social and Economic Welfare Committee, the Canadian Nurses' Association established a consulting service available to all provincial associations. This consulting service would provide educational resources, of value to the professional associations who faced the daunting task of educating their membership about collective bargaining. Included in this service was a labour relations consultant, Glenna Rowsell, who was available to the provincial associations to provide information and advice specific to labour relations issues (Canadian Nurses' Association, 1968).

Conclusion

The initiative and leadership of the Canadian Nurses' Association was to provide the guidance necessary to bring collective bargaining to Nova Scotia nurses. Although the Canadian Nurses' Association wished to improve the work lives of its members, the impetus to become involved in collective bargaining was not to promote trade unionism. In fact, the Canadian Nurses' Association was reacting to perceived threats that nurses could be included as members of multi-professional trade unions and lose the right for nurses to bargaining collectively for nurses.

The action taken by the Canadian Nurses' Association reflected the gender of the membership, with a reluctance to aggressively embrace collective bargaining and in so doing, challenge the status quo. Instead nurses favoured a softer approach, which mandated the professional association to improve the social and economic welfare of the nurses in each Canadian province.

While endorsing collective bargaining, the professional association was not promoting trade unionism, concerned with issues such as the professionalism of belonging to a trade union and ethical considerations of economic gain at the expense of the patient. Issues such as these created moral dilemmas for Nova Scotia nurses as well as their national peers. Such dilemmas were reflective of the primarily middle class background of many nurses, who sought to enhance the perception of nurses as professionals.

The Canadian Nurses' Association provided the foundations of modern collective bargaining in the province, although several years were to pass before Nova Scotia nurses were to become actively involved in collective bargaining. The Registered Nurses' Association of Nova Scotia was to provide the leadership for collective bargaining of nurses in the province.

CHAPTER III

COLLECTIVE BARGAINING ARRIVES IN NOVA SCOTIA

This chapter will examine the early experiences of Nova Scotia nurses with collective bargaining. It will begin with the Registered Nurses' Association of Nova Scotia establishment of the Social and Economic Welfare Committee in 1966, detailing the struggle of the professional association to define its role in collective bargaining, as well as to educate the membership about collective bargaining. The chapter will conclude with a description of the establishment of the Provincial Collective Bargaining Committee in 1971, and with a discussion and analysis of early experiences in contract negotiation as Nova Scotia nurses became actively involved in collective bargaining.

Although the Canadian Nurses' Association endorsed the concept of collective bargaining for nurses in 1944, there was little immediate impact on the working lives of Nova Scotia nurses. The decision by the Canadian Nurses' Association to investigate the question of collective bargaining further, as well as the socialization of nurses that stressed the service component of nursing, fostered the belief that professional people, such as nurses did not seek to profit economically from their duty to provide care to those in need, and professional people did not become members of trade unions.

The hospital continued to be the location of education for most Nova Scotia nurses, perpetuating the dominant-submissive relationship between physicians and nurses, with the physicians the dominant party (Roberts, 1983;

Keddy et al., 1986). Of consideration is the origin of nursing education and nursing service, which were strongly rooted in religious and military traditions. The health care system in Nova Scotia, in fact in Canada, continued to be guided by both secular and religious influences, with hospitals established and managed by both government and religious groups. Nursing education in Nova Scotia, particularly in Cape Breton, Antigonish and Halifax, was closely affiliated with religious orders. Schools of nursing at the Halifax Infirmary, Mount Saint Vincent University, Saint Rita's and Saint Martha's Hospitals were operated by Catholic orders. The emphasis of nursing education was on service and obedience, behaviors that are not consistent with collective bargaining.

The period extending from the end of World War II until the 1960's was one of little change in collective bargaining by Nova Scotia nurses. The nurses were not actively seeking union involvement. This apparent apathy reflects the social times of the province. Mainland Nova Scotia did not possess a strong industrial base, and there was not a strong union presence. The exception to this was Cape Breton, which had strong ties in trade unionism through the coal mining industry. That is not to say that there was not a union presence in the remainder of Nova Scotia, during our interview Langille also identified a union presence in Pictou at the shipyard and in Windsor, at the gypsum mine.

The majority of Nova Scotia nurses were white females, not middle class, but from a lower socio-economic background. Nova Scotia, a primarily rural province, has an economic base in agriculture, fishing and mining. Many nurses

were the daughters of fishers, farmers and miners. Keddy et al. (1984) suggest that women chose a career in nursing for a variety of reasons: nursing was less expensive and more accessible than university education; parental expectations that their daughters would become nurses or teachers; and, the influence of peers who had decided to enter a school of nursing.

Social and Economic Welfare Committee

It was not until the late 1960's that nurses in Nova Scotia became involved in collective bargaining. The Canadian Nurses' Association had formed a Social and Economic Welfare Committee in 1965, to assist Canadian nurses in obtaining improvements in the social and economic conditions in the workplace. Following the direction of the Canadian Nurses' Association, the Registered Nurses Association of Nova Scotia established an ad hoc committee of the professional association, the Social and Economic Welfare Committee, which was to assist its members in achieving improvements in working conditions. The committee held its first meeting on December 8, 1966. The minutes of this initial meeting describe the purpose of the committee as follows:

> "To formulate policies for recommendation to the Executive Committee which will promote the social and economic welfare of members of the nursing -profession and which will assist the nursing profession to meet personnel problems."

The chair of the newly established Social and Economic Welfare Committee was Sister Thomas Joseph (Minutes, Social and Economic Welfare Committee, December 8, 1966).

The mandate of the newly established Social and Economic Welfare Committee was ambitious, encompassing four broad areas: employment relations, personnel policies, finance and legislation and by-laws. The first task identified by the committee involved the education of the general membership of the professional association about collective bargaining, passing a motion to do so at its April 17, 1967 meeting.

Although collective bargaining had been endorsed by the Canadian Nurses' Association in 1944, little bargaining activity resulted, and the late 1960's saw Nova Scotia nurses with little experience in collective bargaining. It was not until the May 1968 Annual Meeting of the Registered Nurses Association of Nova Scotia held in Bridgewater that a motion was passed approving collective bargaining for its membership (Bentley, 1971; Bentley, 1979). Included in the motion was the direction that the professional association serve as bargaining agent.

The professional association identified the need to develop expertise in the field of labour relations and collective bargaining and decided to hire an Employment Relations Officer, with a motion made at the March 29, 1968 Executive Committee meeting, directing an advertisement be placed in the bulletin for the position. In May, 1968 Mrs. E. Margaret Bentley assumed the role of Employment Relations Officer (ERO), for the Registered Nurses Association of Nova Scotia. In her interview with me, Langille (Bentley) describes her background as coming from a nursing position with the

Department of Health, with little experience in collective bargaining. It must be remembered that collective bargaining was new to Nova Scotia nurses, and in fact only British Columbia and Quebec had practical experience with collective bargaining. In her interview with me, Langille identified the need for personal education in collective bargaining as well as economics and labour law, and availed herself of any available opportunity to gain knowledge in all aspects of labour relations.

The role of the Employment Relations Officer was that of consultant, to act in an advisory position to the nurses' staff associations; to assist with the organization of the staff associations; to provide information and resources in the area of collective bargaining; and to act as spokesman for nurses during the bargaining process (Bentley, 1979). At that time, the role of both the national (Canadian Nurses' Association) and provincial professional nurses' associations was to serve in an advisory capacity only. The Canadian Nurses' Association Committee on Social and Economic Welfare served as a resource for the provincial professional association upon invitation, providing information, expertise and guidance.

Educating Nova Scotia nurses about the principles and processes of collective bargaining was essential and a priority consideration. One means of providing education was by conducting two conferences on Social and Economic Welfare, facilitated by Glenna Rowsell, Canadian Nurses' Association Consultant, Social and Economic Welfare. These conferences were held in

Halifax and Sydney and were generally well received by those attending. The September 20, 1968 minutes of the Sub Committee of the Executive Committee mention that comments from those attending the Sydney session indicate that members found the workshop less helpful than those from the Halifax site. The minutes attribute this to previous workshops held in the area on the topic of collective bargaining and to a greater understanding of collective bargaining by Cape Breton nurses. This conclusion could be reasonable, given the social and political climate of Cape Breton and early exposure to trade unions in the coal mining industry in the area.

While in Nova Scotia, the Registered Nurses' Association of Nova Scotia utilized the considerable expertise possessed by Glenna Rowsell, arranging for her to travel through the province and speak at branch meetings to educate the members about the principles of collective bargaining. Another strategy used to educate the members was through the distribution of "collective bargaining kits" to branch chairs. These information kits were created to provide the branches with a variety of resources, including bibliography sheets, glossary of terms and a newsletter from, the Registered Nurses Association of Ontario, RNAO (Social and Economic Welfare Committee Minutes, January 25, 1968). The Registered Nurses' Association of Nova Scotia also purchased 30 collective bargaining booklets from the Saskatchewan Registered Nurses' Association and offered them for sale to the branches. In addition to printed resources, the chairs were urged to hold meetings in each branch to educate the nurses about collective

bargaining and mobilize them into active participation in the collective bargaining process.

Although charged with the task of representing the nurses of Nova Scotia in collective bargaining, the Registered Nurses' Association was unsure of its legal position to do so. The professional association struggled to find a clear definition of its ability to bargain under the existing Nova Scotia Nurses' Act. A motion was passed at the November 29, 1968 meeting of the Social and Economic Welfare Committee to employ a "good" labour lawyer to proceed on behalf of the association, to determine if the Nurses' Act or Trade Union Act would allow the Registered Nurses' Association of Nova Scotia to serve as collective bargaining agent for its members, or if amendments to one of these acts would better serve the nurses of Nova Scotia. There was also discussion of creating a new Act for collective bargaining purposes.

One informal avenue for obtaining legal advice was through discussion with Professor Nunn, a Professor of Labour Law, a class in which Mrs. Bentley was enrolled in 1968. In the Report of Employment Relations Officer to the Meeting of the Sub-Committee of the Executive Committee, November 1, 1968 Mrs. Bentley describes the advice given by Mr. Nunn, who advised the association attempt to obtain certification using the Nurses' Act of Nova Scotia. Mr. Nunn believed that the Nurses' Act may have been powerful enough to allow certification as bargaining agent. He further suggested that if this avenue proved unsuccessful, certification under the Trade Union Act should then be attempted.

He suggested that the association attempt to avoid, if possible, the need to create a new Act for collective bargaining purposes, citing the loss of time and considerable expense involved in preparing and seeking legislative approval from the Nova Scotia government required of a new Act. Professor Nunn recommended that the Registered Nurses' Association of Nova Scotia obtain the services of an experienced labour lawyer to present the first "test"case, suggesting such an individual would then provide valuable expertise in the field, which would ultimately expedite the certification process.

The Registered Nurses' Association of Nova Scotia proceeded to obtain consultation with numerous individuals with expertise and experience in collective bargaining and the Nova Scotia legal system (Bentley, 1979). Following this consultation the RNANS recommended that certification be sought under the existing Trade Union Act, although certification was in no way certain under the Trade Union Act, which did not specifically address nurses.

Many nurses in the province indicated their interest in collective bargaining, with branch representatives reporting that their members supported the quickest route to obtain certification, which allowed the Registered Nurses' Association to act as bargaining agent. A motion was passed at the December 6-7, 1968 Executive Meeting directing the labour lawyer representing the Registered Nurses' Association to:

> "apply for certification of one of the already formed staff associations under the Trade Union Act. Failing success with this, that he be empowered to do whatever else is necessary to have this group certified, e.g. - have the Trade Union Act amended, or test our own Act, or devise a new nursing act for collective bargaining only."

The lack of official certification did not impede collective bargaining activity. The minutes of the December 6 -7, 1968 Executive Committee report that three staff associations had been formed and four other groups had conducted organizational meetings. These staff associations were formed by local groups of nurses who banded together to pursue collective bargaining. The staff associations were separate from the branches of the Registered Nurses' Association of Nova Scotia, although the membership of both groups may have been very similar. By February 28, 1969 the minutes of the Social and Economic Welfare Committee Meeting reported that 9 out of 12 branches had focused on collective bargaining at one of their monthly meetings.

The first staff association to apply to the Labour Relations Board of Nova Scotia for certification was Amherst on March10, 1969. The Nurses' Staff Association of the Highland View Hospital was then certified as the bargaining agent for "all the registered nurses regularly employed at that agency, excluding the Evening and Night Supervisor" (Bentley, 1979, p. 8). In our interview, Langille describes the identification of inclusion in a bargaining unit as being straight-forward. Membership included those nurses not considered to be management, with the criteria determining management being the ability to hire or fire. This excluded only the Directors of nursing and evening and night

supervisors from the bargaining unit, since, within the province, head nurses did not have the power to hire or fire. Langille also admits, that in fact, evening and night supervisors did not actually have this ability, with their role being to replace those nurses who may have been ill, or otherwise unable to report for their scheduled shift. Supervisors were not able to create new positions or otherwise hire new staff, nonetheless, they were considered management.

The Canadian Nurses' Association continued to serve as a resource available to the provincial associations. The federal body had also established a Committee on Social and Economic Welfare, which met regularly, with meetings open to provincial counterparts. The role of the Canadian Nurses' Association committee was similar to that of the provincial committees, with the difference that recommended policies and procedures were national in scope.

The lack of binding power that the professional association possessed in terms of influencing working conditions was apparent. The February 28, 1969 minutes of the Social and Economic Welfare Committee contain a report from the Personnel Policy Committee emphasizing that the role of the committee was to recommend policies, and that working conditions such as vacations and pay schedules were the decisions of the employing institution.

One can also sense frustration from both the Registered Nurses Association and its membership. Reference was made in the November 17, 1969 minutes of the Social and Economic Welfare Committee to recent accusations heard relating the Registered Nurses' Association of Nova Scotia to

a union. Although not stated, indications are that the professional association did not believe the description was apt or desirable, the term "accusations" being perceived as a negative descriptor. Elsewhere in the minutes it is stated that the Committee "must feel responsible for getting our membership involved in community affairs, etc." Implicit in the statement is that such involvement would emphasize the caring that has long been a part of nursing, seen as a far more desirable trait than militant union people with the objective of personal gain.

Amherst proved to be the test case for certification and in negotiations of working conditions and salaries. In February 1970 media reports indicated a break-down of negotiations at the Amherst hospital (Chronicle Herald, February 25, 1970). An impasse was reached with the hospital claiming an inability to make a further offer citing budgetary cuts by the Nova Scotia Hospital Insurance Commission. Again the Registered Nurses' Association of Nova Scotia was caught between interceding on behalf of its membership and attending to public opinion. The February 27, 1970 minutes of the Social and Economic Welfare Committee illustrate this delicate balance - "this statement sounds as if the nurses are being quite mercenary, but, it must be realized that everything costs money, i.e. sick time, statutory holidays, leave of absence, vacation, etc."

The Amherst negotiations resulted in an application for conciliation on the 26 February, 1970. The conciliation recommendations were unacceptable to the Registered Nurses Staff Association of the Highland View Hospital, who voted 43 to 1 in favor of strike action on October 28, 1970 (Bentley, 1971).

The strike at Amherst was a withdrawal of non-nursing services. Those services withdrawn included the preparation of diet lists, night reports, accepting verbal orders from physicians (except in an emergency), filing of reports on charts, communication with dietary and admitting regarding admissions and discharges, and serving meal trays to patients, with the exception of pediatric patients. Although the nurses were prepared to take strike action, they were prepared to reinstate their services as necessary in the event of a "genuine emergency" (Bentley, 1971). No mention was made of what constituted an emergency, or upon whose authority or judgement services would resume.

This was the first strike by Nova Scotia nurses who were involved in collective bargaining. In her interview with me, Langille describes the strike as a rotated withdrawal of specific non-nursing tasks, as opposed to a complete withdrawal of nursing service. Langille recalls that the strike was planned, so that as nurses reported for their shift they would be handed a piece of paper which would identify the action to be taken during that shift, for example, they may be told not to "carry trays" or "not to answer the phone on night shift." The nurses had worked in cooperation with the other unions representing the hospital employees and as a result the only available personnel to do these tasks were the Administrator, Director of Nursing and four Certified Nursing Assistants. Interestingly, Langille identifies the action of refusing to deliver meal trays as significant in ending the strike, with a call for a return to bargaining with the Board of Directors received within forty-eight hours of refusing to carry meal

trays. In her interview with me, Langille described the administrator of the hospital as stating that he "had never felt so humiliated in his life to have to carry trays." This of course is indicative of the many class issues inherent within the medical hierarchy.

The overwhelming majority of Nova Scotia nurses supported collective bargaining. In a presentation to the Honorable D. Scott MacNutt, on May (14), 1971, E. Margaret Bentley, Employment Relations Officer, RNANS reported that over eighty-three percent of registered nurses on staff in Nova Scotia hospitals "are now organized in units for collective bargaining purposes." This impressive response she attributed to province-wide dissatisfaction with working conditions, wages, job security and management practices.

One item of particular concern for nurses was a wide variety of wage scales and benefits through the province. Wages and benefits were dependent upon the employing facility and in fact there were variations within facilities. During our interview, Langille recalls an instance while negotiating the initial contract at Highland View Hospital in Amherst, one demand being that "all nurses' salaries in the facility be brought to the level recommended by the Department of Health." The Chair of the Board reviewed the salaries of three nurses and found they were being paid the recommended salary and thus agreed to the request. Langille contends that there were only four nurses in that bargaining unit with salaries at the level recommended by the Department of Health, with all others requiring adjustment. In the absence of a uniform pay

structure or collective agreement, the salary paid nurses was at the discretion of the employer, as was the awarding of increments or wage increases. Langille recalls that many nurses were on the first step of the scale when they should have been on the top.

The determination of wages was arbitrary, a decision of management, and of concern to the province's nurses. In her presentation to the Honorable D. Scott MacNutt, E. Margaret Bentley stressed the need for establishing a more uniform wage structure for nurses in Nova Scotia. The argument put forth by Mrs. Bentley was that Nova Scotia, a relatively small province with a single employer, namely the provincial government through the Nova Scotia Hospital Insurance Commission, should offer uniform wages and benefits to Nova Scotia nurses.

In her submission, Bentley acknowledged that the employer in each facility was the Board of Directors of the facility, however, experience had demonstrated that the Board of Directors were powerless to make decisions of a monetary nature without consultation with the Nova Scotia Hospital Insurance Commission. Thus, it was the Hospital Commission, she argued, who was the actual employer of staff in provincial hospitals.

Another argument put forth by Bentley was that collective bargaining should be a province-wide process involving those who have the power and knowledge to make the decisions. She charged that many Boards of Directors lacked the knowledge and resources to participate fully in the collective

bargaining process, particularly for negotiating economic related clauses. This lack of knowledge, time and other resources had lead to delays in negotiating collective agreements, and in some instances complaints had been made to the Labour Relations Board claiming failure to negotiate against hospitals, creating feelings of ill-will between the parties involved in the bargaining process. The lack of experience, expertise and decision making power resulted in most negotiations ending in lengthy conciliation procedures. Bentley contends the final outcome of the conciliation process was settlements identical in terms of wages and benefits. The position of the Registered Nurses' Association of Nova Scotia was in support of a provincial structure for negotiating economic issue such as wages and benefits, while retaining local negotiations for non-economic clauses such as working conditions. The Registered Nurses' Association of Nova Scotia supported a two-level system of negotiating as the means of obtaining the most satisfactory collective agreements for its members (Bentley, 1971).

It is noteworthy that the presentation by E. Margaret Bentley on behalf of the Registered Nurses' Association of Nova Scotia to the Nova Scotia government also contained a section entitled "General" which served as a vehicle to remind the reader that the goals of hospitals and nurses were to provide care to the patients they serve. An emphasis was placed on the dedication of nurses to their patients, without regard to the conditions of employment. The report contended that nurses were no longer able to tolerate

the deplorable working conditions and have finally come together to fight to eliminate the inequities to which they have been subjected. The brief further points out that nurses have acted in a responsible and mature manner and as such were "entitled to a sympathetic hearing from the authorities" (Bentley, 1971, p. 6).

The inclusion of justification for entering the collective bargaining process reflects the ambivalence with which nursing embraced collective bargaining. There was the desire for improved working conditions, benefits and wages, but the emphasis on selfless dedication and duty to care remained, leading nurses to soften their arguments through justification of their positions and in fact assuming the role of victim rather than aggressor in the collective bargaining process.

Nova Scotia nurses were quickly gaining experience with collective bargaining. As increasing numbers of nurses began to bargain collectively, it became obvious that employers had varying levels of expertise in negotiating. During her interview with me, Langille recounts one experience at the negotiating table when nurses asked that they have a work rotation consisting of two weeks of days, two weeks of evenings and two weeks of nights. The nurses were aware that such a rotation would not be possible with the existing number of staff, and that agreement to this clause would necessitate an increase in the staffing complement. The negotiator for the employer, the administrator of the facility, agreed, not realizing that it would require an increase in staff to follow the rotation. After about a month of attempting to apply the negotiated contract, the

administrator contacted Bentley (Langille), saying that the contract did not work, that the scheduling was not possible. Bentley responded to the incredulous administrator that she was aware the implications, however, he had agreed to the clause.

During our interview, Langille related another story illustrating the inexperience of some employers with collective bargaining. While negotiating a contract, the same employer who had rashly agreed to a shift change, unaware of the necessity of an increase in staff complement, proved to be equally obliging when the nurses neglected to include an item in their proposal. Realizing the omission, Bentley and her negotiating team intended to use the item as a bargaining tool during the course of negotiations. The helpful employer, realizing the omission, told Bentley that they had forgotten to include the item, obligingly including it in the agreement without further negotiation.

The varying levels of expertise in the bargaining process in many instances reflected the geographic experience with collective bargaining. Those areas with a trade union presence had greater experience in bargaining. Most health care facilities had a Board of Directors, composed of members of the local community. Thus if the community had a large trade union presence, there was a greater likelihood that the Board of Directors would include experienced negotiators. In her interview with me Langille identified the benefits of working with a negotiator experienced in labour relations, suggesting there were clearer boundaries and limits when negotiating with an experienced team as compared

with the inexperienced negotiator. She describes feeling almost guilty when dealing with those negotiators inexperienced in collective bargaining, who were likely to agree to demands with little knowledge of the impact the clause may have for those responsible for implementing and managing the collective agreement.

It is likely that many employers regarded collective bargaining with Nova Scotia nurses as little cause for concern. Employers were not accustomed to nurses bargaining as a united collective, nor did nurses make strong demands for adequate compensation or improvements in working conditions. Historically, nurses had failed to effectively challenge the status quo. The advent of collective bargaining for nurses in 1944 through the CNA proclamation supporting the practice, brought little change in the work lives of nurses, and it was not until 1968 that Nova Scotia nurses became actively involved in collectively negotiating improvements in working conditions and benefits. Despite the substantial notice given employers that nurses were progressing toward collective action, employers were poorly prepared for the bargaining process. Perhaps this can be attributed to the fact that nurses were not perceived as a threat; that aggressive collective action by nurses was not expected; that nurses, through their choice of profession had accepted the duty to care, without consideration of adequate compensation.

Nurses were not the only people concerned with the process of hospital bargaining, and the lack of actual power of the Hospital Boards of Directors.

Other union, such as CUPE (Canadian Union of Public Employees) and CBRT (Canadian Brotherhood of Railway, Transport and General Workers) were also expressing concerns similar to those of the RNANS (Registered Nurses' Association of Nova Scotia), as was the Dalhousie University Institute of Public Affairs Labour Management delegation. As a result of this lobbying, the Honourable Scott MacNutt announced in the fall of 1971 that the government would establish a Labour Relations Committee to facilitate the bargaining process in the province's hospitals. The Nurses' Staff Association Newsletter of May 1973 describes the membership of the newly established committee as including representatives from Treasury, the Civil Service Commission, the Nova Scotia Hospital Insurance Commission and the Nova Scotia Hospital Association. The mandate of the committee was to give guidance regarding salary increases and upon invitation, advise hospitals in negotiating collective agreements.

The Nurses' Staff Association was pleased with the formation of this Labour Relations Committee, describing it as removing the "ghost" from the bargaining table.

<u>Conclusion</u>

The initial meeting of the Social and Economic Welfare Committee on December 8, 1966 was the first tangible experience of Nova Scotia nurses with collective bargaining. Collective bargaining was not only new to Nova Scotia nurses but to much of the province. The predominantly rural population of the

province with an economy based on fishing and agriculture had little experience with trade unions.

Like their national counterparts, Nova Scotia nurses struggled with the question of the compatibility of collective bargaining with professionalism, reflective of the class and background of many Nova Scotia nurses. There continued the socialization of nurses to assume a subordinate position in the health care system, where they followed the direction of the physician and administration. Nursing itself perpetuated the subservient role through the establishment of a nursing hierarchy of authority, staff nurses, head nurses, supervisor, and director, with each "level" following the direction of the next level of the hierarchy.

The hierarchal system of nursing authority reflected the religious foundations of nursing practice. At the time, there were several hospitals and schools of nursing in Nova Scotia operated by Catholic religious orders, notably the Halifax Infirmary, Mount Saint Vincent University, Saint Rita's and Saint Martha's Hospitals. Nursing education taught nurses to value obedience, self-sacrifice and service as embodying a "good" nurse. Ideals that conflicted with the premise of collective bargaining.

While Nova Scotia nurses were becoming increasingly involved in collective bargaining, there remained uncertainty about who would serve as bargaining agent for the nurses, and the role of the Registered Nurses' Association of Nova Scotia. This question would continue into the 1970's.

CHAPTER IV

COLLECTIVE BARGAINING IN TRANSITION

Nova Scotia nurses were becoming increasingly accepting of collective bargaining. As nurses became more involved with collective bargaining, the Registered Nurses' Association of Nova Scotia became less certain of its role in the bargaining process. This chapter will describe the struggle of Nova Scotia nurses and their professional association to identify who had the authority to represent nurses at the bargaining table. The chapter will begin with the clear separation of collective bargaining from the Social and Economic Welfare Committee in 1971 through the establishment of the Provincial Committee on Collective Bargaining, as the Registered Nurses' Association of Nova Scotia attempted to fulfill its mandate to assist its membership with the collective bargaining process. The chapter will conclude with an analysis of collective bargaining in Nova Scotia following the establishment of the Nurses' Staff Association of Nova Scotia in 1973, an organization with its own constitution, but a close relationship with the Registered Nurses' Association of Nova Scotia.

Provincial Collective Bargaining Committee

Bargaining activity had increased by 1971 to the extent that additional support was required. To provide leadership in collective bargaining, the Registered Nurses' Association of Nova Scotia established a Special Committee, the Provincial Collective Bargaining Committee, which was formed on May 27, 1971. The committee membership consisted of one member from each staff

association and the Employment Relations Officer, E. Margaret Bentley. The terms of reference as cited in the minutes of the October 22, 1971 Sub-Executive Committee Meeting were "to provide liaison between the staff associations; to set policies in regard to collective bargaining; and to administer staff association funds." Later in the meeting, the second function of the committee was amended to read " to make recommendations in relation to collective bargaining." This was a reminder that the role of the professional association was to serve in an advisory capacity in determining appropriate working conditions for its members.

The establishment of the Provincial Committee on Collective Bargaining heralded a change in the role of the Social and Economic Welfare Committee. Although the committee had been given the authority to bargain on behalf of the nurses to the Provincial Committee on Collective Bargaining, the Social and Economic Welfare committee remained actively involved in its efforts to improve working conditions for nurses, most notably through the development of recommended personnel policies. The professional association identified its mandate to advocate on behalf of all nurses with regard to improving their social an economic employment conditions, including those nurses employed in management and those nurses not organized in bargaining units. The organization of staff associations was voluntary, and not all nurses were members of local staff associations, some preferring to bargain individually or in non-organized groups with the employer. The scope of the role of the Social and

Economic Welfare Committee was somewhat intertwined with that of the bargaining agents, and the minutes of the Social and Economic Welfare Committee through 1974 reflect this role ambiguity.

The establishment of the Provincial Collective Bargaining Committee brought a revision of the mandate of the Social and Economic Welfare Committee. At its February 9, 1971 meeting, the Social and Economic Welfare Committee reviewed its guiding principles, revising the purpose of the Committee to a statement of philosophy and objectives. The philosophy of the Committee reflected many of the guiding beliefs of the nursing profession:

> "1. We believe that the nurses of Nova Scotia have an obligation to provide high standards of care to patients, accepting the need for fair distribution of such care over a twenty-four hour period, seven days a week.
> 2. We believe that the nurses of Nova Scotia have the right to participate in the determination of their economic welfare through the process of individual and collective bargaining.
> 3. We believe that we have a responsibility to review and provide information about:
>   1. legislation that will effect nurses and the practice of nursing;
>   2. Individual accident, sickness, and malpractice insurance." (Minutes, Social and Economic Welfare Committee, February 9, 1971).

The revised objectives of the Social and Economic Welfare Committee were two very broad statements of purpose: to provide any assistance necessary to promote the economic welfare of nurses; and to formulate recommended personnel policies.

In planning for the 1974 Annual Meeting of the Registered Nurses' Association of Nova Scotia, it was decided to have a panel discussion of the role

of the Social and Economic Welfare Committee. To ensure that specific information was elicited during the discussion, the Committee prepared several questions and distributed them to predetermined members of the audience. The following questions were identified in the March 28, 1974 minutes of the Social and Economic Welfare Committee as priority questions that would generate discussion and generate discussion: what are hospital budget priorities?; what about pension contributions?; who determines bargaining units for certification?; what is the difference between a bargaining unit and staff association?; why is RNANS not a bargaining agent?; what is the role of RNANS?; what is the actual power of a hospital in terms of economic decision-making, since the Nova Scotia Hospital Insurance Commission determines matters of a financial nature?; what is the role of nursing in determining health care policy?; and what are the trends in nursing practice? It can be seen that many of these questions are interrelated and difficult to discuss in an in depth fashion in this thesis.

Although appearing somewhat underhanded, the "planting" of such questions ensured that specific areas of concern to the Social and Economic Welfare Committee would be addressed and allowed the panel discussion to provide a variety of information to the membership. Target areas to be discussed and quantity of information provided could be predicted prior to the Annual Meeting. The minutes do not indicate if this approach was meant to allow maximum distribution of information to the membership or as a means of controlling the direction of discussion.

While the legal determination of recognized bargaining agent continued in Nova Scotia, the Social and Economic Welfare Committee continued its efforts to improve working conditions for nurses. The primary activity of the Social and Economic Welfare committee centered around developing and reviewing personnel policies. Personnel policies were reviewed annually, and circulated to the branches for comments from the members. These policies resembled the collective agreements of today, outlining terms of employment, working conditions, benefits and wages for various positions, as well as one line position descriptions. Once approved, these personnel policies were circulated to all provincial facilities employing registered nurses. These policies were recommendations of the Registered Nurses' Association of Nova Scotia and were not binding to employers, and some hospitals had already negotiated collective agreements with the local staff association.

The recommended personnel policies were not always helpful to the nurses in their efforts in collective bargaining. In his interview with me Patterson recalled an instance in 1975 when the professional association recommended a salary rate for nurses that was less than that proposed at the bargaining table. The response of the negotiator, Jack Ingram, Labour Relations Officer for NSAHO (Nova Scotia Association of Hospitals Organization) was to remind the nurses of the salary recommended by the Registered Nurses' Association of Nova Scotia, clearly stating that any offer made by the employer would not exceed that recommended by the professional association.

Such a discrepancy effectively placed the collective bargaining agent and the professional association in an adversarial position, with the nurses viewing the personnel policies of the Registered Nurses' Association of Nova Scotia as hindering their ability to effectively negotiate a fair collective agreement. Such occurrences lead to feelings of ill will, and began thoughts that the professional association did not support the membership in their efforts to address work-life issues.

The Registered Nurses' Association of Nova Scotia continued to develop and distribute recommended personnel policies for several years after its active involvement with collective bargaining ceased. In fact the practice continued until the late 1970's. The November 7, 1978 minutes of the Social and Economic Welfare Committee show that the committee unanimously passed the motion stating that "we discontinue the present Recommended Personnel Policies and use parts of the NSNU contract which are appropriate for that area as a guide." These policies were not collective agreements between employer and employees, and their value in changing working conditions was limited to voluntary compliance by employers.

The Registered Nurses' Association of Nova Scotia, through the Social and Economic Welfare Committee continued its efforts to educate nurses about collective bargaining during the 1970's. The professional association represented all of its membership, including managers and others not included in bargaining units, and not all of the province's nurses had organized for collective

bargaining purposes. As such, the Registered Nurses' Association of Nova Scotia, through the Social and Economic Welfare Committee and the Employment Relations Officer, E. Margaret Bentley continued their efforts to improve working conditions for nurses, and to provide assistance to them in resolving conflicts that arose (Bentley, 1979).

There was increasing discussion by the professional association regarding licensure. Prior to this time, licensure was voluntary, with many qualifying candidates working as graduate nurses, and therefore not members of the professional association. The December 6, 1974 minutes of the Social and Economic Welfare Committee hint that preparations were underway for licensure, indicating that because of such a possibility, proof of attendance at future educational sessions should be provided.

The Social and Economic Welfare Committee provided support and guidance to Nova Scotia nurses over a twenty year time span, attempting to identify and address the needs and concerns of the membership. While the primary activities of the committee were the development and circulation of the recommended personnel policies and collective bargaining activities, their efforts were not confined to these areas. The April 4, 1986 minutes of the Committee summarize the other areas addressed by the Social and Economic Welfare Committee as quality of work-life, staffing, sick leave, pensions, legal issues in nursing, insurance needs, management skills, communication, retirement planning, occupational health, sexual assault, smoking and nuclear war. An

impressive agenda for a twenty year life. On April 4, 1986 the Social and Economic Welfare Committee held its final meeting.

Nurses' Staff Association of Nova Scotia

The Provincial Collective Bargaining Committee, established as a Special Committee of the Registered Nurses' Association of Nova Scotia, soon realized that its status as a Special Committee was impeding its ability to fulfill its role in collective bargaining. Organized Staff Associations were to function autonomously, using the Registered Nurses' Association of Nova Scotia and the Employment Relations Officer as a resource. As a Special Committee of the professional association it would have to report to the Executive of the Registered Nurses' Association of Nova Scotia, creating a potential conflict situation.

The ultimate goal of the Provincial Committee on Collective Bargaining was to achieve provincial bargaining, a task the committee believed would be most likely achieved if a Provincial Staff Association were formed that could eventually apply for certification as a bargaining agent for all Nova Scotia nurses. At the May 31, 1972 meeting of the Provincial Committee on Collective Bargaining it was agreed "that their Association would agree to delegate the bargaining rights to this Provincial Association (a Provincial Bargaining Committee will be established)."

Although no change in name was immediately forthcoming, the May 31, 1972 provincial meeting heralded a change in the Provincial Bargaining

Committee, which was to become more autonomous of the professional association than it had been previously. The Provincial Bargaining Committee would have a staff of one paid position, with Tom Patterson hired as Labour Relations Officer on May 31, 1972. Patterson was not a nurse, coming to the Nurses' Staff Association of Nova Scotia with a degree in commerce, and experience in labour relations and collective bargaining.

In his interview with me, Patterson describes the formation of the Provincial Bargaining Committee as an attempt to attain an identity separate from the professional association. The Provincial Bargaining Committee served as a mechanism for allowing the staff associations a modicum of independence, and was the forerunner of the Nurses' Staff Association of Nova Scotia.

At the June 21, 1973 meeting of the Provincial Committee on Collective Bargaining, the Nurses' Staff Association of Nova Scotia came into being as an independent representative of registered nurses in collective bargaining. A constitution was ratified at that meeting, including a statement of the name of the organization (Nurses' Staff Association of Nova Scotia), objectives, membership, officers, signing authority, regional boundaries, executive committee formation, frequency of meetings, due, procedure for amending the constitution, and establishment of a negotiating committee (Minutes, June 21, 1973 Provincial Committee on Collective Bargaining).

The newly formed Nurses' Staff Association maintained its ties with the Registered Nurses' Association of Nova Scotia. Patterson recalls that he was an

employee of the Nurses' Staff Association of Nova Scotia, but responsible and accountable to the Employment Relations Officer of the Registered Nurses' Association of Nova Scotia, E. Margaret Bentley. Bentley however, was not officially accountable to the Staff Nurses' Association, but served as a resource and advisor to the group.

In her interview with me, Acting Executive Director of the Nova Scotia Nurses' Union, Winnifred Kettleson describes the relationship with the Registered Nurses' Association of Nova Scotia as tumultuous. The Registered Nurses' Association of Nova Scotia had endorsed collective bargaining for its members, and actively sought to educate and encourage the participation of its membership in the collective bargaining process. However, not all members of the professional association supported collective bargaining, nor in fact, do they do so now. Kettleson recalls that many people were still opposed to nurses belonging to a union, perceiving collective bargaining to be unprofessional. She described those nurses actively involved in collective bargaining as being regarded as rebels. Kettleson believes that as collective bargaining became increasingly visible and more locals were established, the Registered Nurses' Association of Nova Scotia was unsure of the direction to proceed. The professional association was now in a difficult position, it had fostered the growth of collective bargaining, but now was beginning to decrease its visibility and role in the collective bargaining process.

During our interview, Langille supported this view, indicating that collective

bargaining was not embraced by all nurses. Nova Scotia nurses continued to grapple with the issue of professionalism, with some nurses believing that professionals should not be involved in collective bargaining. Early leaders in collective bargaining for Nova Scotia nurses identify a difference in the bargaining done by nurses, making a distinction between the collective bargaining done by nurses and other professionals as compared to other trade union groups. During our interviews, both Patterson and Langille identify the approach taken by nurses in negotiations was that of a dignified professional discussion to achieve a satisfactory collective agreement, as opposed to an acrimonious bargaining session between opposing parties with yelling and pounding the table. Patterson suggests that the type of bargaining practiced by nurses is in keeping with the way nurses like to deal with things, a more civilized and dignified approach. He also believes that nurses tended to bargain more strategically than other unions, carefully examining the available options to achieve a clearly identified end goal.

At the time of formation, the Nurses' Association of Nova Scotia had eighteen certified and two staff associations in the process of organizing. Included among these were the Abbie J. Lane Memorial, Aberdeen, All Saints, Cape Breton Hospital, Colchester, Dawson Memorial, Glace Bay General, Halifax County, Harbourview, Highland View, New Waterford, Payzant Memorial, St. Elizabeth, St. Rita, St. Joseph, Sydney City, Sutherland-Harris Memorial, Victoria County Memorial, Halifax Infirmary and Isaac Walton Killam Hospital.

With the establishment of an independent Nurses' Staff Association came the loss of the consulting services previously accessed from Registered Nurses' Association of Nova Scotia, including the services of E. Margaret Bentley, Employment Relations Officer. In our interview, Langille recalled that the establishment of a separate collective bargaining organization was a time of decision for her - would she join the new association or continue with the Registered Nurses' Association of Nova Scotia. The decision to continue her work with the professional association meant that Bentley was no longer available to guide and advise the association that she had helped to build. Tom Patterson remained with the Nurses' Staff Association in the position of Labour Relations Officer.

Although an independent organization with its own guiding Constitution and staff, the Nurses' Staff Association of Nova Scotia maintained offices at the RN House. This office space was described by Kettleson, during her interview with me, as a single small room, which was shared by the employees and members alike of the Staff Association. In her interview with me, Kettleson attributes the crowded office space to financial constraints, with the staff association having limited resources. There was also little need for increased space, with the small number of staff at that time.

As an independent organization the Staff Association of Nova Scotia obtained funding through collection of dues from its membership. According to its constitution, dues would be determined at the annual meeting. It was the

responsibility of the local staff associations to collect the dues from its members and forward the monies to the Staff Association Fund monthly. A Staff Association was required to be in good standing (payment of dues not in arrears of more than two months) to be entitled to voting privileges at the Annual Meeting. In addition to provincial dues, local staff associations levied dues on its membership to cover accruing costs.

The nurses of Nova Scotia were somewhat confused about the change in the collective bargaining process. In May 1968 they had endorsed collective bargaining, with the stipulation that the Registered Nurses' Association of Nova Scotia serve as bargaining agent. By 1971 the Provincial Committee on Collective Bargaining had been established, with the mandate to assist the nurses of Nova Scotia in the collective bargaining process, and by 1973 the Nurses' Staff Association of Nova Scotia came into being as an autonomous association, independent of the Registered Nurses' Association.

Communication of the complexities of initiating the collective bargaining process was a huge task. Although the Registered Nurses' Association of Nova Scotia lead the province's nurses in the drive for collective bargaining, the Association itself was inexperienced in collective bargaining, and uncertain of the legal avenue that would allow certification for collective bargaining purposes. The process of determining that it would indeed be the Trade Union Act that provided certification of staff associations as bargaining agents, was not clearly apparent to the Registered Nurses' Association of Nova Scotia, leading to

confusing changes in bargaining representation.

Nova Scotia nurses were not alone in their struggle and confusion. Nationally, the nurses in each province were facing many of the same obstacles in obtaining certification for bargaining purposes. It was in 1973 that the Supreme Court of Canada made a landmark decision which shaped the collective bargaining process of the nursing profession in Canada. In what became known as the Saskatchewan decision, the Service Employees International Union challenged the application of the Saskatchewan Registered Nurses Association for certification, claiming that the association was company dominated and not a union. This argument was based on the composition of the professional association which included nurses in both staff and management positions. The Supreme Court of Canada agreed, ruling that the Saskatchewan Registered Nurses Association was not a trade union and that it was a company dominated organization (Rowsell, 1982; Goldstone, 1988; Patterson, 1998).

Communications with the various staff associations, both between the associations and with the provincial body was important to accurately distribute collective bargaining information. One means of sharing information was through a Nurses' Staff Association Newsletter, with the first edition in May, 1973. The initial newsletter explained its distribution as being sent to "all those actively involved in collective bargaining..." The mandate of the newsletter being "to bring you up to date on the state of collective bargaining in Nova Scotia."

As well as providing a brief history of collective bargaining in Canada and

Nova Scotia, the newsletter reported that "we now have 18 certified associations and 2 others bargaining. This along with those nurses represented by the Nova Scotia Government Employees Association and the Professional Institutes of the Public Service of Canada represents nearly 2/3 of the eligible hospital nurses" (p.1). The remaining one-third of Nova Scotia nurses were thought to be mostly nurses in small facilities. No reason for their lack of participation in the collective bargaining process was given, perhaps a lack of organizing information or, a belief that to challenge, or be perceived to challenge the status quo created a greater risk in smaller facilities. It is possible that this one-third of the province's nurses were satisfied with working conditions, benefits and wages.

The Nurses' Staff Association valued networking and sharing information about current trends and collective bargaining activities within the province and country. The May 1973 newsletter cites a number of publication subscriptions held by the Association and other sources of data such as the Department of Labour Library. The Association also maintained regular communication with its sister organizations, including meetings twice annually, the Counterparts meetings, as well as through the sharing of successfully negotiated contracts. Patterson describes this as a sharing of information and experience between the counterparts.

Collective bargaining and nurses' unions was still a new concept for Canadian nurses. The May 1973 newsletter reported that there were few nurses unions in the country, listing only the CNTU in Quebec and Ontario, and prior to

involvement of the RNAO in Ontario, many nurses were members of non-nursing unions. Patterson (1998) recalls that Quebec had been organized far in advance of the rest of the country, with British Columbia also a pioneer in collective bargaining for nurses.

Nova Scotia nurses were not acting in isolation in their collective bargaining efforts. On October 13, 1973 the Ontario nurses formed a provincial union called the Ontario Nurses Association. And in January 1974 the Saskatchewan nurses form the Saskatchewan Union of Nurses (Nurses' Staff Association of Nova Scotia Newsletter, May 1974). By 1975 nurses in all Canadian provinces were actively involved in collective bargaining, with a variety of bargaining agents. The January 1975 Nurses' Staff Association of Nova Scotia Newsletter reviewed the representation of nurses in each province. British Columbia nurses were represented by the Registered Nurses Association of British Columbia (RNABC), while Alberta nurses had autonomous staff nurses divisions under the Nurses Act of that province. Manitoba, New Brunswick and Prince Edward Island were represented by autonomous Provincial Collective Bargaining Councils under the Nurses' Act of the province. Saskatchewan and Ontario had organized in 1974 and 1973 respectively, and Quebec nurses were represented by two bargaining agents, CNTU (L'Alliance) and SPIIQ (Federation des Syndicats Professionels d'Infirmieres du Quebec) and United Nurses Incorporated. Newfoundland had voluntary recognition of the Association of Registered Nurses of Newfoundland (ARNN) in 1974.

In September 1973 the Labour Relations Board established guidelines for hospital bargaining units in Nova Scotia. This was the result of a review conducted by the Labour Relations Board to examine the composition of bargaining units. The Nurses' Staff Association of Nova Scotia was given an opportunity to make a presentation to the Labour Relations Board and on April 19 of that year, the Nurses' Staff Association, with the input from the local staff associations, submitted a brief to the Board stating their position (Provincial Collective Bargaining Committee, Executive Meeting, May 5, 1973). The resulting guidelines established by the Nova Scotia Labour Relations Board stated that "Except when either employer or employee union can justify a variation, a hospital bargaining unit of nurses will be comprised of registered and graduate nurses excluding directors, associates, assistants and shift supervisors' (Nurses' Staff Associations of Nova Scotia, Newsletter, May 1974, p. 1).

One immediate goal of the Staff Association was to negotiate similar or identical contracts in the various facilities within the province. This was identified as a means of providing parity for all member nurses, as well as preparing the way for province-wide bargaining of monetary issues with local bargaining for non-monetary clauses. In an undated Executive Committee Report to Members of Nurses' Staff Association of Nova Scotia the Executive indicate that complete success was not achieved in this endeavor, although the agreements reached were very similar, and may lead to eventual provincial bargaining.

The negotiation of these contracts was not an easy task, and reaching

satisfactory collective agreements a long and tedious process. In some instances negotiations broke down resulting in conciliation and eventually strike votes. In July,1972 nurses at St. Rita's and St. Elizabeth's Hospitals took strike action (Provincial Collective Bargaining Committee, Executive Meeting, January 13, 1973). Bentley (1979) identified that collective agreements achieved were often negotiated without input from senior nursing management, resulting in contracts that were difficult to apply and work within. This lead to difficulty in employer-employee relations and resulted in the filing of grievances.

With this difficulty in reaching and administering collective agreements came an increase in costs. Delays in negotiations resulted in protracted contract talks, and therefore increased associated costs. Difficulties in contract administration and application resulted in grievance action, again with associated costs for both employer and Staff Association. The Nurses Staff Association of Nova Scotia was forced to set guidelines for costs that would be assumed by the provincial association. The minutes of the March 2, 1974 Executive Meeting reflect the guidelines established by the Executive concerning requests for arbitration costs. The local Staff Association requesting costs must be a member in good standing (with their dues not in arrears of more than two months), and the Staff Association must notify the Provincial Association promptly to advise them of the proceedings. The Staff Association requesting funding must submit an application to the Provincial Office prior to filing a Notice of Arbitration with the employer. Should the Executive deem the Provincial Office not responsible for

the costs, they become the responsibility of the local Staff Association, which has the right to appeal unfavorable decisions through a general meeting.

The Nurses' Staff Association of Nova Scotia was encouraged in the 1975 round of negotiations, when the same collective agreement was tabled at twelve hospitals, eight in Cape Breton and four in Halifax. During our interview, Patterson recalled the challenges of tabling a single collective agreement were substantial, with each local wishing to keep items previously negotiated, while striving to achieve gains collectively. This involved meshing all agreements and creating a new proposal. Patterson related that the negotiations were not without difficulty, and a strike ensued, resulting in an Industrial Commissioner, Judge Nathan Greene, appointed to facilitate the process. Judge Greene ruled that the government, as the source of funding, was the employer, and as such there ought to be the same benefits through the province. Such a ruling saw salary increases of up to 38 percent (personal communication with Heather Henderson, April 1, 1999). Other achievements of the 1975 round of negotiations included:

- "A commitment from hospitals to attempt to retain nurse/patient ratio and nurse/non-nurse ratio recommended by the industrial inquiry commission.
- A commitment from hospitals that if changes are made in services, type of health facility, or amalgamations take place, nurses may transfer years of service, for vacation entitlement, sick leave and salary increments.
- Improved contract language and a united front of 12 groups represented as a unit at the bargaining table to set a pattern for the future" (NSNU Newsletter, October 1976, p. 1).

In May 1975 the staff of the Nurses' Staff Association of Nova Scotia expanded with the creation of the position Associate Labour Relations Officer, and in November 1975 at the Annual Meeting the Executive announced that the services of a public relations consultant had been obtained for future use.

Although employed as a Labour Relations Officer, the Executive of the Nurses' Staff Association recognized that the role and responsibilities held by Tom Patterson were actually those of Executive Director, and at the December 13, 1975 meeting of the Executive Patterson was hired as Executive Director for a six month probationary period. This decision was not unanimously endorsed by the membership. The minutes of the January 24, 1976 Executive Meeting contain excerpts from a letter from Mrs. Ann MacLean, President of the Nurses Staff Association of Sydney City Hospital dated January 22, 1976 protesting the appointment:

> "It was felt by the President and the Cape Breton Regional Rep that a rift existed in the Staff Association as was demonstrated during the strike and they felt that someone new hired as Executive Director would have a better opportunity to pull the organization together and end regional differences. They were also instructed for that reason, by reps of the 8 hospitals in the Cape Breton Region to vote against Tom Patterson as Executive Director."

Discussion of the letter ensued the following month at the Executive Meeting of February 28, 1976. This letter was the only dissenting correspondence to the appointment of Tom Patterson as Executive Director, and the minutes indicated that "we expected dissent from the Cape Breton area with regard to the appointment and this was no surprise to the executive." This

opposition by the Sydney local to Patterson assuming the position of Executive Director reflected the somewhat ambivalent relationship between Cape Breton and the Staff Association, a relationship that was to continue to be fraught with challenges for several years. In her interview with me, Kettleson described the early relationship between Cape Breton and the remainder of the province as containing "a lot of healthy friction between Cape Breton and what Cape Breton usually called Halifax - all others used to be Halifax." Kettleson attributes this to socialization, with Cape Breton having a strong trade union presence, resulting in nurses being more familiar with collective bargaining. This resulted in the perception of members of Cape Breton locals being perceived as the more militant members, as radicals, and the belief that Cape Breton was proceeding too quickly, with mainland Nova Scotia hesitant to follow their lead.

There was also uncertainty of the membership about the roles, duties and functions of both the Provincial Executive and Executive Director. The membership were faced with a growing bureaucracy, and uncertain of what to expect from individuals and the Provincial Association. It was the Executive Committee that was charged with making the day to day decisions concerning the functioning of the Association, in essence who controlled the Nurses' Staff Association of Nova Scotia, yet the membership were not certain of what they should or could expect from this body.

These internal struggles were characteristic of a growing body of registered nurses attempting to keep pace in a time of rapid growth and change.

Although the Executive recognized the need for increased staff, and the official appointment of an authority position to assume management responsibilities, they were not prepared to clearly express the role expectations of the position, something that would be unacceptable in the contracts they negotiated for their nurse membership.

Conclusion

The 1972 hiring of Tom Patterson as Labour Relations Officer, representing members of a primarily female profession proved significant in the development of collective bargaining for Nova Scotia nurses. As the sole male member of the bargaining team, and with a background in commerce as opposed to nursing, one might speculate if he was to bring a sense of authority and power to the bargaining table, or a sense of paternalism as he helped to negotiate work-life improvements for Nova Scotia nurses. Nurses were novices trying to learn about collective bargaining. The gendered nature of education and socialization at the time had better prepared males for such positions of authority and power. Patterson had experience in labour relations and was the most appropriate person for the job.

While Nova Scotia nurses remained novices in labour relations, they found their employers to be equally inexperienced with collective bargaining. This situation was reflective of the primarily rural nature of the province with a limited industrial base, and few trade unions. The exception was northern Nova Scotia, which had a union presence in the coal mines.

In this chapter the emergence of collective bargaining by Nova Scotia nurses has been considered, yet these events only foreshadow the events of the next 3 years as collective bargaining sees the rise of the Nova Scotia Nurses' Union.

CHAPTER V

A UNION IS BORN:

THE NOVA SCOTIA NURSES' UNION

The 1976 Annual Meeting of the Nurses' Staff Association of Nova Scotia proved pivotal in the growth of collective bargaining in the province. At the meeting held on June 14 and 15 in Stellarton the membership formed the Nova Scotia Nurses Union. The Nurses' Staff Association of Nova Scotia, with its independent local staff associations, was dissolved and a provincial union with chartered locals was formed (Report form Nova Scotia Nurses' Union to Collective Bargaining Counterparts Conference, October 18, 19 and 20, 1976).

This chapter will describe the events instrumental in the transition of bargaining authority from the Nurses' Staff Association of Nova Scotia to the Nova Scotia Nurses' Union, as well as the organizational structure of the newly formed union. Included will be an analysis of the efforts of the Nova Scotia Nurses' Union to establish an effective and efficient bargaining process. The chapter will conclude with an examination of the composition and recruitment of the membership of the Nova Scotia Nurses' Union, significant since strength of a union is proportional to the number of its members.

Birth of a Union

The evolution of the Nova Scotia Nurses' Union from the Nurses' Staff Associations of Nova Scotia was the result of growth in the collective bargaining process. The collective bargaining process had evolved and been embraced by

the nurses of Nova Scotia. The process first introduced by the professional association had grown into an independent organization, responsible for negotiating working condition for member nurses. The first edition of the NSNU Newsletter (October 1976) claimed that the "adoption of a constitution which firmly melds the loosely federated association into a Province-wide labour organization for members of a most honoured profession constitutes a milestone in Nova Scotia labour history" (p. 1).

The newsletter further asserted that a 1700 member union would possess considerable strength and power to address the issues of its membership. The October 1976 edition of the NSNU Newsletter identifies the impetus for the move from staff association to union as four-fold. Growth in collective bargaining and changes in negotiating patterns had proven the constitution of the Nurses' Staff Association to be inadequate; the power and authority of the locals and provincial body needed to be more fully defined; the confusion in name; and the need to accelerate organizing efforts (Report form Nova Scotia Nurses' Union to Collective Bargaining Counterparts Conference, October 18, 19 and 20, 1976).

In speaking with me, Patterson and Kettleson identify two factors as significant in the establishment of the Nova Scotia Nurses' Union. The principle contributing factor was the 1973 decision of the Saskatchewan Supreme Court, in which the Service Employees' Union challenged the right of the Saskatchewan Nurses' Association to serve as bargaining agent for its nurses, claiming the professional association was company dominated. The Court agreed with the

Service Employees' Union, and stated that it was a conflict of interest for the professional association to represent nurses in collective bargaining. This decision impacted across the nation, and was a contributing factor to the development of an independent body to bargain for Nova Scotia nurses.

The second factor influencing the development of the Union was the need to develop a new and stronger constitution. The October, 1976 NSNU Newsletter advised the membership that the new constitution would serve them better, purporting that under the new constitution "organizing will be easier, negotiators will be strengthened, and ratification of agreements expedited" (p. 1).

In his interview with me, Patterson recalls that the constitution of the Nurses' Staff Association of Nova Scotia had proved inadequate in guiding the membership through the difficult negotiations of 1975. The two page, loosely constructed constitution provided little direction to the membership. It did not clearly identify roles and relationship of the membership, between locals and with the provincial body. Patterson describes this initial constitution as essentially a service agreement between the association and the membership, and not a constitution to guide the group. The weakness of the constitution became evident during attempts to ratify the collective agreement negotiated during the 1975 bargaining session. This round of negotiations involved twelve locals, eight in Cape Breton and four in the Metro Halifax area who tabled and negotiated a single proposal. When an agreement was reached and taken to the locals for ratification, the union discovered that the constitution provided no guidance to

direct the ratification of a collective agreement. This lack of counsel resulted in a fragmented ratification process, with some locals conducting the vote through secret ballot, while others by show of hands. Those in Halifax used the secret ballot method, and voted to accept the collective agreement; those in Cape Breton voted by show of hands, and rejected the collective agreement. Patterson attributes this rejection to be due in part to the use of voting by show of hands, a method which reflected the momentum and emotion of the meeting. This geographical division in contract ratification created a rift in the membership of the Nova Scotia Nurses' Union, with Cape Breton believing that mainland Nova Scotia, namely Halifax, had not given them support.

In her interview with me, Kettleson also acknowledged that it was becoming increasingly evident that the collective bargaining body must be separate from the professional association. The Nurses' Staff Association of Nova Scotia had continued to increase its membership and its efforts to improve the work-life of nurses. She believed that the professional association had been distancing itself from active involvement in collective bargaining, believing the newly formed organization to be too radical in its approach to bargaining. It was obvious that the mandate of the professional association was different from that of the collective bargaining agent and that a clear separation of the two roles was necessary.

The name of the new organization, the Nova Scotia Nurses Union, was thought to be a natural progression, building upon the work of the Nurses' Staff

Association of Nova Scotia (NSNU Newsletter, October 1976). During our interview, Winnie Kettleson described the choice of name for the new organization was one of great discussion, with nurses suggesting various names, hesitant to call themselves a union. Kettleson recalls the choice was finally expedited by Joan Gibson, a nurse attending the founding meeting, who asked the membership "what are we?" The answer to that question was pivotal in determining the name of the new body - a union, a union of nurses, the Nova Scotia Nurses' Union.

The vote to change the name of the Nurses' Staff Association of Nova Scotia and adopt a new constitution signified more than the desire to address weaknesses in the previous system or clarify name confusion. It illustrated a new level of comfort with collectively negotiating working conditions. Nurses had participated in collective bargaining activities since 1968, had negotiated collective agreements and had even taken strike action. They had proven to themselves that collective bargaining was compatible with the nursing profession. They witnessed a change in working conditions, and appreciated that collectively they were working to accomplish what individually they could not. Through collective bargaining these nurses were successfully challenging the employer, and in so doing, challenging the foundation of the nursing profession, the duty to care, with rejection of personal gain in favour of patient care considerations. Acceptance of collective bargaining challenged these foundations, and endorsing the step to form a provincial nurses union, Nova

Scotia nurses effectively rejected Nightingalism, which portrayed nurses as self-sacrificing givers of service. It must be acknowledged that not all nurses in Nova Scotia had embraced unionization, and not all were union members. There remained groups of nurses who chose not to become members of a union, as well as those nurses considered managers who were not eligible for membership in the Nova Scotia Nurses' Union.

The Nova Scotia Nurses' Union was under the leadership of Executive Director Tom Patterson, who made the transition from the Nurses' Staff Association of Nova Scotia to the Nova Scotia Nurses' Union. This provided continuity of leadership and direction to the new organization. It also helped to provide a sense of stability to the membership, who had seen many changes in the collective bargaining structure for their profession since its debut in 1968. Later that year, John Yates, coming from a background in labour relations, was hired to the position of Labour Relations Officer.

The structure of the Nova Scotia Nurses' Union consisted of an Executive which consisted of an elected slate of officers, President, 1st Vice President, 2nd Vice President, Secretary, Treasurer and representatives from Cape Breton, Central and Halifax. Representation was chosen from the three mentioned areas, which comprised the regional locations which were certified as locals at the time of formation of the union. The Nova Scotia Nurses' Union consisted of a staff of Executive Director, two Labour Relations Officers and a secretary. The Executive was to meet monthly, with meetings of the membership held twice

annually, an Annual Meeting and a Provincial Meeting. A review of the minutes of these meetings indicates that the Annual Meeting was most frequently held in late spring, May or June, while the Provincial Meeting was held in the fall, October or November.

The Nova Scotia Nurses' Union was in the process of developing an identity. The Union had chosen a name that the membership believe to be representative of its purpose and role. The task of visual identification of the union remained. The October 1976 edition of the NSNU Newsletter announced a call for a "distinctive logograph which will become an instantaneously recognized and succinct symbol of the newsletter and , perhaps, of the Nurses' Union itself" (p. 6). The newsletter suggested that the logo design should include the letters of the Union and "suggest 'Nursing'." The successful designer was promised "the magnificent sum of $25.00 and also, in effect, immortality." The deadline for the logo design contest was February 28, 1977.

At the May 17, 1977 Executive Meeting a logo was chosen from eleven entries. The designer was Patsy MacKinnon, and the logo continued to grace the cover of the Newsletter, as well as serve as the letter-head symbol of the union until 1989. In 1989 a new logo was created by designer Vincent Walsh. The new logo was computer generated and the Nova Scotia Nurses' Union believed it to be a more dynamic representation of the technical sophistication characteristic of nursing at that time. The Summer 1989 edition of the Nova Scotia Nurses' Union Newsletter described the new logo as:

"The diamond-shaped background represents a bird's-eye view of a theatrical stage upon which the player - nurses in the Union - come together.

The four Ns are like children's building blocks which form a foundation which stands strong but which is open to new ideas and new members.

The white circular spotlight behind the four Ns represents the increased public attention focussing on the central role of nurses in our health-care system." (P.10).

The initial day to day management of the Nova Scotia Nurses' Union was achieved through the efforts of Union staff members and the Executive Committee. However, the growth of the Union dictated that a committee structure be developed to facilitate the a more effective structure. At the July 7, 1979 meeting of the Executive Committee a motion was passed to establish Committees for Finance and Personnel, with recommendations from Tom Patterson that a Constitution committee and an Ad Hoc Resolutions Committee be established prior to the Provincial Meeting being considered by the Executive Committee.

The position of president was an elected office, and as a member of the Executive, essentially a Board of Directors, it was not a paid position, although it required a considerable commitment in terms of time and energy. During the early years of the Nova Scotia Nurses' Union, financial resources were limited, with no funding available to pay the expenses of members attending Union meetings. In fact, meetings of the Board of Directors were held on the members' days off. In her interview with me, Kettleson recalls that it was not until 1978 that an honorarium was paid for meeting attendance.

It was not until 1979 that a motion was passed at the Annual Meeting directing a salary replacement fund be established to cover the cost of salary replacement for voting delegates attending the Annual or Provincial meeting, or to cover salary lost by members during negotiations (Minutes of the Annual Meeting, June 14 & 15, 1979).

As the Nova Scotia Nurses' Union continued to grow so did the demands upon the Board of Directors, particularly of the position held by the President. A suggestion was made at the February 22, 1982 Executive Committee Meeting by Caroline Paruch (1st Vice President) that the Nova Scotia Nurses' Union consider the advisability of "having a paid part-time president." Paruch described the position of President as creating difficulties in the work place, citing exhaustion, loss of time, interference of rotation, and animosity from peers and employers due to frequent use of absent days to allow the President to fulfill the duties of the position with the Nova Scotia Nurses' Union.

Although the suggestion that the office of President be a paid position was not followed, the Nova Scotia Nurses' Union did enter discussion with the employer of then president Lois Hall, the Halifax Infirmary, which agreed to "allow the time off required from now until October with pay and benefits to continue and be reimbursed to the Hospital by the Union" (Minutes of the Executive Meeting, July 13-14-15, 1982).

Relationship with RNANS

The formation of the Nova Scotia Nurses' Union was an evolution of the

Nurses' Staff Association of Nova Scotia. As such, there was initially a strong affiliation with the professional association, the RNANS. Although a separate and independent organization, the Nova Scotia Nurses' Union continued to occupy office space and conduct meetings at RN House, although it no longer relied on the professional association for office support, having hired its own office staff. This provides testimony to the sense of cooperation and comradery that existed between the two organizations. Both clearly saw their roles as working to benefit nurses and nursing.

The Second Annual Meeting of Nova Scotia Nurses' Union (September 29-30, 1977) heard correspondence from the Registered Nurses' Association of Nova Scotia advising the Nova Scotia Nurses' Union that as of December 31, 1977 they required the space currently occupied by the Union. The January 1978 NSNU Newsletter describes the move as resulting from the "expansion of RNANS and growth of NSNU." During our interview, Kettleson attributes the "eviction" to pressure exerted on the professional association by some members who opposed collective bargaining, and who believed the Union should not be housed by the professional association. She suggests that these sentiments were not new, in fact when it initially became evident that there was discontent among the membership of RNANS, the Nova Scotia Nurses' Union, in an attempt to appease the complainants, changed their mailing address. This was done to make it appear the two groups did not share space. The front door of RN House faced Halifax's Coburg Road, while the back entrance faced Edwards

Street. The Nova Scotia Nurses' Union placed a mailbox at the Edwards Street address, which then became their mailing address, a situation which continued until 1977. Despite the change of address, the Nova Scotia Nurses' Union was still housed at RN House, and the letter giving notice began the search by the Union for a suitable location in which to establish their offices.

The search for new office space quickly proved fruitful, with the Nova Scotia Nurses' Union leasing office space at 6080 Young Street, Suite 912, and the move to the new quarters occurring on December 13, 1977. The notice of change in location inserted in the January 1978 Newsletter invites members to "drop in to our new location at any time you are in the neighbourhood" (p. 6).

The Young Street location was to provide the address for the Nova Scotia Nurses' Union for three years. Early in March, 1980, with the lease for the Young Street location due for renewal in December of that year, discussion began to consider available options, including location as well as to continue to lease space or to purchase a suitable property. The May 1, 1980 minutes of the Executive Committee reveal that suitable accommodations had been located in Dartmouth, however, the constitution required that offices be maintained in Halifax. After consideration by the Executive Committee, a motion was passed to change the constitution to allow a move to Dartmouth.

The location in Dartmouth was a property located at 63-65 Queen Street. After careful investigation of available options, the Executive had decided to recommend a property be purchased. The Nova Scotia Nurses' Union was very

interested in the Queen Street property, with the minutes of the September 13-14, 1980 Executive Meeting recording that the Union, through direction given the Executive Director, Tom Patterson was investigating the property and associated costs of purchasing the property. And on October 3, 1980 at a Special Executive Meeting, the Executive Committee decided to purchase the Queen Street property. This property continues to house the provincial office of the Nova Scotia Nurses' Union.

The newly formed union maintained communication with the professional association, and relations with the professional association were collegial, with both the Nova Scotia Nurses' Union and Registered Nurses' Association of Nova Scotia working to advance the nursing profession. In fact, one session held at the Annual Meeting of the Nova Scotia Nurses' Union, June 15-16, 1978 Glenna Rowsell spoke on the "Dual Role of the Nurse", the dual role being a member of the professional association and the professional union.

The origins of collective bargaining in the province had allowed a close relationship between the professional association and collective bargaining agent, creating an avenue for the sharing of information and discussion of issues of mutual interest. The creation of an independent body necessitated the creation of new avenues of communication. In January 1978 the Nova Scotia Nurses' Union and Registered Nurses' Association of Nova Scotia formed a Liaison Committee as a vehicle to allow formal discussion of matters of mutual interest and concern.

The two organizations needed to forge a working relationship. The earlier relationship was that of the Registered Nurses' Association as a parent body, with collective bargaining initially dependent upon the professional association to nurture and guide its development. As Nova Scotia nurses became experienced in collective bargaining, and the Nova Scotia Nurses' Union was established, the relationship between the union and professional association underwent a change. Collective bargaining had come of age, with the establishment of separate identities and separate mandates and roles. In his interview with me, Patterson describes the relationship essentially that of peaceful co-existence, admitting that at time the organizations were in conflict, while at other times they would work together.

Until 1980 members of the Nova Scotia Nurses' Union continued to sit on various committees of the Registered Nurses' Association of Nova Scotia, such as the Nursing Practice Committee. At a June 9, 1980 meeting of the Liaison Committee, the RNANS indicated that they were in the process of reviewing their organizational structure, resulting in a phasing out of committees on which representatives from the Nova Scotia Nurses' Union served (Executive Committee Minutes, June 22, 1980). This was a decision that was questioned by the Nova Scotia Nurses' Union (Executive Committee Report, June 1980).

There was a subtle but distinct change in the reporting of meetings and discussions held with the Registered Nurses' Association of Nova Scotia. The previous sense of cooperation in working to achieve a common goal, namely the

improvement of social and economic conditions for nurses was replaced by a sense of diverging purposes. This of course was accurate, as the Registered Nurses' Association became increasingly involved in managing the professional aspect of the nursing profession, while the Nova Scotia Nurses' Union continued its efforts at the grass roots, attempting to directly effect changes in the working conditions of its members.

The beginning of a new decade, 1980, saw the Nova Scotia health care system experiencing a shortage of nurses, an issue of concern for the Nova Scotia Nurses' Union as it directly impacted on the work-life of the membership. Inadequate staffing created difficulties for nurses to obtain time off, often lead to nurses being required to work additional hours, and resulted in higher patient/nurse ratios. These factors negatively impacted on nurses. The Union believed that the Registered Nurses' Association of Nova Scotia was not providing the necessary information about the nursing shortage, a particular cause for concern to the Nova Scotia Nurses' Union which was in the process of preparing a brief for the federal parliamentary task force on "Employment Opportunities for the '80's" (Executive Committee Minutes, September 13-14, 1980).

The Nova Scotia Nurses' Union presented a brief to the task force, which met in Halifax on September 23, 1980, containing four recommendations pertaining to nursing (Executive Committee Report, October, 1980). The recommendations addressed many facets of nursing, and would be appropriate

and timely in the 1990's. The first recommendation addressed the issue of wages and suggested "that salary remuneration for nurses be compatible with the high degree of skill and training necessary to perform the job function." The background of this recommendation provides further clarification, explaining that the workplace of the 1980's has expanded the available career options for women, outside of the traditional roles, and if individuals were to be encouraged to enter the nursing profession, "just salary compensation must be maintained."

The brief also addressed the issue of retention of nurses, suggesting a government funded study be conducted to determine the numbers of nurse actually involved in nursing. Included in the study would be specific guidelines to determine the number of nurses who had never practised upon graduation, those who had practised and then left the profession, those who had re-entered nursing, and the level of education achieved by those leaving the nursing profession. It was the position of Nova Scotia Nurses' Union that nurses left the profession for two main reasons: the poor working conditions including salary, and professional considerations, citing the shortage of nurses and budgetary cutbacks creating a climate in which nurses were dissatisfied and frustrated with their career and deciding to leave the profession.

The third recommendation made in the brief indicated a desire to work to assist the membership in accessing education to meet the technological advances that were reflected in a changing health care system and the expansion of the repertoire of skills that were part of nursing in the 1970's.

The final recommendation requested that salary remuneration for nurses who cared for the aged in homes for special care be reviewed and evaluated in keeping with the recognition that nurses working in nursing homes were in fact providing nursing care. This recommendation addressed the salary disparity experienced by nurses working in homes for special care, nurses who often received salaries substantially lower than their counterparts employed in other area of nursing.

The issues and concerns surrounding working conditions remain remarkably similar through the history of nursing. Nurses continue to experience feelings of dissatisfaction with their work-life. Hibberd (1992) cites feelings of powerlessness in the system, lack of respect, verbal and physical abuse, unsatisfactory management practices, and insufficient working conditions as plaguing nurses. Stern (1982) identifies a common complaint of nurses as being a lack of input into patient care matters, as well as the dehumanized, impersonal treatment of staff employed by large facilities. These factors have lead nurses to experience dissatisfaction with their work-life.

The shortage of nurses was not to be prolonged, and by 1982 the Minutes of the Executive Meeting (September 14, 1982) reflect a concern for the high level of unemployment experienced by nurses within the province. The economic climate in Nova Scotia mirrored that of Canada, which was a time of financial constraint. The effect on the health care system can be best be described as a time of massive restraint programs leading "cut-backs" and such

things as the lay off of nurses. Such constraints impacted negatively on nurses, who saw facilities attempt to decrease expenses while the patient population remained constant. Nurses saw the acuity of patient care increase, while the available resources for staffing, education and material resources decreased. This lead to frustration by nurses, who believed the constraints were impacting upon the quality of care they were able to provide.

The Liaison Committee of the Nova Scotia Nurses' Union and the Registered Nurses' Association continued to meet, providing a forum for the exchange of information on structure, role and functions of the two organizations. The diverging mandates of the organizations became increasingly apparent, with the Executive Committee Report of June, 1980 reflecting discussion of a number of concerns expressed by the Nova Scotia Nurses' Union. Among these concerns was that the solicitor for the Registered Nurses' Association of Nova Scotia acted as a management nominee against the Nova Scotia Nurses' Union on Conciliation and Arbitration Boards. Although not clearly stated in the minutes, the Union felt this to be an unacceptable practice, appearing as if the professional association and the Union were adversaries.

The minutes of the November 9, 1980 Executive Committee provide insight as to the perception of the Nurses' Union of the declining effectiveness of meetings of the Liaison Committee with the Registered Nurses' Association of Nova Scotia. The Executive minutes indicate that the representatives attending the Liaison Committee postulated that the minutes of the meeting did not

accurately capture the essence of the meeting. They further asserted that RNANS did not seem open to improved communication and that the professional association "does not follow up on things and that awareness is no good unless it is put into action."

A review of the literature indicates that through out Canada the transition of bargaining authority from the professional association to the unions was not without controversy and an element of ambiguity of purpose. There appeared to be role confusion between the nursing associations and unions, with both struggling to demonstrate the value of their contribution to the nursing profession. Baumgart (1983) suggests that provincial nursing associations were believed to lose their effectiveness and relevance with the growth of unions. This was attributed to competition for resources and political turf. There was discussion in the literature indicating overlap in the role of the professional association and union, particularly in the context of bureaucratic controls, since this impacts on the work-life of the majority of nurses (Gilchrist, 1977).

Grand (1973) identifies nursing unions as possessing expertise in the role of representing its members in job related economic matters. This is in contrast to the expertise of the professional association, which has the responsibility for the educational preparation and advancement and ethical standards of the profession (Kew, 1974).

This role was not initially valued by nurses, who voiced their dissatisfaction by questioning the benefits obtained from providing monetary

support to both the union and professional association (Baumgart, 1983). The work of the professional associations provided intangible benefits to nurses, in contrast to the work of the unions which was evident in work-life and economic gains.

The professional associations had become increasingly politically active, striving to exercise political power to effect changes which were amenable to the interests of the nursing profession. The efforts of the professional association focussed on the areas of health care policy, elevating the visibility of the contributions of nurses to the Canadian health care system (Baumgart, 1983). This political activity may have provided the professional associations with credibility to its membership. Baumgart (1983) supports this view, stating that the nursing profession needs both unions and professional associations. Each group has evolved with diverse, yet complementary roles to enhance the nursing profession.

It is impossible to determine from the minutes of the Nova Scotia Nurses' Union Executive Committee if the frustration expressed by the Union representatives reflected dissatisfaction with solely the Liaison Committee or with the professional association in its entirety. In our interview, Kettleson described frustration experienced by the Nova Scotia Nurses' Union membership, who believed the professional association was not responsive to their needs. The initial role of the Nova Scotia Nurses' Union was to improve the work-life of nurses, with the goal of collective bargaining to successfully negotiate and

administer collective agreements and organize new locals. The mandate of the Nova Scotia Nurses' Union did not include areas that were considered the domain of the professional association, such as professional practice issues, registration or licensure.

In her interview with me, Kettleson explained that due to pressure exerted by the membership, the mandate of the Union expanded to address issues that the membership believed were no longer being managed by the Registered Nurses' Association of Nova Scotia. Issues such as safe practice and speaking out against legislation perceived to adversely effect nurses both in the workplace and in the community.

The frustration may have been a manifestation role confusion by the membership, as both the Registered Nurses' Association of Nova Scotia and Nova Scotia Nurses' Union worked to positively impact upon the nursing profession. This is supported by an item recorded in the March 21-22, 1982 minutes of the Executive Committee describing a discussion initiated by Winnie Kettleson, "she enlightened the members on the structure of RNANS and pointed out our responsibility of supporting our professional organization. She requested that members cast their ballots in the next RNANS elections." There was no collapse in the relationship between the two organizations, merely a redefinition of the mandate of the two organizations.

In fact, Nova Scotia Nurses' Union Labour Relations Officer, Winnie Kettleson was actively involved with the professional association. She was

elected to the Board of Directors of the Canadian Nurses' Association at the CNA meeting held June 22-23, 1980, as Member-at-Large for Social and Economic Welfare (NSNU Newsletter, July 1980).

On occasion, the role of the Nova Scotia Nurses' Union to strive to improve working conditions for Nova Scotia nurses included a critical evaluation of the Registered Nurses' Association. One such appraisal occurred in 1984, when a motion was passed at the May 9-10 Executive Meeting "that we form a committee of the Executive to meet to study the RNA Act, bylaws and regulations. That the chairperson will be the RNANS Liaison Committee Member." This motion was brought forward as a result of proposed revisions to the Registered Nurses Association Act and the implications of these changes on the membership. During his interview with me, Patterson indicated that such action would be interpreted to suggest that the mandate of the professional association was not primarily to work to protect or benefit nurses, but aimed at protection of the public rather than the membership.

The Process of Negotiations

Issues that were of concern to nurses in 1976 included relief for sick time, vacation or absenteeism; lack of funding for purchases of new equipment or for replacement of old equipment, although nurses reported that in some facilities management offices or hospital lobbies were redecorated; legal responsibility; scope of practice for nurses, including assignments in other units or departments and performing non-nursing tasks; and, payment for overtime hours including

issues such as rate of pay, and scheduling of time off in lieu of pay (Annual Meeting Minutes, June14, 1976). Many of these issues were not new to nursing, and many surface as issues in the negotiations of collective agreements of the 1990's, as nurses strive to improve working conditions and enhance the care provided to patients.

The Nova Scotia Nurses' Union recognized the need to continue to provide its members with education. Many educational efforts now focussed on the process of collective bargaining. Nurses needed educational opportunities that would facilitate their functioning, not only at the bargaining table, but also in the administration of the collective agreement. One way of providing this education was through a week-long educational program, known as Summer School. The first Atlantic Labour Relations Summer School was held in Halifax from June 7 to 11, 1976. The educational endeavour was a cooperative project between the nurses' unions of New Brunswick, Newfoundland, Nova Scotia and Prince Edward Island (NSNU Newsletter, October 1976). The sessions offered focussed on grievance procedures, collective bargaining, communications and public relations techniques. The Summer School was deemed a complete success and plans were underway for a Second Atlantic Labour Relations Summer School to be held in St. John's, Newfoundland in 1977. These annual Summer Schools continued to be successful, and began a long tradition of such educational sessions. Each Summer School was Union sponsored and funded.

The Nova Scotia Nurses' Union did not limit its educational activities to the

Summer School sessions. The Union also provided educational opportunities targeted toward the locals, through short programs designed to be conducted within the province, or at the local level. One such annual educational agenda included sessions in 1982 on such topics as local union administration, contract interpretation and shop steward training (Executive Committee Minutes, December 17, 1981).

In an effort to educate nurses about interpretation of collective agreements, the Union included a regular segment in its Newsletter by lawyer, David Reynolds addressing questions about the application and interpretation of collective agreements. Included in the column was advice from Reynolds, suggesting a course of action for the employee involved in the situation described.

The Nova Scotia Nurses' Union continued the efforts of the Nurses' Staff Association of Nova Scotia to find an efficient approach to contract negotiations. The Nurses' Staff Association had lobbied for provincial negotiations, charging that all hospitals within the province were for all intents and purposes a single employer, with the authority for financial decisions ultimately being the Nova Scotia Hospital Insurance Commission. Although collective agreements were not achieved through the negotiation of a single contract covering all nurses in the province, the union did use several approaches for the negotiation process.

The Executive Committee (minutes, March 7, 1977) recognized that negotiations required a planned approach, a strategy to put the locals in the best

positions to achieve a successful outcome for each round of negotiations. This strategy was actually a form of "jockeying-for-position" with the union identifying the preferred ordering of negotiation, indicating which local would lead off negotiations, and in which order the negotiation process would proceed. The decision was made by the Union that the Cape Breton region would lead off the 1977 round of negotiations (Executive Minutes, March 7, 1977).

The Nova Scotia Nurses' Union continued the struggle to find an acceptable negotiating structure that would provide the most efficient means of negotiating contracts and address local issues. At the Provincial Executive Meeting held on November 9, 1977 both Winnie Kettleson and Tom Patterson spoke to the Committee about their perceived "unnecessary, intolerable waste of time and money due to our present negotiations structure." They cited over 2300 hours of negotiating time spent in the negotiation of 23 collective agreements, which ultimately resulted in achieving only one year contracts. Thus the process was due to begin again. At the Annual Meeting in June, 1978 the membership endorsed the concept of provincial bargaining, with "varying stipulations in respect of local issues." Each local had negotiated clauses in their collective agreement that they wished to remain. Thus, locals considering provincial bargaining wanted to achieve the benefits and gains of provincial bargaining, while maintaining those clauses negotiated locally that they perceived to be attractive, effectively allowing them to obtain the benefits of both provincial and local bargaining. While such bargaining would allow the

membership to achieve an attractive collective agreement, it presented negotiating challenges.

The 1977 round of negotiations saw the groups which had bargained together in the 1975 round of negotiations decline to repeat this group bargaining. The 1975 experience, in which twelve locals tabled a single proposal had resulted in similar contracts, but the difficulty in ratifying the agreements and resulting strikes had tarnished the success of the negotiations, and left a lingering reluctance to repeat the process.

The 1978 round of negotiations saw 18 of the 26 locals preparing to negotiate contracts during that year. The first round of negotiations included fourteen hospitals, eight in Cape Breton and six on mainland Nova Scotia. Negotiators were not able to achieve a satisfactory contract, and talks broke down in January, with the Nova Scotia Department of Labour appointing two conciliators to facilitate the negotiating process (Chronicle Herald, February 16, 1978). Prior to conciliation, a caucus of all locals held on February 21 and 22 in Truro. This caucus allowed delegates representing each local, effectively the entire membership of the Nova Scotia Nurses' Union, to discuss issues and to come to a consensus, through voting, that would provide the negotiating team with direction during the conciliation process (NSNU Newsletter, March 1978).

The conciliation process proved effective, with memorandums of agreement and achieved for the locals in the spring of 1978. The March, 1978 edition of the NSNU Newsletter reported that these agreements included

significant gains for Nova Scotia nurses, who agreed, ratifying the contracts.

The question of bargaining structure was once again an issue, this time at the June 15 and 16, 1978 Annual Meeting, through the forum of a semiformal debate, followed by smaller group discussions. Although not a formal motion or vote, the membership favoured province-wide bargaining, seeing such a structure as providing a strong bargaining team through unified numbers (NSNU Newsletter, July 1978). A guest speaker at the meeting was Glenna Rowsell, Labour Relations Officer of the Canadian Nurses' Association, who contributed a broader national perspective to the question of bargaining structure. Ms Rowsell advised the group that regardless of bargaining structure, the strength of collective bargaining was that of the union representing its membership. The strength of a united voice. She believed that strength was best utilized in fighting "for the things which are really important to nurses - maintenance of proper professional standards and fair economic return for their work" (NSNU Newsletter, July 1978).

One cannot help but wonder if Ms Rowsell's words were to serve as a caution to the Nova Scotia Nurses' Union membership to focus on important issues and not become burdened with issues that did not benefit the membership. Her comments served to remind nurses of their professional goals of "proper professional standards," her choice of phase no doubt influenced by her affiliation with the Canadian Nurses' Association, the national professional association. Hints of Nightingalism surface, reminding the nurse of her ultimate

goal of professional practice standards and a fair economic return for services. There still existed a reluctance for nurses and nursing to be perceived as receiving undue economic gain for the provision of care.

October 1978 saw 107 nurses from Dartmouth General Hospital on strike. The local had been formed on February 24, of that year and was unable to negotiate a satisfactory initial collective agreement with the employer, culminating in a ten day strike by the nurses (NSNU Newsletter, October 1978). The October 1978 NSNU Newsletter describes the strike as a reflection of the strength of the 107 nurses:

> "The solidarity of the Dartmouth General NSNU local in their first contract negotiations was remarkable. Tenacity in negotiations and high morale on the picket lines certainly contributed to achieving a contract they could live with for a time. Early efforts by Administration to throw up a smoke cloud suggesting the NSNU local was asking for the moon dissipated with continuing coverage by the press and use of a newspaper advertisement and handbills.
>
> The Dartmouth nurses received many expressions of support from other NSNU locals, other unions, and from the nurses of the Victoria General. Other nurses also backed their support with donations of dollars to the strike fund. The coincidence of the holding of the Annual NSNU Meeting at the Dartmouth Holiday Inn as the strike was nearing its climax worked to the nurses advantage..." (P. 3).

Most of the contracts negotiated were for a one year term, and if negotiations were prolonged, in many instances the collective agreement was near to expiration upon ratification. This resulted in an ongoing annual process of negotiations, often a process requiring conciliation to achieve a satisfactory collective agreement. This experience was repeated in the 1979 round of

negotiations, which resulted in conciliation to facilitate an agreement in November (Chronicle Herald, November 5, 1979). Although lengthy, the process was successful, with very few strikes by nurses, the largest being the 1978 strike at the Dartmouth General.

The issue of bargaining structure remained in the forefront of discussion by the membership, with another motion passed by the Executive Committee on May 1, 1980 that a resolution proposing provincial bargaining be drafted and sent out to the locals prior to the Annual Meeting. Such a process would allow increased input from the membership and provide a forum for discussion and possibly a decision through ratification at the annual meeting. Although a motion to bargain provincially was not forthcoming at the 1980 Annual meeting, the issue continued to be revisited periodically by the Nova Scotia Nurses' Union.

Although the Nova Scotia Nurses' Union prepared its strategy, the decision was not that of the union in isolation. Locals were required to serve notice of bargaining to their respective hospitals. Hospital boards and administrators could decide amongst themselves which facility(s) they preferred to lead off negotiations, as well as their approach to the round of negotiations. Preparing for collective bargaining required planning and the development of a strategy, and was not a random process in which requests for changes in working conditions were requested or demanded of the employer without the benefit of forethought.

The recognition of the need to develop a bargaining strategy and

participation in the process was actually part of a struggle for power. Both the Nova Scotia Nurses' Union and the employers were considering positions that would strategically place them in the best possible position to achieve their desired outcomes. This juggling for power was a new concept for nurses, who until the advent of organized collective bargaining, rarely aggressively challenged the status quo, and certainly not with collective representation.

The social climate in Canada has not been conducive to the assumption of power positions by women. Many, including Stern (1982) describe the accepted social norms as involvement in politics and the holding of power were incompatible with femininity and the nature of women. Baumgart (1980) attributes this to the traditional socialization of children, where female children were prepared for care-giving roles of wife and mother, while male children were prepared for power positions outside of the home. The education and socialization of women had not provided them with an adequate political education and Baumgart (1980) cites that studies have shown that women are less interested, less informed, and less involved with voting than are men. This has contributed to the acceptance of passive roles and difficulty in assuming an aggressive approach to collective bargaining by nurses.

The struggle to find the most effective approach to contract negotiations was to continue to the 1980's, with the Nova Scotia Nurses' Union maintaining its position that separate negotiation of all clauses of individual contracts for all locals was not an efficient use of resources for the Union or the health care

system.

The Membership of NSNU

The movement toward collective bargaining continued to thrive with the birth of the Nova Scotia Nurses' Union as locals continued to organize and join the union. In November 1976 John Yates was hired as Labour Relations Officer (LRO), a welcome creation of a second such position, with Mildred Royer holding the other position. Yates brought with him a strong background in labour relations holding various positions within other unions (NSNU Newsletter, February 1977). His primary responsibilities as Labour Relations Officer for NSNU were organizing new groups, education and research.

The impetus for organizing locals was two-fold. By its very nature, the Nova Scotia Nurses' Union, like all trade unions, had to be financially self-sufficient. Revenue was dependent upon the collection of dues from the membership. The greater the membership, the larger the revenue. Of course, the larger the membership, the more staff, with the associated costs, required to service the membership.

Revenue generation was only one aspect of increased membership. With increased numbers came power. The power of a single united voice for Nova Scotia nurses. The power to effect change. The power that nurses did not possess in the health care system, or in fact, in society. The Nova Scotia Nurses' Union was not the only union representing registered nurses in the province. The Nova Scotia Government Employees Association represented

those nurses considered civil servants, including public health nurses, and staff nurses employed at the Victoria General Hospital in Halifax and the Nova Scotia Hospital in Dartmouth, a substantial number of nurses. Although I found no evidence to support my belief, it seems reasonable to conclude that there was an element of competition, with each union hoping to represent a larger majority of Nova Scotia nurses.

The advent of collective bargaining saw changes in the workplace for many nurses. Those nurses who had formed staff associations and then unionized successfully were able to negotiate collective agreements that not only changed their working conditions, but also those of their non-unionized peers. Virtually all nurses who worked in hospitals in Nova Scotia saw similar benefits resulting from the efforts of their unionized peers (NSNU Newsletter, January 1978).

Why then, did nurses continue to organize? While it is impossible to speak for those nurses without actually posing the question to the individual nurse, the NSNU Newsletter (January 1978) suggests that nurses continued to organize in order to have a voice. As a legally certified collective bargaining unit, a local gave nurses a vehicle to participate in decision making that impacted upon working conditions. Salaries may have been similar through the province, but through collective bargaining nurses could target other areas, such as vacations, job security and professional practice issues. Issues such as these were negotiated as part of a collective agreement, which legally outlined the

expectations of both the employee and employer and the rights of either party were protected through the grievance procedure.

That is not to suggest the decision to organize, to become part of the Nova Scotia Nurses' Union, to challenge the status quo was taken lightly by nurses. To do so, to vote for solidarity required courage, and the belief that change was needed, and that the Nova Scotia Nurses' Union was the vehicle that could bring forth that change. At the July 8, 1978 Executive Meeting, Labour Relations Officer, John Yates indicated that organizing new groups was not a simple feat. Yates cited the fundamental problems as being a fear of being fired, and the stand that non-unionized nurses were benefiting from the efforts of their unionized peers without the fear of exercising the ultimate collective bargaining weapon, the STRIKE, or incurring the costs of unionization.

In their interviews with me, both Kettleson and Patterson maintain that the Nova Scotia Nurses' Union did not actively recruit membership. It was the professional association which first introduced Nova Scotia nurses to collective bargaining in 1968, through the provision of education about collective bargaining. Through this education, nurses became increasingly interested in collective bargaining, gradually forming groups which were eventually certified as staff associations. This process of allowing nurses to seek collective action, rather than recruit nurses for collective action continued with the formation of the Nova Scotia Nurses' Union.

Nurses have become organized for numerous reasons, with various

events serving as catalysts. During our interview, Kettleson identified that regardless of the precipitating event, nurses tended to believe their working conditions to be such that they needed to take collective action to improve the work environment, and then approached the Nova Scotia Nurses' Union to assistance.

Once the initial contact was made, a representative from the Nova Scotia Nurses' Union would then meet with the nurses to provide an information session. If the nurses continued to express interest in organizing for collective bargaining with the Nova Scotia Nurses' Union, a vote would be conducted, with a majority vote required for the formation of a local.

In her interview with me, Kettleson recalled the events leading to the organization of the nurses at St. Martha's Hospital. The nurses at St. Martha's had not organized for several years, perhaps due in part to the religious origins of that hospital. Periodically a nurse would contact the Nova Scotia Nurses' Union and request a visit to gauge interest in forming a local, but there was not enough interest to support unionizing. The catalyst came when management implemented two policies. Believing that medications were missing, management decided to place a hidden camera in the medication preparation room. The nurses found this action to be unacceptable. This, coupled with a fund raising effort to raise monies for renovations through pay roll deduction served to elevate nursing discontent to the point where they actively sought membership with Nova Scotia Nurses' Union.

The strategy of the Nova Scotia Nurses' Union proved sound, with the membership reaching 3 000 strong by 1982 (Executive Committee Report to Annual Meeting, June 10-11, 1982). This represented almost a doubling its1700 membership at the inception of the Nova Scotia Nurses' Union in 1976.

The Nova Scotia Nurses' Union had a strong commitment to enabling its membership to participate in the decision making process. Evidence of this commitment was found in the passing of a motion establishing a salary replacement fund which would cover the costs of salary replacement for attendance of voting delegates at Annual or Provincial Meetings and to cover salary replacement costs during negotiations (Annual Meeting, June 14-15, 1979).

The dissatisfaction expressed by the Cape Breton Region with the Nurses' Staff Association of Nova Scotia did not dissolve with the dissolution of the Staff Associations. At the Executive Meeting (September 28, 1977) there was discussion of dissatisfaction with service given to the local by the provincial organization. The Executive thought these concerns would best be addressed through a future meeting with that local. The issue was raised the following day at the Second Annual Meeting of the Nova Scotia Nurses' Union when delegates from the Sydney City Hospital Local expressed concern about the level of service provided by the Union to their local membership.

The minutes of the Annual Meeting indicate a degree of frustration on behalf of the Union, with the minutes capturing the statement 'it was pointed out

to the members that the servicing cost for that region was higher, proportionately higher, than what they should have been." The Sydney local agreed to a future meeting with the Executive Committee to discuss their concerns. The minutes of this meeting, if any were taken, were not available for analysis.

An element of frustration was detected in an article appearing in the January 1979 edition of the NSNU Newsletter addressing union security. The article gives rise to speculation that there were nurses who were questioning union membership. The struggles of nurses involved in organized collective bargaining had resulted in improved salaries, benefits and working conditions for nurses. Many of these positive changes were implemented in hospitals province-wide, even those in which nurses had elected not to join a union. These nurses were able to enjoy the benefits achieved by their unionized peers, without the struggles, responsibilities and financial commitment included in membership in a certified bargaining unit. The article in the newsletter was directed toward new staff members of unionized facilities, and discusses the various types of "shops" available to a union and its membership. The article defends the practice of the Nova Scotia Nurses' Union to have a Union shop, that is those nurses who qualify to work in a unionized position must become union members. The reason presented for such a position was that the Nova Scotia Nurses' Union as a certified bargaining agent for a group of employees was responsible for providing a standard of service to all employees included in the certification order. As such, all such employees were to benefit from the

services of the union, and it would be unfair practice to have a select few financially responsible for this service. Furthermore, the Nova Scotia Nurses' Union was legally responsible to represent all employees, and as such dues would be deducted from the employees included in the bargaining unit. If such employees were to be paying members, then it would only be reasonable and fair that these employees would become unions members, and thus have a voice and a vote in the decision making process.

The evolution of the Nova Scotia Nurses' Union had determined its membership. As first a committee of the Registered Nurses' Association of Nova Scotia, the membership had included those nurses who were members of the professional association, namely registered and graduate nurses. With the formation of an independent organization, the Nova Scotia Nurses' Union, came questions about the union membership. The 1979 Provincial meeting brought discussion of the inclusion of Certified Nursing assistants (CNA's) in the union. Although no decision was made regarding the matter, the membership agreed to revisit the issue in the future. After investigating the practices of other unions through the country, the Nova Scotia Nurses' Union identified four possible options. The first option was to include the CNA's as full members in the existing locals of the Nova Scotia Nurses' Union. The second option was of creating a separate local for CNA's within the Nova Scotia Nurses' Union, with full membership status. The third option was that of creating a separate organization, similar to Nova Scotia Nurses' Union, for CNA's and technicians.

The Nova Scotia Nurses' Union would then provide assistance in the area of collective bargaining on a contractual basis. The final option identified was that of maintaining the status quo, that is, limiting the membership of the Nova Scotia Nurses' Union to registered and graduate nurses.

The Nova Scotia Nurses' Union was concerned about the perception of other unions regarding any move to include certified nursing assistants in the Union. In the minutes of the Executive Meeting, October 19-20, 1980, John Yates, Labour Relations Officer reported that he had met with representative from CUPE and CBRT to assure them that NSNU policy was to organize the unorganized. Although the certified nursing assistants themselves were indicating their desire to become members of the Nova Scotia Nurses' Union, the union was concerned that such a move be acceptable to the existing membership, be legally permitted and not be seen to be infringing on the membership of other unions. In his interview with me, Patterson recalled that both CUPE and CBRT were certified bargaining agents for non-nursing locals in the health care setting. However, CNA's believed the Nova Scotia Nurses' Union to be the appropriate representative for their nurses, believing they had a similar community of interest with the Registered Nurses and the Nova Scotia Nurses' Union. The question remaining to be resolved was the union most appropriate to represent the certified nursing assistants.

In January 1981 the Labour Relations Board called a special meeting with unions representing hospital workers, the hospital associations and other

interested parties to review the guidelines respecting appropriate bargaining units for health care employees (Executive Committee Minutes, January 31, 1981). One of the areas to be discussed was the issue of certified nursing assistants, with a view to determining if they were more appropriately represented by the Nova Scotia Nurses' Union or other unions representing health care employees. Also on the agenda was discussion of the criteria for determination of part-time versus casual employment status for nurses.

The Nova Scotia Nurses' Union was supporting the inclusion of certified nursing assistants within the existing bargaining units, and as such, President Winnie Kettleson prepared a copy of the NSNU Constitution which described membership as "confined to all nurses who are eligible to engage in collective bargaining. Persons who, in the course of their employment, exercise managerial functions are excluded" (Appendix to Executive Committee Minutes, January 31, 1981). A notation at the end of the appendix indicated that the words Certified Nursing assistant be added where applicable to the constitution upon the determination of the Labour Relations Board.

The Nova Scotia Nurses' Union was to receive a favourable determination from the Labour Relations Board, and from the Union membership. To this end, a motion was passed at the June 23-24, 1980 Annual Meeting "that we accept the CNA's under Option A in our bargaining unit. Option A provided the CNA's inclusion into the existing locals of the Nova Scotia Nurses' Union and gave them full membership status.

On March 11, 1981 the Labour Relations Board of Nova Scotia issued an amendment to include Certified Nursing Assistants as part of the Highland View Regional Hospital Local of the Nova Scotia Nurses' Union (NSNU Newsletter, April 1981). This seemed fitting, as the Highland View Local was the first local to be certified by the Labour Relations Board of Nova Scotia to allow collective bargaining by the nurses of the Highland View Staff Association.

By the end of 1980 the question of nurses working as casual employees, that is with no regularly scheduled hours, becoming union members was being asked. The matter was discussed at the December 18-19, 1980 Executive Meeting. However under the provisions of the Trade Union Act, casual nurses were not considered employees and therefore could not be considered member of the Nova Scotia Nurses' Union. This was an issue that would continue to be raised into the 1990's.

Conclusion

The decision of the membership of the newly created organization to call themselves the Nova Scotia Nurses' Union was pivotal in shaping the trajectory of collective bargaining by Nova Scotia nurses. The use of the word "union" in the title reflects an acceptance of trade unionism, and a willingness to publically acknowledge that collective bargaining was appropriate for nurses. Nova Scotia nurses, as women, were prepared to seek recognition for their valuable contribution to health care, through the most effective means available to them, through their collective bargaining agent, the Nova Scotia Nurses' Union. The

decision was not one made easily, as nurses struggled to release the bonds of oppression, conquering fears of dismissal, disciplinary action and the displeasure of those in authority to embrace collective bargaining as the most effective means of effecting change in the workplace.

The growth of the Nova Scotia Nurses' Union was not without incident. The fledgling union was to continue its efforts to educate its membership and the public about collective bargaining; it was to continue its mandate to improve the working conditions and benefits for nurses through negotiating and administering collective agreements. Collective bargaining for Nova Scotia nurses had only begun its journey.

CHAPTER VI

THE CHANGING ROLE OF THE NOVA SCOTIA NURSES' UNION

The primary mandate of the Nova Scotia Nurses Union was, and continues to be to negotiate and manage collective agreements that improve the work-lives of its membership. The role of the union has expanded to encompass a broader range of issues that impact upon the lives of Nova Scotia nurses, directly or indirectly. This chapter will analyze the efforts of the Nova Scotia Nurses' Union to shape public perception of nurses, and indirectly of collective bargaining during the years 1976 through 1985. Included will be an analysis of the efforts of the Nova Scotia Nurses' Union to shape government policy through the Political Action Committee. The chapter will conclude with a description of the relationship and role of the Nova Scotia Nurses' Union with it's sister unions, both provincially and nationally will be explored.

Shaping Public Perception

Part of the development of an effective collective bargaining strategy included a consideration of public opinion. It is not clear whether public relations considerations were an attempt to acquire public support and garner that support to help encourage employers to assume a position favourable toward nurses, or if it was a desire to maintain the public image of the nurse in a favourable light. It is clear that the strategy was aimed at maintaining public opinion and support nurses and ultimately elevate their position at the bargaining table.

Kalisch, Kalisch and Young (1983) suggest that one means of effecting change is through the support of public opinion. Nurses have attempted to achieve success at the bargaining table to improve working conditions, while maintaining public support; attempting to achieve and maintain a delicate balance between public image and professional issues.

The public relations considerations of the Nova Scotia Nurses' Union were likely attempts to maintain this balance and in so doing secure public support for the nurses during the bargaining process. The minutes of the May 17, 1977 Executive Meeting support this analysis, with the passing of the motion relating to the necessity of a public relations campaign, "to do so in order to inform the public that the nurses negotiations position is not stagnant due to monetary issues." This position also reflects the reluctance of nurses to be perceived as mercenary, highlighting that economic gain was not a pivotal stumbling block to successful negotiations.

Later that year, at the Annual Meeting held September 29 and 30, 1977 the membership agreed that more emphasis needed to be placed on public relations. Those attending the Annual meeting wished to place increased emphasis on nurses' concerns with respect to patient care. Again the campaign was examined carefully in terms of route for obtaining the coverage, costs involved and timing of the release of statements or placing of article or ads. A public relations consultant was hired, George Dyslin, who worked with the Nova Scotia Nurses' Union from 1975-1978, advising the union on public relations

matters, as well as providing assistance in designing the professional format of the NSNU Newsletter (NSNU Newsletter, January 1979).

Considerations of public perception shaped the way the Nova Scotia Nurses' Union prepared press releases and lobbied government. In her interview with me, Kettleson explained that press releases, particularly press releases about job action, were constructed to include a reference to patient care and service to the public. The membership of the union wished to stress that collective bargaining was ultimately for the benefit of the patient, with the rationale that a nurse who is happy in the workplace would result in improved patient care. Kettleson suggested that nurses preferred to stress the benefit to the patient and service aspect rather than to focus on their personal work lives. This again, reflects the socialization of nurses to be self sacrificing, placing the needs of the patient above personal considerations.

The media proved to be a strategically employed vehicle to increase public visibility. In 1980 the Executive of the Nova Scotia Nurses' Union passed a motion allocating funds ($1000) for the production of a television public relations message, and agreed to review the cost of having a television Christmas Greeting during the week of the Christmas season (Executive Committee Minutes, August 12-13, 1980). After careful consideration, the decision was made that the public relations message be a thirty second segment on CBC centring on a health and safety theme and ending with the caption "sponsored by the NSNU" (Executive Committee Report, October, 1980).

Public relations and efforts to obtain "good" press coverage was an ongoing consideration for the Nova Scotia Nurses' Union, particularly when negotiations were ongoing. Appearing frequently in the minutes of the Executive Committee, it was obvious that orchestrating effective public relations endeavours required expertise. The March 9, 1981 Executive Committee Meeting saw the Nova Scotia Nurses' Union retain the services of D. O'Brien and Associates as public relations consultant until negotiations were completed.

The March 9, 1981 Executive Meeting also saw the membership vote in favour of a slogan for negotiations, passing a motion to have pins and bumper stickers made using the slogan "keep nurses in nursing." The Executive saw this slogan as the real theme of the 1981 round of negotiations. The emphasis of the slogan was on patient care, with the slogan phrased to convey the message that the goal of negotiations was to allow nurses to continue to provide care for patients, with no reference to improvements in salary or benefits for nurses. Barriers to successful negotiations would result in nurses not being allowed to care for patients, or to "nurse," with the veiled suggestion that nurses would leave the profession, should negotiations prove unsatisfactory. The wording of the slogan reflected the desire to obtain and maintain favourable public opinion and support.

One means of garnering favourable public opinion was through increased visibility in the community. At the February 22, 1982 meeting, Winnie Kettleson suggested the Executive promote programs at the local level which would

increase visibility while assisting the aged in the province. Her suggestions included raising money at the local level to be used to assist the elderly who are alone at Christmas, as well as utilizing the mass media as a means of providing a name or phone number for an elderly person to contact if they so desired.

Political Action Committee

The Nova Scotia Nurses' Union was also considering its role in shaping public policy. The minutes of the August 15, 1977 Executive Meeting indicate that there was a discussion of the viability of developing a provincial political action committee, composed of representatives of the union membership. The Executive passed the motion "that this topic of a political action committee be developed by the Executive and that same be introduced to the provincial delegates at the Annual Meeting in September." The Executive Committee envisioned that this committee would question candidates during election campaigns to determine the position of each candidate on issues of interest to the union, such as provincial bargaining, right to strike in public sector, controls and communication problems. The notion of lobbying the government to actively promote the goals of the Nova Scotia Nurses' Union was not indicated in these preliminary discussions.

The minutes of the Annual Meeting indicate that Tom Patterson did address the membership at that time, and explained the need for a Political Action Committee. He explained that nurses must be made aware of the effects of decisions made by politicians on their lives as nurses, union members and

citizens, and politicians must be made aware that nurses are concerned about the issues, and are prepared to speak out in response to government decisions.

The discussion resulted in the formation of the Political Action committee, which held its first meeting on December 9, 1977. At that time the Committee identified areas of immediate concern to Nova Scotia Nurses' Union members, developing a list of six broad areas pertinent to nursing: provincial bargaining, wage and price controls and decontrols, government spending and waste, labour legislation, costs an d benefits of task forces inadequacies of the provincial social service system and industrial democracy (NSNU Newsletter, January 1978). The mandate of the committee was two-fold: to keep the membership apprised of the positions taken by politicians federally, provincially and municipally, and the impact of these positions on the lives of nurses; and, to advise politicians regarding the position of the Nova Scotia Nurses' Union on issues of concern to the membership.

The Political Action Committee struggled to remain active in achieving its mandate. Although the Executive and staff of the Nova Scotia Nurses' Union were actively involved in lobbying, communicating and presenting briefs to the government, the Political Action Committee was not able to achieve a high level of visibility, and its lobbying efforts were minimal. The Nova Scotia Nurses' Union remained committed to its belief that the Committee could be a valuable resource for the Union and a decision was made at the 1979 Provincial Meeting to re-establish the Nova Scotia Nurses' Union Political Action committee (NSNU

Newsletter, February 1980).

It was not until much later that the membership developed local Political Action Committees. The impetus for the locals was a result of educational sessions which were provided through regional workshops, which resulted in the formation of "several regional Political Action Committees" (Nova Scotia Nurses' Union Newsletter, September 1988, p. 10).

Relationship with Sister Unions

The Nova Scotia Nurses' Union maintained contact with other unions in the Nova Scotia, particularly those representing health care employees. One such contact was a meeting between the Nova Scotia Nurses' Union, Canadian Brotherhood of Railway, Transport and General Workers (CBRT & GW), Canadian Union of Public Employees (CUPE), Nova Scotia Government Employees Associations (NSGEA) and Operating Engineers and the Nova Scotia met and discussed the forthcoming round of negotiations in 1978. Coincidentally, virtually all hospital contracts would be subject to renegotiation in 1978. The unions agreed that their positions would be strengthened considerably through cooperation and mutual support. Another meeting was held, this time including the union groups and the Nova Scotia Association of Health Organizations (NSAHO) Labour Relations Committee to discuss the feasibility of provincial bargaining and the possibility of having union representation on the provincial pension committee.

The Nova Scotia Nurses' Union continued to dialogue with Public Sector

Unions, the minutes of the February 2, 1980 Executive Committee indicating that a permanent liaison had been developed, the Conference of Non Affiliated Nova Scotia Public Sector Unions. The conference was composed of the Nova Scotia Nurses' Union and the Nova Scotia Teachers Union, the Police Association of Nova Scotia and the Nova Scotia Confederation of Faculty Associations (Executive Committee Report, June 1980). The Liaison Committee developed a simple constitution with two objectives, communications and coordination and planning of joint projects. The Committee agreed to meet four times a year, with rotating hosts who would assume financial responsibility for the meeting at their location.

In addition to the Conference on Non Affiliated Nova Scotia Public Sector Unions, on December 22, 1981 the Nova Scotia Nurses' Union also became a part of a coalition of unions involved in public sector bargaining, the United Front for Free Collective Bargaining. The purpose of the coalition was to preserve and enhance the free collective bargaining system in Nova Scotia (Staff Report, Executive Meeting, January 16, 1982). The membership of this coalition was diverse, including the Nova Scotia Federation of Labour, the Nova Scotia Nurses' Union, the Nova Scotia Teachers Union, the Nova Scotia Confederation of Faculty Association, the Canadian Union of Public Employees, the Canadian Brotherhood of Railway, Transport and General Workers, the International Association of Fire Fighters, and the Nova Scotia Government Employees Union. The impetuous for the formation of the coalition was in response to the

"government's expressed intentions to limit the right to strike of employees perceived to be essential to the public" (Staff Report, Executive Meeting, January 16, 1982). Its intent was to send a clear message to government that the unions were prepared to challenge government to protect their rights.

When the Canadian Nurses' Association first endorsed the principle of collective bargaining in 1944, it quickly adopted a no strike policy two years later. This policy was then rescinded in 1972. Unfortunately, the change in policy was not reflected in the Code of Ethics for Nurses, which in 1980 stated that nurses should not have the right to strike. This statement was cause of concern for Nova Scotia nurses, who believed that it denied the nurses' legal rights and brought forth the possibility of disciplinary action should a nurse exercise her legal right to strike. A motion was passed at the Executive Committee Meeting (May 22, 1980) directing a letter of objection regarding that clause of the Code of Ethics be sent to the Canadian Nurses' Association, with copies sent to other unions possessing the right to strike.

The matter was placed on the agenda of the Liaison Committee Meeting with Registered Nurses' Association of Nova Scotia. The ensuing discussion was somewhat confusing, with the Executive Secretary of RNANS, Joan Mills believing the clause would not harm unions. Marilyn Riley, President of RNANS, who had been involved in the process of approving the Code of Ethics, found the clause as it appeared in the finished document confusing (Executive Committee Minutes, June 22, 1980). These discussions resulted in the topic being placed

on the agenda of the Registered Nurses' Association of Nova Scotia Annual Meeting.

Further discussion of the Code of Ethics with other stakeholders revealed that the contents of the Code were not well known. Copies of the letter of objection sent to the Canadian Nurses' Association were forwarded to the counterparts, and discussed informally with those attending the 1980 Summer School session, and none were aware of the clause contained in the Code of Ethics (Executive Committee Minutes, June 22, 1980).

Once accepting that withdrawal of services was in fact compatible with nursing, if only as a last resort, the Nova Scotia Nurses' Union was not prepared to lose this right as part of the collective bargaining process. The Executive of the Nova Scotia Nurses' Union believed that there was a need to oppose restrictive legislation to maintain free collective bargaining and that the best to achieve that was through joint efforts with other participants of the United Front (Executive Meeting, January 24, 1983).

The debate surrounding withdrawal of service and the determination of essential services was one that was to continue through 1985. It was the position of the Nova Scotia Nurses' Union that "legislated essential services would be devastating and that it would be worse than compulsory arbitration" (Executive Meeting, August 13-14, 1985). The Nova Scotia Nurses' Union had a policy of providing essential services when necessary with the level of such services determined by the local(s) involved in a dispute.

National Nurses' Union

The staff of the Nova Scotia Nurses' Union continued the practice established by the Nurses' Staff Association of Nova Scotia of attending national meetings with their collective bargaining counterparts. The February 1977 NSNU Newsletter describes the purpose of these meetings as the exchange of information and contracts; improvement of skills and procedures through guest speakers and the sharing of techniques and trends used in collective bargaining. In his interview with me, Patterson recalls the Counterparts meetings proved to be a valuable avenue for the exchange of information. Trends in nursing, such as nursing shortages, and in collective bargaining tended to develop nationally, with Ontario and British Columbia often the pioneers. The Counterparts meeting provided a forum to critically analyze events to determine if trends were developing and to develop a proactive strategy to address such occurrences.

The initial purpose was to provide a forum for communication, and did not clearly define the mandate or provide direction for the Counterparts meetings. During our interview, Patterson recalled that these meetings were somewhat informal, with the membership consisting of senior staff and Presidents of the various unions. The focus was the communication of information. The minutes of the October 20, 1979 Executive Meeting hint that the Counterparts Meetings were suffering from this lack of clear direction, suggesting that the meeting was not as productive as it should have been.

There was federal deliberation of collective bargaining, with discussion of

the formation of a national body. At the November 24, 1975 Annual Meeting of the Nurses' Staff Association of Nova Scotia Tom Patterson, Labour Relations Officer reported on the National Committee for Nurse Collective Bargaining establishment of a sub-group to study a national structure. As a member of this sub-group, Mr. Patterson suggested that there were three alternatives: to maintain the status quo; to from a national Federation of Nurses; or form a National Union of Nurses. Patterson presented the advantages of establishing a national body as increased educational benefits, increased research ability, increased national public relations and communications, and possibly decreased costs. Although Mr. Patterson's report was discussed at the Annual Meeting, the membership did not give clear guidance to proceed in a specific direction.

Although no consensus was reached either provincially or nationally to support such an endeavour, a four person sub-committee was established to further examine the question. The Nova Scotia Nurses' Union was actively involved in this process, with Winnie Kettleson sitting on the founding committee. The formation of a national body was believed to offer several benefits to all members. The February 1977 NSNU Newsletter reported the benefits identified from such a union as being four-fold. The first benefit was the strength of a national voice of approximately 70,000 nurses to respond to government policies. The second advantage identified was that of education, a variety of programs at a variety of skill levels aimed at increasing member knowledge and skills in collective bargaining. The committee also identified research as a

strength of a national body, including research involving contract issues, collective bargaining practices and the collection of pertinent statistics. The final benefit was that of a National Newsletter to allow the membership knowledge of the broader national scope of collective bargaining activities.

The proposed federal structure was to have some policy making ability, but was envisioned as service-oriented, focussing on direct services such as education, research and information, as well as an element of indirect service. This indirect service was predicted to occur as the result of the provincial Nova Scotia Nurses' Union staff having increased available time to devote to the process of collective bargaining, this time available as a direct result of the services provided by the federation. Since the scope of the federation was to meet the educational needs of the members and the research needs of the union, it seemed reasonable to conclude that the Nova Scotia Nurses' Union would have increased time to devote to the business of collective bargaining.

The issue of a federation of nurses was a topic of debate, nationally and within the province. Despite the benefits as outlined in the newsletter of February 1977, the NSNU membership did not completely embrace the idea. It was not clear if the intent was to create a national nurses union or an alliance. The June 1, 1977 minutes of the Executive Committee reflect the difficulty in reaching a consensus. The provincial presidents met to consider the advantages of forming a National Nurses Union. Although the majority of the provinces supported such a move, Newfoundland and British Columbia refused

to support the motion.

In Nova Scotia, although in favour of a national alliance, the Executive Committee was not without reservations. At the November 18, 1978 meeting the Executive expressed concern that the formation of a National Nurses Union could place the autonomy of the Nova Scotia Nurses' Union at risk. The Executive was to take the position to support and participate in discussion for the purpose of the formation of a federation or congress, but not a union.

The progress toward forming a national organization was not meteoric. Just as Nova Scotia nurses had reservations and questions about such a body, so it appears did the other provinces. Both British Columbia and Ontario failed to attend a 1978 Montreal meeting to discuss a National Nurses Body, and Alberta and Quebec attended only as observers. Only Manitoba had a clear mandate to support the formation of a National Nurses' Union. The result of discussion at the meeting was directed toward the support of a Federation, as opposed to a Union, echoing the thoughts of Nova Scotia Nurses (Executive Committee Minutes, March 17, 1979).

It was not until the Provincial Meeting of October 29-30, 1981 that the Nova Scotia Nurses' Union received the support of the membership, through an affirmative mail ballot, to join the National Federation of Nurses' Unions.

There is little mention made of the National body in the Nova Scotia Nurses' Union minutes from 1981 until August 13, 1985 when a letter appears in the correspondence read at the Executive Meeting, in which a letter is received

from Anne Gribben, CEO, ONA (Ontario Nurses' Association) seeking information as to why Nova Scotia Nurses' Union withdrew from the Federation. It is unclear in the written records of the Nova Scotia Nurses' Union as to why the Union decided to withdraw, with no discussion found in the minutes.

Discussions with Winnie Kettleson and Tom Patterson provide some insight, as they related that the National Federation of Nurses' Unions was not able to achieve a national representation of nurses. Several of the larger groups representing nurses declined to become affiliated with the national Federation, including the Ontario Nurses' Association, Quebec, Alberta and British Columbia nurses (Patterson, 1998). The Federation was not a truly national voice for nurses without the inclusion of those four large groups of nurses.

During our interview, both Patterson and Kettleson agreed that although the Nova Scotia Nurses' Union initially joined the National Federation of Nurses' Unions, they quickly became dissatisfied with the Federation believing that the money paid the national body was not resulting in the types of services needed by the Nova Scotia Nurses' Union. One reason for this dissatisfaction was the lack of a true national voice, which could not be achieved without the membership of all unions representing Canadian nurses. Another barrier was the lack of clear direction of the Federation regarding its mandate, was it to be primarily service directed or a political organization. Patterson believes that the Federation suffered from inadequate financial resources to allow it to be truly effective. The Nova Scotia Nurses' Union believed those monies paid the

National Federation could be better directed toward servicing the provincial membership through the creation of an additional staff position at the Nova Scotia Nurses' Union.

Conclusion

Nurses and the Nova Scotia Nurses' Union have been involved in actively promoting the image of the nurse as a health care professional, a valued and essential part of the health care team impacting on the health of Nova Scotians. As the Nova Scotia Nurses' Union has matured as an organization, its role has expanded from the negotiation and administration of collective agreements to include shaping public policy. Although early efforts directed toward political action achieved limited success, the Nova Scotia Nurses' Union has continued to address issues that effect the lives of Nova Scotia nurses. The involvement of nurses in shaping policy and politics once again challenges the role of nurses and women in society. Nurses were no longer prepared to be passive members of the health care team and were demanding an active role in the provision of health care in Nova Scotia. As Nova Scotia nurses accepted that collective bargaining was as effective means of achieving improvements in working conditions and benefits, they also became increasingly aware that networking and cooperative associations with their sister unions, both provincially and nationally provided both benefits and challenges.

CHAPTER VII

CONCLUSION

COLLECTIVE BARGAINING SHAPES THE FUTURE

Collective bargaining by Nova Scotia nurses has significantly impacted on the work-lives of nurses. The October 17, 1967 minutes of the Social and Economic Welfare committee indicate the minimum salary for a Registered Nurse in 1968 was $400.00 per month (an annual salary of $4800.00), although the Registered Nurses' Association of Nova Scotia recommended a salary of $425.00 per month. By 1975 the current monthly salary for a Registered Nurse was $651.00 per month, or $7812.00 annually (NSANS Newsletter, January, 1975). A review of the collective agreement between the Aberdeen local of the Nova Scotia Nurses' Union and the Aberdeen Hospital for the years 1984-1986 indicate a starting salary of a Registered Nurse of $11.8844 per hour or $23,254 annually, and a nurse with five years experience would receive an annual salary of $27,519 ($14.0647 per hour).

The dramatic improvements in remuneration are the more obvious benefits achieved through collective bargaining. Other gains include standardized wage rates based on years of nursing experience, as opposed to merit; improvements in working conditions and benefits such as paid vacation, holidays, sick leave, maternity leave and education leave; and formal avenues to dialogue with the employer through union-management committees - all of which were considered standard components of the collective agreement of 1985.

The trajectory of the development of collective bargaining in Nova Scotia mirrors that of other Canadian provinces. The efforts of the Canadian Nurses' Association, were instrumental in the development of organized collective bargaining in the provinces. The professional association endorsed collective bargaining for its members in 1944, recommending that certification be obtained by the provincial professional associations for the purposes of collective bargaining. While the Canadian Nurses' Association recognized the need for change and improvements in working conditions and benefits, the impetus to become involved in collective bargaining was to protect the right of nurses to bargain for nurses, rather than to become members of a multi-professional union that would not represent the needs of nurses.

The efforts of the Canadian Nurses' Association proved to be the forerunners of many of the present day nurses unions, including the Nova Scotia Nurses' Union. The role of the professional association to provide support, education and motivation to nurses provided the impetus for Canadian nurses to become active participants in collective bargaining.

Like their national counterparts, the majority of Nova Scotia nurses had little experience in collective bargaining, and they had concerns about the compatibility of collective bargaining with nursing. Debates ensued, with opponents of collective bargaining suggesting that it was not professional to belong to a union. The beliefs of Nova Scotia nurses had been influenced by their socialization as nurses, the majority of whom were female. Nursing

education, through religious influences had emphasized the duty of the nurse to provide care, effectively to serve without question, and with no regard for personal gain. Such ideals were incompatible with collective bargaining.

I had expected to identify more clearly the influence of religion on the development of collective bargaining in nursing. While in her interview with me, Kettleson recognized that religious influences have shaped nursing education, nursing practice and collective bargaining by nurses, and a review of the minutes of various committees of the RNANS reveals the involvement and contributions of the "Sisters" to the professional association, I was unable to locate other primary sources of data to describe the influence on collective bargaining by nurses. Others have faced similar struggles, as McPherson (1996) identifies that "religious influence on social service outside of Quebec remains an underdeveloped area of historical scholarship, in part because of limited availability of primary documentation" (p. 23).

The Nova Scotia Nurses' Union has faced many challenges as it has grown in membership and in its role as the collective bargaining agent for nurses. Executive Director, Tom Patterson identifies the strike of 1975 as significant in the history of the Nova Scotia Nurses Union. Patterson believes the strike illustrated the need to establish an independent organization, with the mandate to represent Nova Scotia nurses at the bargaining table. The weakness of the constitution of the staff associations became evident during the negotiations and eventual strike in 1975, with the constitution providing little

guidance or direction to the membership. No provisions were included in the constitution to direct the membership in ratifying a collective agreement, nor was the relationship between the local staff associations and the provincial body defined in the loosely constructed document.

The Nova Scotia Nurses' Union has grown as an organization. The close affiliation with the professional association, the Registered Nurses' Association of Nova Scotia has been shaped to be a professional relationship rather than the early association of mentorship that was evident as the first staff associations became certified. Establishing a separate physical organization was only one challenge, the establishment of a separate identity, a separate vision, a separate mandate and a separate role was a path that forged by the Nova Scotia Nurses' Union in response to the identified needs of the membership. A process that involved thought and consideration, and not one created quickly or without reflection.

The direction of collective bargaining in Nova Scotia was initially shaped by the Registered Nurses' Association of Nova Scotia. As nurses became more experienced in collective bargaining the paths of the professional association and collective bargaining agent began to diverge, with the RNANS developing a role in licensure and professional practice issues, and the role of the NSNU that of improving the work-lives of nurses. I would suggest that Nova Scotia nurses embraced collective bargaining with far more enthusiasm than the professional association had anticipated. The departure from suggestions for improvements

in working conditions to demands that changes be forthcoming heralded the arrival of true collective bargaining by Nova Scotia nurses. I would speculate that the RNANS was uncomfortable with the powerful, assertive and autonomous group that it had been instrumental in creating, an organization that challenged the status quo and the foundation of the nursing profession.

Challenges of the Future

I chose 1985 as the endpoint of my study because I identified this as the point which I believe reflects the stability and development of the Nova Scotia Nurses' Union as a mature organization; it marks the coming of age of the union. The Nova Scotia Nurses' Union had overcome the early barriers of development, including developing an identity separate from that of the parent body, the Registered Nurses' Association; continued growth, with an increasing membership; financial stability; and, most importantly, providing an effective avenue to positively impact upon the work-lives of Nova Scotia nurses.

That is not to suggest that the path of collective bargaining in Nova Scotia has been without difficulties. The membership have had to reconcile varying expectations to achieve a united approach acceptable to all members. At times there had been a geographical chasm between nurses in mainland Nova Scotia and Cape Breton. Cape Breton nurses, with their increased exposure to collective bargaining due to the industrial base of the community, were prepared to more aggressively participate in the bargaining process than were their mainland counterparts. While Cape Breton nurses were often perceived as

radicals by the rest of the province, Cape Breton nurses perceived they were not receiving the support of their peers, and of the Nova Scotia Nurses' Union.

The approach taken by the Nova Scotia Nurses' Union to bargaining has been described by Langille and Patterson, in their oral histories, as different from that used by other trade unions, as a more professional approach in keeping with the way nurses like to do things. I would suggest that this approach, while perhaps dignified and refined, is rooted in gender: a softer more feminine approach that stresses patient care as opposed to aggressive tactics stressing what we need and we deserve. The approach of the Nova Scotia Nurses' Union reflects the way women are presumed to like to do things.

The Nova Scotia Nurses' Union has been effective negotiating contracts which have positively improved working conditions for nurses. Salaries and benefits have dramatically increased, working conditions have improved, and I believe that nurses have become increasingly empowered through the support of their collective voice. Nurses have gained, and continue to do so, a voice in matters impacting upon patient care. Through the negotiation of collective agreements and through membership of formal committees, such as Union-Management Committees, nurses have a forum to discuss issues that impact upon patient care, such as staffing, scheduling, education, policies and procedures.

Nova Scotia nurses have increasingly developed expertise in labour relations and collective bargaining. Gone is the naive expectation that

employers determine fair wages and working conditions and will look after the "girls";gone is the fear of reprisal for becoming a member of a union; gone are beliefs that the needs of the patient must be placed above all other considerations. While many nurses came to accept that collective bargaining is compatible with nursing, the debate has continued. The 1960's saw nurses concerned that it was not professional to be involved in collective bargaining. The advent of research based practice has brought forth the argument that it is not necessary to belong to a union because nurses are professionals and as such do not have the need for union representation.

The Nova Scotia Nurses' Union has become increasingly politically active. While the Political Action Committee initially struggled to achieve its mandate, the Union has strengthened its ability to speak out against legislation that adversely effects its members. The Union has attempted to positively impact health care in Nova Scotia through lobbying government to effect changes in policy and through presenting briefs to task forces and commissions of interest to the nursing profession.

Interestingly, the role of the Nova Scotia Nurses' Union has evolved to include facets that were once the domain of the Registered Nurses' Association of Nova Scotia. It is unfortunate to note that both Patterson and Kettleson have identified a sense that members of the Nova Scotia Nurses' Union believe the professional association is not meeting their needs, that it is not addressing issues that impact upon their professional practice. This is one area which

Kettleson identifies as presenting a challenge for the future direction of the Nova Scotia Nurses' Union. As the membership identifies practice issues that they believe to be acted upon, it can be anticipated that the Nova Scotia Nurses' Union will expand its role to address these issues. The Nova Scotia Nurses' Union takes direction from the membership, and Kettleson cautions that it will be the nurses of Nova Scotia who shape the direction of the Nova Scotia Nurses' Union.

But I believe that even more significant is the split between the Nova Scotia Nurses' Union and the Nova Scotia Government Employees Union. A split that has occurred in recent years and results in divisions among provincial nurses that tends to subvert cohesion.

Implications for Nursing

Historical research is more than a chronological listing of events. It involves an analysis of events, an identification of factors that have shaped events, and an assessment of how the contributing factors have impacted upon the development of events.

Collective bargaining for Nova Scotia nurses did not occur as an isolated event. Numerous influences brought about collective bargaining, and many forces have shaped the process and will continue to mold the process. Many nurses practicing in 1999 do not recall practicing in a time when the majority of nurses were not members of a union. Little consideration is given, value placed upon or understanding of the struggles of those nurses pioneering collective

bargaining in Nova Scotia. Gone are the ethical and moral dilemmas about the "rightness" of belonging to a union. For the nurse of today, membership in a union is not a matter of choice, but a fact of employment.

It is important that we, as nurses examine our history and learn from past events. Those ideals that are the essence of nursing remain today, namely care for the patient. The nature of the word "care" had changed through history. In days past, care included cooking, cleaning, laundry, and mending as well as actually providing for the health care needs of the patient. Health care needs included all treatments such as diagnostic, rehabilitation and nutritional aspects of care as well as personal nursing care. Nursing is often referred to as a service oriented profession, one in which the provision of actual nursing care was but a small part of nursing responsibilities.

While ancillary staff now perform many of the non-nursing tasks in most health care facilities, nursing faces new challenges. Technological advances have created increasing levels of sophistication in the health care setting. Nurses are required to care for patients who are much more acutely ill than in the past, and to provide a much more sophisticated level of care. Nurses continue to struggle with inadequate resources in the workplace, financial, material and personnel. These issues are impacting upon the workplace of 1999, and adversely effecting the work-lives of nurses.

The nursing profession has changed greatly since the era of modern nursing began with the work of Florence Nightingale; the profession has changed

greatly since the Canadian Nurses' Association made its 1944 landmark decision in support of collective bargaining; women have also changed; and, society has changed. When once women left the workplace upon marriage, staying at home to manage the home and raise a family, they now have multiple roles, working both inside and outside the home and in many instances in the community.

I do not believe that any single factor or event can be isolated as the causative agent; however, I do suggest that without the support of a collective voice nursing would not have achieved the progress and improvements in working conditions, benefits and remuneration that we have witnessed to date.

The Struggle Continues

While this study has 1985 as an endpoint, this in no way indicates the end of collective bargaining by Nova Scotia nurses. Additional research needs to be done. As with any organization, the Nova Scotia Nurses' Union has continued to evolve and to meet the challenges of nursing into the 1990's. As the century ends, future study needs to analyze events from 1985 to 1999.

APPENDIX A
LETTER OF PROPOSED RESEARCH

Dear —:
My name is Sandy Redmond. I am a graduate student in the Master of Nursing Program at Dalhousie University. I am currently identifying a research project for the thesis component of the program. My area of interest is historical research. I have proposed a project involving the historical development of collective bargaining for nurses in Nova Scotia.

Since NSNU is the primary representative for nurses in Nova Scotia, the research would center on the development and growth of the union. I have met with some of the faculty at Dalhousie who have endorsed the project in principle - Barbara Keddy, my principal advisor with an interest in nursing history and a pro-union person, was enthusiastic and felt such a project to be valuable to the growth of nursing knowledge and to NSNU as well.

To be viable project, I would need the agreement and cooperation of NSNU. I can provides some basic (very preliminary) comments about the research project at this very early stage. As mentioned previously, it would be a historical approach, relying on documents and interviews. I would be a critical analysis of the development and growth of the union. I will record this process as honestly as I can but not in an anti-union manner.

I am asking you to consider this project, and hopefully see it as a valuable addition for both the union and nursing research. I would be delighted to talk with you further about the project.

Thank you for your consideration,

Sandy Redmond

APPENDIX B
CONSENT TO PARTICIPATE

Title of Study:
The Emergence of the Nova Scotia Nurses' Union: 1968-1985

Investigator:
Sandra Redmond
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Supervisor:
Barbara Keddy, PhD, RN
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Purpose of the Study

This research project will be conducted by Sandra Redmond, as part of the Master of Nursing Program at Dalhousie University. The study is an historical research project which will focus on the emergence of the Nova Scotia Nurses' Union with the time frame of 1965 to 1985. The specific aims of the study are: Describe and analyze the emergence of the Nova Scotia Nurses' Union using as theoretical frameworks 1) class, 2) religion, 3) the specifics of the times regarding the labour movement in Canada, and 4) the significance of the time frame for the Nova Scotia Nurses' Union in relation to other provinces.

Nature of the Project

The research will be an historical approach using documents and oral histories as sources of data. The focus of the study is the Nova Scotia Nurses' Union, and to be viable the project requires the approval and participation of the Nova Scotia Nurses' Union. If the Nova Scotia Nurses' Union agrees to participate in this study, it would involve access to such union documents, minutes, reports and notes which are on file with the Nova Scotia Nurses' Union, or their archives that provide information about the development and growth of the Union.

Interviews for the purposes of obtaining oral histories may be conducted, with the written consent of such participants. These individuals will be identified during the course of the research and will be individuals deemed to have contributed to the development of the Nova Scotia Nurses' Union. The interviews will be tape recorded with the understanding that the participant may ask for the researcher to stop taping at any time. The participant will be asked for permission to be identified as a participant in the study and to allow the interview and transcript to be placed in the Nova Scotia Public Archives. Upon the participant's request, the tape will be erased or given to the participant.

Rights of the Participants

The Nova Scotia Nurses' Union has the right to refuse to participate in the study. The Union has the right to withdraw from the study at any time. The information collected during the study will be kept confidential, with documents and data collected kept in a locked file during the research project.

Results of the Study

Upon completion of the study the thesis will be placed in library holdings and be retained by the researcher. The researcher agrees to give a copy of the study to the Nova Scotia Nurses' Union.

Informed Consent

This is to certify that I, ____________________________ , on behalf of the Nova Scotia Nurses' Union) understand the purpose and nature of the above study and agree to the participation of the Nova Scotia Nurses' Union in the study. The Nova Scotia Nurses' Union agrees to allow the researcher, Sandra Redmond access to documents which the Union may have that provide information about the formation and growth of the union.

____
Signature of Participant

________________________________ ______________
Position in the Nova Scotia Nurses' Union Date

________________________________ ______________
Signature of Investigator Date

APPENDIX C
CONSENT FOR INTERVIEW

Title of Study:
The Emergence of the Nova Scotia Nurses' Union: 1968-1985

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Purpose of the Study

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Interviews for the purposes of obtaining oral histories may be conducted, with the written consent of such participants. These individuals will be identified during the course of the research and will be individuals deemed to have contributed to the development of the Nova Scotia Nurses' Union. The interviews will be tape recorded with the understanding that the participant may ask for the researcher to stop taping at any time. The participant will be asked to indicate permission to be identified as a participant in the study and to allow the interview and transcript to be placed in the Nova Scotia Public Archives. Upon the participant's request, the tape will be erased or given to the participant.

Rights of the Participants

You have the right to refuse to participate in the study. If you do agree to provide an oral history, you have the right to withdraw from the study at any time. You may refuse to answer specific questions at any time during the interview. The information collected during the study will be kept confidential, with documents and data collected kept in a locked file during the research project. If you agree to be identified, the interview tape and transcript will be given to the Nova Scotia Public Archives. If you do not wish to be identified, your identity will not be disclosed in the project.

Results of the Study

Upon completion of the study the thesis will be placed in library holdings and be retained by the researcher. The researcher agrees to give a copy of the study to the Nova Scotia Nurses' Union. If you wish a copy of the completed thesis, contact Sandra Redmond, (902)742-5443 and a copy will be provided to you.

Informed Consent

This is to certify that I, ______________________________, understand the purpose and nature of the above study and agree to participate in the study. I understand that I may withdraw from the study at any time, or may refuse to answer specific questions during the interview. I am satisfied that confidentiality will be maintained.

________________________________ ______________

Signature of Participant Date

________________________________ ______________

Signature of Investigator Date

I agree to be identified as an interview participant and give permission for the interview tape and transcript to be placed in the Nova Scotia Public Archives.

________________________________ ______________

Signature of Participant Date

APPENDIX D

INTERVIEW GUIDE

1. Tell me about the beginning of the Nova Scotia Nurses' Union.

2. What role did you play in the development of the union?

3. What was the role of the union?

4. Were there problems in defining this role?

5. Do you see that the role has changed?

6. How did the union attract membership?

7. How would you describe the attitude of nurses toward the Nova Scotia Nurses' Union during the formative years (1973-1976)?

8. Tell me how this has changed during the history of the union.

9. What challenges faced the union?

10. How did the union respond to these challenges?

11. Tell me about the relationship between the union (NSNU) and professional association (RNANS).

12. What event(s) do you see as significant in the history of the union?

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