

In the Matter of The Pay Equity Act

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**In the Matter of Public Hearings to the
New Brunswick Standing Committee on
Law Amendments**

**Brief on The Pay Equity Act
By
The New Brunswick Nurses Union**

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BRIEF ON THE PAY EQUITY ACT TO THE NEW BRUNSWICK STANDING COMMITTEE ON LAW AMENDMENTS

Introduction

The New Brunswick Nurses Union, a labour organization representing over 5900 registered nurses in the province of New Brunswick, is in total support of Pay Equity legislation in New Brunswick. The Proposed Bill 77 promotes the equality of New Brunswickers, eliminates gender discrimination and ensures Pay Equity for all employees of the province.

Pay Equity for nurses

The New Brunswick Nurses Union has seen the implementation of Pay Equity only in one of the groups that we represent, the Part I Civil Service Nurses. We have been lobbying on behalf of all other members of our union for implementation of Pay Equity for several decades. We are encouraged to see the legislation being proposed.

Nurses consider Pay Equity a very important issue. As we look at it from the nursing perspective, nursing has been a traditionally female occupation and remains a female dominated profession. Our statistics show that we are approximately 94% female. When you look at health related professions in general (including nursing), 87% of those employees are women.

Nurses salaries are lower in comparison to predominantly male professions such as engineers. There are valuating differences in compensation with similar occupations that are non-traditionally female dominated in their gender composition. Our work is undervalued and, as a result, the compensation levels are not equitable.

As a Union, we recognize one way to close the gap between our profession and male dominated professions is through the collective bargaining process. One study that verifies this position is from Coish & Hale, 1997, who said that unionization is an effective way to increase female wages.

Furthermore, to enter the profession of nursing in New Brunswick requires a Bachelors' degree, yet the level of compensation has not increased to a more equitable stance given the current educational requirements.

A study by Hunter and Leiper, in 1993, has shown that the effect of education on earnings is larger for men than women. In occupations that are comprised primarily of women, women still tend to earn less on an average compared to men in the same occupation. There is no occupation in which women earn more than men, not even teaching, nursing, clerical work or child care. (Statistics Canada, 1995 d; 42 43)

In 2002 the average hourly earnings of full-time women in New Brunswick, who have Community College / CEGEP education, including nursing school, or a Bachelor's degree is 79% of what full-time men with similar education earn. (Statistics Canada, Survey of Labour and Income Dynamics, Custom table R2142 OPS)

In its Final Report to the government in December 2003, the New Brunswick Wage Gap Roundtable refers to the difference between the wages earned by men and those earned by women. In New Brunswick today, the average hourly wages of all New Brunswick women are 19% less than the average hourly wages of all New Brunswick men.

Effect of Wage Gap on Women in General

The current wage gap demonstrates why we need legislation that will enforce a more equitable system of compensation. Market forces are not able to redress the imbalance.

Studies have shown that the current wage gap is said to be attributed to a segregated workforce and the under valuation of women's work. In 2001, 56% of Canadian women over the age of 14 had a job compared with only 42%, twenty-five years ago. This data comes from Statistics Canada website, Labour Employment and Unemployment, women in Canada, chapter updates, 2002.

The same study said that many more women with children under the age of 16 are working; 70% in 2001. This increase in the workforce by women is a positive step and it would be a very positive step if they were well paid for the type of job that they take. However, if you examine the type of work that women undertake, the majority of jobs are in low paying classifications and low paying workplaces.

Since the 1970s, women have accounted for 70% of all part-time employees. Workplaces with many part-time workers tend to pay lower wages and, as a result, contribute to a great deal of the wage gap (paper released by Statistics Canada in June 2002, the Who, What, When and Where of Gender Pay Differentials). Women are the traditional caregivers and a great many of the reasons for working part-time, reported by women in this study, included caring for children and/or other personal and family responsibilities.

Another factor in creating the wage gap is that the majority of women are performing unpaid work as caregivers. This is also a large contributor to the increase of women among the poor. One of the largest structural barriers to women's economic equality is their responsibility for the unpaid work of caring for children, elderly or disabled relatives and managing a household. The public policies that have been implemented in recent years, such as lowering benefits and tightening eligibility for Employment Insurance, maternity and parental benefits and the health and social service cutbacks have led to the off loading of more work onto women and have contributed to the gender economic inequality.

When we consider the statistics on women living in poverty, we can see why, as nurses, we should be concerned about this trend.

In a research document published by the Canadian Research Institute for the Advancement of Women, in June of 2001, author Marika Morris made the following comments;

- **women, first of all, are the majority of the poor in Canada, 54%; secondly 19% of all women and girls in Canada are living in low income situations compared with 16% of men and boys. (Statistics Canada, 2000)**

As nurses, we see the impact of poverty on women with respect to their health status. We see an increase of acute and chronic ill health, an increased risk of heart disease, arthritis, stomach ulcers, infectious disease, migraine, clinical depression, stress, breakdowns, mental illness and self destructive coping behaviours such as substance abuse, alcoholism and smoking. (National Forum on Health, 1997; Chernomas, 1999; Kosny, 1999)

When we look at the cost of our healthcare system the reduction or elimination of poverty would certainly decrease costs on healthcare. Income is a primary determinate of health (National Forum on Health, 1997).

We also see that poverty among women results in poverty among children. A disproportionate number of children live in low income situations and are usually living in a female single parent family. In 1997, 56% female single parent families lived beneath the Low Income Cutoff compared with only 24% of male single parent families, (Statistics Canada, 2000).

Poor women mean poor children. As nurses we know poor children are more prone to ill health, disability and poor achievement in school. Children of poor mothers are at greater risk of low birth weight, higher infant mortalities and disabling conditions, in vision, speech mobility, dexterity, cognition and emotion. (Canadian Institute of Child Health, 1999; Agencies for Health Care in Policy Research, 1998; Campaign 2000, 1999).

We must also look at why more women are living in poverty. Women's economic inequality persists at all levels. Some have argued that it is because of occupational segregation. In 1999, 70% of women were concentrated in certain lower wage sectors, which include healthcare, teaching, clerical, sales and service compared to only 29% of men. (Statistics Canada, 2000).

Women are not concentrated in these particular areas by accident. Teaching, healthcare, service, clerical and sales mirror the work women have done in their home for no wages. Looking after children and teaching them skills, nursing the sick and the elderly, preparing food, cleaning, sewing, serving others are part of managing the household. Since women's work in the home was seen as having little or no economic value, so too is women's paid work. In particular, caring work is undervalued and the skill it takes to do this work is particularly underestimated.

Just look at how government has responded to these types of issues with the current home care policies and practices. The majority of home care recipients, paid workers and unpaid family caregivers, were women and each of them is subsidizing the current home care system in their own way. A study done by Morris, al, 1999, found the trend towards the quantification of care in terms of measurable activities such as assigning 10 minutes for a worker to bath a client, 5 minutes to change a catheter. During that time, nobody valued or looked at what was actually cut out of the home care equation and that was the actual care. Yet, caring work is providing positive social contact but is not viewed as valuable or skilled. Even current workload measurement systems utilized for staffing purposes in our hospitals do not value the time nurses need to spend talking to patients and families or the time they spend comforting the scared, crying or upset patient, resident or family member.

As you may imagine, it is not easy to spend time with a dying person who is afraid of death, or an individual with dementia. It is draining, time consuming and it takes skill, knowledge and expertise.

Seniors in poverty

Half of widowed, divorced and single senior women had incomes below the Low Income Cutoff in 1997, compared with 33% of unattached men (Stats Canada, 2000). We do not have to look very far to see why. Women have been traditionally paid at lower rates, in positions that offer no pension benefits, have fewer Canada Pension Plan contributions and do not contribute as much to Registered Retirement Savings Plans. They have done more unpaid work than men. As a result their benefits are lower. Many women rely totally on their Old Age Security and Guaranteed Income Supplement payments, \$10,426.00/year to survive.

When we examine medical and living expenses, issues of concern arise. Nurses see the effects in the hospital setting when seniors are admitted with exacerbation of their illnesses because they could not afford to have their medications refilled as required and therefore did not take them or took them incorrectly. During the New Brunswick Nurses Union's presentation to the Romanow Commission, this was one of the arguments in support of a National Pharmacare Program. The overall costs to the system would be reduced if seniors had means to have their medical conditions properly managed. In addition, if seniors had appropriate incomes then even Pharmacare may not be necessary to the present extent.

Argument in Support of the Proposed Legislation

The recent Wage Gap Roundtable recommended certain voluntary measures be implemented to decrease the wage gap and ultimately the lack of Pay Equity. The New Brunswick Nurses Union feels that these measures do not go far enough to ensure universal implementation of the principle. Therefore, the following points articulate our position on this important issue.

- **Women continue to experience inequality in the workplace, occupational segregation and the systemic devaluation of their work despite legislation prohibiting discrimination.**
- **Differences in compensation resulting from systemic gender discrimination against persons who hold employment in predominantly female job classes persist.**
- **It is appropriate that New Brunswick enact a proactive Pay Equity Statute.**
- **This pro-active law will ensure the equality of all New Brunswickers.**
- **Every employer must be ultimately responsible.**
- **The proactive model does not rely on complaints.**
- **The Pay Equity Act will be an inclusive law.**
- **The Pay Equity Act will apply to private sector employees and to the entire public sector.**
- **The Pay Equity law will provide for the maintenance of Pay Equity.**
- **Employee participation is crucial.**
- **A Pay Equity law ensures that employees are involved in the effort to attain Pay Equity.**

Support for a Pay Equity Committee

The New Brunswick Nurses Union supports the establishment of a Pay Equity committee with the following parameters as outlined in the proposed legislation.

- The number of members on a Pay Equity committee shall be no less than three.
- There should be fair representation of the major predominantly female job classes.
- The Pay Equity Committee may make recommendations to establish and achieve compliance with Pay Equity policy.
- The Pay Equity Committee may establish and launch programs to educate and inform the employer and employees.
- The Pay Equity Committee will receive and examine workplace Pay Equity complaints and make recommendations to the employer regarding such complaints.
- The Pay Equity Committee will keep records concerning the complaints it receives and examines, and the recommendations it makes.

The New Brunswick Nurses Union recommends that it is necessary to have an independent Pay Equity Commission established to implement the legislation.

The responsibilities of the independent Pay Equity Commission should include:

- the promotion of Pay Equity;
- disseminating information designed to promote understanding and acceptance of the purpose and provisions of the Pay Equity Act;
- developing tools to facilitate the achievement of Pay Equity in enterprises;

- **lending assistance to enterprises in the establishment of Pay Equity plans by developing tools to facilitate the implementation of the plans;**
- **overseeing the establishment of Pay Equity plans and their maintenance;**
- **compiling and maintaining statistics regarding Pay Equity and the implementation of the Pay Equity Act;**
- **assisting in the training of Pay Equity Committee members;**
- **making investigations, either on its own initiative or following a complaint, dispute, settlement or conciliation and determining, within a reasonable time, the measures to be taken to ensure that the provisions of the Pay Equity Act are being complied with.**

The term of office of members shall not exceed five years.

Conclusion

The New Brunswick Nurses Union strongly supports the enactment of Pay Equity legislation to promote progress toward the equality of men and women in the province of New Brunswick. We cannot stress enough the importance of this legislation for our predominantly female profession. All nurses in the public sector and those in the private sector need to have equal remuneration for work of equal value.

The New Brunswick government redressed differences in compensation due to systemic gender discrimination in the Part I Civil Service. It cannot escape the inequality that persists in the other public sectors and the private sector. The government must address Pay Equity and assure that every worker in the province has the right to the equal protection and equal benefit of the law without discrimination.

The Premier of New Brunswick will be ultimately responsible for the administration of the Pay Equity Act.

The New Brunswick Nurses Union wants to see in the inception of the Pay Equity Act an inclusion of a review mechanism of the Act seven years after the date on which it comes to into force.

Our thanks to the New Brunswick Standing Committee on Law Amendments for the opportunity of the presentation of a brief on the Pay Equity Act and the consideration that it will be given.