

## HAPPY NEW YEAR!



We hope you all had a fun and safe Christmas and New Year, and are feeling refreshed heading into 2018. We're looking forward to continuing our work with you in the coming year.

### SAVE THE DATE!

## APEX DELEGATE CONFERENCE

7, 8 and 9 August, Auckland

## BARGAINING UPDATE

We currently have 22 collective agreements under negotiation. A summary of activity is below:

- Southern DHB has sent us proposals on merit progression for **Psychologists** and **ATs**; bargaining resumes 12 and 13 Feb.
- Bargaining for **Fulford's MRTs** and clerical staff to transition back into direct employment by Taranaki DHB is ongoing. A proposal to transition from the Fulford's collective agreement to the MRT National MECA is with members for feedback. Progress is good and the parties will meet again in mid-February.
- Waitemata **Dental Therapist** bargaining is set down for Feb 14.
- We have initiated bargaining with the MoE for **Psychologists**.
- Bargaining has been initiated for Auckland **Perfusionists**.
- A proposed settlement between **T-Lab** and APEX fell through over disagreements about introduction of a nightshift, and we are back in bargaining on 7 February.
- Bargaining resumed for **CSSD Technicians** at Hawke's Bay DHB on 17 January, where a customised merit progression process was negotiated.
- Bargaining is imminent for **Bay Radiology**.

## SHAME ON YOU, SOUTHERN DHB

—A viewpoint, by Dr Deborah Powell, APEX National Secretary

Kerren Glasson is a long-serving employee of Southern DHB. She has improved both the quality and availability of cardiac sonography services to the people of Invercargill.

She has been single-handedly responsible for keeping Invercargill's cardiac sonography service running for many years now. She is highly regarded amongst her peers, be they cardiologists, physiologists or cardiac sonographers.

Whilst happy to accept the work and dedication delivered by Kerren, SDHB refused to pay her as a sonographer, insisting instead that she be paid the lesser, physiology rate she used to earn before she moved into cardiac sonography.

Below is a report from a recent Employment Relations Authority decision in Kerren's favour. The DHB has now appealed that decision.

Which leaves me wondering . . . how do DHBs lose sight of the person — in this case a highly skilled, long-serving, dedicated employee without whom an essential service could not have been maintained? This is hardly rocket science. Quite simply, this is an employee asking to be paid correctly for the work she does, the work the DHB has asked of her.

I think it is a shame that Southern DHB appears happier spending public money on lawyers to fight one of their own employees than recognising someone who has done so much good work and just wants what's fair.

## ERA RULES FOR APEX, AGAINST SOUTHERN DHB

**Late last year, APEX won an important case against Southern DHB in the Employment Relations Authority. The case was investigated over 6 months on 4 different dates, in Invercargill, Christchurch and by telephone conference.**

### Question of coverage

At question was whether one of our APEX colleagues, Kerren Glasson, was covered by the Sonographers' MECA and not the Clinical Physiologists' MECA. Under the Sonographer MECA, Kerren would be entitled to a substantially higher pay rate.



Aoraki/Mt Cook, another southern landmark

### Work done beats nominal title

The Authority examined the coverage clauses of both MECAs, and examined “what work Ms Glasson actually does as opposed to what title the SDHB has given her, and what work it says she does.”

The Authority noted the advice of one of Kerren's senior clinical colleagues that Kerren has “exceptional skills as a sonographer . . . she is currently practicing at the level of an independent specialist . . . given the complexity of the work and the lack of full time clinical support.”

The ERA stated: The “substantial majority of Ms Glasson's work is sonography” and therefore “she is covered by the Sonographers' MECA and not the Physiologists' MECA.”

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In making its decision, the ERA Member found that work actually done was a more important consideration than the title, written position description, registration requirement, or supervision arrangement.

## Skilled, experienced echocardiologist

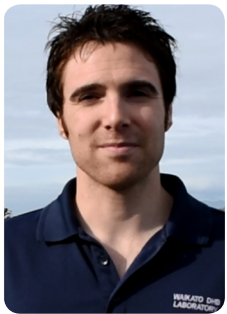
The decision records that, "In Ms Glasson, SDHB has a highly trained and highly skilled independent echocardiologist, whose skill and experience is respected by the cardiologists she works with and by the management of the SDHB."

Parties were directed to mediation to agree how much SDHB owes Kerren and what costs it has to pay APEX.

## MEET YOUR DELEGATES

**ANDREW SOEPNEL: LABORATORY SCIENTIST AT WAIKATO**

### When did you become a delegate?



I joined the NZMLWU a few months before the amalgamation with APEX, and did the training to become a delegate at that stage. The amalgamation has given us a wider support network

and, I think, makes the union more sustainable for staffing and training.

### What does it mean to be a delegate?

Not everybody is capable or comfortable communicating with their employer about employment-related issues. As a delegate, I'm trained to support and assist my colleagues in this way. I communicate with both the employer and the union, filtering information between them. I also have a role in the bargaining process.

### What challenges are facing laboratory workers?

Key challenges are continuing movement towards automation, an aging workforce, the need to train new grads entering the profession, and dealing with departmental restructuring.

## POOR MANAGEMENT = LONG-TERM LOSS

Poor management of healthcare employees has been found to reduce short-term costs but leads to frustration for both the employee and the manager, which ultimately results in long-term inefficiencies.

### The research

Cogin, Ng and Lee conducted 34 interviews with hospital executives, healthcare managers, and hospital employees across different specialties in Australia in an effort to show the consequences of current management systems.

The results were published in the journal *Human Resources for Health* in an article entitled "Controlling healthcare professionals: how human resource management influences job attitudes and operational efficiency" in 2016. The article is available [here](#).



### Control-based vs commitment-based management

The authors found that healthcare management generally adopts a behavioural control-based approach to managing staff. This approach to management is typified by a top-down style with an emphasis on cost-saving, efficiency, compliance and supervision. A behavioural control-based approach differs from other styles, which are potentially more appropriate in the health sector, such as commitment-based management; these styles typically emphasise employee engagement and development.

Ultimately, the study showed that a behavioural control-based approach exacerbated employee frustration. For instance, a standardized routine to discharge all patients before 11am, whether premature or not, meant patients were often readmitted or required extensive post-discharge care. This cost the hospital more in the end, and it also put more pressure on the employees.

"Our study provides insights on why HR is perceived to contribute limited value in hospitals."

Bureaucratized rules and procedures that must be adhered to for recruitment of new staff and professional development of existing staff were also highlighted as problem areas. These procedures caused negative job attitudes and disengagement from employees. One interviewee described such processes as "very difficult" while another said they were "astoundingly cumbersome."

Hospitals need to start evaluating employees with performance reviews based on results that matter, such as an ability to successfully discharge patients who do not need to be subsequently readmitted for the same issue. Employees should be rewarded when they achieve tangible results that promote long-term benefits, not those that target at short-term cost-cutting.

"The overuse and at times inappropriate use of behavior controls restricted healthcare managers' ability to motivate and engage their staff."

Also, hospitals need to provide ongoing support and opportunities to empower employees. Only then will employees feel valued and happy to do what they love the most in the environment they thrive in, providing great healthcare that keeps people healthier.



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