



Provincial Office:
700-11150 Jasper Avenue NW
Edmonton Alberta T5K 0C7
780-425-1025/1-800-252-9394
Fax: 780-426-2093

Southern Alberta Regional Office:
300-1422 Kensington Road NW
Calgary Alberta T2N 3P9
403-237-2377/1-800-661-1802
Fax: 403-463-2908

www.una.ca
nurses@una.ca
facebook.com/unitednurses
twitter.com/unitednurses
instagram.com/albertanurses

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Lee McEwan
Executive Director – Negotiations and LR
Alberta Health Services
900-9925 109 Street
Edmonton Alberta
T5K 2J8

Lindsey Simpson
Director – Abilities Management
Alberta Health Services
Edmonton General Hospital
Office 11R11, 11111 Jasper Avenue
Edmonton Alberta T5L 0L4

Krystie Watson-Boyd
Director – LR
Alberta Health Services
900-9925 109 Street
Edmonton Alberta T5K 2J8

Gayle Shurvell
Director – Employee Benefits and Retirement Programs
Alberta Health Services
Suite 700 North Tower, 10030 107 Street
Edmonton Alberta T5J 3E4

Dear Lee, Lindsey, Krystie and Gayle,

RE: Attendance Management

We are hearing increased discussion about attendance management at Alberta Health Services. We understand the attendance management process remains an option for managers dealing with absences. We recognize that AHS faces significant human resources challenges as it relates to health care workers. In that light, it may be tempting to address staffing issues through increased focus on attendance management. We have significant concerns for front line staff.

Healthcare workers in general and Registered Nurses and Registered Psychiatric Nurses in particular, face unprecedented levels of health concerns. Employees are trying to care for themselves before a more serious condition requires them to be off work for a lengthier period of sick leave, short-term or long-term disability. Employees are requesting to reduce their hours of work, transfer positions, change employment status to part time and casual, take vacation, and use special leave. Often these requests are thwarted by employer decisions to deny requests, mandate overtime, or redeploy or float staff back to the unit they attempted to leave.

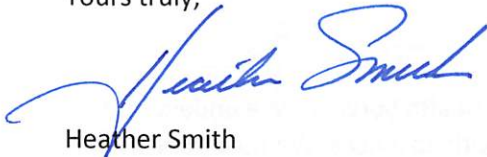
In the absence of these options, sick leave is their last recourse. An attendance management program, whether intended or not, will add pressure on employees to report to work when they should otherwise take time off. Ultimately this will be counter-productive to the goal of keeping employees in the workplace. Employees will continue to push their bodies, mind and spirit beyond their breaking points and their recoveries will be lengthy and costly - most of all to the employee who compromised their health. Burnout is apparent to anyone willing to look for it. There is also a growing understanding of undiagnosed and untreated post-traumatic stress disorders among health care workers.

Beyond these objections, we also wanted to share several concerns with respect to this particular attendance management program. We understand it uses an average to establish the baseline for the number of absences that triggers the program. The use of an average is flawed from the outset because it results in something close to 50%

of employees who will exceed the average. In addition, we anticipate that the chosen averages may be based on pre-pandemic data. Using pre-pandemic levels of absences is unreasonable and would demonstrate a lack of compassion and respect for the unique challenges faced by front line health care workers. With restrictions further eroded to stop the spread of COVID-19 and data showing that the BA.4 and BA.5 variants are four times more resistant to antibodies, we can expect the incidents of COVID to increase again in the near future. Infections and isolation may result in increased use of sick time by nurses. Further, absences are not limited to illness. We know from more than 2 years of experience that COVID also results in increased absences due to child care and will predictably add further strain to the health care system which will aggravate existing mental health conditions and associated physical manifestations of those illnesses.

It is our conclusion that implementing an attendance management program at this time will place our members' health at risk. It will also be interpreted as a disregard for employees' health when this moment calls for compassion and caring. Increased activity to manage attendance may undermine current and future good faith efforts by the employer and its agents to address its' employees' health and wellness. If the employer is contemplating any steps associated with attendance then we request the employer meet with UNA to discuss a healthy and respectful approach to attendance.

Yours truly,



Heather Smith
President
United Nurses of Alberta