

letter to the editor

Dear Editor,

Your editorial, 'Nurses Strike' (Anderson, 2002), omitted two salient points and thus does not provide a comprehensive picture of the events impacting on the decisions of Canterbury nurses in regard to industrial action.

Firstly, Canterbury nurses have faced increasingly untenable workloads for a number of years, and in divisions such as mental health, an almost mandatory obligation to accept overtime shifts to cover the rostering requirements. This has negatively impacted on their ability to consistently provide professionally acceptable standards of nursing care. Almost daily, nurses are facing the ethical dilemma of rationing their care. The patient care need clearly exceeds the nursing hours available. The decision nurses face is 'what care do I not deliver today but try to maintain basic safety needs?' The stress and distress that ensues and the poor remuneration to compensate for this stress has resulted in nurses leaving the Canterbury District Health Board (CDHB) in increasing numbers.

The need to address urgently retention and recruitment through appropriate remuneration and thus improve the immediate staffing issues was a key factor in the recent industrial situation. This was seen as providing immediate relief while longer-term strategies could be put in place.

Secondly, comments relating to the decision not to enter into the South Island Multi Employer Collective Agreement (MECA) negotiations oversimplify the situation. The establishment of the CDHB brought together two organisations, Canterbury Health and Healthlink South, both

of which had vastly different and complex employment contracts. The Healthlink South contract covered not only nurses but also allied health professionals and service workers and included other unions. The conditions, base and penal rate structures differed significantly in both contracts.

As a result, members covered by both contracts decided to conclude this round of bargaining separately from the MECA process. However future direction regarding joining the South Island MECA will be discussed again with New Zealand Nurses Organisation members over the next year.

This information provides greater clarity around the decision-making of nurses in the lead-up to industrial action by CDHB nurses which was missing from your editorial. Nurses in Canterbury did act responsibly. They clearly saw the need to address recruitment and retention issues, to stabilise current staffing and then move to improving the situation so that patients receive professionally acceptable standards of care. The decision to remain outside the South Island MECA at this time was rational considering the existing contractual circumstances in 2001.

Yours faithfully,

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Reference

Anderson, L. (2001). 'Nurses Strike' [Editorial]. *New Zealand Bioethics Journal* 3(1), p.?