



Manitoba Society of Occupational Therapists: Concerns and Priorities in the Advocacy for Manitoban Occupational Therapists in the Collective Bargaining Process

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Background Information

In recent years, the Manitoba Provincial Government has made multiple changes to the health care system that have significantly impacted occupational therapists in Manitoba. The Pallister Government passed Bill 28, which restricts unions from bargaining for higher wages for health care workers, and Bill 29 which reduced the number of collective bargaining units across the province. The ramifications of Bill 29 are that occupational therapists in Manitoba have been forced to transfer unions; this has resulted in confusion, anxiety and concerns related to job security, benefits and wages. Occupational therapists in Shared Health, Winnipeg Regional Health Authority (WRHA) and Northern Regional Health Authority (NRHA) are all represented by the Manitoba Association of Health Care Professionals (MAHCP). Occupational therapists in Southern Health (SH), Prairie Mountain Health (PMH) and the Interlake-Eastern Regional Health Authority (IERHA) are all represented by the Manitoba government and General Employee's Union. It is also important to note that there are three outstanding occupational therapy positions at the Canadian Institute for the Blind (CNIB) within the WRHA that remain under the United Food and Commercial Workers (UFCW) union.

The Manitoba Society for Occupational Therapists (MSOT) is an organization that supports and advocates on behalf of occupational therapists in the province of Manitoba. The goal of MSOT is to advocate on behalf of occupational therapists during these tumultuous times. The steps MSOT has recently taken to support occupational therapists in this process is:

1. To collect relevant information from occupational therapists about their priorities and concerns regarding collective bargaining;
2. To synthesize and translate this information to occupational therapists and the unions in Manitoba that represent them; and
3. To provide supporting information to occupational therapists and their respective unions regarding the comparison of benefits and wages to other professions and occupational therapists across the country.

MSOT has addressed the first goal in this plan by collecting concerns and priorities through a survey completed by occupational therapists in Manitoba between November 20, 2019, and November 30, 2019. MSOT also held an online meeting on January 27, 2020, to discuss occupational therapists' concerns. The information in this report will translate this information to occupational therapists and unions, thereby addressing the second goal. We continue to work and advocate for occupational therapists so any ideas, thoughts, questions or concerns about the content of this report can be sent to msot.caadvocacy@gmail.com.

Concerns of Manitoba Occupational Therapists

It is evident from engaging with occupational therapists that many have concerns regarding the change of unions and future collective bargaining. Information from comments on

the November survey and the January online discussion has been synthesized and summarized in the section below.

The most prevalent theme in responses from occupational therapists across Manitoba are concerns regarding wages. Occupational therapists are not paid wages that reflect the level of education required to be an occupational therapist. In Manitoba, to become an occupational therapist you need to acquire a master's level education. However, there has been no increase in pay associated with the increased level of education. As a result, occupational therapists collectively are paid less than other allied health professionals with the same level of education. For example, Speech-Language Pathologists in Canada make considerably more than occupational therapists. This is what a few occupational therapists had to say about this disparity:

“Pay parity with other health disciplines that have the equivalent education & responsibilities within the healthcare team. Speech-Language Therapists (SLP) are paid significantly more than OTs despite having the same level of education. Additionally, OTs have a greater impact on flow within the healthcare setting, i.e. OTs are key discharge planning members, while SLPs are consultative & do not have as great of an impact on regional bed utilization & patient flow through the system. The role & responsibilities of OTs is not reflected in pay that is equivalent with other health professionals.”

“I think that the wage associated with an OT position needs to be reviewed because I think that it is set based on the fact that we were a bachelor's degree previously but has been updated to reflect that we are now required to have a master's program. I work closely with pediatric Speech-Language Pathologists who get paid almost 10.00 per hour more than I do. Our roles with clients are basically the same but their job profile reflects that they have master's degree and ours does not.”

The second justification for an increase in wage is that Manitoba occupational therapists are not paid equally compared to occupational therapists across Canada. Other than Saskatchewan, Manitoba has the lowest wages for occupational therapists in the country, making it difficult to attract and keep occupational therapists in Manitoba. Thirdly, at this point in time, with the wage freezes, many occupational therapists' express concerns that wages are not adjusted for market inflation (i.e. increases in cost of living). Finally, as changes with unions occur occupational therapists have voiced that wage parity is important for occupational therapists across the province. Factors affecting occupational therapy wages include specific vs. non-specific roles, health regions and respective unions that occupational therapists work in; this is outlined in Table 2 and within the different collective agreements. Many rural occupational therapists have concerns regarding this lack of parity, such as this respondent:

“Rural therapists often are paid less than OTs in the WRHA although have larger caseloads, often travel to multiple towns, cover multiple sites re: acute care, PCH and home care, therefore have to have a wide range of skills and abilities and often are the only OT in the area - making take time off difficult as there is no funding for a covering OT, therefore, extending wait-lists and increasing pressure. For equitable recruitment and retention of occupational Therapy staff across the province, it is imperative that the collective agreements reflect the same wages, benefits, as each other. It would be of great detriment to rural-based programs to have to compete with Winnipeg if MAHCP had better wages, benefits etc.”

Occupational therapists also raised concerns regarding available health care benefits. Specifically, that the benefits do not cover their needs, especially regarding prescription drugs and vision coverage. This is what one occupational therapist stated:

“Our benefits are lacking. It's ironic that we are in healthcare and we have terrible benefits that have limitations.”

Another common theme that emerged from the survey and meeting is that occupational therapists would like more flexibility and benefits that support work-life balance and family.

These include longer and guaranteed bereavement leave, paternal top-up during parental leave, the ability to take a certain number of guaranteed unpaid vacation days yearly without having to accrue them, increased sick time and more flexibility in using sick time when family members or partners are ill. Some respondents indicated that under CUPE they were guaranteed unpaid vacation days they did not have to earn on top of their paid vacation. Respondents were quite concerned as this is a benefit that they are losing. Occupational therapists also raised concerns about not accruing seniority or vacation days when on maternity leave. Other professions such as nursing are guaranteed this benefit and occupational therapists previously under CUPE will lose this benefit. This is what one respondent had to say on the matter:

“I would like to see people on maternity leave accrue seniority during their leave. This is an automatic set back when compared to people who don't take a mat leave which typically is male vs female staff discrepancy.”

Other comments brought up by occupational therapists through the survey and online meeting were: better responsiveness and reaction time from unions to address issues, improvements to pension contributions, return of funding for professional development opportunities, comparable hours of work across sites (e.g. 7.25-hour workdays vs. 7.5-hour workdays), concerns regarding job security, increasing job demands and workloads without increased hours or pay and the ability to flex time.

Parity amongst occupational therapists is the utmost importance at this time. Occupational therapists in Manitoba insist their respective unions work together towards creating fair and equal collective agreements. This will ensure occupational therapists have equity in wages and benefits regardless of their union or their health region. This equity is especially relevant when considering the three occupational therapy positions remaining under UFCW. No occupational therapist in this province should be left behind.

Occupational therapists have many concerns and priorities during these tumultuous times of change. It is the responsibility of the unions who are taking on occupational therapists to fight for what is best for occupational therapists. So please remember what this therapist had to say:

“Please do not sacrifice these things in return for an increase in wage. Ideally we want BOTH not one at the expense of the other.”

Priorities for Occupational Therapists in Collective Bargaining

There are many concerns occupational therapists have brought up to MSOT. In an effort to advocate for occupational therapists, MSOT worked to prioritize concerns for collective bargaining. Occupational therapists were asked what they like about their current collective agreements, wage, vacation, bereavement leave, income protection, family leave and benefits, (Question 5, Table 1), their responses were examined as overall satisfaction (Figure 1) and was also separated according to satisfaction within each union (Table 3). Subsequently, occupational therapists were asked to rank order the same categories (wage, vacation, bereavement leave, income protection, family leave and benefits) in terms of priority for collective bargaining

(Question 6, Table 1) and the information has been laid out in both Table 4 and Figure 2. Not surprisingly, of all the categories occupational therapists were least satisfied with their wages, with only 22.41% of occupational therapists satisfied (Table 3). Furthermore, 85.71% of occupational therapists ranked wage as the most important item for them in the collective bargaining process (Table 4). This relative importance of wage in comparison to other items can be seen in Figure 2. Comments left by occupational therapists on these questions corroborate the sentiments expressed in the “Concerns of Manitoba Occupational Therapists” section of this report (ex. Master’s level pay, parity to other allied health professions and pay equivalent to occupational therapists across Canada). All of this evidence has made it clear that the number one priority for a large number of occupational therapists in Manitoba is an increase in wages.

After wage, the occupational therapists sampled viewed vacation accrual, benefits and income protection as the second most important items for the collective bargain process (Table 4). Income protection was highly rated in the third and fourth most important categories (Table 4). Finally, family and bereavement leave were rated significantly low in importance compared to other concerns (Table 4).

Conclusion

Occupational therapists are an integral part of the health care system that have been overlooked and undervalued for years. Amid this time of change in union representation, MSOT is holding our respective unions responsible for fighting for and prioritizing the interests of their occupational therapists. This report includes relevant information regarding the priorities and concerns of occupational therapists in Manitoba and we hope that you use this information to advocate to the best of your abilities.

Appendix

Tables

Question	
1.	Where do you work? Please specify work site and health region.
2.	Is your position an occupational therapy specific role?
3.	What union were you a member of prior to the Bill 29 vote in August 2019?
4.	What is the annual salary pay scale for your position as per your current collective agreement? Please include your base annual hours.
5.	What do you like about your current collective agreement? Please select all that apply.
6.	Please rank the importance of the following items for you in a new collective agreement?

Table 1. Survey questions sent out by the Manitoba Society for Occupational Therapists that 185 registered occupational therapists in Manitoba responded to. Table two, Figures one through five and comments in the reports are based on the responses the above questions.

Range	Wage Range	# of Respondents
Overall Range	\$30.766 – \$45.702 / hour	131
Comparison between OT Specific and Non-OT Specific Jobs		
OT Specific Range	\$32.239 – \$45.658 / hour	115
Non-OT Specific Range	\$30.766 - \$45.702 / hour	17
Comparison Between Health Regions		
WRHA OT Specific Range	\$32.637 – \$45.658 / hour	70
WRHA Non-OT Specific	\$32.489 – \$45.623 / hour	9
SH OT Specific Range	\$34.480 – \$40.730 / hour	13
SH Non-OT Specific	\$30.766 – \$43.590 / hour	3
Shared Health OT Specific	\$34.448 - \$39.930 / hour	14
PMH OT Specific	\$33.443 – \$40.731 / hour	9
PMH Non-OT Specific	\$30.766 – \$43.590 / hour	2
NHRA OT Specific	\$34.338 – \$39.931 / hour	3
IERHA OT Specific	\$32.239 – \$39.264 / hour	5
IERHA Non-OT Specific	\$32.496 – \$45.702 / hour	3
Comparison Between Unions		
CUPE OT Specific	\$34.448– \$39.931 / hour	9
MAHCP OT Specific	\$32.637 – \$45.658 / hour	59
MAHCP Non-OT Specific	\$38.462 – \$45.702 / hour	2
MGEU OT Specific	\$32.239 – \$44.646 / hour	42
MGEU Non-OT Specific	\$30.766 - \$43.590 / hour	15
UFCW OT Specific	\$34.850 – \$40.000 / hour	4

Table 2. Range of wages reported by 131 occupational therapists in Manitoba divided into comparisons between occupational therapy specific roles vs. non-occupational therapy specific roles, Manitoba health regions and previous union affiliations.

	Overall	CUPE	MAHCP	MGEU	UFCW
Wage	22.41%	10.53%	15.58%	28.57%	25.00%
Vacation	55.75%	52.63%	49.35%	58.57%	25.00%
Bereavement Leave	37.36%	15.79%	37.66%	41.43%	0.00%
Income Protection	64.94%	47.37%	64.94%	62.86%	75.00%
Family Leave	50.57%	52.63%	42.86%	51.43%	50.00%
Benefits	51.15%	52.63%	48.05%	47.14%	50.00%
# of Respondents	174	19	77	70	4

Table 3. Percentage of occupational therapist respondents who indicated they are currently satisfied with six different aspects of their collective agreements.

Rank of Importance	First	Second	Third	Fourth	Fifth	Sixth
Wage	85.71%	6.70%	2.22%	0.57%	0.00%	3.39%
Vacation	6.04%	44.13%	22.22%	19.89%	6.78%	1.13%
Bereavement Leave	1.10%	2.23%	2.78%	5.68%	42.37%	44.63%
Income Protection	2.20%	14.53%	38.89%	25.00%	16.38%	3.39%
Family Leave	2.75%	6.15%	9.44%	21.02%	20.34%	41.24%
Benefits	2.20%	26.26%	24.44%	27.84%	14.12%	6.21%

Table 4. Outline of the percentage of respondents selecting the level of importance for wage, vacation bereavement, income protection and benefits.

Figures

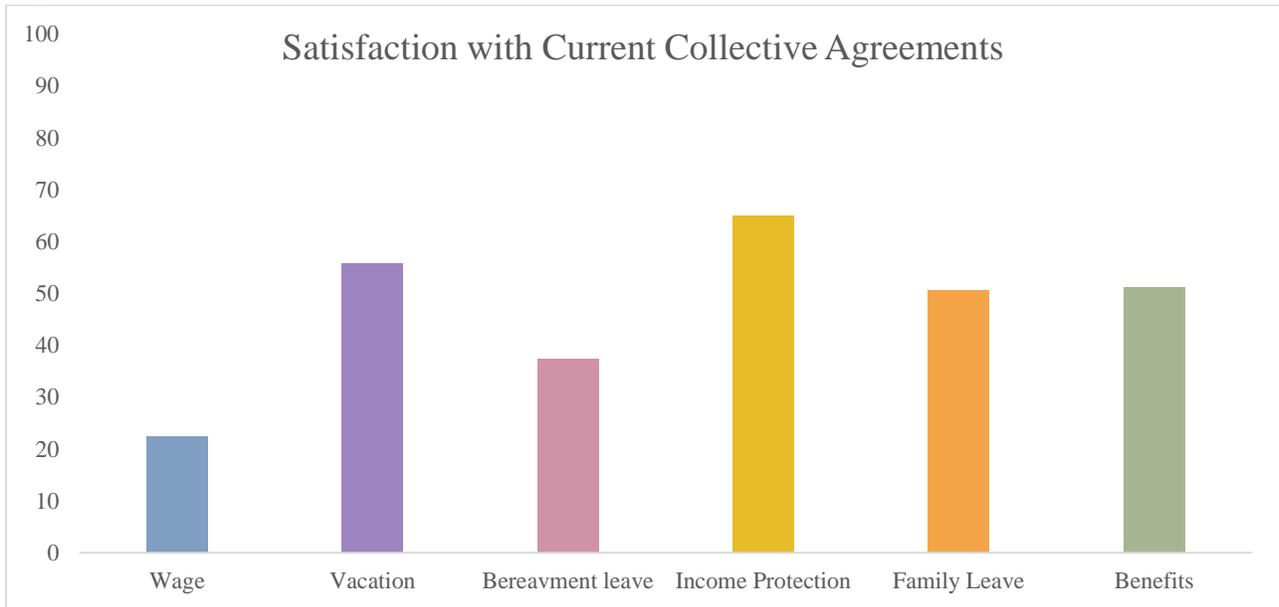


Figure 1. Percentage of respondents who were satisfied with six aspects of collective bargaining under their previous agreement. 174 responses.

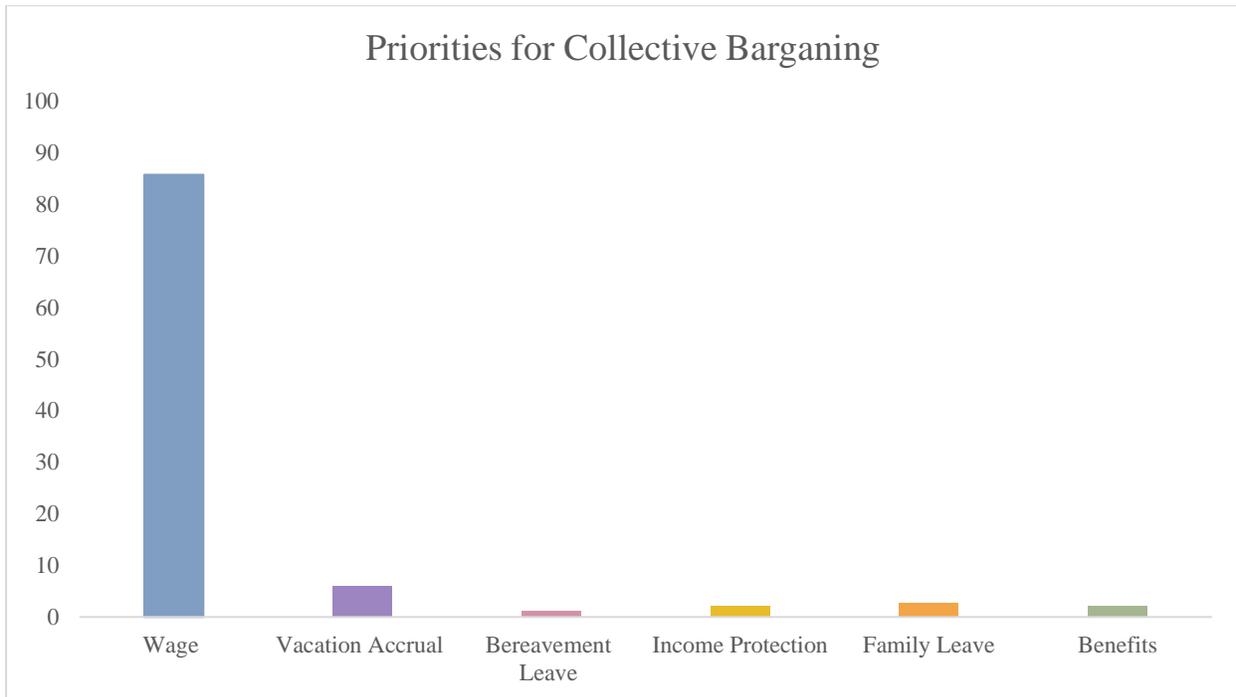


Figure 2. Ranked importance of wage, vacation, bereavement leave, income protection, family leave and benefits in regards to collective bargaining for occupational therapists in Manitoba.