

**Masterpiece Southland Meadows Ltd.**

**Auxiliary Nursing Care (ANC)**

**Bargaining Survey**

**AUPE Local 048 - 050**

Your AUPE Bargaining Committee needs to know and understand the issues that are important to you for the upcoming first round of collective bargaining. We will focus on the key membership concerns identified in this survey. Your input is vital and will give us the information we need to engage the employer at the table and negotiate a fair collective agreement. None of your individual answers will be provided to the employer.

**PLEASE PROVIDE FEEDBACK AND IDEAS – YOUR ANSWERS WILL BE KEPT CONFIDENTIAL**

Name (Optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What is your employment status (Full-time, Part-time, Temporary or Casual)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What is your length of service with Masterpiece Southland Meadows Ltd.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_years.

What is your classification (eg: LPN or HCA)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What is your full-time equivalency (FTE)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What would be an acceptable wage increase (percentage)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

What would be an acceptable number of years for a new agreement?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**PRIORITIES**

Please rate the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Very Important | Somewhat Important | VeryImportant |
| Employee Benefits improvements |  |  |  |
| Dental Plan improvements |  |  |  |
| Prescription Drug Plan improvements |  |  |  |
| Initiate a Vision Care Plan |  |  |  |
| Create a Flexible/ Health Spending Account |  |  |  |
| Insurance premium cost share improvements (Currently 75% Employer Paid – 25% Employee Paid) |  |  |  |
| Salary Increases |  |  |  |
| RRSP improvements |  |  |  |
| Appointments and Transfers |  |  |  |
| Named Holidays (add Easter Monday) |  |  |  |
| Super Stats |  |  |  |
| Sick leave improvements |  |  |  |
| Entitlement for Mental Health days |  |  |  |
| Propose a Long-term disability plan |  |  |  |
| Overtime Improvements |  |  |  |
| Time off w/pay in lieu of overtime |  |  |  |
| Equal opportunity by seniority to receive overtime offers |  |  |  |
| Application of Seniority |  |  |  |
| Seniority for filling postings/ vacancies |  |  |  |
| Seniority for picking up shifts |  |  |  |
| Seniority for master rotation changes |  |  |  |
| Shift exchange improvements |  |  |  |
| Special Leave days with pay (eg: family illness, critical illness, family emergency) |  |  |  |
| Annual Vacation Leave Improvements |  |  |  |
| Bereavement Leave improvements |  |  |  |
| LPN Preceptorship compensation |  |  |  |
| LPN In Charge compensation |  |  |  |
| LPN Licensing fee re-imbursement |  |  |  |
| Potential HCA fee re-imbursement |  |  |  |
| HCA practicum compensation |  |  |  |
| Being readily available or being recalled from rest breaks or meal periods |  |  |  |
| Workload concerns/ staffing concerns |  |  |  |
| Education and Training improvements |  |  |  |
| Professional development for all classifications |  |  |  |
| Shift differential improvements |  |  |  |
| Weekend premium improvements |  |  |  |
| Hours of Work (Shift or Rotation improvements) |  |  |  |
| Only having day shift, afternoon shift, night shift (for your designated FTE or line) |  |  |  |
| Limit the usage of Staffing Agencies |  |  |  |
| Job Security/ no contracting out protection |  |  |  |
| Layoff/Recall protections |  |  |  |
| Staffing Ratios |  |  |  |
|  |  |  |  |

**Please answer YES or NO for the following:**

**Staffing**

1. If you are away from the workplace for any reason (sick, vacation leave), is your shift filled?
2. If the employer replaces you or your coworkers when someone is away, are the hours distributed by seniority?
3. Has the Employer threatened to cancel approved vacation leave due to staffing shortages?
4. Do you feel you are given adequate notice when requested to pick up an uncovered shift of a non-emergent nature?
5. Do you feel the safety of your residents is compromised based on the current staffing ratios?

**Workload**

1. Do you feel your workload is manageable?

If no, please explain:

1. Do you feel your workload prevents you from providing the services and proper to the residents?
2. Are you putting in extra hours without pay (i.e. coffee breaks, lunchtime, before and after shift) to ensure your work gets completed?
3. Is your workload impacting your personal life (i.e. health issues, family time, etc.)?
4. When working short would you like to be compensated for the added workload?

**Patient-First Quality of Care Issues**

1. Should Masterpiece provide more education and training in the specialized programs?
2. Do you feel you have been given enough training by Masterpiece to provide safe, quality care to the residents?
3. Do you feel adequately educated/trained in administering medication to your residents?
4. How comfortable are you in administering medication to your residents?
5. Should Masterpiece provide more in-service and/or online education opportunities within the workplace?

**Occupational Health & Safety**

1. Have you ever been the victim of violence by a resident?

If YES, did it result in a physical injury requiring time off work?

1. Do you believe your employer takes the necessary steps to address violence in the workplace?
2. Where you were the victim of a violent incident, have you ever been made to feel as if that incident was your fault?
3. In your estimation, how often do violent **physical** incidents occur at your workplace?

Multiple Times Per Day Daily Weekly

Monthly Other

1. In your estimation, how often do **non-physical** incidents such as threats of violence or verbal abuse occur at your workplace?

Multiple Times Per Day Daily Weekly

Monthly Other

**Culture**

1. Do you feel supported by your manager or supervisor?
2. Do you believe Masterpiece follows their motto “We are here for you”?
3. Do you believe your “ideas and suggestions” are listened to and considered by management?
4. Do you feel there is collaboration between yourself and the management team at Masterpiece?
5. Would you say management creates a “positive culture” in the workplace?
6. Did you receive a written probationary review from Masterpiece at the conclusion of your probationary period?

**Pandemics and Outbreaks**

1. Do you believe Masterpiece is equipped or prepared to handle an outbreak of any nature?
2. Throughout the Covid-19 pandemic do you believe you have been made aware of the safety precautions put in place by Masterpiece or the changes to procedures?
3. Do you feel safe and protected by the safety procedures put in place by Masterpiece, specifically in regard to the pandemic.
4. Do you believe there is enough Protective Personal Equipment (PPE) on site available to the employees?
5. Do you currently have access to PPE at all times during your shift?

Do you have any other issues, comments or concerns that are important to you, important to your workplace and the work you do?

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Please return the completed survey via email or to a member of the bargaining committee by:

**May 17, 2021**

If you have questions or comments please contact a bargaining committee member at the following:

Milly Masclarin – milenis.masclarin@yahoo.ca cell 403-977-0138

Gailyn Macdonald – gailyn.macdonald@mymhc.ca cell: 403-977-8818

Erin Turcotte – erin.turcotte12@gmail.com cell: 403-878-0818

Negotiator Christian Tetreault - c.tetreault@aupe.org