



FAITH, FAMILY, AND THE FUTURE OF WORK

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Dignity in Difficult Work: A perspective from health care worker advocates Rachel Hope Anderson

Rachel Hope Anderson is a Resident Fellow at the Center for Public Justice and director of CPJ's Families Valued initiative. Today, she interviews Trish Douma and Susan Siemens, representatives with the Christian Labour Association of Canada (CLAC).

[One in eight working Americans](#)' jobs take place in a hospital, nursing home, doctor's office or a patient's home. Few other lines of work require as careful a balance between the needs of patients, employers and employees as health care does. Tending to a sick or frail patient requires many hands, often around the clock.

One institution that can play a unique role in helping to balance these needs are unions. Families Valued recently spoke to two leaders in the Christian Labour Association of Canada: [a union that emerged from the Canadian Dutch Reformed community](#). The association initially represented workers in the construction trades and has since expanded to represent many sectors, health care among them.

Trish Douma has been a labor relations representative and regional director in her union for 16 years. Susan Siemens has spent 7 years as a labor relations representative advocating for workers. They represent nurses, personal support workers and those providing support such as dietary and housekeeping work. They have, over that time, developed keen insights on what's required to defend the dignity of some of the most difficult types of caregiving work.

The interview has been edited and condensed for clarity.

Families Valued: What drew each of you to the field of labor relations?

Trish: It was always around a sense of justice and giving voice to those who might not otherwise have a voice in their workplace.

Sue: I was drawn to the advocacy piece and the justice for those in precarious work environments. I had done quite a bit of work to address counter-trafficking in my university days. Often, in non-for-

profit organizations, you try to do intense work with \$100. I was drawn to an organization that potentially has the resources to help justice come to be in a tangible way, including in public policy.

FV: What does good work and workplace dignity mean to the workers you represent?

Trish: I think there are three or four categories: having the tools to be able to do a job well, having a mechanism to resolve disputes, enjoying fair and adequate compensation. There is also a great deal of pressure right now around flexibility in scheduling. The pressure around flexibility is on the rise. Most of the health care workers I represent are in caring positions and want to provide good quality care.

Sue: I would just add that workplace dignity also means having a voice in how one delivers care to clients and residents. Many feel as if they know how to do the work but feel they don't have the voice to be part of the conversation about it.

In our facilities, there are so many minute requirements. For example, meals have to be served at certain times. This means that a resident must be awakened and presented in the dining room at a certain time, even if the worker knows someone wants to stay in bed a little longer. They have very little freedom in choosing how they might best care for someone and are working with narrow guidelines that don't protect dignity.

Or at bath time and shower time in a long-term care facility, workers are not supposed to lift patients on their own. But sometimes, there are fewer workers on the floor than there should be. There's a chance a worker may try to move someone on their own – say they are stuck in the bath and are getting cold. She is trying to maintain the dignity of the resident. But there's a high probability that she'll be terminated from her job.

I worked with a personal support worker who was instructed to take a seat belt off a resident in her wheelchair. The woman fell out of her chair and died. The personal care worker was so distraught. Every day, personal support workers have to make choices between two impossible situations.

FV: What, if any, are the work-family tensions for health care workers?

Sue: Work-family tension often arises – or comes to light – in grievance situations. The more you learn about a workers' situation, the more you learn about what's going on at home and how that's bleeding into the workplace. It could be a very sick partner, parents who have moved in, a child who is autistic and needs a parent to be there when they come home from school. This workforce is predominantly made up of women. Women predominantly bear the burden of family care, which is a heavy emotional burden.

From a practical level, many workers are very tired and exhausted when they come to work because they have a lot going on outside of the home. This creates a situation that is emotionally charged. So, if you got denied a shift exchange and that means you can't go to your husband's medical appointment, or your shift means you will miss something important, it can result in conflict at work.

FV: What are the scheduling challenges for health care workers? Are schedules assigned with a lot of notice or short notice? Frequent on-call shifts?

Trish: In retirement and long-term care, we've reached the point in which collective agreements include fairly consistent schedules. We fought hard for that. A standard provision is to ensure employees know their schedule 6 weeks in advance and can plan around that.

Sue: In the home care industry, it is more difficult. There are more last-minute schedules and scheduling issues. The client can cancel, postpone. The health care worker is at the whim of clients they are dealing with that day.

Trish: What we're dealing with, we're just entering into a time right now in Ontario where there seems to be more work than workers. We're seeing it especially in nursing homes and hospitals. And there is an increase in the number of people willing to be a casual employee. It used to be that the gold standard was a full-time job. We notice that as the economy is changing, people are electing to be casual employees. Because there are more shifts than people willing to work them, you can pick which shifts you want and work up to full-time hours.

For some workers, what they want is flexibility, the ability to work when they want and not when they don't. But if you ask someone who has worked for 20 years, they are frustrated by the trend toward casual work. The outcome is that they are working short on the floor. Hospitals and nursing facilities are depending on casual workers to pick up shifts, but the worker may be out working another job.

What employees most want is self-scheduling or the opportunity to exchange or give away shifts. Most collective agreements allow for shift exchanges with a limit on the number per period.

FV: How does a union help?

Trish: A union creates an opportunity for workers to negotiate self-scheduling in their collective agreements (shift exchanges or shift giveaways between employees). Without agreements, employers are very restrictive. A collective agreement usually ensures that you get your schedule six weeks in advance and can plan accordingly. Then, you can actually make your work schedule work around your personal life. Collective agreements include limits on how many days must be worked in a row or how often employees are required to work weekends.

We also have a mechanism to advocate on an ongoing basis, not just the collective agreements. We have regular meetings with the employer where we have an opportunity to raise concerns. A union gives people the opportunity to do things they might not be able to do on their own. Rather than asking for something individually, you can speak on behalf of a larger group of people.

I just had a situation where an employer said, "We are not going to deny a shift give-away or exchange. We will allow it when an employee needs it." That relieved an enormous burden. It's something we've been fighting for for a long time with this employer.

Sue: On a larger scale, unions are responsible for the eight-hour work day. If you translate this to the present day, unions have been responsible for advocating for personal days and compassionate leave that allows workers to care for people in their family who need them.

FV: Is there a creative way you've helped address both employer needs and employee family obligations?

Trish: At one hospital, we helped develop a casual float pool that covered several different departments. The employees in this pool are qualified to work a number of different shifts and different departments. This means more workers available to fill shifts, and people in the pool receive significant number of offers of work and build up their skills in a variety departments.

FV: What are core principles that guide you?

Trish: In addition to Christian principles upon which our union (CLAC) is based, it's about worker choice. It's about having opportunity to make choices.

Sue: I have a keen understanding that people have a lot going on their lives and work in a very rigid environment. For healthcare workers, the work they are doing is already so undervalued. They come to work with so many other caregiving burdens on their minds. Their days are hard. It's about dignity and acknowledgment that work is important. The work you're doing in health care is among the most important work because you're giving dignity to other humans. Our question is this: how do we maintain dignity in these very difficult workplaces?

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