

**ALL IN FOR
PHARMACARE**



**ALL IN FOR
SAFE RATIOS**

2025

**ALL IN FOR
SAFE HOURS**



**ALL IN
FOR CFNU**

ALL IN

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Enjoy the convention and have fun exploring Niagara Falls!



WELCOME

- Welcome letter
- National Executive Board



CANADIAN FEDERATION
OF NURSES UNIONS





June 2025

Dear colleagues and friends,

Welcome to the 22nd Biennial Convention of the CFNU. If this is your first CFNU convention, a very special welcome and, as they say, hold on to your bootstraps. 😊

The opportunity that your nurses' unions (RNUNL, PEINU, NSNU, NBNU, ONA, MNU, SUN, UNA and BCNU) gives you to get together, to strategize, to speak your truth and to give your national federation direction for the next two years is an opportunity you don't want to miss. As per our constitution, the CFNU Convention is the highest decision-making body of our organization, very similar to your unions, but the NEB sees it more than a constitutional obligation, it is our greatest platform to listen, to learn and to reenergize.



The convention floor will be filled with nurses, unions activists, nursing students from every corner of our country. There is no one better to defend nurses, to defend our health care system or our country than Canada's union nurses. This is what you will experience this week; the saying "Elbows up!" is kind of natural for us. 😊 By the time you get your convention package and read this message, the federal election will be over, and your National Executive Board will have already started to plan what's next!

This Biennial has the theme *All In!* to make sure no one is left behind and that we are always moving forward together – so come and say "bonjour"! To the members of the NEB, we always appreciate seeing you, hearing from you, or for a selfie here and there. 😊

The host of our 22nd Biennial Convention is the Ontario Nurses' Association, a union with 68,000 proud members. The ONA team has been working on this since before the end of the last convention, and we could not ask for a better host. They have many surprises for us starting with the Healthy Walk on Monday June 2 at 2:30pm.

Once again, on behalf of the NEB, welcome and mostly thank you for giving us your time and energy.

Have a great week!

In solidarity always,

A stylized, handwritten signature in black ink, appearing to read "Linda Silas".

Linda Silas, President

Canadian Federation of Nurses Unions





National Executive Board



Linda Silas
President



Angela Preocanin
Secretary-Treasurer

National officers

Adriane Gear

President

British Columbia Nurses' Union (BCNU)



Tristan Newby

Vice-President

British Columbia Nurses' Union (BCNU)



Heather Smith

President

United Nurses of Alberta (UNA)



Danielle Larivee

Vice-President

United Nurses of Alberta (UNA)



Tracy Zambory

President

Saskatchewan Union of Nurses (SUN)



Darlene Jackson

President

Manitoba Nurses Union (MNU)





Erin Ariss

President

Ontario Nurses' Association (ONA)



Alan Warrington

Vice-President

Ontario Nurses' Association (ONA)



Paula Doucet

President

New Brunswick Nurses Union (NBNU)



Janet Hazelton

President

Nova Scotia Nurses' Union (NSNU)



Yvette Coffey

President

Registered Nurses' Union
Newfoundland and Labrador (RNUNL)



Barbara Brookins

President

Prince Edward Island Nurses' Union (PEINU)



Opeyemi Kehinde

President

Canadian Nursing Students' Association (CNSA)





Acknowledgement

The Canadian Federation of Nurses Unions extends sincere thanks to members and staff of the **Ontario Nurses' Association** Planning Committee for all their hard work and commitment in planning the CFNU 22nd Biennial Convention 2025.



ONA Host Committee Members

Erin Ariss, Provincial President

Grace Pierias, Vice President, Region 4

Andrea Kay, CEO

DJ Sanderson, Sr Manager, Membership Experience/Events

Lauren Snowball, Sr Manager, Communications & Government Relations

Carlos Parra, CMP, Manager II, Membership Experience/Events

Lynda Hoff, CMP, CMM, Manager, Membership Experience/Events

CFNU Team



This is your staff team... what I call the magicians behind the curtain. 😊

(L-R) Holly Drew, Oxana Genina, Nate Little, Carrie Steeves, Corey Grist, Alex Hamill, Kim Wiens, Emily Watkins, Julien Le Guerrier, Adella Khan, Tyler Levitan

CONVENTION

- Agenda
- Speakers' biographies
- About convention



CANADIAN FEDERATION
OF NURSES UNIONS



Convention

Agenda

Niagara Falls Convention Centre
6815 Stanley Avenue
Niagara Falls, ON L2G 3Y9

Monday June 2, 2025 – Registration Day

- 2:30 pm – 4:30 pm **Healthy Walk, start from Niagara Falls Convention Centre – lobby**
Bring your walking shoes and join President Linda Silas and the National Executive Board – guaranteed fun!
- 4:30 pm – 7:00 pm **Registration, Niagara Falls Convention Centre – lobby**
- 7:00 pm – 10:00 pm **Opening reception, Niagara Falls Convention Centre – Exhibit Hall C**
Cash bar

Hosted by ONA





Convention

Tuesday June 3, 2025 – Education Day 1

5:00 am	Sunrise Ceremony (time and location TBC)
7:00 am – 8:30 am	Registration Note: If you are already registered, please proceed to the Niagara Falls Convention Centre Exhibit Hall for a plenary session.
8:30 am – 10:15 am	Indigenous welcome Indigenous Health Panel – Beyond Equity: Taking Action to Address Indigenous-Specific Racism in Nursing
10:15 am – 10:45 am	Networking break – Convention Centre foyer
10:45 am – 11:30 am	Working towards an apology on behalf of Canada’s nurses
11:30 am – 1:00 pm	Free time for lunch
1:00 pm – 2:30 pm	Workshops
2:30 pm – 3:00 pm	Networking break – Convention Centre foyer and 2 nd floor pre-function space
3:00 pm – 4:30 pm	Workshops (continued)
4:30 pm	Adjournment of workshop sessions
6:00 pm	Fun Night (pre-registration needed)

Workshops – Day 1	Rooms
Workshop #1: The Other Wet Floor: psychological and emotional occupational wellness for helping and caring professions	Exhibit Hall A/B
Workshop #2: Retirement – the next chapter: a practical guide	Fallsview Theatre
Workshop #3: Yoga and dispute resolution	Exhibit Hall C
Workshop #4: Embracing professional inclusion: fostering diversity and equity in health care	Ballroom A
Workshop #5: Nurse-patient ratios: balancing care for better outcomes	Ballroom D
Workshop #6: The social determinants of health tour	Bus Tour
Workshop #7: Climate change and health: implications for nursing and health care practice	201-202
Workshop #8: Getting your message heard in the political world	207-208
Workshop #9: Emotional intelligence in health care	Ballroom C
Workshop #10: Understanding the migrant worker experience: a health care perspective	Ballroom B
Workshop #11: Truth & Reconciliation: the Blanket Exercise	The Lounge

Convention

Wednesday June 4, 2025 – Education Day 2

7:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to the Niagara Falls Convention Centre Exhibit Hall for a plenary session.

8:30 am – 9:15 am Plenary speaker – **Dr. Zayna Khayat**

09:15 am – 10:00 am Networking break – Convention Centre foyer

10:00 am – 11:30 am Artificial Intelligence Panel – **AI Health: Today & Tomorrow**

11:30 am – 1:00 pm Free time for lunch

1:00 pm – 2:30 pm Workshops

2:30 pm – 3:00 pm Networking break – Convention Centre foyer and 2nd floor pre-function space

3:00 pm – 4:30 pm Workshops (continued)

4:30 pm Adjournment of workshop sessions

Free Night

Workshops – Day 2	Rooms
Workshop #1: The Other Wet Floor: psychological and emotional occupational wellness for helping and caring professions	Ballroom D
Workshop #2: Retirement – the next chapter: a practical guide	Fallsview Theatre
Workshop #3: Yoga and dispute resolution	Exhibit Hall C
Workshop #4: Embracing professional inclusion: fostering diversity and equity in health care	Ballroom A
Workshop #5: Nurse-patient ratios: balancing care for better outcomes	Exhibit Hall A/B
Workshop #6: The social determinants of health tour	Bus Tour
Workshop #7: Climate change and health: implications for nursing and health care practice	201-202
Workshop #8: Getting your message heard in the political world	207-208
Workshop #9: Emotional intelligence in health care	Ballroom C
Workshop #10: Understanding the migrant worker experience: a health care perspective	Ballroom B
Workshop #11: Truth & Reconciliation: the Blanket Exercise	The Lounge



Convention

Thursday June 5, 2025 – Business Day 1

7:00 am – 8:30 am	Registration Note: If you are already registered, please proceed to the Niagara Falls Convention Centre Exhibit Hall for a plenary session.
8:30 am – 9:30 am	Call to order <ul style="list-style-type: none">• O Canada• Announcements• Welcome from host province – Erin Ariss, President, Ontario Nurses' Association Business items <ul style="list-style-type: none">• Roll call• Adoption of agenda• Approval of rules and privileges• Credentials report and appointment of scrutineers• Introductions: CFNU National Executive Board, staff and guests
9:30 am – 10:15 am	President's address – Linda Silas, CFNU President
10:15 am – 10:45 am	Networking break
10:45 am – 11:45 am	Open forum with CFNU's NEB
11:45 am – 1:00 pm	Free time for lunch
12:00 pm	Deadline for emergency resolutions
1:00 pm – 1:15 pm	Kathleen Connors tribute
1:15 pm – 1:30 pm	International greetings
1:30 pm – 2:00 pm	Secretary-Treasurer's report – Angela Preocanin, Secretary-Treasurer
2:00 pm – 3:00 pm	Constitution Committee report <ul style="list-style-type: none">• Tracy Zambory, Chair of Constitution Committee
3:00 pm – 3:30 pm	Networking break
3:30 pm – 4:30 pm	Presentation of the 2024 and 2025 Bread & Roses Awards
4:30 pm	Adjournment
6:00 pm – 6:30 pm	Cash bar reception, NFCC Exhibit Hall C
6:30 pm – 12:00 am	CFNU Banquet , NFCC Exhibit Hall C



Convention

Friday June 6, 2025 – Business Day 2

8:00 am – 8:30 am **Registration**

Note: If you are already registered, please proceed to the Niagara Falls Convention Centre Exhibit Hall for a plenary session.

8:30 am – 8:45 am **Call to order**

- Announcements

8:45 am – 9:30 am Pledge signature

9:30 am – 9:45 am Throat singers

9:45 am – 10:00 am Nominations Committee report

- Janet Hazelton, Chair of Nominations Committee

10:00 am – 11:00 am Resolutions Committee report

- Janet Hazelton, Chair of Resolutions Committee

11:00 am – 11:30 am Networking break and prep for rally

11:30 am – 1:00 pm Rally with lunch provided

1:00 pm – 2:30 pm Resolutions (continued)

2:30 pm – 3:00 pm **Speaker – Geneviève Côté**

3:00 pm – 3:30 pm Resolutions (continued)

3:30 pm – 4:00 pm New business

- President's closing remarks

4:00 pm Adjournment

Thank You!

Indigenous Health Panel – Beyond Equity: Taking Action to Address Indigenous-Specific Racism in Nursing



Dr. Alika Lafontaine

Dr. Alika Lafontaine is an award-winning physician, social innovator and the first Indigenous physician listed by the *Medical Post* as one of Canada's 50 Most Powerful Doctors. Grounded in a mixed Indigenous ancestry of Metis, Oji-Cree and Pacific Islander, Dr. Lafontaine has been at the epicentre of health care transformation for more than 20 years. He is a recipient of Canada's Top 40 Under 40, Maclean's top Health Care Innovator for 2023, and the youngest recipient of an Indspire Award.

In 2022, Dr. Lafontaine became the first Indigenous and youngest physician to lead the Canadian Medical Association in its 154-year history. That year, the Canadian Medical Association played a key advocacy role in securing the largest nominal federal investment in health care since 2004, breakthrough advances in physician credential recognition, and renewing commitments to national collaboration in managing health data and health human resources. Dr. Lafontaine also led the internal reconciliation process for the Canadian Medical Association apologizing for its role, and the role of the medical profession, in past and ongoing harms to First Nations, Inuit and Metis Peoples in the health system. On September 18, 2024, the CMA delivered this apology in an event which received positive national and international recognition.

Dr. Lafontaine continues to write and speak on the politics of health care, implementing and scaling equity, redesigning health systems and effective advocacy. He also continues to practice Anesthesiology in Northern Alberta and support the CMA in its Indigenous ReconciliACTION Plan as its founding Indigenous Advisor in Residence.



Dawn GooGoo is a Mi'kmaw woman, registered nurse, wife, mother, sister and friend. Her community is [We'koqma'q First Nation](#), a small Mikmaw community in U'nama'kik (Cape Breton). Dawn is also a veteran who served in the Canadian Armed Forces for 14 years as a med tech. She graduated nursing from St. Francis Xavier University in 2014. She has always had a passion for helping others succeed and has mentored many students in the nursing program. Through her career, she realized the need to increase knowledge about Indigenous cultures in the health professions and its institutions, as well as the great need for more Indigenous nurses. She has completed her Master of Nursing and is now working towards supporting the newly established Office of L'nu Nursing Office. This office is operated by the Mi'kmaw people in partnership with the school of nursing in Mi'kma'ki (Nova Scotia). The Office of L'nu Nursing works to increase the number of Mi'kmaq and Indigenous nurses in Mi'kma'ki by advocating for the removal of barriers in nursing education and supporting the inclusion of traditional Mi'kmaw knowledge, values and teachings alongside modern nursing practices. This effort aims to improve health care services and outcomes for Mi'kmaq and Indigenous Peoples in Nova Scotia.

Convention



Kerri Nuku is an Indigenous nursing leader who whakapapas to Ngāti Kahungunu and Nai Tai iwi (tribes).

Kerri is a registered nurse and midwife and has worked across primary, community and hospital-based nursing. Throughout her life and career, Kerri represents and advocates for the rights and aspirations of Māori and Indigenous nurses and health professionals throughout Aotearoa New Zealand and on the global stage. She develops and maintains relationships across Indigenous networks and is a skilled strategist, thinker and advocate for human rights, Indigenous, women's and workers' rights.

Kerri is currently the Kaiwhakahaere at Tōpūtanga Tapuhi Kaitiaki o Aotearoa – New Zealand Nurses Organisation. She is also a member of the International Council of Nurses, Audit and Risk Committee, Co-chair of the Iwi Maori Partnership Board for Te Aka Whai Ora and an Honorary Member of Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO).

Kerri's national and international accomplishments have seen her present interventions at the United Nations Permanent Forum on Indigenous Issues at the United Nations in New York, protecting the freedoms and rights of Indigenous Peoples. Kerri is a recipient of the prestigious International Human Rights and Nursing Award from the University of Exeter, UK, and is recognised as one of 100 Māori Leaders.



Candi DeSousa is Lheidli T'enneh, with ancestral roots in the lands at the junction of the Nechako and Fraser Rivers, in what is now colonially known as Prince George. She holds deep gratitude for her ancestors, whose stewardship of the land continues to sustain her people today.

Candi graduated from the University College of the Cariboo, now Thompson Rivers University, and has been a nurse for over 20 years. Her journey began in an isolated rural community, leading her through the fast-paced emergency departments of Kamloops and Kelowna before bringing her home to a small rural ER near Snpink'tn (Penticton).

Today Candi DeSousa represents nurses across the Okanagan Similkameen Region of BC. Advocacy is at the heart of her work, driven by a deep commitment to human rights and social justice. She has been involved with BCNU since 2005 and strongly believes that nurses' unions are a formidable force for any level of government.

Candi believes in a new path forward Indigenous Peoples in health care – one where traditional medicine and ceremonies are welcomed alongside the existing colonial system, ensuring that Indigenous Peoples receive care free from systemic racism.

Artificial intelligence panel – AI Health: Today & Tomorrow



Dr. Zayna Khayat is an applied health futurist. She is adjunct faculty in the Health Sector Strategy stream at the Rotman School of Management at the University of Toronto. Zayna is the in-house health futurist with Deloitte Canada's Healthcare practice, and she advises various health technology companies. Zayna previously led the Futures team with national home health care and aging social enterprise, SE Health, as their Future Strategist. Dr. Khayat was previously the lead of health system innovation at MaRS Discovery District, a health innovation hub in Toronto.

In 2017 she was seconded to the Reshape Innovation Centre at Radboud University medical centre in the Netherlands. Zayna completed her Ph.D. in diabetes research from the University of Toronto (2001), followed by a career in strategy consulting, including as a principal in the health care practice of the Boston Consulting Group. She currently resides in Toronto with her husband and three children and is proficient in French and Arabic languages (and a bit of Dutch!).



Dr. Muhammad Mamdani is Vice President of Data Science and Advanced Analytics at Unity Health Toronto and Director of the University of Toronto Temerty Faculty of Medicine Centre for Artificial Intelligence Research and Education in Medicine (T-CAIREM). Dr. Mamdani's team bridges advanced analytics, including machine learning with clinical and management decision making to improve patient outcomes and hospital efficiency.

In 2024, Dr. Mamdani's team received the national Solventum Health Care Innovation Team Award by the Canadian College of Health Leaders. Previously, Dr. Mamdani was named among Canada's Top 40 Under 40. He has published over 500 studies in peer-reviewed medical journals.

Dr. Mamdani obtained a Doctor of Pharmacy degree from the University of Michigan (Ann Arbor), and completed a fellowship in Pharmacoeconomics and outcomes research at the Detroit Medical Center. During his fellowship, Dr. Mamdani obtained a Master of Arts degree in Economics from Wayne State University with a concentration in econometric theory. He then completed a Master of Public Health degree from Harvard University with a concentration in quantitative methods.



Christopher Nielsen is the Director of Education at National Nurses United, the largest and fastest-growing union of registered nurses in the United States. He also helps coordinate NNU's strategic response to artificial intelligence, gig work platforms and other data-driven technologies through research and education, collective bargaining and public policy. Over the last decade, Chris has led the development of innovative member and public education programs to support union nurses' efforts to build power and advance their fight for workplace democracy, universal health care and social justice.

Convention



Tracie Risling, RN, PhD, is the Associate Dean Innovation in the Faculty of Nursing at the University of Calgary, the President-Elect of the Canadian Nurses Association and the Past-President of the Canadian Nursing Informatics Association. With a practice background in pediatric and public health nursing, Dr. Risling currently leads a program of health informatics research, including study on artificial intelligence, social media and misinformation, co-design, and the use of text messaging for wellness support. She is a passionate advocate for increased nursing engagement in the development, use and evaluation of digital health solutions, which is reflected in her work with the Doctor of Nursing program at the University of Calgary.

Speakers



Geneviève Côté

Born in Montreal, Geneviève has had a passion for voices and sounds since birth, inspired by Looney Toons, Bart Simpson, her idols Celine Dion, Madonna and many others. She was immediately won over and inspired by the actor-humorist and noisemaker Michael Winslow (Police Academy). She began imitating every sound in the world, from the creak of a door to a bottle of window cleaner, to the sound effects of her favourite Atari video game.

Finalist on Canada's Got Talent Season 2 and Howie Mandel's Golden Buzzer, Geneviève Côté is more than a noise maker – she's a phenomenon!

Her Canadian Golden Buzzer, which has gone viral worldwide, has generated over 1 million views in just a few days, and now boasts billions of views across the planet on various platforms. This led to her participation in France's Got Talent (Europe) where she was awarded a second Golden Buzzer by the star host Karine Le Marchand.



Convention

Discrimination and harassment

The Canadian Federation of Nurses Unions endeavours to provide a supportive working and learning environment that is equitable for all participants. Such an atmosphere must be based on mutual respect and free of any form of discrimination or harassment.

Discrimination and harassment create a hostile environment and undermine the principles of solidarity, unity and equity. The CFNU will not tolerate behaviour that is likely to undermine the dignity or self-esteem of an individual, or create an intimidating, hostile or offensive environment.

This includes, but is not limited to, the unjust or prejudicial treatment of a person based on grounds protected under the *Canadian Human Rights Act*. These grounds include race, national or ethnic origin, religion, age, sex, sexual orientation, gender identity or expression, marital or family status, physical appearance or disability.

Complaints of harassment at CFNU events will be taken seriously and will be investigated immediately. Offenders will be penalized up to and including expulsion from this function. The investigation of each incident will be handled confidentially and expeditiously with particular sensitivity for the complainant.

If you believe you are being harassed, **act immediately:**

- If possible, make it clear you do not welcome such behaviour. You can do so either on your own, verbally or in writing, or with the assistance of another party.
- Indicate that you will take further action if the behaviour continues.
- If the inappropriate behaviour persists, approach one or both of the designated representatives who will investigate the matter.

If you are unwilling to approach the harasser because of the impact the action(s) have on you, you may seek out the designated anti-harassment Ombudsperson in the first instance.

Your designated representatives for the CFNU 22nd Biennial Convention can be reached through the CFNU Convention office between 8:00 am and 5:00 pm.



Convention

Parliamentarian rules

Do you know the rules?

When conducting business meetings, such as the Biennial Convention, the CFNU follows *Robert's Rules of Order*.

The following is an introduction to *Robert's Rules*. This article was extracted from "A Guide to Parliamentary Procedure Based on Robert's Rules of Order Newly Revised" and "Roles and Responsibilities of Chairman," taken from the Board of Directors' and Committees' Orientation Manual of the Saskatchewan Union of Nurses.

An assembly generally uses five steps to conduct its business: (1) a motion is made, (2) the motion is seconded, (3) the chair states the question, placing it before the assembly, (4) the assembly debates the motion, and (5) votes upon it.

1. Motion made

A proposal that the assembly take certain action or express itself as holding certain views is a motion. Verbally, a member introduces a motion by obtaining the floor and stating, "I move that..." or she/he may move for the adoption of a written resolution.

2. Motion seconded

Next, another member who supports the proposal says, "I second the motion." Requiring a "second" prevents consuming time on a view held by only one member. If there is no second, the matter is dropped.

3. Chair states question

Once a motion is seconded and considered to be in order, the chair/chairperson states the question to the assembly, clarifying any vague points. Having been restated by the chair, the proposal is pending. This means it is before the assembly for consideration and action. (Until a motion is pending, any member may suggest modifications, or the mover may modify or withdraw the motion.) When the chair states the question, this opens the floor for debate on the proposal.

4. Debate

That question most recently stated by the chair is the one to be acted upon first. Debate (which is discussion of a proposal) is limited to the immediately pending question, and usually each member is limited to two speeches during any debate.

Prior to debating or making a motion, a member must obtain the floor. After the previous speaker yields the floor (usually by sitting down), the member wishing to speak rises and addresses the chair. The would-be speaker is recognized by the chair, or ruled out-of-order in favour of another speaker. In many cases the first one to rise is assigned the floor. A member attempting to take the floor for a second speech on the same question is out-of-order when any member who has not spoken on that question desires the floor.



Convention

a) **Amendments to the motion**

An amendment is offered when a member agrees substantially with the motion but wants some change. An amendment must be closely related, although it may be inconsistent, to the subject of the motion. It must be stated clearly and defined as to what part of the motion it applies. An amendment that is not relevant to the main motion is out-of-order.

To amend a motion, a member must seek and be recognized by the chair. Once recognized, she/he states, "I move to amend the motion by..." If another member seconds the amendment, the chair asks if there is any discussion of the amendment.

b) **Amending the amendment**

An amendment may be changed just as a motion may be changed. The amendment to the amendment must relate to the motion and the amendment. The chair can sometimes ask the maker of the motion and the seconder if they are willing to accept the amendment as part of the original motion. If they agree and if no other member objects, this can be done, saving time and effort. The chair must carry through each step until the main motion has been voted on. There can be no amendment to an amendment to an amendment. If it gets to that point, a substitute motion is in order. Voting is done in reverse order. That is on the amendment to the amendment, then the amendment, then the motion as amended.

c) **Substitute motion**

A substitute motion ties loose ends together. It may be made and accepted by the chair. Amendments or substitute motions cannot be accepted if they are not relevant to the motion.

d) **Tabling a motion**

The membership may seem unable to reach a conclusion, or more study may be needed. At these times a member makes a motion to table the motion. The maker of the motion cannot do so while speaking on the motion, or if she/he has previously spoken on the motion and there are others who still desire to speak. Such a motion requires a second, and once seconded, cannot be debated or amended. It must be put to an immediate vote. If a majority vote in favour, the motion is then tabled. Tabling a motion does not carry a time limit. A motion to table until the next meeting is a motion to postpone and is debatable. If a member wants to postpone indefinitely, or if a member wants to place the matter in the hands of a committee, the motion should be stated in these terms: "I move that the matter be referred back to the Education Committee."

e) **Points of information**

Members sometimes become confused about the business being discussed. They may need some information from the chair or the speaker about the meaning of the motion or its effect. If so, they may direct an inquiry to the chair. Members do not have to wait to be recognized by the chair, but may interrupt by stating, "I rise on a point of information." The chair must recognize the member and say, "State your question." The chair then seeks to answer the



Convention

question or, if the member desires information from another member, the chair should ask the person holding the floor to yield for the purpose of getting the information. The person holding the floor cannot be forced to yield, but if she/he does, the questioner must address the point of information through the chair and the answer must be made to the chair. If the chair decides that the question does not require an immediate answer, the inquiry can be answered as soon as the speaker is finished.

5. Vote

Once debate is over, the chair asks again, “Are you ready for the question?” If no one goes to the mike to speak, she/he restates the question and takes the vote. This is usually done by a show of hands. If the result is unclear, the chair may ask for a standing vote.

For a motion to pass it will require either a majority (more than half votes cast) or 2/3 of the members present and voting on that motion. Therefore, if x number of members are registered for the day and then some members leave, the vote is determined by the majority or 2/3 (depending on what is required) of the remaining members who vote.

NOTE: All motions, discussion and debate of motions must take place through the chair. Members are not allowed to debate issues among themselves.

Quorum is the number of registered members that are entitled to vote, who must be present in order to legally transact the meeting’s business.

CFNU’s Bylaw 7.11 states that the quorum for a general meeting of the union shall be a majority of those members registered in attendance on each day of the meeting.

Therefore, if on any given day 300 members are registered, quorum would be 151 members. If at least 151 members remain at the meeting, business, including voting on resolutions, can proceed.

NOTE: Quorum and the number of votes required to carry a motion are two separate issues.

For example, x number of members are registered on any given day. A majority of those constitute a quorum to carry on the business of the day. Of that quorum, a majority or 2/3 of the members present and voting will determine if a motion passes or is defeated.

6. Role of the parliamentarian

The parliamentarian is a consultant whose role is purely an advisor and resource person for the chair and the meeting.

Duties include: respond to questions of clarification about the *Rules of Order* either by the chair or the assembly; discreetly draw to the attention of the chair any errors in following the *Rules of Order*; and act as an expert on the *Rules of Order* to help facilitate the business of the assembly.

NOTE: A parliamentarian does not vote or debate the issues before the assembly.



Convention

Rules and privileges

1. Only voting delegates and members of the National Executive Board will be entitled to vote. Each Member Organization may cast its full number of votes, provided that it has at least one (1) voting delegate at the convention.
2. Speakers will use the microphones when addressing the chair.
3. Speakers must be acknowledged by the chair before addressing the assembly.
4. Speakers addressing the chair will state their names and union membership.
5. Members of a Member Organization who are not voting delegates may attend a convention of the Federation on behalf of their respective organization and may speak to but not move or vote on business of the Federation.
6. Staff of a Member Organization may attend at the discretion of the Member Organization and may speak with the consent of two thirds (2/3) of the voting delegates.
7. Motions, amendments and emergency resolutions must be presented in writing to the chair.
8. Debate on any motion at this convention will be limited to one (1) speech by any person on any question, unless special permission is granted by the assembly. No person can speak a second time to any question, as long as another person who has not spoken to that question wishes to speak.
9. Each speech will be limited to three (3) minutes.
10. Once voting has commenced on a motion, no one shall be allowed to enter or leave the meeting room.
11. Convention rules may be suspended by a two-thirds (2/3) vote.
12. Governing rules of order will be the current edition of *Robert's Rules of Order Newly Revised*.
13. All **cell phones are to be turned off** during educational and business sessions.



Convention

Convention Policies

Smoking policy

In accordance with Canadian Federation of Nurses Unions' policy, we request your cooperation to ensure that this conference is smoke-free – no smoking in the conference office, the plenary sessions, workshops and all areas outside these rooms. Smoking is only permitted where indicated. Thank you.

Recycling policy

At the conclusion of the conference, deposit your delegate badge in the boxes situated near the exits of the plenary room. As well, please make use of the recycling containers provided by the convention centre.

Scents and perfumes

Please be aware that some members are sensitive to chemicals, including those found in scents, perfumes and aftershaves. For the well-being of your colleagues, please refrain from using scented products during the convention.

Gender-neutral washroom(s)

The CFNU will work with the host convention centre to ensure that there is a minimum of one gender-neutral washroom facility available, and its location will be announced.

Being green – what convention attendees can do

Turn off any lights, TV, air conditioner or heater when you leave your hotel room for the day.

Recycle your waste: bottles, cans, paper, etc.

Bring your own pen and pencil.

Do your sightseeing by foot or public transportation.

Collect business cards of presenters and have them e-mail reports and other information rather than collecting printed handouts.

Audio/videotape and photography consent

Portions of the CFNU 2025 Biennial Convention will be recorded and photographed and may be made available on the Internet. Photographs may be used in CFNU publications and promotional materials. Your attendance at the CFNU 2025 Biennial Convention constitutes your consent to potential inclusion in these various media.



Convention

Bread and Roses Award history



At the 1993 Canadian Federation of Nurses Unions (CFNU) Convention, delegates approved a resolution directing the CFNU to “establish a national award to be presented on a yearly basis to a CFNU member who is contributing or has actively contributed to unionism on a provincial and/or national basis.”

Criteria were developed and application forms were circulated, asking candidates to describe their backgrounds in local, provincial and national activities. Nominations are received by the CFNU office according to established deadlines.

The CFNU Board could find no more fitting title for this award than the *Bread and Roses Award*. “Bread and Roses” is an old labour song which was put to music by Carolyn Kohlsaas and written by James Oppenheim. The song was derived from a song by an Italian-American writer, Arturo Giovannitti, titled “Pan-e-Rose” which was used by the International Ladies Garment Workers’ Union. “Bread and Roses” has a long and prestigious history.

In 1912, in Lawrence, Massachusetts, predominantly women workers struck the textile mills for ten weeks to improve their wages and working conditions. They were members of the Industrial Workers of the World. Our award’s inspiration is found in the song’s lyrics that pay tribute to these women.

The song is speaking to the need for recognition of self and accomplishment, and to the dignity of each and every human being:
“Yes, it is Bread we fight for –
but we fight for Roses too!”

The last verse is the most meaningful of all.
**“As we come marching, marching,
we’re standing proud and tall.
The rising of the women means the rising of
us all. No more the drudge and idler –
ten that toil where one reposes,
but a sharing of life’s glories:
Bread and Roses! Bread and Roses!”**

The award was created by Vancouver glass artist John Nutter, who had been inspired by the stained-glass windows of the Notre Dame Cathedral in St. Boniface.

The award represents the way in which we, as women and men, operate in a Union, which is in a circle of cooperation and collaboration with mutual respect and respect for the circle of life and each person’s contributions to the whole. Thus, the award is circular and sits on a base of yew wood. Yew is a tribute to the healing arts. Many anti-cancer drugs are derived from yew wood. The use of the natural wood contrasts with the glossiness of the award.

There are two glass panels separated by a one-half-inch space but yet overlapped. One panel has sheaves of wheat on it, symbolizing Bread; the other has Roses. Speaking to the need for both these elements in our lives, the link was formed in the overlap of equal parts of both symbols.

Congratulations to the winners from the members of the Canadian Federation of Nurses Unions!

MAPS

- Downtown Niagara Falls
- Niagara Falls Convention Centre

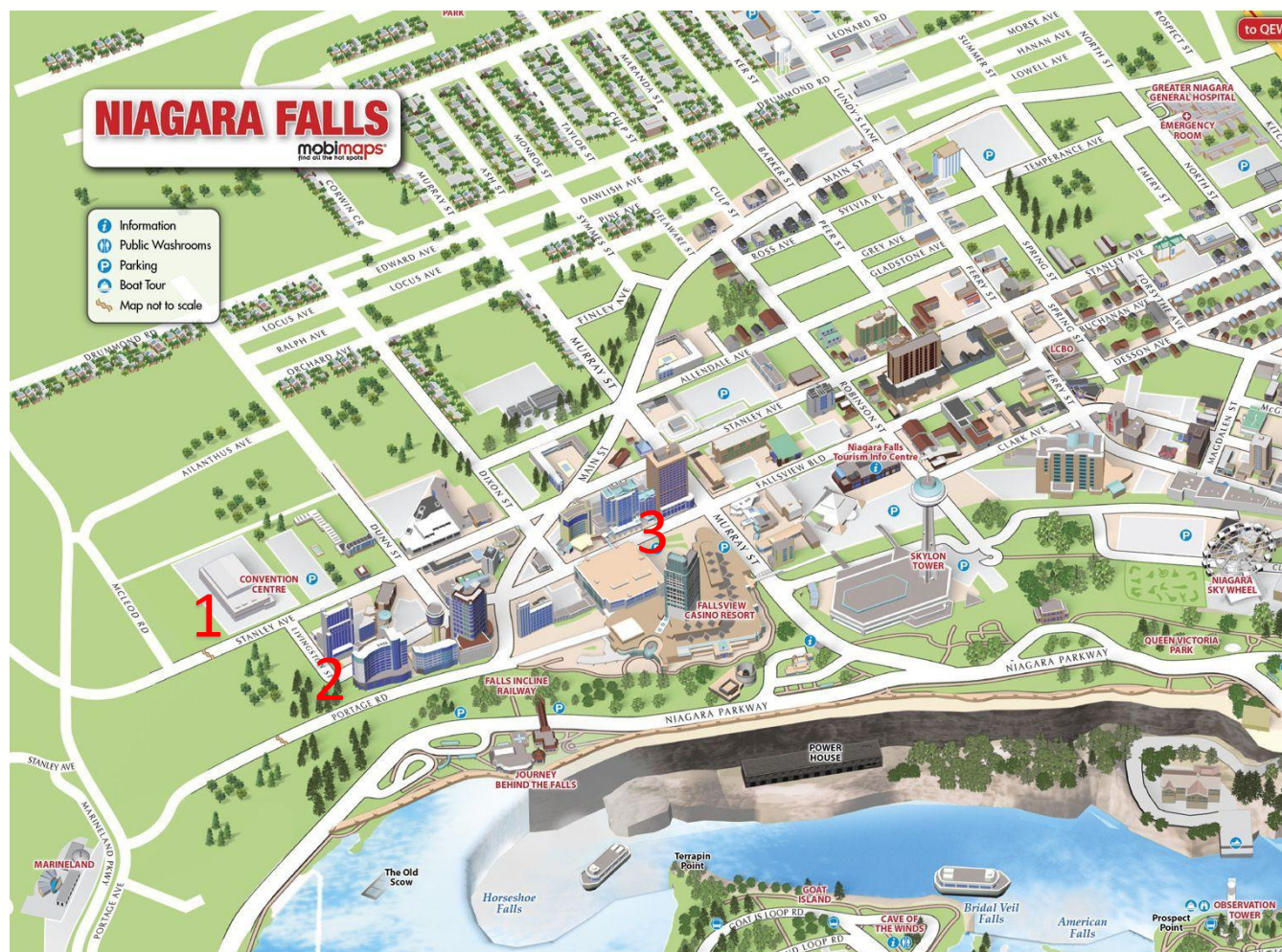


CANADIAN FEDERATION
OF NURSES UNIONS



Maps

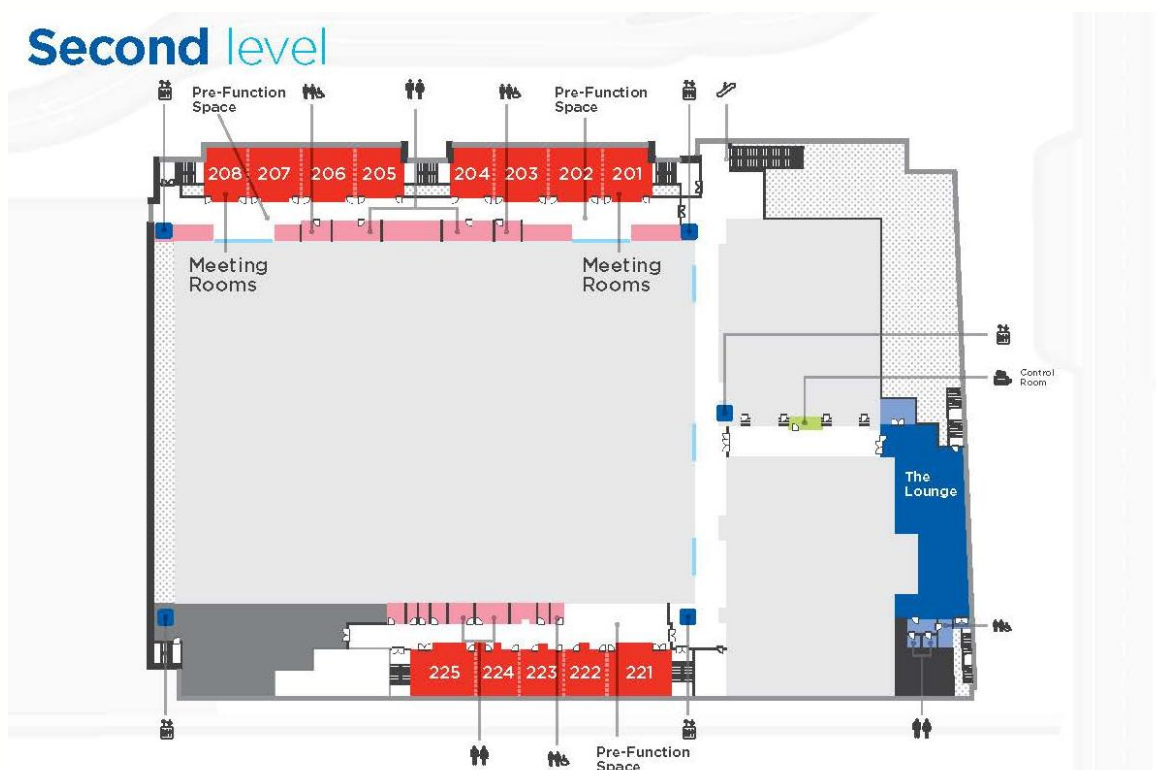
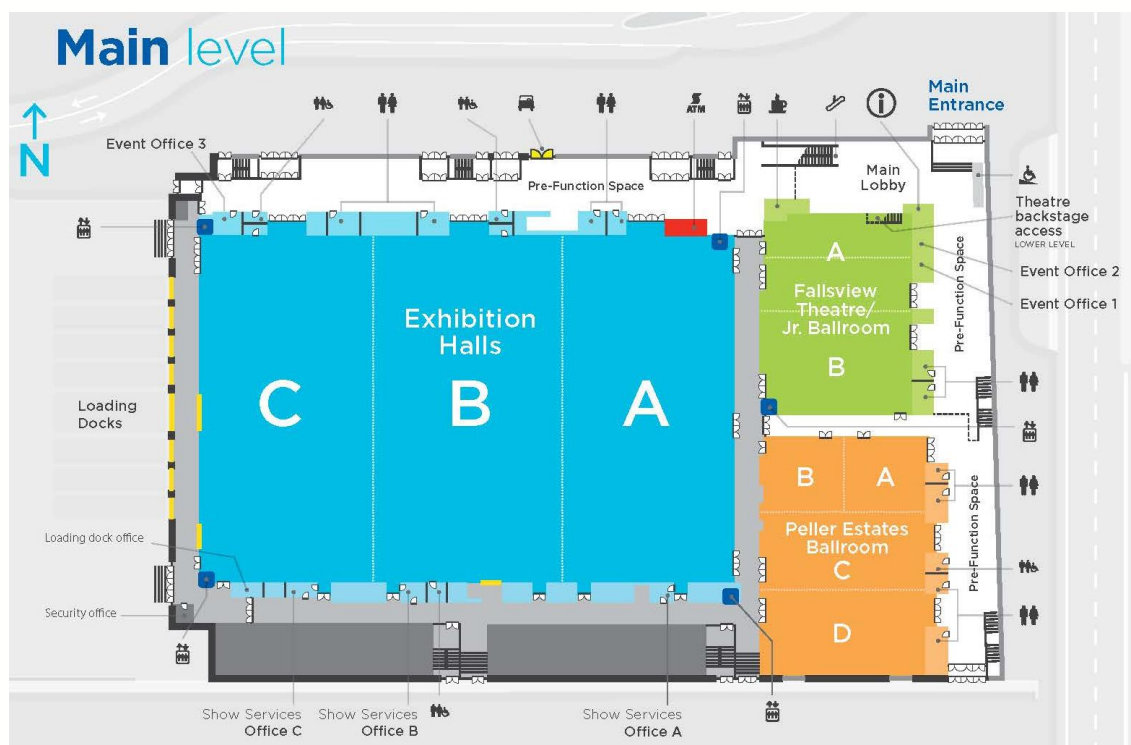
Downtown Niagara Falls



- 1 Niagara Falls Convention Centre
- 2 Marriott on the Falls and Fallsview Hotels
- 3 Hilton Fallsview Hotel

Maps

Niagara Falls Convention Centre



CFNU REPORT

- CFNU report
- Long-term bargaining goals
- International Solidarity Committee report



**CANADIAN FEDERATION
OF NURSES UNIONS**





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CFNU Report

MESSAGE FROM CFNU PRESIDENT LINDA SILAS



Linda Silas, President of the CFNU 2003 – present

Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek.

Barack Obama

Dear Members,

When we closed the 2023 CFNU Biennium, we committed to our joint membership that nurses' unions were going to raise the bar, and that is what we have been doing for the last 24 months.

Weeks and months of raising the bar, months of doing our job!

As some may know, my father was an old-fashioned union activist: head down and get the job done. Was he woke? Sadly, no, and not even a bit. If I weren't his oldest child, I am not too sure he would have "approved" of my career choice, but he was very proud of me especially when I stood up to governments. He disliked all of them regardless of their party stripe. Why am I mentioning my father? The best lesson he ever taught me was to never forget who pays your salary. That is my mantra, and that is how we all function at the CFNU. From our staff team to the NEB, we focus on you – our members, Canada's nurses. There is no other organization in Canada that can say they truly represent Canada's working nurses.

The CFNU is accountable to you through your union – our Member Organizations. Does this mean you will agree with us all the time? Of course not. With good governance at the forefront, you can always know we are working on your behalf and speaking for the betterment of your working conditions.

When you read through this report, we hope it makes it clear that our focus is on you as our frontline 24/7 health care professionals. You will read about our advocating for safe hours of work, safe staffing and improved health human resources strategies as key to everything we do.

We closed the 2023 Convention with a strong mandate for action, and we will open 2025 with an apology to Indigenous Peoples on behalf of Canada's nurses. As nurses, it is time we recognize the harms the colonial health care system perpetrated on Indigenous Peoples and their communities, and humbly recognize we made mistakes and that we must do better. We all must take what our responsibility is under the Truth and Reconciliation Commission's report





CFNU Report

recommendations, apologize and follow up with our own action plan – a pledge that we accept the challenge to do better.

This year our Convention theme is ***All In!*** We are confident that you will see yourself in this theme and mostly in the dynamic agenda development by members of your national executive board.

I offer you this report as a glimpse of how your CFNU has answered your mandate for us.

This is your elected team.

NEB members 2023-2025

Linda Silas, CFNU President

Angela Preocanin, CFNU Secretary-Treasurer

Yvette Coffey, RNUNL President

Janet Hazelton, NSNU President

Paula Doucet, NBNU President

Barbara Brookins, PEINU President

Erin Ariss, ONA President

Dawn Armstrong, ONA Interim Vice-President (2023-2024)

Alan Warrington, ONA Vice-President

Darlene Jackson, MNU President

Tracy Zambory, SUN President

Heather Smith, UNA President

Danielle Larivee, UNA Vice-President

Aman Grewal, BCNU President (2023-2024)

Adriane Gear, BCNU Vice-President (2023-2024) and BCNU President

Tristan Newby, BCNU Vice-President

Eyasu Yakob, CNSA President (2023)

Tiffany McEwen, CNSA President (2024)

Opeyemi Kehinde, CNSA President (2025)

CFNU Report

This is an overview of what we have done in chronological order since last convention.

2023 convention donation for Ukraine update (2023-2025)

The \$53,000 donated by the CFNU Convention delegates and Member Organizations in Charlottetown in 2023, initiated by Linda Silas and Heather Smith (UNA), has come a long way. The Dnipro city branch of the Union of Health Care Workers of Ukraine have received the funds.



The ruined home (in Mariupol, Donetsk region) of Tetyana Buha, X-ray nurse in Dnipro

Our money is being used for financial assistance to health care workers – members of the Dnipro branch who suffered from the Russian aggression either by being injured or having lost their homes. To mid-April 2025, the financial assistance from CFNU nurses was paid out in Ukrainian local currency to 131 union members in the amounts from US \$100 to US \$2,000. The majority

of these members who received the financial aid are women, almost half of them are nurses, the rest are doctors, personal care workers, paramedics and technicians. Each of these HCWs chose to stay

in Ukraine in the harsh conditions of the war and continue caring for their patients. While being targeted and



Ivan Tereshchenko, military paramedic

bombed regularly, often with significant numbers of

lethal victims, the city of Dnipro has become the number one hub for the wounded military and civilians – with its biggest in Ukraine regional hospital and several other large state hospitals, including those evacuated to Dnipro from other towns. Many HCWs recently moved to Dnipro with their families as refugees forced to flee from Ukraine's territories occupied by the Russian army. The Dnipro city branch of the HCWs' Union still has almost US \$10,000 of "the Canadian money" on their balance – this money is being allocated sparingly and, unfortunately, still being spent to provide financial aid to those of our peers in Ukraine who are temporarily in need. Detailed reports with all the recipients' names, contact information, bank transfers' copies, heartbreaking photos and videos were submitted to the CFNU.



CFNU Report

Tax incentive for nurses and allied health care workers

We know from our annual member survey – incentives like tax credits would help return and retain nurses and allied health care workers in our health care system. We also heard from you all at our last CFNU Convention – members want the federal government to help nurses by introducing tax incentives targeted at frontline nurses and allied health care workers.

With health human resource shortages being experienced in every region of the country, it is time now for the federal government to act. For the last three years, the CFNU has been calling on the federal government to introduce a tax incentive for the return and retention of nurses. Given that federal tax incentives have been introduced for others, such as trade workers and teachers, it should be a no-brainer. The CFNU has met with Canada's Building Trades Unions, and they shared that they used an accounting firm to help determine costing estimates, which was very useful towards their advocacy efforts. We approached the accounting firm they used, Hendry Warren LLP, and they have prepared a financial analysis for the CFNU. This third-party analysis has helped us lobby parliamentarians, relevant ministers and key contacts in the Canada Revenue Agency. We are now working with a legal firm to assist us further with the campaign to have the federal government introduce a tax credit supporting CFNU members.

ICN Congress, July 1-5, 2023



CFNU symposium

The CFNU hosted a symposium on July 3, 2023. The symposium, titled Taking Action to Achieve Action: Nursing Union Activism in Today's World, focused on how union leaders globally are successfully organizing and mobilizing to engage with decision makers. Aman Grewal presented on BCNU's successful efforts in introducing nurse-patient ratios in British Columbia. Nicola Ranger from the UK's Royal College of Nursing spoke about their strike action in the UK. Janet Hazelton, NSNU, and Mary Turner, Minnesota Nurses Association, rounded out the panel. The CFNU facilitated a discussion to showcase why unions matter for nursing and the nursing profession.

ICN main session – Growing and sustaining the nursing workforce

Linda Silas was invited to be a main session speaker.

CFNU Report

Council of the Federation, July 10-12, 2023



The Council of the Federation (CoF) meeting in 2023 was in Winnipeg.

The breakfast policy briefing held at the Council of the Federation meeting had participation from the premier of every province and territory, except Premier Cochrane of the Northwest Territories (who sent two senior officials in her place). Moderator Dr. Brian Goldman did a wonderful job of setting the context for the health human resources crisis across the country, and of facilitating a long discussion including the premiers and panelists Linda Silas and Dr. Alike Lafontaine (CMA).

The event provided a great opportunity to remind the premiers of our concerns around the nursing shortage crisis, including engagement with Premier Eby on nurse-patient ratios.

Also during COF, we launched Complete the Recovery, a campaign profiling member and the challenges they face in their workplaces. The campaign featured placements in *The Globe and Mail*, *The Winnipeg Free Press* and on social media. Following COF, we also launched a letter-writing campaign to the provincial health ministers and the federal health minister to rearticulate our message ahead of the health ministers' meeting in October.

FINA Pre-Budget Consultation, August 2023

We made a submission to the parliamentary Standing Committee on Finance (FINA) as part of their 2024 pre-budget consultations. The submission contained the following six recommendations to the federal government:

- **Recommendation 1:** That the government introduce a tax benefit for nurses and other health professionals that incentivizes the retention and return of health professionals to the workforce.
- **Recommendation 2:** That the government provide funding in the amount of \$8 million over four years through the Public Health Agency of Canada to tailor and pilot an internet-delivered cognitive behavioural therapy program for nurses.
- **Recommendation 3:** That the government work with the provinces and territories to set legislated limits on consecutive hours of work for nurses.
- **Recommendation 4:** That the government include measures in bilateral health agreements with provinces and territories that:
 - Put a cap on the spending and usage of agency nurses;
 - Bolster permanent nursing positions across health care settings.
- **Recommendation 5:** That the government earmark \$10 million in funding to establish a Health Workplace Violence Reduction Plan, that includes:
 - A national awareness campaign with a pan-Canadian framework for the prevention of violence in health care settings enshrined in federal legislation;
 - Appropriate training of prosecutors and public safety personnel in relevant legislation;

- targeted funding to the provinces and territories to upgrade violence-prevention infrastructure and training.
- **Recommendation 6:** That the government lead a National Nursing Retention Strategy, that advances proven retention, return and recruitment initiatives, including:
 - Adopting safe staffing measures;
 - Expanding nursing programs and supporting students with mentorship and paid preceptorships;
 - Supporting nurses across their careers through initiatives such as bridging programs and flexible schedules;
 - Expediting registration and workforce integration for internationally educated nurses through an ethical framework.

It has been some time since the CFNU participated in a pre-budget consultation put on by the House of Commons' Standing Committee on Finance (FINA). FINA held hearings in cities across the country, and to the knowledge of the committee's clerk, we are the first organization he is aware of that has ever had a chance to appear twice. We were represented by Maria Richard, Vice-President of the New Brunswick Nurses Union, who appeared at a hearing in Fredericton on October 11, and by Darlene Jackson, President of the Manitoba Nurses Union, who appeared at a hearing in Winnipeg on November 15.



Both Maria and Darlene provided a five-minute opening statement, which was followed by questions by the MPs on the committee. They did an incredible job of fielding a variety of questions, many of them quite challenging. Their opening remarks were based on CFNU's pre-budget consultation submission to FINA, which was submitted in August 2023.

[Long-term Care Act consultations, September 2023](#)

The Home and Long-term Care Unit of Health Canada held an online consultation from late July until late September on a future piece of legislation they are referring to as the *Safe Long-Term Care Act*. The Act is part of the Liberal and NDP confidence and supply agreement, which commits the Liberal government to “tabling a *Safe Long-Term Care Act* to ensure that seniors are guaranteed the care they deserve, no matter where they live.”

The consultation was in the form of an online anonymous questionnaire, but you could also submit your recommendations directly to Health Canada, which the CFNU did. We also shared our submission to the NEB and encouraged Member Organizations to make a submission of their own. Our recommendations expressed our concern that the Liberal government is unwilling to incorporate the new standards around long-term care into this piece of legislation,

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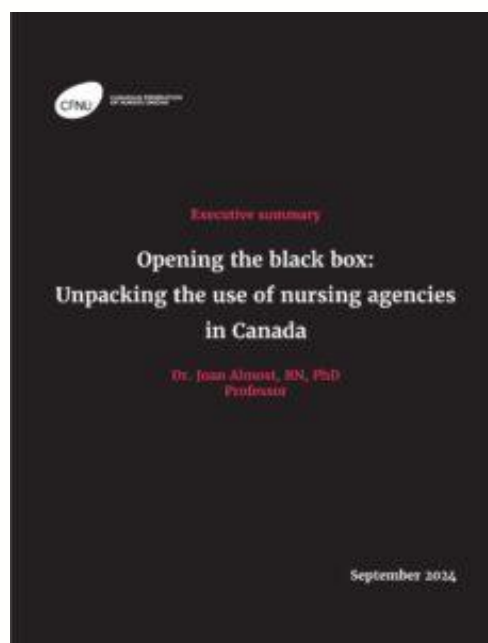
which would have the effect of mandating adherence to the standards across the country. We recommended they reverse their position on this, and that they commit in the legislation to ensuring a minimum of 4.5 hours of direct care per resident per day, minimum staffing ratios with at least one registered nurse per shift, and adequate pay, benefits, sick leave and vacation for all staff in the sector. We also recommended that the legislation ensure any future federal funding in the sector go exclusively to public or non-profit facilities, and that the federal government work to phase out for-profit facilities from the sector entirely.

In September we provided a submission to the *Safe Long-Term Care Act* consultations, which was also open to individual submission. We then had a direct meeting with government officials from Health Canada's Home and Long-term Care Unit alongside MNU board member Karen Jantzen (who has worked for 20 years in long-term care). In our submission and in discussions with Health Canada officials, we indicated our strong interest in seeing legislation mandate national standards, phase out profit from the sector and ensure no federal funds go toward shareholder profits, guarantee a minimum number of direct hours of care per resident per day (4.5 hours) and staffing mix with a sufficient ratio of regulated nurses to residents and registered nurses per shift (we recommend 45% of care delivered be by regulated nurses, and that a minimum of one registered nurse is present per shift with an increase in registered nurse numbers as required by the acuity level of residents). We continued engaging with Health Canada on this file leading up to the introduction of the *Safe Long-term Care Act*. Unfortunately, Health Canada has already indicated that they will not be mandating national standards as they see this as a jurisdictional overreach.

Agency nursing, September 2023

In September, the CFNU signed an agreement with Queen's University School of Nursing researcher Dr. Joan Almost to lead the first pan-Canadian study aimed at comprehensively examining the utilization of agency nurses and its implications for our health care system.

Dr. Almost led a research team to examine issues, including: the number of private nursing agencies in Canada; the number of agency nurses being utilized; the average rate of pay for agency nurses; the total dollars spent by provincial and territorial governments on agency nurses; the total number of hours worked by agency nurses; where and how agency nurses are being used.





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[*Opening the black box: Unpacking the use of nursing agencies in Canada*](#) was publicly released on September 23, 2024. CFNU's report authored by Dr. Joan Almost looks at the impact private for-profit nursing agencies are having on ballooning health care costs as well as the detrimental impact they risk to nurses and even our profession.

A video was developed explaining for-profit nursing agencies and can be watched [here](#).

The CFNU will ensure the report gets into the hands of politicians and policy makers and that the media keep looking into the rising use of private nursing agencies.

Report's recommendations

1. Governments must immediately begin working towards phasing out the use of private for-profit nurse staffing agencies in Canada.

- a. Require public employers to develop, publish and implement a strategy to phase out private for-profit nurse staffing agencies, including targets, timelines, regular evaluation and penalties for non-compliance.
- b. Take profit out of nurse staffing by creating or funding government-run or non-profit organizations to staff hard-to-recruit posts.

2. Governments and employers must immediately establish a health human resources action plan to solve the nursing shortage crisis.

- a. Federal and provincial governments should fund and support initiatives for retention, recruitment and return of the nursing workforce, including recommendations set out in Health Canada's (2024) *Nursing Retention Toolkit*.
- b. Public employers should work towards becoming "employers of choice" by providing nurses with greater flexibility, implementing minimum nurse-patient ratios, inspired leadership, enhanced professional development opportunities, and valuing the professional work and voice of nurses.
- c. Governments should implement programs for student and preceptor remuneration to support new graduates entering the workforce.
- d. Governments should expand upon and add new programs that provide supports for those working in rural and remote communities to enhance recruitment and make those jobs sustainable long-term.

3. Until private nursing agencies can be completely phased out, actions must be taken to implement regulations and oversight.

- a. Federal and provincial auditors general should investigate the costs of using private nursing agencies.

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- b. Public health care employers should publicly report nursing agency use and costs paid, adhering to a minimum data standard, for purposes of health human resources planning, data analysis, research and accountability.
- c. Governments and employers must implement standardization procedures for procuring the services of agencies, including a standard vendor selection and agreement process that limits allowable costs and fixed terms.
- d. Employers should implement oversight for approval of requests for agency hours, such as mandatory reporting of reasons for using an agency and high-level supervisor sign-off with written justification of why it could not be avoided.
- e. Agencies should be required to register and hold a license to operate, allowing for necessary oversight and quality assurance.

Pharmacare campaign, September 2023

With the return of parliament, we called on the federal government to uphold its promise to establish a universal, comprehensive and public pharmacare program with its promised legislation. The CFNU launched an ad campaign in collaboration with the Canadian Health Coalition, the Canadian Labour Congress and Heart and Stroke. Placements appeared in the *Hill Times*, iPolitics, National News Watch and other digital channels.



Labour Day, September 2023



For me, Labour Day is always a reminder of how critically important health care workers are and the incredible respect you deserve.

A respected job in nursing – one that makes you proud, pays your bills and helps you build your future – shouldn't be too much to ask for.

For too many nurses, this is no longer the case. Amongst an affordability crisis, stagnant wages, untenable working conditions and increasingly long hours have become the norm not only for nurses but for many workers across sectors.

The future of health care in Canada rests within a stable and committed workforce. Nurses have said time and time again what we need: safe staffing, guaranteed time off, fair wages. What this really amounts to is simple: respect.



Global Nurses United meeting, October 4, 2023



Global Nurses United (GNU) held the first in-person meeting since the pandemic in San Francisco, California, the United States, on October 4, 2023. The GNU meeting occurred in conjunction with the convention/congress of the California Nurses Association, the largest affiliate of National Nurses United, on October 6-8, 2023. This convention/

congress marked the 120th anniversary of the founding of the California Nurses Association.

Health Ministers' Meeting, October 12, 2023



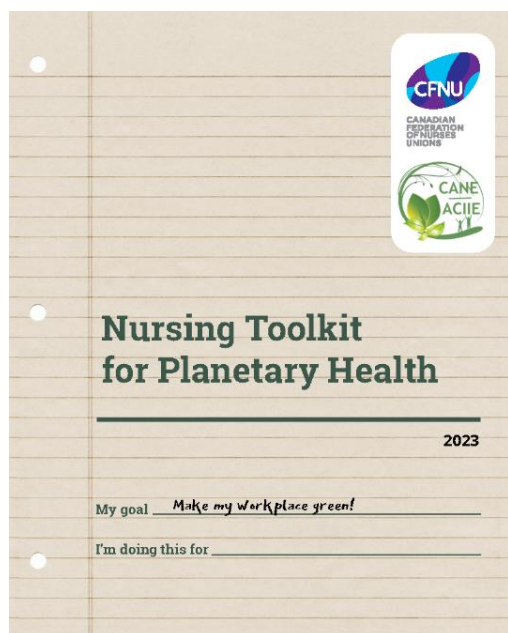
We hosted a breakfast policy briefing at the Health Ministers' Meeting in Charlottetown. The provincial and territorial health ministers met the day before on October 11, and our event was the first of the day of meetings that also included the federal health minister the Hon. Mark Holland.

We had a successful time at the Health Ministers' Meeting. We met with Minister Holland and Leigh Chapman on October 11, along with Deputy Minister Stephen Lucas, and on October 12 we hosted health ministers from across the country, in addition to Minister Holland, Minister Saks, Deputy Minister Lucas and Associate Deputy Minister Eric Costen. The presenters were

CFNU Report

Dr. Joan Almost, who presented preliminary findings on nursing agency research she conducted for the CFNU, and Dr. Heather Scott-Marshall, who presented findings on the safe hours of work study she conducted for the CFNU. Health ministers engaged well with the Q&A portion, with a lot of interest expressed in tackling the agency nursing issue. In the ministers' communique at the end of their meetings, they referenced the CFNU directly, under the priority listed in actions to tackle health workforce challenges: "Health workforce retention through the creation of a *Nursing Retention Toolkit* that will provide concrete tools and guides to employers to create work environments where nurses feel supported and want to stay in their jobs. Ministers also met with nursing stakeholders in the morning, where they heard from the Canadian Federation of Nurses Unions on the importance of exploring solutions to reduce the reliance on agency nurses by stabilizing the nursing workforce."

Climate action, October 2023



The CFNU has been promoting our [Nursing Toolkit for Planetary Health](#) since it was released at our 2023 convention, alongside the Canadian Association of Nurses for the Environment (CANE). We have also been financially supporting CANE's work to help advance the important leadership and education they do in the nursing and broader health care sector. The CFNU has also served on the advisory board of CASCADES, which is an organization that empowers the implementation of sustainable health care practices across Canada. Nicole Simms, CASCADES' Executive Lead and Training and Education Lead, is co-facilitating a workshop on climate change and health at our 2025 convention alongside CFNU's planetary health lead, Teri Forster of

BCNU. Fellow BCNU member Stacy Neilson will also be facilitating a session on plant-based food and planetary health at convention.

House of Commons Justice Committee, November 23, 2023

Linda Silas appeared as a witness at the Parliamentary Justice and Human Rights Committee (JUST) to speak to Bill C-321 – an *Act to amend the Criminal Code* (assaults against health care professionals and first responders), which is a private member's bill introduced by Conservative BC MP Todd Doherty. BCNU's Danette Thomsen, who serves as Regional Council Member for North East Region, also presented in the same session to the committee.

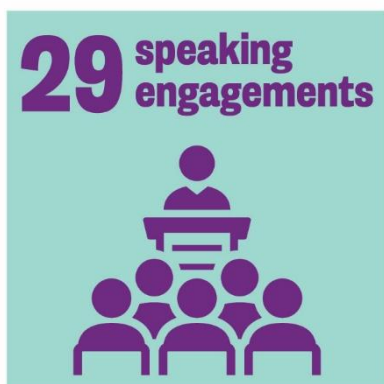
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Public opinion poll, November 2023

Key insights

- Canadians overwhelmingly agree (97%) that nurses play a critical role in our health care system.
- Canadians also overwhelmingly agree (90%) nurses leaving their profession harms Canada's health care system.
- Relative to other health care workers, nurses rank higher in perceived ethical and honesty standards, with a net agreement score of 82.8%.
- Canadians tend to find nurses more believable on health care-related issues, when compared to other sources, including patients (+15%), nurse union presidents (+31%) and health care policy experts (+33%).
- Canadians find nurses' unions more believable than labour unions on health care issues (+42%).
- Canadians are acutely aware of nursing shortages in their provinces (92%).
- Canadians perceive high workloads (64%), burn out and fatigue (62%) and insufficient staffing levels (51%) are the top issues facing nurses.
- For methods to address the nursing shortage, Canadians agreed more with implementing strategies that improve working conditions, such as safe nurse patient ratios, over increasing compensation and other financial benefits.
- Canadians are generally unhappy with governments' efforts to address the nursing shortage, with only 14% indicating they are satisfied.
- Only 43% of Canadians are familiar with nurse agencies and their role in the public health care system. When made aware of their existence, 61% of Canadians are concerned about their use.

Parliamentary Breakfast, December 5, 2023



We hosted a parliamentary breakfast in person for the first time since before the pandemic (the last one was in 2018) on December 5 in the Wellington Building – just opposite Parliament Hill. The event was well attended by MPs, Senators (including two nurse senators, Senator Patterson and Senator Kingston), and by Minister Ya'ara Saks (Minister of Mental Health and Addictions and Associate Minister of Health). There was representation from the Liberal, NDP and Conservative parties, from both anglophone and francophone parliamentarians. Several health care stakeholders were also

present, as well as staff from Member Organizations who were in town for the Occupational Health and Safety Network meeting. The presenters were Dr. Joan Almost, who presented on her research into agency nursing, and CFNU's Arun Shrichand, who presented Dr. Heather Scott-Marshall's research into on safe hours of work.

CFNU Report

We spoke to members of parliament and senators about how we owe it to our health care system to address nurse fatigue proactively. It's a question of safety and respect! Together, we can fix the nursing shortage and complete the recovery of our health care systems!



Left to right: Linda Silas (CFNU President), Arun Shrichand (CFNU Policy and Research Specialist), Dr. Joan Almost (Professor, Queen's University), Darlene Jackson (MNU President), Senator Rebecca Patterson, Senator Marie-Françoise Mégie, Sylvain Brousseau (CNA President) and Senator Joan Kingstons

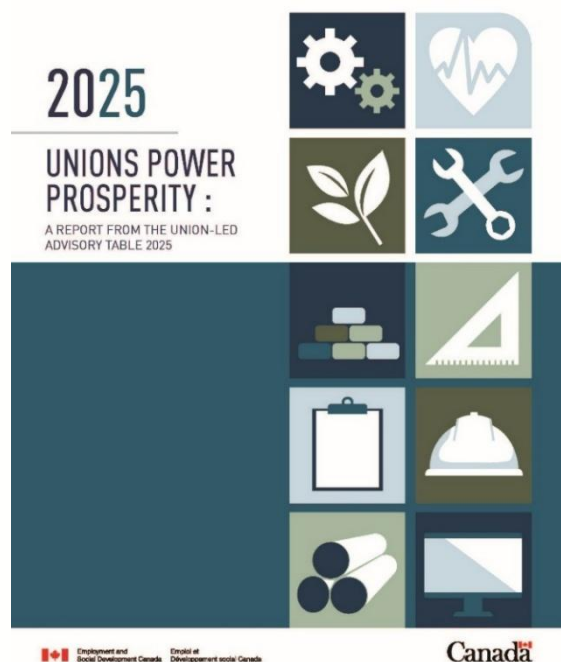
Union-Led Advisory Table, 2023-2025

Linda Silas was honoured to have been appointed by Minister O'Regan to the Union-Led Advisory Table (ULAT) established by Employment and Social Development Canada. This follows the Government of Canada's commitment in Budget 2022 to launch an advisory table that brings together unions and trade associations to advise the government on priority areas for helping workers navigate the changing labour market.

The Advisory Table provided expert advice to the Minister of Employment, Workforce Development and Official Languages (the Hon. Randy Boissonnault) and the Minister of Labour and Seniors (the Hon. Seamus O'Regan), in support of government priorities. This work is a key element to informing the government's future actions to help workers in the face of a changing labour market.

The Union-Led Advisory Table was tasked with advising the federal government on actions and priorities for supporting mid-career workers affected by industry and occupational transitions. An unstated precondition for the Advisory Table's recommendations is the need to ensure a plentiful supply of good jobs with opportunities to learn, adjust and grow. Linda Silas participated in the Table on behalf of nurses, and CFNU's inputs were included throughout the final report [*Unions Power Prosperity: A Report from the Union-Led Advisory Table.*](#)

The recommendations are the following (there are actions associated with each, but they aren't included here).



1.1 Re-establish sectoral partnership tables to identify and address the specific needs of workers in different industry sectors and occupations in a modern transitioning economy.

1.2 Implement sector-specific initiatives to support workers in industries in transition, address critical human resource challenges and promote sectoral dialogue.

1.3 Develop a comprehensive national skills assessment and inventory for workers in at-risk industries and occupations.

1.4 Invest in accessible and effective career development services to assist workers in transition.

1.5 Promote continuous social dialogue, collaboration and coordination.

2.1 Enhance and adequately support the proven and effective mid-career transition tools and services already in place.

2.2 Adapt federal program policies to support mid-career training opportunities.

3.1 Implement flexible practices and labour market programming for the recruitment, retention and transition of mid- and late-career workers

3.2 Improve the quality of jobs and workplace well-being, especially for vulnerable workers with poor working conditions.

4.1 Encourage and enable employers to support worker skills development.

4.2 Leverage and support unions' capacity to deliver skills upgrading.

5.1 Create and support programs that target specific at-risk groups.

5.2 Leverage public investments to support diversity and inclusion imperatives.

5.3 Leverage federal convening capacity to streamline adoption of initiatives that support at-risk workers.

CFNU Report

UNCSW 68th Session, March 11-15, 2024

The 68th Session of the United Nations Commission on the Status of Women (UNCSW68) was held in New York over a two-week period in March 2024. NSNU President Janet Hazelton and CFNU President Linda Silas participated.

Every year, the Commission sets a priority theme for its discussions and reviews the agreements of the previous Commission on the Status of Women (CSW). 2024's priority theme was "Accelerating the achievement of gender equality and the empowerment of all women and girls by addressing poverty and strengthening institutions and financing with a gender perspective."

8 rallies



Internationally educated nurses – World Education Services, April 2024

The CFNU struck an IEN advisory committee and held its first meeting with IENs on April 18. The advisory committee members are Baljinder Singh of NSNU, Marierose Acero of MNU and Angela Crawford of BCNU. The mandate is to advise the CFNU on our IEN work moving forward.

The CFNU continues working closely with World Education Services (WES) on policy development to streamline the registration and integration of IENs into our health care systems.

Staff Up! campaign, May 2024



The Staff Up! campaign launched ahead of the federal budget and gained momentum heading into CoF.

The campaign generated more than 4,000 letters to representatives, primarily advocating for solutions to the nursing shortage and an end to for-profit nursing agencies. Our supporter base is growing steadily. We now have 24,760 supporters, including 4,046 individuals from vulnerable ridings. Overall, the campaign has generated 553,945 impressions, reaching 117,933 people, primarily through Meta's platforms.

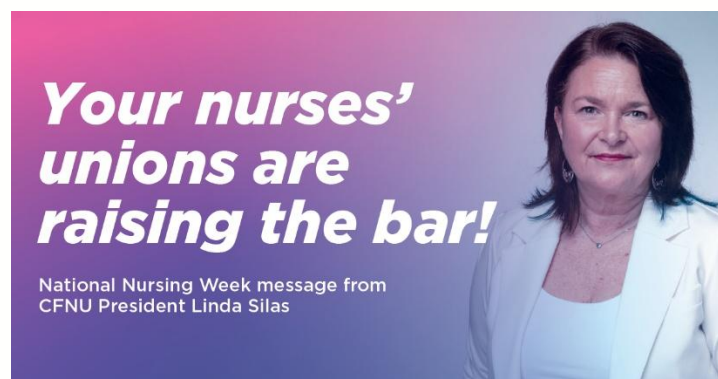
You can follow along the campaign's metrics live at

<https://lookerstudio.google.com/s/pOPsA7creTU>



CFNU Report

[Celebrating Nursing Week, May 2024](#)



I know for too many, celebrating Nursing Week feels out of question. It is hard to celebrate while working doubly hard, pushing your limits and caring for more and more patients without adequate support. Your strength is commendable, but I know you cannot continue to prop up our ailing health care systems. Saying this, I still want to say thank you, merci, miigwetch.

There are solutions to the staffing crisis facing Canada's health care systems, and they start with supporting, respecting and retaining nurses. Let's start with making safe staffing a reality with nurse-patient ratios.

Report can be found at [Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada.](#)



CFNU Report

Nurse-Patient Ratios Study Tour, May-June 2024

The importance of nurse-patient ratios and safe staffing models is becoming increasingly critical to our members. Exploring and studying different models will strengthen our understanding and make our collective arguments stronger.

In 2016, the CFNU organized a study tour to New Zealand, and we were planning more but the pandemic hit. The NEB believes it is now time to refocus our energy on NPR.

The CFNU approached INMO and RCN to organize visits of some of their health facilities and to have discussions with nurses, managers, union representatives and researchers on their version of NPR.



The CFNU went to Ireland from May 13 to 17, 2024, and to the UK from June 10 to 14, 2024.

Linda Silas, Tracy Zambory, Janet Hazelton, Paula Doucet, Barbara Brookins, Danielle Larivee, Adriane Gear, Darlene Jackson, Alexandra Hamill and Justin Hiltz met with the Irish Nurses & Midwives Organisation, RCN Northern Ireland, RCN Wales, RCN Scotland and RCN London to hear from policy and research staff, government/academia and nurse managers, as well as hospital visits to meet frontline nurses dealing with ratios. The current evidence report can be found [here](#).

Beyond Equity discussion paper, June 2025

Following our endorsement of Joyce's Principle at our 2021 biennial convention and continued educational work on this issue, the CFNU commissioned a discussion paper with the BC Indigenous Health Research Chair Program. The lead researchers are Dr. Lisa Bourque Bearskin and Dr. Liqaaa Wazni, her postdoctoral researcher. They received support in writing the paper from the Indigenous Health Research Chairs from across the country.

The CFNU appointed three individuals to the advisory team with the NEB's recommendations: Brigitte Goar, who is a Metis nurses from Manitoba and who works as an Anti-Racism and Anti-Oppression Specialist – Reconciliation with ONA; Marla Johal, a Cree nurse and Labour Relations Officer with MNU; and Candi DeSousa, an Indigenous nurse serving as BCNU's regional council member for the Okanagan-Similkameen.

The discussion paper has been printed and is being presented to every delegate at convention. This document will prove to be a practical educational resource going forward for CFNU's membership, and for nurses and other health care workers more broadly.

CFNU Report

The CFNU is also working with an Indigenous Nurse Advisory Committee comprised of Indigenous nurses from across the country and key Indigenous nurse leaders to advise and council the CFNU on the work of an apology and subsequent action plan.

Indigenous Nurse Committee members

CFNU Member Organizations

Brigitte Goar	ONA
Candi DeSousa	BCNU
Marla Johal	MNU
Kirston Blom	SUN
Lesley Dee Tucker	RNUNL
Rachel Currie	PEINU
Courtney Pennell	NSNU
Makayla Mantla	CNSA

Other Organizations

Rose LeMay	The IRG
Marilee Nowgesic	CINA
Delia McDonald	AFN
Tania Dick	Island Health
Roxanne Sapien	Sankewitahasuwakon
Isabelle Wallace	Indigenous Services Canada
Melynda Ehloak	Inuit Circumpolar Council

Council of the Federation, July 15-17, 2024



We were very excited to host a discussion with **Dr. Jane Philpott**, former Health Minister and author of bestselling *Health for All: A Doctor's Prescription for a Healthier Canada*, and **Dr. Samir Sinha**, Director of Geriatrics at Sinai Health and the University Health Network in Toronto. Dr. Sinha chaired the HSO technical committee that drafted standards for long-term care. These distinguished guests were accompanied by **Santina Weatherby**, a nurse practitioner from Nova Scotia, to talk about their role in primary care delivery. The theme of the event was **Access to Care at All Ages**.

The breakfast policy briefing held at this past summer's Council of the Federation meeting had participation from the premier of every province and territory, except Premier Legault of Quebec and Premier Simpson of the Northwest Territories (who sent a senior official in his place).

Linda Silas moderated a discussion called Access to Care at All Ages with the Hon. Dr. Jane Philpott, Dr. Samir Sinha and Santina Weatherby, NP. The conversation was wide-ranging, from primary care to senior's care, but its central tenant was the need to prioritize health care in provincial planning and spending. The policy briefing was a great opportunity to communicate the issues and solutions in health care, and the premiers were very engaged. Three premiers asked questions and each of the speakers were eloquent and informative.

CFNU Report

Canadian Cancer Society Workplace Cancer Research Fund, October 2024

The CFNU and Member Organizations contributed financially to the Canadian Cancer Society (CCS) Workplace Cancer Research Fund alongside other unions, workers compensation boards and the Canadian Institutes of Health Research. The fund has announced its selection of research projects that will receive grants, to hopefully shine a light on potentially preventable workplace cancers.

Of the seven projects that are receiving funding, one of them has a close link to nurses (at least those who work night shifts). Here is the description of the project.

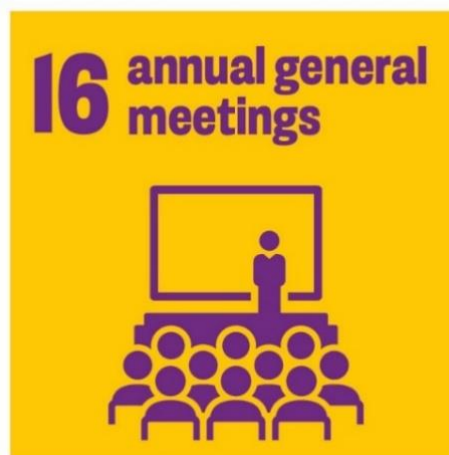
Understanding cancer risk in night shift workers

Night shift work has been associated with increased risks of cancer, and with 1.8 million people in Canada working hours that include midnight to 5 a.m., it's important to understand why. One theory is that night shifts may disrupt the makeup and function of microbial communities in the gut (gut microbiome), whose normal functioning is critical to maintaining good health. A team led by Dr. Bhatti is aiming to identify differences in the gut microbiome between night shift and day shift workers, that contribute to the development of cancer. Collecting data from a broad range of industries, the research team will identify the specific aspects of night work (e.g., sleep disruption, decreased diet quality, decreased physical activity, etc.) that are the primary drivers of changes in microbes in the gut that may cause cancer.

If successful, this project could produce critical insights to develop targeted interventions to reduce the risk of cancer among night shift workers. Given the prevalence of night work in Canada, such interventions would prevent thousands of cancers each year.

GNU Meeting, November 18, 2024

On behalf of the CFNU, Linda Silas participated in the GNU leaders meeting last November in Costa Rica. The GNU welcomed nursing union leaders from 23 countries. Three main topics were discussed: NPR, building power through collective power and the fight against global infectious disease outbreaks.



Nurse-Patient Ratios Summit, November 27-28, 2024



We created and hosted the first ever Nurse-Patient Ratios Summit. We brought together national and international nursing leaders with academic experts, nurses unions, employers and government officials to share and discuss evidence-based strategies, best practices and actionable recommendations for implementing a safe staffing model.

The CFNU hired Gerard Murphy, Barefoot Facilitation Inc., to facilitate the summit, and Michael Villeneuve to write the post-event summary.

The inaugural Nurse-Patient Ratios Summit was held in Ottawa on November 27 and 28, 2024, and was a resounding success. The event was co-chaired by CFNU president Linda Silas and RCN Professor Jane Ball. It featured international speakers and members of our National Executive Board discussing nurse-patient ratios. 124 participants attended, with 91 joining in person and 33 participating online.

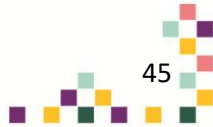
- Professor Jane Ball: [Nurse Staffing: From Evidence to Policy](#)
- Professor Alison Leary: [Ratios – why now? Lessons from safety-critical industries](#)
- Dr. Kim McMillan: [What Canadian nurses need: Insights from the front lines](#)
- Helen Whyley: [Staffing for Safe and Effective Care in the UK](#)
- Lisa Fitzpatrick: [Ratios in Victoria, Australia](#)
- Michelle Mahon: [Safety in Numbers: Two Decades of California’s Nurse-to-Patient Ratios Law](#)
- Janet Hazelton: [Forging Ahead: Nova Scotia’s Path to Guaranteed Nurse Staffing](#)
- Adriane Gear: [Implementing Minimum Nurse-Patient Ratios](#)

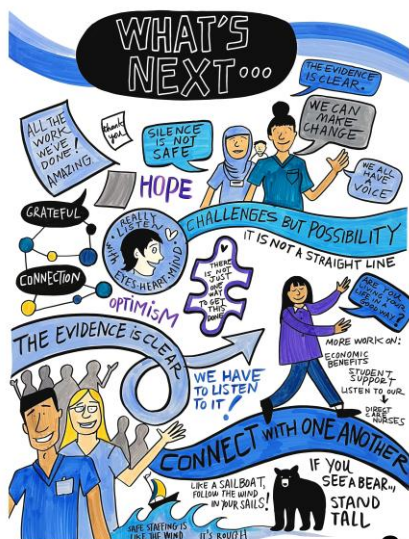
Prominent nursing leader Michael Villeneuve was asked to attend the summit and write a report based on the ideas shared during the facilitated discussions. Key themes identified by summit participants included: the opportunity to implement minimum care standards; fortify nurse retention and recruitment; improve organizational, patient and nurse outcomes; increase public trust and system efficiency; positively impact the socio-political environment; develop, consult and integrate data and evidence-informed policy.

“Achieving success will require strategic planning, substantial investment and collaboration among federal, provincial and territorial governments, health care employers, unions, nursing schools, research bodies and professional associations. A coordinated, evidence-based and

The latest CFNU's [nurse-patient ratios evidence reports](#) by Dr. Candice McTavish and Andrea Blain explore Canadian and global approaches to nurse staffing and consolidate research on the impacts of nurse staffing on patient, nurse and systemic outcomes. They present the current available academic research, legislation and policy efforts to inform future work in this area.

Kathryn Maxfield, a talented Ottawa-based graphic recorder, created the below illustrations depicting the Summit's discussions.





CFNU Report



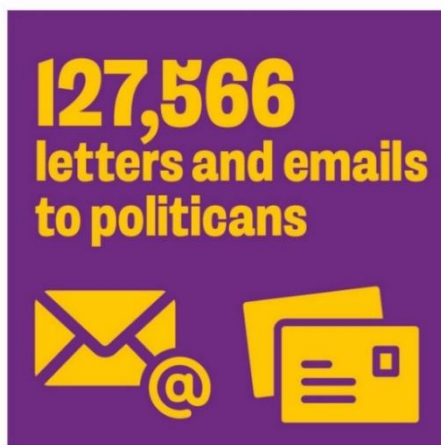
Safe Long-term Care (LTC) Campaign, December 2024

In December, the CFNU sent a joint letter with 11 allied organizations to the federal Health Minister and Minister for Seniors. In it, we advocated that the government follow through on its promise to table a *Safe Long Term Care Act*. We called for enforceable national standards such as 4.5 minimum hours of direct care per resident daily, the elimination of for-profit LTC homes and increased accountability. In association with this letter, the CFNU launched a website called **safeltc.ca**, where members and other people living in Canada could send emails to the relevant ministers and their MP. We also launched an ad campaign that focused on social media engagement to push more people to the campaign website. The campaign encouraged 360 people to reach out to the health minister and other senior ministers. In all, the brief campaign reached close to 25,000 people and generated more than 50,000 impressions.



CFNU Report

Meetings with Auditors General, 2024



After *The Globe and Mail* investigative piece came out in February 2023 on private for-profit nursing agencies, the CFNU and MOs wrote for a second time (December 2023) to all provincial Auditors General. The CFNU wrote separately to the federal Auditor General.

We have since had very productive meetings with Alberta, Saskatchewan and Newfoundland and Labrador. BCNU met in early May with the BC Auditor General, and the CFNU met with the office of the federal Auditor General. Both New Brunswick and Newfoundland and Labrador have called for investigations into agency use in their province. The New Brunswick Auditor General has now

issued their scathing report on the use of for-profit nursing agencies in the province. The Auditor General for Newfoundland and Labrador has committed to a performance audit on health sector contracts. We received a written response from the Ontario Auditor General. We will continue to follow up with Auditors General.

National Pharmacare Committee of Experts, 2024-2025

On November 14, 2024, Linda Silas was appointed to sit on the committee of experts established after the passage of the Bill C-64, *An Act respecting pharmacare*, in October 2024. Over the next year, the Committee will consider the path towards a national universal pharmacare in Canada. As part of its work, the Committee will engage with provincial and territorial governments, Indigenous groups, and experts from relevant fields, including patients, drug plan administrators, health care providers, industry and academics.

By October 10, 2025, the Committee will provide a written report to the minister, setting out its recommendations, which the minister will then table in parliament.

Health Ministers' Meeting, January 29-30, 2025

After the November Health Ministers' Meeting (HMM) was cancelled due to a snap provincial election in Nova Scotia, there was confusion about whether there would be a 2024 HMM. During the first week back from the holidays we were informed by the federal health minister's office that there would be an HMM held in Halifax on January 29-30.

After securing a venue, the CFNU sent out invites to all ministers and held a pared-down version of our annual HMM breakfast. The event opened with remarks from Canada's Minister of Health Mark Holland and Nova Scotia Minister of Health and Wellness Michelle Thompson, followed by short comments from health stakeholders, such as CFNU, CMA, CNA and CFPC, and ended with a robust discussion with health ministers and CFNU National Executive Board members.

CFNU Report

Despite the short timeline, nearly every province and territory was represented and there was a strong consensus on the importance of nurse practitioners in team-based care.

Student survey and video for CNSA, January 2025



The CFNU partnered with the CNSA and Viewpoints Research to conduct a national survey of nursing students across the country. The CFNU helped design the survey questions with CNSA and with guidance from Viewpoints. 3,571 students participated. It aimed to get a better understanding of nursing students' financial wellbeing and its impacts on their studies, support for different financial support policies, satisfaction with their studies, levels and sources of stress, and work intentions following graduation.

Highlights from the survey include the following.

- 82% are concerned about their finances, and more than 1 in 4 have considered dropping out due to financial difficulties.
- Students who are working full time are especially likely to say that they've considered dropping out or transferring out of their nursing program due to financial difficulties (47%), vs. students who don't work (23%).
- Almost all nursing students support pay for time in clinical placements (92%), and allowances or subsidies to offset costs incurred in attending clinical placements (83%).
- 93% of students report high (63%) or moderate (30%) stress during their studies.
- Most final-year students (57%) are interested in having a mentor to assist with their transition to the profession.
- Most students (76%) intend to work in their province of origin after graduation and are interested in pursuing full-time work.
- 84% of students are somewhat or very interested in working for a private agency (we are not releasing this publicly).
- 47% of students are fully intending on practicing nursing by the bedside after graduation, and an additional 28% are likely to work in bedside nursing.

A video was also presented at the CNSA Conference. <https://youtu.be/Dp3hN1j3lk>

Full report will be presented at convention.

National public opinion poll – Abacus, January 2025

We worked with Abacus Data to commission a national opinion poll in follow up to the public opinion poll we did last year around the same time. The poll aimed to get a reading of Canadian opinions on the public health care system, the nursing shortage and openness to private care, and to test CFNU's public policy asks.

The survey is done to inform our public advocacy campaigns and asks of elected officials. The survey was in the field in January. Report was shared with the NEB. Some findings from the survey were amplified through our various channels.

Canadians named long wait times for access to medical care as the most pressing challenge facing our health care system. The survey also revealed that nearly half of Canadians say the health care system is getting worse.

The CFNU has been calling on the federal government to create a Patient Safety Bill of Rights to enshrine Canada's commitment to safe, timely, accessible and quality care across the country. The Bill would create national standards for nurse-patient ratios, safe hours of work, long-term care and working conditions, aiming to keep people working in the public health care system. The Abacus poll found that 77% of Canadians support such a bill.

[Viewpoints survey, January 2025](#)

The Annual 2025 member survey conducted by Viewpoints Research was in the field in January. Similar questions were asked over the past several years, covering domains such as mental health, working conditions, violence and more, with additional questions included to support current and upcoming research and campaigns. We received crude internal results in mid-February and publicly launched the report in late March.

Most nurses surveyed report experiencing some form of violence related to their job over the past year. One in three nurses described the quality of care delivered in their workplace over the past year as fair or poor, with one in two nurses reporting that the quality of care in their workplace has deteriorated – trends in line with the last three years of national nursing surveys.

44% of nurses report at least one near-miss or patient safety incident within the last six months, with 23% reporting multiple near-misses or incidents over the same time. These conditions drive nurses away from the bedside and away from patient care. The findings are stark for early-career nurses, revealing that one in three early-career nurses are considering leaving their current job within the next year.

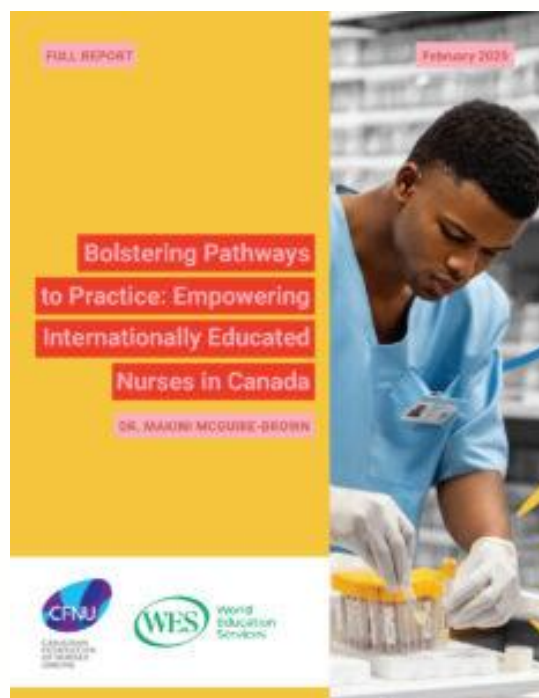
Enforced nurse-patient ratios is the top solution nurses say would influence them to stay in their job. Nurses overwhelmingly support a federal patient safety bill which would include key measures such as implementing nurse-patient ratios, setting limits on consecutive hours nurses can work, and mandating a minimum of 4.5 hours of direct care per patient in long-term care homes. Most nurses surveyed (71%) said they would be more likely to vote for a party committed to adopting such a bill.

CFNU Report

IEN pathways, February 2025

We worked closely with World Education Services (WES) on the report [*Bolstering Pathways to Practice: Empowering Internationally Educated Nurses in Canada*](#). We were planning to launch it at our parliamentary breakfast on February 4, but those plans had to change in light of the prorogation of parliament. We instead released the report on February 19 and held a live webinar on Facebook on March 19, which featured Joan Atlin, WES' Director of Strategy, Policy and Research, alongside IENs from our advisory committee who shared some of their personal experiences.

Copies of the executive summary were mailed out to parliamentarians and to our Member Organizations to use accordingly.



Report recommendations

1. Establishing a collaborative multi-stakeholder body to assist with strategy, planning and coordination of IEN registration, integration and necessary supports to be hosted at the federal level by Health Canada. This would include representatives from Immigration, Refugees and Citizenship Canada (IRCC), Employment and Social Development Canada (ESDC), provincial regulatory bodies, provincial and territorial health ministries, nursing education, IEN support providers, nurses' unions, employers and IENs.
2. Standardising the registration process for IENs across Canadian jurisdictions to reduce complexity, redundancies, barriers and costs through federal-provincial-territorial joint coordination.
3. Approving nursing education abroad that prepares one for practice as a regulated nurse as sufficient to meeting the educational requirements for registration, accompanied by a transition to practice in Canada course.
4. Expanding proof of language proficiency options.
5. Implementing a comprehensive curated supervised clinical experience (SCE) to provide income, clinical orientation and assessment opportunities, and to meet recent practice and language requirements. SCE compensation packages should consider the whole IEN context. Nursing preceptors participating in the SCE should be compensated for their involvement.

6. Providing NCLEX (or CPRNE) preparatory resources and flexibility in exam timing as well as a reimbursement for those able to pass the NCLEX (or CPRNE) within the first 6 months of their SCE.
7. Ensuring paid mentors (preferably IENs who are now registered and working) are available to support incoming IENs in every jurisdiction.
8. Instituting anti-bias/discrimination training for Canadian-trained health care professionals to safeguard IENs from discrimination in the workplace, accompanied by anonymous reporting mechanisms.
9. Implementing institution-specific orientation plans that foster a supportive and welcoming environment.

Nurse practitioner research project, February 2025

In 2018 the results from the previous CFNU Pan-Canadian Retention and Recruitment project recognized the value nurse practitioners can provide to the health care system.

Since the completion of the initial survey in 2017-2018, there have been significant changes and challenges within the health care system impacting on NPs and that may influence the implementation of their roles, job satisfaction, and recruitment and retention.

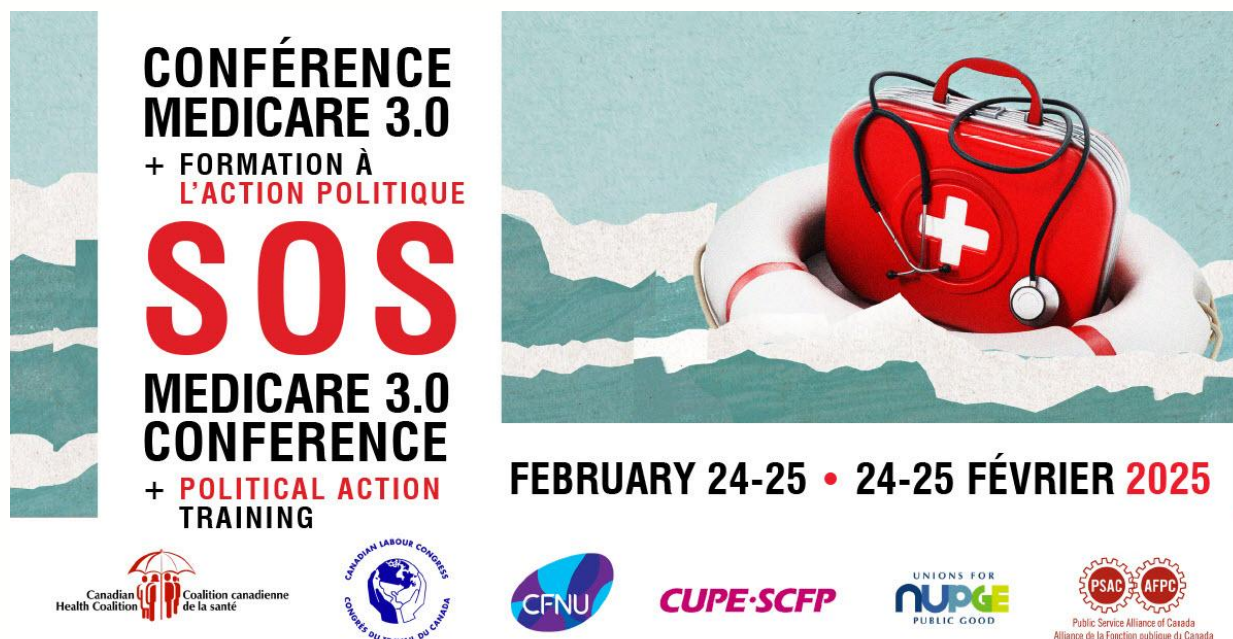
There have also been changes to NP funding models and remuneration in many provinces, including British Columbia, Alberta, Ontario and Nova Scotia. British Columbia has established a contracted funding model for NPs which allows them to establish a new team-based care clinic or join an existing one, the aim being to improve access to primary care.

The CFNU is commissioning a research project that will expand upon the 2018 CFNU Pan-Canadian Retention and Recruitment project. The project consists of a short literature review followed by a survey of nurse practitioners' work lives and key informant interviews. The research will conclude with recommendations that will support the rapidly growing and changing role of nurse practitioners.

The principal investigator is Dr. Erin Ziegler, PhD, NP-PHC. She is a practicing nurse practitioner and an associate professor at the Daphne Cockwell School of Nursing at Toronto Metropolitan University (formerly Ryerson). The nurse practitioner research advisory committee members are Santina Weatherby (NSNU), Michelle O'Keefe (SUN) and Marilynn Dee (ONA).

CFNU Report

SOS Medicare 3.0, February 24-25, 2025



The SOS Medicare Conference 3.0 had over 300 people attending the two-day event in Ottawa. Health care workers, activists and experts shared stories and research. CFNU President Linda Silas co-hosted the event with CHC Chair Jason MacLean, and participants heard from federal Health Minister Mark Holland, NDP Leader Jagmeet Singh and health care champions from across the country. On day two attendees took the opportunity to strategize on advancing better public health care in Canada at the Workers Together political action training facilitated by the Canadian Labour Congress. CFNU's Secretary Treasurer Angela Preocanin as well as members from MNU, RNUNL and CFNU attended SOS Medicare 3.0. Representatives from FIQ were also in attendance.

UNCSW 69th session, March 10-14, 2025

This year, the Commission will mark the thirtieth anniversary of the [Fourth World Conference on Women](#) and adoption of the [Beijing Declaration and Platform for Action](#) (1995). The main focus of the session was on the review and appraisal of the implementation of the Beijing Declaration and Platform for Action. The review will include an assessment of current challenges that affect the implementation of the Platform for Action, and the achievement of gender equality, empowerment of women and its contribution towards the full realization of the 2030 Agenda for Sustainable Development.

The CFNU was represented by Yvette Coffey and three RNUNL board members Kim Parsons, Margo Antle and Taylor Smith, Barbara Brookins (PEINU), Janet Hazelton (NSNU), Erin Ariss (ONA), Linda Silas and Emily Watkins (CFNU).

CFNU Report

Leaders' Summit, June 1, 2025

The CFNU will be hosting a Leader's Forum on June 1 in Niagara-on-the-Lake. The Queen's Landing Hotel has been booked for the event. The communications agency Stiff has been hired to help develop and execute a consultation plan, research report, environmental scan, and to develop from that an agenda for the meeting. They will also facilitate the meetings.



Based on further feedback from research and consultations, which are well underway, they will approach the session in June with a focus on the following three areas.

Position: Key areas that the CFNU should stand for – so its members don't have to.

Voice: What "having a voice" means in the CFNU context and principles that shape it.

Engagement: Identifying an approach to activism that the CFNU can fuel for its members.

Bonnie Castillo, Executive Director from National Nurses United, and Dr. Leigh Chapman, Chief Nursing Officer from Health Canada, will speak to the Member Organizations' leaders to motivate the participants to keep fighting during difficult times, to encourage them to step up in their leadership and see the value of nursing unions to the national scene and the influence all our Member Organizations have. This theme will be part of the CFNU delegation rally on June 6.

Indigenous Apology and Pledge, June 3, 2025



The CFNU Convention will be holding a session titled *Working towards an apology on behalf of Canada's nurses*. The event will feature a panel that will explore anti-Indigenous racism in health care and how health care professionals can contribute to reconciliation.

As an organization the CFNU will be issuing an apology to Indigenous Peoples on behalf of Canada's nurses for the harm perpetrated by the colonial health care system. We aim for the event to further spurn our collective work as nurses and

allied health care workers on contributing to reconciliation and ensuring cultural safety throughout the health care system. This event will lead to CFNU's pledge that will be signed by delegates on June 6.



CFNU Report

We have invited both national and local Indigenous leaders to the event, and our Indigenous Nurse Advisory Committee will be in attendance. We also have the honour of being able to showcase local singers and drummers.

Research on today's nurses' needs and expectations – to be released July 2025

Workers are changing – and changing fast. Sadly, workplaces are not keeping up. The worst examples are probably health care and nursing. Not only are there 24/7 shifts, but the professional pressure placed on our nurses makes it easy for employers to take advantage or not think outside the box on how to accommodate to fulfill their work-life balance and career expectations.

It's time for the CFNU to renew its work on answering the need of today's generation of nurses. This was a key topic from 2006 to 2015 with publications like *Taking steps forward: Retaining and valuing experienced nurses*; *From textbooks to texting: A nurse's guide to intergenerational diversity*; and *Bridging the generational divide*.

Dr. Kim McMillan from the University of Ottawa led a study to understand what today's Canadian nurses need to stay in the profession long term. Amid a growing nursing shortage, the study explored the factors that support retention across career stages, especially in light of post-pandemic challenges. The findings of the qualitative study come from focus groups of nurses in all provinces that have CFNU Member Organizations. Structured around the Enabling Environment framework, the research uncovered actionable insights to improve work environments and inform policy, with the goal of sustaining a strong, resilient and modern nursing workforce in Canada.

The research is in its final stages of publication and will be released in July 2025.

CLC update

On April 2, 2025, the Canadian Council of the Canadian Labour Congress (CLC) voted to lift the sanctions placed on the British Columbia Nurses' Union over a decade ago. The vote on the question put to the Canadian Council: "Are you in favour of lifting the sanctions on the British Columbia Nurses' Union?" was passed unanimously.

The CFNU was honoured to welcome the BCNU back into our federation over two years ago. Having a larger and stronger national voice is critical given the challenges our members are up against. Thank you to BCNU President Adriane Gear, Vice President Tristan Newby and CEO Jim Gould, for their collective patience throughout this process. We all look forward to seeing what we can all continue to accomplish in the years to come on behalf of nurses and health workers.

Equity Caucus

Six caucus groups met during the 2023 Convention.

Facilitator teams were as follows:

Indigenous Workers – SUN Lynne Eikel, Darcy McIntyre

People of Colour – BCNU Aida Herrera, Parveen Gill

Workers with Disabilities – BCNU Kelly Woywitka, Teri Forster

2SLGBTQI+ Workers – NSNU Jamie Stewart

Francophone Workers – NBNU Maria Richard, Maria Cormier

Young workers – MNU Christina Woodcock, Laura Schattner



Caucus at the 2023 Convention discussed proposed constitutional amendments, workplace issues and changes that should be considered for future events. We thank the facilitators, Hanif Karim from BCNU (who lead the groups) and delegates for their active participation.

Facebook Live events (2023-2025)

We hosted a webinar focusing on the intersection of climate change and health care, featuring Dr. Sheri Weiser from UCSF, an expert on climate change’s impact on public health. Dr. Weiser’s presentation highlighted the real-world effects of environmental changes on health delivery, which was followed by a Q&A session. The webinar emphasized the latest research on climate change, strategies for nurses to adapt and the pivotal role of nurses in driving change within health care.

The CFNU hosted a webinar exploring the new *Safe Hours Save Lives* report, featuring lead researcher Dr. Heather Scott-Marshall and CFNU President Linda Silas. This webinar was viewed 1,600 times and garnered 235 engagements, including 129 comments, 21 shares and 85 reactions.

For Nurses Week, we hosted a webinar “By Nurses, for Nurses”, exploring retention solutions, with a spotlight on Health Canada’s *Nursing Retention Toolkit*. Canada’s Chief Nursing Officer Dr. Leigh Chapman joined Linda Silas for the widely attended event. Within six days of publishing, the webinar was viewed 3,100 times and garnered 365 engagements, including 232 comments, 10 shares, and 123 reactions.

The CFNU hosted a Zoom webinar with Médecins Sans Frontières in January 2025, titled “Health Care in Conflict Zones”. With presentations from MSF Canada Humanitarian Representative Jason Nickerson and MSF Canada Emergency Coordinator Sylvain Groulx, the session explored how MSF manages health care delivery in conflict zones and works to uphold health care as a human right.



CFNU Report

In March 2025, the CFNU and World Education Services officially launched our report, *Bolstering Pathways to Practice: Empowering Internationally Educated Nurses in Canada*. This one-hour session included a presentation on the policy changes recommended in the report and a panel discussion with three IENs living in British Columbia, Saskatchewan and Nova Scotia. The webinar was viewed more than 5,600 times and had high levels of live engagement with 301 interactions. Notably, dozens of users shared the webinar and clicked through to the report.

Beginning April 4, the CFNU hosted weekly live sessions throughout the election period exploring the importance of being all in for public health care this federal election. The sessions featured speakers from Member Organizations and allied health and labour organizations and focused on what was at stake for public health care in the election, pharmacare, patient safety and safe staffing, and get out the vote efforts. The sessions garnered thousands of views and hundreds of interactions throughout the month.

CFNU network meetings

The CFNU was proud to host staff from all Member Organizations for network meetings on a variety of topics. We take a moment to thank all the Member Organizations staff members for their dedication to nurses, nurses' unions and to the CFNU. This is what makes us efficient and relevant.

Researchers: December 4-5, 2023

Occupational Health & Safety: December 5-6, 2023

Professional Practice: February 1-2, 2024

GR/Communicators: February 13-15, 2024

Educators: October 3-4, 2024

Researchers and Professional Practice: November 28-29, 2024

Occupational Health & Safety: December 11-12, 2024

GR/Communicators: March 4-5, 2025

Federal election 2025 CFNU engagement

The CFNU launched a very successful federal election engagement campaign. [All In for Public Health Care](#) set out to encourage our audience to advocate for public health care as a key issue in the federal election and included compelling stories, clear calls to action and accessible resources. We focused on the following objectives.





CFNU Report

- Encouraging voters to elect candidates who support protecting and expanding our public health care system
- Influencing federal party platforms to reflect CFNU's priorities, including:
 - Committing to tabling a Patient Bill of Rights / Patient Safety Act
 - Retaining, recruiting and returning nurses by addressing working conditions
 - Expanding pharmacare
- Raising awareness of our issues between the general public, stakeholders, incumbents and candidates, building our grassroots support for after the election.

Our campaign website was a hub of information and allowed members and visitors to engage party leaders and candidates around our key advocacy ask. The campaign did a digital advertising campaign on meta platforms as well as programmatic channels that drove traffic to our **All In** website. We ran radio ads across the country, had a direct mail piece Member Organizations could mail to members and focused our efforts on a get out the vote campaign during the advance polls and in the lead up to election day.

During the election the CFNU also held weekly Facebook Live events around public health care, pharmacare, a Patient Safety Bill of Rights and the importance of voting in this critical election. The event drew large online crowds and had lots of lively discussion.

During the election campaign period, we started appointing CFNU Health Care Champions, including political leaders during Canadian Public Health Week (April 7-11) and health care leaders during Nurses Week (May 12-18).

Making the Chief Nursing Officer a permanent position

The CFNU along with other nursing organizations wrote to the Minister of Health in January 2025, advocating for the Chief Nursing Officer (CNO) position within the federal government to be reclassified into a permanent role at the Assistant Deputy Minister level within Health Canada. We argued that creating a permanent position that is well-situated in government would ensure the CNO has the authority, resources and capacity to effectively address the critical challenges facing Canada's nursing workforce. We also wrote to all federal leaders with our request for a permanent CNO as a key part of our election asks prior to the election. Just before the election was called, we received news from Health Canada that the Chief Nursing Officer would be considered a permanent position. This is a big victory for nurses that will help ensure the longevity of the role in government. We removed the CNO advocacy ask from our suite of demands during the federal election as a result of this win and will continue advocating for the position to be at the ADM level.



CFNU Report

Staffing

Over the past two years, the CFNU has experienced a number of staffing transitions and welcomed new team members, all of which have strengthened our organization and deepened our capacity. We are grateful to those who have moved on to new opportunities after making meaningful contributions to our work. Their dedication, professionalism and commitment to our shared values helped shape our efforts during their time with us.

At the same time, we are pleased to have welcomed several new staff and students, each bringing a diverse skillset, fresh perspectives and a deep passion for advancing our movement. Their contributions across policy, research, communications, operations and advocacy have already made an impact, and we look forward to what we will continue to achieve together.

We also want to recognize the students and short-term team members who joined us for specific projects – your energy, insight and commitment have been deeply appreciated.

As always, we proudly acknowledge that our bargaining unit staff are members of Unifor Local 567 and thank all our staff – past and present – for the invaluable role they play in strengthening the work of the CFNU.

Dues Structure Committee

Since the 2023 Convention, the Dues Structure Committee has met several times to examine how CFNU's dues model supports the work of our national federation. The committee has focused on ensuring that the value of membership is clearly communicated, that contributions from all Member Organizations are recognized as proportional and meaningful, and that CFNU's role as a unifying national voice for nurses is reflected in how we talk about and structure dues. An update on the committee's work and next steps will be shared with delegates during this Convention.

Strategic Plan



Canadian Federation of Nurses Unions Strategic Plan 2024 - 2029

Our vision

In our pursuit to amplify the collective voice of CFNU's 250,000+ members, we seek to establish the CFNU as the foremost authority for Canadian nurses. As a reliable source of forward-thinking research, we provide insightful health care perspectives to the public, media and key stakeholders and aim to resource Canada's nurses for safe workplaces and the evolving workforce.

Our mission

We are the recognized voice advocating for Canada's nurses and high-quality public health care nationally and internationally.

Our values

- Solidarity and unity
- Accountability and transparency
- Integrity and trustworthiness
- Equity and inclusion
- Leadership, forward thinking and action

Our strategic objectives and initiatives

1. National voice for the nursing profession	2. Safe workplaces and strong labour rights	3. Organizational succession and ongoing effectiveness	4. The evolving workforce	5. Patient safety and protecting national public health care	6. Partnerships with relevant stakeholders
<p>To be the recognized voice for nurses in Canada, whose respected views on health care are sought after by the public, media and other key stakeholders</p> <p>1.1 Increase our presence in the media on nursing and health care issues.</p> <p>1.2 Seek and create opportunities to speak on behalf of the profession and health care, particularly in federal conversations.</p> <p>1.3 Refine CFNU brand to better reflect broader role.</p> <p>1.4 Increase exposure of members and students to the CFNU.</p>	<p>To work with a focus always on protecting the safety of frontline nurses and promoting their labour rights</p> <p>2.1 Facilitate a national bargaining strategy with long-term bargaining objectives that are endorsed by all CFNU member unions and supported by their respective memberships</p> <p>2.2 Promote the right for all nurses to have competitive salaries and benefits that reflect their professional status and invaluable contributions to the health care system.</p> <p>2.3 Advocate for the elimination of physical and psychological violence (bullying), abuse and harassment in the workplace for all nurses and nursing students</p> <p>3.4 Focus advocacy and research efforts on efforts to retain, return and recruit nurses, with a goal of improved working conditions and patient care.</p>	<p>To ensure ongoing effective delivery of the CFNU vision, mission and values through the implementation of sound succession strategies and good governance</p> <p>3.1 Review structures and roles of CFNU's elected leadership.</p> <p>3.2 Clarify the process of succession for key CFNU positions to ensure that the CFNU is in a strong position to maintain continuity of operations in support of its members.</p> <p>3.3 Create an onboarding manual with procedures and processes for the NEB, which includes mandate for board members' roles and responsibilities.</p> <p>3.4 Continue to optimize value for dues paid by Member Organizations.</p>	<p>To resource Canada's nurses to be equipped for an evolving workforce</p> <p>4.1 Support Equity, Diversity and Inclusion (EDI) by promoting cultural competencies and a cooperative, collaborative work environment.</p> <p>4.2 Seek approaches to successfully integrate IENs into the workforce.</p> <p>4.3 Identify changes in the workforce demographic and future trends to support future health workforce resource planning.</p> <p>4.4 Develop knowledge translation / government relations plans with partner organizations to continually make advancements.</p> <p>4.5 Prepare materials and political advocacy to promote the value of professional nurses (RN, LPN, RPN, NPI).</p>	<p>To be a consistent and reliable source of key metrics that leads to an engaged and informed public on the state of Canada's public health care system</p> <p>5.1 Research established approaches to determine best practices on health human resource (HHR) planning and reporting. This would include promotion of nurse-patient ratios and putting an end to the overreliance on for-profit nursing agencies.</p> <p>5.2 Establish measuring and reporting frameworks that will support the generation of relevant metrics and data on patient safety, nursing, HHR and the health system.</p> <p>5.3 Develop the credible and user-friendly platform(s) that will support information sharing and dissemination of information and messaging.</p> <p>5.4 Be at the forefront of defending and improving Canada's universal public and not-for-profit health care system.</p>	<p>To strengthen the national and international union partnerships that will amplify the voice of CFNU's 250,000+ members</p> <p>6.1 Promote mutually beneficial and productive relationships with other labour unions and bodies in Canada.</p> <p>6.2 Continue to work on strengthening CFNU's organizational and membership structure going forward.</p> <p>6.3 Enhance engagement with other nursing and health care unions domestically and seek opportunities to support international nursing voices such as the ICN and GNU.</p>

CFNU Report

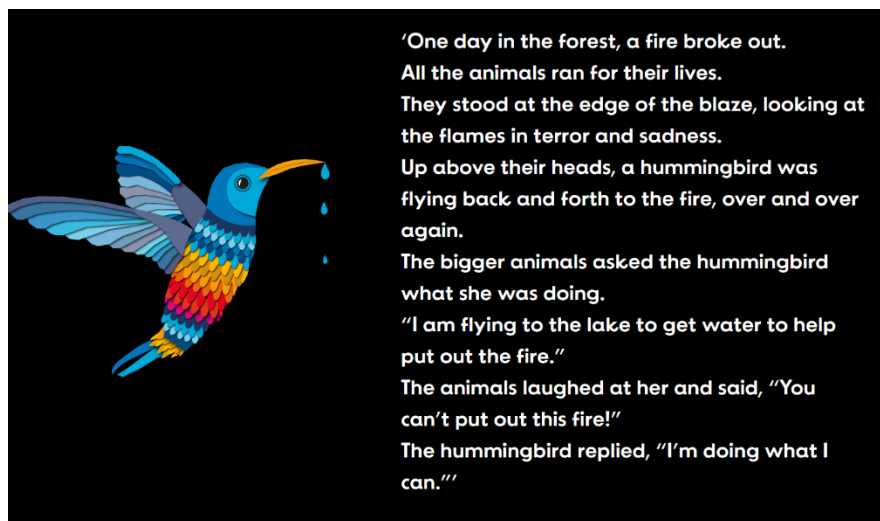
Conclusion

After 22 years on the job, I have learnt who we can count on versus whom we can work with. Trust and solidarity have always been strong amongst the leaders around the CFNU National Executive Board table. If you have doubts, I have a few scars to show you when I mistakenly believed in others, and you all patched me up.

What I hope that I can do during my time at the CFNU is make each of you believe you can do it too, and that means holding the proudest job in the country – President of the CFNU!

In March, while at the United Nations Women's Conference, our group found this little pin – a hummingbird. It said: *Be like a hummingbird; do what you can do to help solve the water and sanitation crisis. In the ancient story of the hummingbird, she carries droplets of water to put out a great fire. The other animals laugh at her, but she replies,*

"I'm doing what I can". Small personal action, together with big institutional change, can make a big impact.



With a new federal government, a new prime minister and a new minister of health, we have our work cut out for us. We are facing a lot of uncertainty with the leadership to the south of us, the racism, the homophobic policies, the wars, the eradication of complete communities, families. Closer to your daily work – still working short, still scared to death of making a mistake and hurting a patient or yourself, neighbours and friends still going to a food bank or unable to buy a house. Those are true realities which only serves as fuel for us as your nurses' unions to work even harder.

At this convention, we will present you a plan to move forward and ask you to accept our challenge to be that hummingbird!

In solidarity always,

Linda Silas



Long-Term Bargaining Goals

Introduction

The purpose of this policy statement is to create a national bargaining strategy with long-term bargaining objectives that are endorsed by all CFNU member unions and supported by their respective memberships. Once ratified, each Member Organization is asked to respect the spirit of these objectives as part of their overall bargaining strategy – always recognizing that Member Organizations retain total bargaining autonomy in accordance with their respective constitutions and policies.

Nurses' unions across Canada continue to battle the critical nursing shortage; reductions in hours resulting from the deletion and/or substitution of nurses, the introduction of AI, or increases in part-time/casual work; inadequate and unsafe staffing levels; the erosion of nurses' professional authority; and workplace health and safety issues – which are all causing record levels of burnout and nurses wanting to leave their permanent positions. In addition, we continue our efforts to defend and expand our federal social safety network, including a publicly funded universal health care system.

Key for all of us is to foster a culture that is positive and supportive for all nurses.

Long-term bargaining objectives

A Pay and benefits

- 1) Nurses should be paid competitive salaries, premiums and benefits that recognize their professional status and invaluable contribution to health care. Unions should negotiate wage rates which promote retention and recruitment. Wage and benefit rollbacks are not consistent with this principle and should be rejected. Salaries and benefits should be consistent across all health care sectors so that nurses are not disadvantaged monetarily because of the sector in which they choose to work.
- 2) Notwithstanding our long-term objective of complete universal publicly funded health care, provisions should be negotiated for employer-paid health and welfare benefits for nurses and nurse retirees. Such benefit plans should include the employee's right to treatment and/or services in a publicly funded facility.
- 3) In case of disciplinary or criminal charges placed against a nurse, salary benefit protection and leave of absence should be made available to them until the charges are proven or not.
- 4) Unions should negotiate provisions that ensure time spent on short- or long-term disability and Workers Compensation leave should be considered pensionable service.

B Retention, return and recruitment

- 1) Retaining our experienced nurses will ensure the highest quality of care. Putting focus on returning nurses who have left will bolster our ailing workforce. Recruiting



Long-Term Bargaining Goals

and training new nurses with strong financial support will demonstrate our commitment to best practice HHR management.

- 2) Nurses should be enrolled in jointly trustee defined-benefit pension plans which, in addition to any government retirement benefits, provide secure, predictable and adequate retirement income.
- 3) In order to retain experienced nurses for as long as possible, unions should negotiate provisions that allow nurses to work fewer hours without negatively affecting their pension benefits such as phased-in retirement concepts or individual special circumstance arrangements.
- 4) Unions will work with all levels of governments to identify tax benefits that will motivate nurses who are placed in an overtime situation and those who return to the workplace from retirement, i.e. examine pension plans rules and/or deferred salary options.
- 5) Unions should promote the employment of new graduates in supernumerary positions prior to assuming permanent employment to ensure that they have the proper fundamentals to begin a successful nursing career. Unions should negotiate contract provisions which establish and promote mentorship and preceptorship in the workplace.
- 6) The unions should negotiate late-career initiatives to retain nurses close to retirement, or a return from retirement, such as permanent mentor programs, which at the same time support student nurses, new graduates or newly licensed internationally educated nurses.
- 7) Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurse employees, which support their nursing development in a safe and enriching environment. Undergraduate student nurse employees should be mentored by experienced nurses and assigned work that is commensurate with the demonstrated skill level of the student.
- 8) Unions should negotiate attractive compensation and conditions of employment for undergraduate student nurses for time spent in the clinical component of their educational program.
- 9) Employers should provide work opportunities, equipment (e.g., electric lifts) and human resources (e.g., porters) that address the needs of nurses and will encourage them to participate in the workforce longer.
- 10) Unions should be negotiating opportunities to create jointly administered Enhanced Disability Management Program (EDMP) or other early return-to-work initiatives. These initiatives, designed to provide compassionate evidence-based support for nurses, ensure they maintain a connection to the workplace, can return safely and



Long-Term Bargaining Goals

promptly after illness or injury, and receive professional case management, health promotion initiatives and a focus on wellness within a safe and inclusive workplace. The EDMP promotes early intervention, effective rehabilitation and structured return-to-work plans tailored to individual needs by addressing medical, personal, vocational or workplace barriers. Adhering to legislative requirements and collective agreement obligations, the EDMP must safeguard confidentiality and ensure timely equitable outcomes, balancing the well-being of nurses with organizational sustainability.

- 11) Unions should negotiate contract language which reduces the reliance on casual workforce and promotes the establishment of appropriate levels of permanent employment.
- 12) Unions should negotiate contract language that promotes a healthy work-life balance and promotes physical and psychological well-being.
- 13) Unions should negotiate family and personal leave, child and dependant care, and maternity/parental top-up provisions that make it possible for nurses to combine their home and work responsibilities.
- 14) Unions should negotiate provisions that promote portability and recognition of service and seniority.
- 15) To incent nurses to start and continue rural and remote nursing, unions should negotiate provisions such as tuition reimbursement, or travel, accommodation and remote living allowances.

C Safe staffing and quality patient care

- 1) A national moratorium should be placed on any reduction of nursing hours in any sector of health care. While Canada is experiencing the highest levels of patient's acuity in all sectors, it is important that governments and employers protect, enhance and expand nursing positions to provide safe and quality patient care.
- 2) Unions should negotiate contract provisions which promote nurse-patient ratios and safe patient/client/resident care workloads models. Unions should negotiate provisions that ensure appropriate and sufficient staff to meet the needs of patients and families, consistent with the patients'/clients'/residents' complexity and acuity.
- 3) Unions should negotiate for appropriate safe staffing levels that minimize the need for overtime. Overtime should be strictly voluntary.
- 4) Unions should negotiate appropriate safe staffing levels that anticipate rest breaks, time off, and planned and unplanned absences. Unions should negotiate contract clauses which provide for vacation relief positions and float pools to staff for leaves and vacations.



Long-Term Bargaining Goals

- 5) While respecting our bargaining unit integrity, unions should negotiate provisions that ensure appropriate skill mix and scope of practice to optimize patient/resident/client outcomes.
- 6) Collective agreements language is urgently needed to guarantee proper and safe orientation when a nurse is deployed to another unit or facility. These redeployments are to be negotiated with the union and are only for extraordinary/emergency measures.
- 7) Recognizing nurses have a leadership role in health care, unions should pursue all opportunities to achieve nursing input into all levels of decision-making in their workplaces.

D Professional practice

- 1) Nurses have a right to refuse to practice in violation of their professional standards. Collective agreements should recognize more decision-making autonomy for nurses.
- 2) Nurses have a right to refuse any overtime if they feel unsafe personally or professionally to do it, such as not being oriented to the specific type of clinical area, or excessive hours of work.
- 3) 24-hour shifts and mandatory overtime shall be banned, unions will work with governments to establish safety laws similar to those for pilots and truck drivers.
- 4) Unions should negotiate contract provisions for joint union-management nursing advisory committees with equal management and union nurse participants at each worksite. Independent professional responsibility practice committees/panels should have jurisdiction to make binding decisions.
- 5) Unions should negotiate collective agreement provisions that promote high-quality practice environments. Such measures would include a ban on situations in which the demand for care exceeds the ability to provide it (e.g., hallway nursing, or the assignment of patients/residents/clients without appropriate safe staffing levels, or their admission to inappropriate care environments).

E Education for nurses

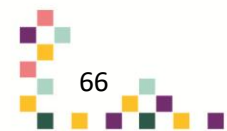
- 1) Unions should negotiate improved employer-paid short- and long-term education leave provisions and mandatory education programs and career laddering within the health care delivery sector.
- 2) Unions should negotiate collective agreement provisions that respect nurses' professional autonomy and allow individuals to direct their own professional development activities.



Long-Term Bargaining Goals

F Health and safety

- 1) All employers should implement and enforce policies aimed at eliminating physical and psychological violence (bullying), abuse and harassment in the workplace for all nurses and nursing students. [The National Standard of Canada for Psychological Health and Safety in the Workplace](#) should be adopted and implemented by all health care workplaces in Canada. Contract provisions must be negotiated which recognise workplace violence as an occupational hazard and establish standards which provide enforcement mechanisms, including the grievance procedure, when the standards are breached. Employers shall support/encourage nurses who contact the police to press charges as described in the Bill C-3 (*An Act to amend the Criminal Code and the Canada Labour Code* re. offence committed against a health care worker).
- 2) Unions will work with every level of government to include nurses in presumptive legislation about psychological injury at work.
- 3) Paid leave of absence provisions should be negotiated to protect nurses who are victims of domestic violence.
- 4) Nurses lose more time away from work because of avoidable illnesses and injuries than any other occupation. Unions should negotiate clauses which promote both physical and psychological health and safety, including appropriate personal protective equipment (PPE), safety engineered devices and training.
- 5) Unions should negotiate collaborative return-to-work programs that gradually and safely return nurses to work. Unions should negotiate contract language which provides clauses to enforce duty to accommodate provisions for disabled nurses, which includes nurses suffering from mental illnesses, including but not limited to PTSD and addictions.
- 6) Unions should negotiate provisions that ensure meaningful participation in emergency and pandemic planning while protecting the integrity of our collective agreements, including mandatory consultation in regards to protocols and procedures that impact the health and safety of nurses caring for patients with communicable diseases, and establishing a fund to ensure that nurses experience no loss of income – e.g., for self-isolation.
- 7) Comprehensive communicable disease prevention/vaccination strategies should be negotiated.
- 8) Negotiate mandatory obligations on the Employer that, in the event of an assault on a nurse (including but not limited to physical, sexual, verbal or psychological), the Employer shall advise and support the Employee of their right to report the issue to the police.





Long-Term Bargaining Goals

G Union and job security

- 1) Unions should negotiate contract provisions for adequate and accessible employer-paid union leave, with same classification replacements (replace like with like) to ensure that nurses' rights can be adequately protected.
- 2) Nurses have a vital role in patient and public advocacy. Unions should negotiate provisions that protect whistle-blowers and promote the culture of safety.
- 3) Unions needs to negotiate contract provisions that reduce and ultimately eliminate the use of agency nurses, and that promote, protect and respect bargaining unit integrity across Canada.
- 4) Until private nursing agencies can be completely phased out, regulations and oversight must be implemented by governments and employers. Public health care employers should publicly report nursing agency use and costs paid, adhering to a minimum data standard, for purposes of health human resources planning, data analysis, research and accountability. Governments and employers must implement standardization procedures for procuring the services of agencies, including a standard vendor selection and agreement process that limits allowable costs and fixed terms. Employers should also implement oversight for approval of requests for agency hours, such as mandatory reporting of reasons for using an agency and high-level supervisor sign-off with written justification of why it could not be avoided. Finally, agencies should be required to register and hold a license to operate, allowing for necessary oversight and quality assurance.
- 5) Contracting in/out health care services is a form of privatization and should be explicitly mentioned in collective agreements. Collective agreements should strive to contain language that outright bans contracting in/out of bargaining unit work, especially if bargaining unit members can perform the work. If such language is not achievable, the collective agreement language should speak to only contracting in/out in emergencies, and that no member of the bargaining unit can be laid off.
- 6) Unions should negotiate contract provisions that promote a positive image for the union and ensure its growth, survival, importance and relevance to members.
- 7) Union security provisions should include mandatory dues deduction and remittance based on the Rand Formula.

H Diversity in areas of work

- 1) Unions should negotiate collective agreement language which respect diversity and employment equity, and provide education/awareness on how to build a work culture of inclusiveness.



Long-Term Bargaining Goals

- 2) Unions should negotiate provisions that protect human rights and promote equity issues, with the overall objective of eliminating all forms of inequity, racism and discrimination in our areas of work.

I **Respect of Indigenous rights**

- 1) Unions should negotiate language that promotes the principles and recommendations in the *Truth and Reconciliation Commission of Canada: Calls to Action*.
- 2) Jordan's Principle ensures that First Nations children receive full and equitable public services without any jurisdictional delays. The government of first contact must pay for these services and resolve jurisdictional disputes later. This, of course, includes access to culturally based and equitable health care services. Collective agreement language should uphold Jordan's Principle as a human right that health care employers commit unequivocally to implementing with the full support of the union. Joyce's Principle confronts anti-Indigenous racism in health care and guarantees to all Indigenous people the right to equitable access – free from discrimination – to all health and social services, as well as the right to enjoy the best possible physical, mental and spiritual health. It also requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.
- 3) Collective agreement language should commit to the implementation by the employer and union of Joyce's Principle, including through fostering cultural safety in the workplace, mandated education on anti-Indigenous racism for the employer and employees, and strict anti-discrimination provisions to protect Indigenous employees and patients from discrimination.

Approved June 6, 2003, at the 11th Biennial Convention

Reviewed January 22, 2025



Report of the International Solidarity Committee

Respectfully submitted by:

Tracy Zambory, SUN, Chair

Barbara Brookins, PEINU

Yvette Coffey, RNUNL

Erin Ariss, ONA

Emily Watkins, CFNU

The International Solidarity Committee meets twice each year in conjunction with the National Executive Board meetings. In between board meetings, teleconference meetings are also held when required.

To provide core funding to International Solidarity, one cent per member per month is contributed from monthly CFNU dues. Other funding is achieved through the silent auction that is held at the CFNU Biennium, and we ask Member Organizations to fundraise at their own conventions/AGMs in support of International Solidarity.

Our fund directs support in three primary areas: Humanitarian, Worker to Worker and Capacity Building.

Included in this report are the financial statements of the Fund for the years 2023 and 2024.

Humanitarian

Uganda Nurses and Midwives Union (UNMU)

Uganda Nurses and Midwives Union (UNMU) is a government-recognized, non-partisan, non-discriminative professional association and labour organization representing Ugandan nurses and midwives to improve their working conditions, salaries, career advancement, housing and pensions.

UNMU received funds (USD 7,200) from the Canadian Federation of Nurses Unions. Their goal is to increase membership by 1,000 members in 2024. It is hoped that UNMU will be able to apply for similar funding in 2025 and the coming years, as was the idea in our original application.

In 2023 UNMU had a membership base of 10,000 members, who were checking off (paying their monthly membership fees through payslip deduction) or in the process of being approved for check-off. Revenue from membership fees is the backbone of UNMU financially. An increase in members will also give UNMU a stronger voice in negotiations with employers and government.

Upon receipt of the funds UNMU embarked on a rigorous recruitment project, especially in Eastern and Midwestern parts of Uganda. The result so far is an increase in members, bringing the total number of members to 10,897. We are especially pleased with an increase in the number of members in private facilities, as this has been an area of concern (few members).



Report of the International Solidarity Committee

Stephen Lewis Foundation



Stephen Lewis Foundation

The CFNU has, since 2017, had an ongoing relationship with the Stephen Lewis Foundation, directing support to their efforts in Africa to stem the spread of HIV/AIDS and, in particular, to support the work of nurses and other health care

workers in their efforts. The Foundation does this work through support of community partner organizations on the ground. Over the years the dollar amount of our support, and the focus of its investment, has varied, but our commitment to supporting the community partners of this well-established foundation has remained.

SLF partners directly and indirectly impact the health and well-being of tens of thousands of people in their communities and promote access to life-saving vaccines. The CFNU is proud to support this work.

The Stephen Lewis Foundation has provided us with a short report included in this package.

Doctors Without Borders/ Médecins Sans Frontières (MSF)



Sudan

MSF has been present in Sudan since 1979, witnessing historic changes and escalating needs in response to the rapid shifts in the country's political and social dynamics, which in turn impact health needs.

On April 15, 2023, intense fighting broke out between the Sudanese military, or Sudanese Armed Forces (SAF), and the Rapid Support Forces (RSF) in Khartoum, [Sudan](#). The violence quickly spread across most of Sudan, killing and injuring thousands and forcing millions of people from their homes.

Doctors Without Borders/ Médecins Sans Frontières (MSF) teams in Sudan are treating war-wounded patients with catastrophic injuries and providing humanitarian aid and medical care in refugee camps and displacement sites, where people are living in poor conditions and lack adequate health care and basic essentials. More than [12 million](#) people have been displaced by the current conflict, including over 3 million people who have fled to neighboring countries such as [Chad](#) and [South Sudan](#).

Report of the International Solidarity Committee



MSF RESPONSE TO THE WAR IN SUDAN

By the numbers

6,557 war-related wounded patients treated in MSF facilities

135,970 emergency room consultations

6,030 surgical interventions

185,183 pediatric consultations

39,011 malnutrition cases treated

47,580 inpatient admissions

558,965 outpatient consultations

3,664 individual mental health consultations

126,692 mental health group session attendees

Recent Sudan news

On January 10, a Doctors Without Borders/ Médecins Sans Frontières (MSF) ambulance was shot at in El Fasher, North Darfur, by an unknown gunman, while referring a female patient in labor requiring emergency surgical procedure from MSF field hospital in Zamzam camp to Saudi Hospital in El Fasher, the only public hospital with surgical capacity still standing in the area despite relentless attacks.

Palestine

“What our medical teams have witnessed on the ground throughout this conflict is consistent with the descriptions provided by an increasing number of legal experts and organizations concluding that genocide is taking place in Gaza.”

Christopher Lockyear,
MSF secretary general



Women and children at the MSF Hospital in Metche camp, which hosts about 40,000 Sudanese refugees who have fled violence in Darfur. Chad, August 2024. © Finbarr O'Reilly/VII Photo

As of December 19, 2024, some 1.9 million people – 90% of the entire population of the Strip – have been forcibly displaced, many forced to move multiple times.

Fewer than half of Gaza's 36 hospitals are even partially functional, and the health care system lies in ruins. During the one-year period covered by the report – from October 2023 to October 2024 –



Report of the International Solidarity Committee

MSF staff alone have endured 41 attacks and violent incidents, including airstrikes, shelling and violent incursions in health facilities; direct fire on the organization's shelters and convoys; and arbitrary detention of colleagues by Israeli forces. MSF medical personnel and patients have been forced to evacuate hospitals and health facilities on 17 separate occasions, often literally running for their lives. Warring parties have conducted hostilities near medical facilities, endangering patients, caretakers and medical staff.

Recent Gaza news

As of January 8, electricity for the MSF-supported Nasser hospital might be cut-off in some departments, leaving people without lifesaving care. In the neonatal intensive care unit, MSF is currently treating three children and four newborns with mechanical ventilation, as well as 15 newborns in incubators, all dependent on electricity provided by fuel generators. Nasser hospital has a capacity of 500 beds, where MSF teams are providing emergency, maternity, pediatric, burn and trauma care. Oxygen provision is one of the hospital's main fuel requirements. MSF teams are treating over 100 cases of pneumonia on average each month, some who need oxygen support. At the same time, our teams are performing more than 100 C-sections each month, all of which require a constant supply of electricity.

The announcement of a possible ceasefire, **which has yet to be signed and implemented**, is a vital respite, though it comes tragically late – after immense suffering and countless lives lost. While we are waiting for its implementation, we call for this fragile relief to be more than a pause, so that people can rebuild their lives, reclaim their dignity and mourn for those killed and all that's been lost. Israel's bombing needs to stop, and a massive urgent scale-up of humanitarian assistance is needed to meet



Youssef Al-Khishawi, an MSF water and sanitation agent, helps children carry water to their tents in the Tal Al-Sultan area of the southern Gaza town of Rafah. Palestine, 20 January 2024. © Mohammed Abed

people's catastrophic humanitarian and medical needs. While the ceasefire must be respected and long-term, it is only the first step in addressing the overwhelming humanitarian, psychological and medical needs in Gaza. We urge all parties to ensure humanitarian assistance reaches people across Gaza now.



Report of the International Solidarity Committee

The CFNU held a webinar with MSF on January 31, 2025.

Nurses and other health care professionals provide critical medical care in various settings across the globe. Even through wars and conflict zones, nurses and health care workers are on the front lines providing patient care. Doctors Without Borders/ Médecins Sans Frontières (MSF) is one organization working to provide medical humanitarian assistance to people who need it most in more than 70 countries around the world. This webinar explored health care delivery in conflict zones and upholding health care as a human right.

Haiti

In Haiti, we provide care to victims of [trauma](#), survivors of sexual and gender-based violence, as well as sexual and reproductive care. With [natural disasters](#) regularly occurring in the country, emergency response also remains a central aspect of our work in the country.

Since the assassination of the Haitian President in 2021, the people of the capital Port-au-Prince have been struggling to survive as armed gangs, police and civilian self-defence brigades fight in the streets of the city. The already volatile situation has been deteriorating even further after an announcement on 28 February 2024 that elections would be postponed until as late as August 2025. More than 15,000 people were displaced in Port-au-Prince within just one week in early March.

We are scaling up our medical activities to care for the mounting number of people injured in the escalating violence and political unrest that has engulfed the city.

Our teams currently run two trauma hospitals in Tabarre and Carrefour, two emergency centres in Drouillard and Turgeau, and one centre for survivors of [sexual violence](#) in the Port-au-Prince metropolitan area. Mobile clinics have been temporarily suspended due to the volatile situation.

Port-au-Prince is being devastated by a wave of violence and insecurity that is causing a great number of injuries and large-scale displacement, while making it nearly impossible for patients to access medical care and for medical facilities to continue functioning.

Tabarre hospital increased its capacity by 50%, and another hospital has opened in Carrefour, while our Emergency Centre in Turgeau re-opened earlier than planned due to the recent escalation of violence.

Our response relies on our ability to ensure sufficient supplies for our hospitals; this ability is currently threatened by the blockage of our incoming medical supplies at the city port, due to the length of the customs clearance procedures and the disruption caused by the fighting. We are now urging the authorities to expedite said clearance and are trying to make sure these supplies are shipped to our medical facilities with the utmost urgency. It is essential that our teams are able to bring in supplies to continue responding to the growing health and humanitarian needs in Haiti.



Report of the International Solidarity Committee

The airport also remains closed, making it impossible for supplies or staff to arrive by air. We are exploring all options to move additional medical supplies and specialized staff into Haiti, to maintain and even further increase our activities.

Recent news

Médecins Sans Frontières (MSF) has provided comprehensive medical and psychological care to victims and survivors of sexual and gender-based violence through the Pran Men'm clinic in Port-au-Prince since 2015. After a [city-wide suspension of all our medical activities](#) due to threats against staff and patients in November, the clinic reopened in December and is continuing to receive patients 24/7, free of charge.

Capacity building

This portion of our fund is typically used to support the organizing and mobilizing efforts of sister unions or labour organizers around the world. We are proud to be able to support our sisters in the global south as they work to organize and mobilize. This support is often offered or requested through our partners at Global Nurses United.

Worker exchange

The CFNU is proud to be able to provide small grants to our members in support of their efforts to contribute to medical delegations and community service trips in the Global South. These grants are approved in advance of travel – and paid out when the member has completed their trip and upon submission of a report. One report is included below.

Applications for support must be received by December 31 for travel in the following year, which is a critical requirement that must be met.

Report of the International Solidarity Committee

Antigua, Guatemala

August 2024

I am so thankful to receive this donation from the CFNU's International Solidarity Fund in support towards my previous mission to Antigua, Guatemala (August 2024).

Our journey began on a Sunday morning when the team and I arrived in Antigua, Guatemala. On this day we went to the hospital where we began to organize the operating rooms and the recovery room while preparing for our triage day. Triage day includes the patients seeing nurses, anesthesiologists and surgeons –

obtaining a physical assessment and health history, deeming successful candidates for surgery. By the end of the day on Sunday, we were able to triage 70 patients for our team. We had a variety of cases on our list for the week.

Each day we managed to perform about 12 surgeries with my team working 10-hour days. By the end of the week all our patient surgeries were completed, and all the patients were doing well. The patients were all very grateful that we were there in Guatemala able to perform their surgeries.

By participating in this surgical mission, I can reinforce my appreciation for all the positives offered from the Canadian health care system. It makes you feel good inside when you can help these less fortunate people, knowing that you changed their quality of life. It also shows what you can do with efficient teamwork, while working with minimal resources, and that we can still provide optimal care to our patients. Our patients are very grateful to us for our work in Guatemala – it was a truly heart-warming experience.

I cannot wait to go back down to Guatemala to help more people! The next mission I am planning to go on is happening in 2025. This will be my eleventh surgical mission to Guatemala!

Thank you again for the ongoing support! I am truly humbled by your generosity.

Tiffany Boudreau, RN
Nova Scotia Nurses' Union (NSNU)





Report of the International Solidarity Committee

International Solidarity - for the 23 months ended December 31, 2023			
	Actual	Actual	Budget
	2022 FY	2023 FY	2023 FY
Opening Fund Balance - December 31	155,465	132,349	132,349
Revenue			
BCNU			
UNA	3,000	3,000	
SUN	1,000	3,457	
MNU	100	100	
ONA			
NBNU	1,833	2,030	
NSNU	2,000	2,200	
PEINU	1,150	755	
RNUNL	2,625		
CFNU Convention		9,248	
<i>Sub-Total</i>	11,708	20,790	15,000
Dues allocation (1 cent/member/month)	15,676	21,041	21,192
Total Revenue	27,384	41,830	36,192
Expenditures			
Humanitarian Assistance			
Stephen Lewis Foundation	30,000	42,500	30,000
MSF/Doctors Without Borders	20,000	20,000	20,000
<i>Sub-Total</i>	50,000	62,500	50,000
Worker-to-Worker			
BCNU			
UNA		1,000	
SUN			
MNU			
ONA			
NBNU			
NSNU	500	2,000	
PEINU			
RNUNL			
<i>Sub-Total</i>	500	3,000	10,000
Capacity-Building			
<i>Sub-Total</i>			
Total Expenditures	50,500	65,500	60,000
Net Increase (Decrease)	(23,116)	(23,670)	(23,808)
Closing Fund Balance - December 31, 2023	132,349	108,679	108,541

Stephen Lewis Foundation extra \$12,500 is catch up of 2020 to 2023 MO contributions received after payment made in 2021.

Report of the International Solidarity Committee

International Solidarity - for the 12 months ended December 31, 2024			
	Actual	Actual	Budget
	2023 FY	2024 FY	2024 FY
Opening Fund Balance - December 31	132,349	108,679	108,679
Revenue			
BCNU			
UNA	3,000	3,000	
SUN	3,457	2,133	
MNU	100		
ONA			
NBNU	2,030	2,015	
NSNU	2,200	2,200	
PEINU	755	1,325	
RNUNL		1,600	
CFNU Convention	9,248		
<i>Sub-Total</i>	<i>20,790</i>	<i>12,273</i>	<i>15,000</i>
Dues allocation (1 cent/member/month)	21,041	22,027	21,269
CFNU NEB Allocation		20,000	
Total Revenue	41,830	54,299	36,269
Expenditures			
Humanitarian Assistance			
Stephen Lewis Foundation	42,500	50,000	
MSF/Doctors Without Borders	20,000	20,000	20,000
RNRN (through National Nurses United)		5,203	5,000
<i>Sub-Total</i>	<i>62,500</i>	<i>75,203</i>	<i>25,000</i>
Worker-to-Worker			
BCNU			
UNA	1,000	1,000	
SUN			
MNU			
ONA			
NBNU			
NSNU	2,000	1,000	
PEINU			
RNUNL			
<i>Sub-Total</i>	<i>3,000</i>	<i>2,000</i>	<i>10,000</i>
Capacity-Building			
Uganda Nurses and Midwives Union		10,027	10,027
Care4Net		10,000	
<i>Sub-Total</i>		<i>20,027</i>	
Total Expenditures	65,500	97,230	35,000
Net Increase (Decrease)	(23,670)	(42,931)	1,269
Closing Fund Balance - December 31, 2024	108,679	65,748	109,948

Strengthening Health and Supporting Healthcare Workers in Eswatini and Tanzania - Progress Report for CFNU

On behalf of the Stephen Lewis Foundation and our partners, we extend our heartfelt gratitude to Canadian Federation of Nurses Union (CFNU) for your unwavering support of community-led healthcare initiatives in Africa. Your commitment to improving healthcare access for healthcare workers and vulnerable populations in Tanzania and Eswatini is making a profound difference in the lives of thousands.

CFNU's dedication to equitable healthcare aligns deeply with the mission of the Maasai Women Development Organization (MWEDO) and the Eswatini Nurses Association (ENA). These organizations work tirelessly to address structural inequities that disproportionately impact women, girls, and grandmothers; ensuring they receive the healthcare, education, and support they deserve.

Your generous support empowers MWEDO and ENA to continue their critical work, equipping nurses and healthcare staff to expand services; as well as strengthen healthcare systems in their communities, while also caring for their needs.

MWEDO

MWEDO's Community Healthcare Project is transforming maternal health, family planning, and sexual reproductive health services to the Maasai community in the Kiteto district of Tanzania. The organization provides comprehensive community healthcare services, through the KIPOK Medical Facility. By strengthening the KIPOK Medical Facility and integrating Traditional Birth Attendants (TBA) with community health workers, MWEDO has improved access to vital healthcare services, particularly for remote communities.

Key Achievements:

- *Maternal and Child Health:* 80% of women in the community attended at least four antenatal care sessions, significantly improving maternal and infant health outcomes.
- *Immunizations & Nutrition Services:* Reached 7,000 children with life-saving vaccinations and nutritional support.
- *Community Awareness & Outreach:* Expanded outreach efforts to 15 villages, providing essential education on maternal health, family planning, and reproductive health.
- *Emergency Healthcare Access:* Partnered with five villages to facilitate emergency medical evacuations, ensuring timely interventions for critical cases.
- *Boma Model Engagement:* Reached 12,000 households with immunization services, HIV & AIDS education, and nutrition support.
- *Community Dialogue:* Conducted three dialogue sessions across ten villages, fostering social behavior change and encouraging increased healthcare service utilization.

MWEDO remains steadfast in its mission to foster sustainable health improvements, ensuring long-term positive outcomes for women, children, and families.



ENA

ENA's healthcare initiatives focus on supporting healthcare workers and their families, ensuring they remain healthy and capable of delivering essential services to their communities. Through targeted screenings, expanded outreach, and psychological support, ENA is making significant strides in improving healthcare access in Eswatini.

Key Achievements:

- *Enhanced screening and preventive healthcare measures for healthcare workers and their families:* ENA provided 2,685 curative services, 112 cancer screenings, and 45 TB infection control and prevention sessions benefiting 100 healthcare workers.
- *COVID-19 Response:* Continued screening and treatment efforts for healthcare workers affected by the pandemic.
- *Community Healthcare Services:* Conducted 84 health education sessions and provided 82 family planning services to healthcare workers.
- *Mobile Outreach Expansion:* Increased healthcare access in remote areas, ensuring more healthcare workers receive essential services at their workplaces.
- *Psychological Support:* Delivered 48 psychological counseling sessions and 24 follow-up sessions to healthcare workers facing stress, trauma, and burnout.

Through ENA's initiatives, healthcare workers in Eswatini are receiving the support they need to continue providing life-saving care in their communities.





Conclusion

The continued solidarity and support from CFNU has played an instrumental role in strengthening healthcare systems and improving access to essential services for marginalized communities in Tanzania and Eswatini. They directly and indirectly impact the health and well-being of tens of thousands of people in their communities by promoting access to holistic healthcare. MWEDO and ENA continue to make significant strides in addressing healthcare inequities, and with CFNU's ongoing commitment, their impact will only deepen. We look forward to sharing further progress with you and remain deeply grateful for your partnership in this vital work. Together, we are fostering healthier communities, empowering healthcare professionals, and ensuring a brighter future for those in need.



FINANCE

- Secretary-Treasurer's report
- Audit statements 2023-2024
- Statement of revenue and expenses



CANADIAN FEDERATION
OF NURSES UNIONS





Secretary-Treasurer's Report



Angela Preocanin
CFNU Secretary-Treasurer

Dear friends, colleagues and members,

It is an honour to present the Secretary-Treasurer's report for 2025, reflecting on our financial stewardship and the continued strength of the CFNU.

As I surpass two years in this role, I remain deeply committed to serving the nurses and health care professionals of Canada with integrity, transparency and dedication. My entire career has been shaped by nursing and unionism, and I bring that experience to every decision made to safeguard the financial stability and advocacy strength of our federation.

Today, the CFNU has a revenue of over \$5 million and remains the national voice of nurses and health care professionals across Canada. Our staff has expanded to eleven full-time and part-time professionals, each contributing their expertise to research, policy development, government relations and advocacy. Their efforts are instrumental in ensuring that our elected leaders can effectively represent the voices of our members – nurses and health care professionals we represent across the country.

As the largest organization representing all categories of nurses and health care professionals in Canada, we have continued to build on our reputation and influence, engaging with policymakers at all levels to advance the interests of our members. Our strength has always come from the collective power of our members, and I am incredibly proud of how far we have come.

The foundation of the CFNU was built on the dedication of past presidents, vice presidents and senior staff who sat around the National Executive Board table since 1981. Their vision for bold campaigns and advocacy has ensured that the voices of working nurses are heard at every level of government. Our staff and members have worked tirelessly to bring these initiatives to life, and for that I extend my deepest gratitude.



Secretary-Treasurer's Report

I would also like to take a moment to acknowledge the exceptional leadership of the CFNU President I have had the privilege to work alongside. Linda Silas continues to uphold the legacy of our past leaders, advocating fiercely for nurses and health care professionals while fostering a strong and united organization. The work she does is invaluable, and I am grateful for her dedication and leadership.

Financial oversight and stability

I am pleased to share our audited statements provided by our auditors, Ouseley Hanvey Clipsham Deep LLP Chartered Professional Accountants. Once again, we have achieved a clean audit, with no concerns regarding our financial status, processes or methods of reporting. The budget and most recent audited financial statements have been approved by the National Executive Board and is included in your package for review. Our commitment to financial transparency and accountability remains steadfast as we continue to manage our resources responsibly.

It is with deep appreciation and warm congratulations that we recognize Kathy Stewart as she transitions into retirement. Kathy has supported the CFNU for decades in various finance-related roles, most recently as Accounting Consultant. Her expertise, steady guidance and unwavering attention to detail have been instrumental in building and maintaining a strong and transparent financial function within our organization. Kathy's work is a true testament to her passion for, and lifelong commitment to, Canada's nurses and other health care professionals. The CFNU's consistently strong audit results and respected financial standing are a reflection of her tremendous contributions and dedication. Thank you, Kathy, for everything you have done for this organization and for the people we serve.

Collective strength and solidarity

The CFNU exists to support and amplify the critical work of our Member Organizations and elected leaders across the country. Our power lies in our unity, and together we lead the charge in advocating for nurses and health care professionals at every level. Through bold initiatives, empowered by the National Executive Board and driven by our members, we ensure that our members' voices are heard, respected and acted upon.

Our solidarity extends beyond our membership. We work closely with labour allies, policymakers and health care stakeholders to push for systemic improvements that benefit both nurses and patients. The CFNU is not just a voice in the room – we are a leading force in shaping the future of nursing and health care in Canada. When we stand together, we are unstoppable.



Secretary-Treasurer's Report

Looking ahead

I am deeply grateful for the trust you have placed in me as your Secretary-Treasurer. Representing the working nurses and health care professionals of Canada has been a profound privilege, and I look forward to the continued growth and success of the CFNU.

Together, we will continue to fight for the rights, well-being and recognition of nurses and health care professionals across the country.

In solidarity,



Angela Preocanin

CFNU Secretary-Treasurer

Canadian Federation of Nurses Unions
Budget vs Actual 2023 and 2024, Forecast 2025-2026

	2023		2024		2025	2026
	Budget	Actual	Budget	Actual	Budget	Forecast
REVENUE						
Member Contributions						
BCNU	1,380,000	1,324,560	1,410,000	1,416,900	1,410,000	1,410,000
MNU	330,000	330,000	330,000	360,000	360,000	360,000
NBNU	240,000	231,640	230,490	242,999	240,000	240,000
NSNU	189,450	191,555	191,790	201,528	200,400	200,400
ONA	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000	1,770,000
PEINU	39,000	40,155	40,140	44,055	42,870	42,870
RNUNL	142,770	142,950	143,490	143,650	144,150	144,150
SUN	293,850	300,577	301,380	316,641	315,570	315,570
UNA	912,900	928,748	900,000	1,010,880	1,011,000	1,011,000
Total Member Contributions	5,297,970	5,260,185	5,317,290	5,506,653	5,493,990	5,493,990
Convention	650,000	627,238	-	-	800,000	-
Election Contributions	-	-	-	-	-	-
Investment income (Loss)	-	225,351	185,000	322,078	150,000	150,000
Grants/Miscellaneous Income	4,500	-	-	140,113	-	-
Total Revenue	5,952,470	6,112,774	5,502,290	5,968,844	6,443,990	5,643,990
EXPENSES						
Staff	1,169,232	1,140,292	1,516,789	1,470,588	1,570,716	1,642,316
Administration and Membership Services	397,876	390,906	419,297	417,540	432,940	423,930
Operational plan	997,345	884,854	998,190	1,758,882	2,095,750	1,105,740
International Liaison	160,000	99,926	85,000	62,106	75,000	50,000
CLC Affiliated events	130,000	39,859	25,000	3,810	25,000	65,000
Office of the President	474,466	327,724	375,969	330,497	530,885	388,610
National Executive Board	233,360	111,675	266,723	149,184	227,700	222,300
CLC Per Capita	1,716,545	1,275,180	1,570,525	1,325,080	1,627,775	1,780,055
Convention	1,156,475	1,231,352	-	-	1,353,840	-
Amortization	22,000	17,852	22,000	19,227	25,000	25,000
Total Expenses	6,457,298	5,519,620	5,279,493	5,536,914	7,964,606	5,702,951
Annual Operations - net revenue (expenses)	(504,828)	593,154	222,797	431,930	(1,520,616)	(58,961)
Internal transfer from (to) Unrestricted Surplus	504,828	(593,154)	(222,797)	(431,930)	1,520,616	58,961
Net Annual Operations	0	0	0	0	0	0
NET ASSETS						
Unrestricted Surplus - Balance Jan 1	1,379,500	1,452,536	1,034,771	1,034,771	905,106	874,125
Transfer in from/(out to) Annual Operations	(504,828)	593,154	222,797	431,930	(1,520,616)	(58,961)
Transfer in from/(out to) Invested in Capital Assets	(5,000)	(5,518)	(5,000)	(13,862)	(5,000)	(5,000)
Transfer in from/(out to) Internally Restricted Funds	459,041	(1,034,361)	(558,626)	(580,909)	1,446,611	(369,880)
Transfer in from/(out to) International Solidarity Reserve	28,808	28,960	(1,269)	33,176	48,024	(1,976)
Unrestricted Surplus (Deficit) - Balance Dec 31	1,357,521	1,034,771	692,673	905,106	874,125	438,308
Invested in Capital Assets	23,239	23,756	28,757	37,618	33,757	38,757
Internally Restricted Fund Balance December 31	1,604,004	3,097,380	2,621,671	3,678,289	2,231,678	2,601,558
International Solidary Fund Reserve December 31	46,785	46,628	47,898	13,452	(34,572)	(32,596)
TOTAL NET ASSETS	3,031,549	4,202,535	3,390,999	4,634,465	3,104,988	3,046,027

**CANADIAN FEDERATION OF
NURSES UNIONS**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTATS FINANCIERS

LE 31 DÉCEMBRE 2024



INDEPENDENT AUDITOR'S REPORT

To the Members,
Canadian Federation of Nurses Unions:

Opinion

We have audited the financial statements of Canadian Federation of Nurses Unions ("the Entity"), which comprise the statement of financial position as at December 31, 2024, and the statements of changes in net assets, operations and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity, or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

OHCID LLP

OUSELEY HANVEY CLIPSHAM DEEP LLP

Licensed Public Accountants
Ottawa, Ontario
April 11, 2025

RAPPORT DE L'AUDITEUR INDÉPENDANT

Aux membres,

Fédération Canadienne des Syndicats d'infirmières et d'infirmiers:

Opinion

Nous avons effectué l'audit des états financiers de la Fédération Canadienne des Syndicats d'infirmières et d'infirmiers («l'Entité»), qui comprennent l'état de la situation financière au 31 décembre 2024, et les états de l'évolution de l'actif net, état des opérations et des flux de trésorerie pour l'exercice terminé à cette date, ainsi que les notes annexes, y compris le résumé des principales méthodes comptables.

À notre avis, les états financiers ci-joints donnent, dans tous leurs aspects significatifs, une image fidèle de la situation financière de l'Entité au 31 décembre 2024, ainsi que de sa performance financière et de ses flux de trésorerie pour l'exercice terminé à cette date, conformément aux normes comptables canadiennes pour les organismes sans but lucratif.

Fondement de l'opinion

Nous avons effectué notre audit conformément aux normes d'audit généralement reconnues du Canada. Les responsabilités qui nous incombent en vertu de ces normes sont plus amplement décrites dans la section «Responsabilités de l'auditeur à l'égard de l'audit des états financiers» du présent rapport. Nous sommes indépendants de l'Entité conformément aux règles de déontologie qui s'appliquent à l'audit des états financiers au Canada et nous nous sommes acquittés des autres responsabilités déontologiques qui nous incombent selon ces règles. Nous estimons que les éléments probants que nous avons obtenus sont suffisants et appropriés pour fonder notre opinion d'audit.

Responsabilités de la direction et des responsables de la gouvernance à l'égard des états financiers

La direction est responsable de la préparation et de la présentation fidèle des états financiers conformément aux normes comptables canadiennes pour les organismes sans but lucratif, ainsi que du contrôle interne qu'elle considère comme nécessaire pour permettre la préparation d'états financiers exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs.

Lors de la préparation des états financiers, c'est à la direction qu'il incombe d'évaluer la capacité de l'Entité à poursuivre son exploitation, de communiquer, le cas échéant, les questions relatives à la continuité de l'exploitation et d'appliquer le principe comptable de continuité d'exploitation, sauf si la direction a l'intention de liquider l'Entité ou de cesser son activité ou si aucune autre solution réaliste ne s'offre à elle.

Il incombe aux responsables de la gouvernance de surveiller le processus d'information financière de l'Entité.

Responsabilités de l'auditeur à l'égard de l'audit des états financiers

Nos objectifs sont d'obtenir l'assurance raisonnable que les états financiers pris dans leur ensemble sont exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, et de délivrer un rapport de l'auditeur contenant notre opinion. L'assurance raisonnable correspond à un niveau élevé d'assurance, qui ne garantit toutefois pas qu'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada permettra toujours de détecter toute anomalie significative qui pourrait exister. Les anomalies peuvent résulter de fraudes ou d'erreurs et elles sont considérées comme significatives lorsqu'il est raisonnable de s'attendre à ce que, individuellement ou collectivement, elles puissent influencer sur les décisions économiques que les utilisateurs des états financiers prennent en se fondant sur ceux-ci.

Dans le cadre d'un audit réalisé conformément aux normes d'audit généralement reconnues du Canada, nous exerçons notre jugement professionnel et faisons preuve d'esprit critique tout au long de cet audit. En outre:

- Nous identifions et évaluons les risques que les états financiers comportent des anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs, concevons et mettons en œuvre des procédures d'audit en réponse à ces risques, et réunissons des éléments probants suffisants et appropriés pour fonder notre opinion. Le risque de non-détection d'une anomalie significative résultant d'une fraude est plus élevé que celui d'une anomalie significative résultant d'une erreur, car la fraude peut impliquer la collusion, la falsification, les omissions volontaires, des fausses déclarations ou le contournement du contrôle interne.
- Nous acquérons une compréhension des éléments du contrôle interne pertinents pour l'audit afin de concevoir des procédures d'audit appropriées aux circonstances, et non dans le but d'exprimer une opinion sur l'efficacité du contrôle interne de l'Entité.
- Nous apprécions le caractère approprié des méthodes comptables retenues et le caractère raisonnable des estimations comptables faites par la direction, de même que des informations y afférentes fournies par cette dernière.
- Nous tirons une conclusion quant au caractère approprié de l'utilisation par la direction du principe comptable de continuité de l'exploitation et, selon les éléments probants obtenus, quant à l'existence ou non d'une incertitude significative liée à des événements ou situations susceptibles de jeter un doute important sur la capacité de l'Entité à poursuivre son exploitation. Si nous concluons à l'existence d'une incertitude significative, nous sommes tenus d'attirer l'attention des lecteurs de notre rapport sur les informations fournies dans les états financiers au sujet de cette incertitude ou, si ces informations ne sont pas adéquates, d'exprimer une opinion modifiée. Nos conclusions s'appuient sur les éléments probants obtenus jusqu'à la date de notre rapport. Des événements ou des situations futurs pourraient par ailleurs amener l'Entité à cesser son exploitation.
- Nous évaluons la présentation d'ensemble, la structure et le contenu des états financiers, y compris les informations fournies dans les notes, et apprécions si les états financiers représentent les transactions et événements sous-jacents d'une manière propre à donner une image fidèle.

Nous communiquons aux responsables de la gouvernance notamment l'étendue et le calendrier prévus des travaux d'audit et nos constatations importantes, y compris toute déficience importante du contrôle interne que nous aurions relevée au cours de notre audit.

OHCI LLP

OUSELEY HANVEY CLIPSHAM DEEP LLP

Experts-comptables autorisés

Ottawa, Ontario

Le 11 avril 2025

**CANADIAN FEDERATION OF
NURSES UNIONS**

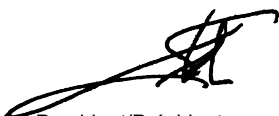
STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2024

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DE LA SITUATION FINANCIÈRE
AU 31 DÉCEMBRE 2024

	2024	2023	
ASSETS			ACTIFS
CURRENT			À COURT TERME
Cash	\$ 581,201	\$ 935,581	Encaisse
Accounts receivable	314,630	142,649	Comptes à recevoir
Prepaid expenses	267,333	106,668	Frais payés d'avance
	1,163,164	1,184,898	
INVESTMENTS (note 4)	4,270,889	3,601,525	INVESTISSEMENTS (note 4)
PROPERTY AND EQUIPMENT (note 5)	37,618	23,756	BIENS ET ÉQUIPEMENT (note 5)
	\$ 5,471,671	\$ 4,810,179	
LIABILITIES			PASSIFS
CURRENT			À COURT TERME
Accounts payable	\$ 674,024	\$ 473,413	Comptes créditeurs
Accrued benefit liability	163,182	134,231	Charge au titre des avantages accumulés
	837,206	607,644	
NET ASSETS			ACTIF NET
Invested in property and equipment	37,618	23,756	Investissement en biens et équipement
Internally restricted for contingency fund purposes	3,678,289	3,097,380	Affecté à l'interne comme fonds pour éventualités
Internally restricted for international solidarity fund purposes	13,452	46,628	Affecté à l'interne comme fonds international de solidarité
Unrestricted	905,106	1,034,771	Non affecté
	4,634,465	4,202,535	
	\$ 5,471,671	\$ 4,810,179	

Approved on behalf of the Board:
Approuvé au nom du conseil:


President/Présidente


Secretary-Treasurer/Secrétaire-trésorière

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF CHANGES IN NET ASSETS
FOR THE YEAR ENDED DECEMBER 31, 2024

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DE L'ÉVOLUTION DE L'ACTIF NET
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2024

	<u>2024</u>	<u>2023</u>	
INVESTED IN PROPERTY AND EQUIPMENT			INVESTISSEMENT EN BIENS ET ÉQUIPEMENT
Balance - beginning of year	\$ 23,756	\$ 18,238	Solde, début de l'exercice
Purchase of property and equipment	34,838	23,370	Achat de biens et d'équipement
Disposal of property and equipment	(1,749)	-	Élimination de biens et d'équipement
Amortization	<u>(19,227)</u>	<u>(17,852)</u>	Amortissement
Balance - end of year	\$ <u>37,618</u>	\$ <u>23,756</u>	Solde, fin de l'exercice
 INTERNALLY RESTRICTED FOR CONTINGENCY FUND PURPOSES			 AFFECTÉ À L'INTERNE COMME FONDS POUR ÉVENTUALITÉS
Balance - beginning of year	\$ 3,097,380	\$ 2,063,019	Solde, début de l'exercice
Transfer from unrestricted	<u>580,909</u>	<u>1,034,361</u>	Transfert de l'actif non affecté
Balance - end of year	\$ <u>3,678,289</u>	\$ <u>3,097,380</u>	Solde, fin de l'exercice
 INTERNALLY RESTRICTED FOR INTERNATIONAL SOLIDARITY FUND PURPOSES			 AFFECTÉ À L'INTERNE COMME FONDS INTERNATIONAL DE SOLIDARITÉ
Balance - beginning of year	\$ 46,628	\$ 75,588	Solde, début de l'exercice
Transfer to unrestricted	<u>(33,176)</u>	<u>(28,960)</u>	Transfert à l'actif non affecté
Balance - end of year	\$ <u>13,452</u>	\$ <u>46,628</u>	Solde, fin de l'exercice
 UNRESTRICTED			 NON AFFECTÉ
Balance - beginning of year	\$ 1,034,771	\$ 1,452,536	Solde, début de l'exercice
Net revenue for the year	431,930	593,154	Revenus nets pour l'exercice
Purchase of property and equipment	(34,838)	(23,370)	Achat de biens et d'équipement
Disposal of property and equipment	1,749	-	Élimination de biens et d'équipement
Amortization	19,227	17,852	Amortissement
Transfer to contingency fund	(580,909)	(1,034,361)	Transfert au fonds pour éventualités
Transfer from international solidarity fund	<u>33,176</u>	<u>28,960</u>	Transfert du fonds international de solidarité
Balance - end of year	\$ <u>905,106</u>	\$ <u>1,034,771</u>	Solde, fin de l'exercice
 TOTAL	 \$ <u>4,634,465</u>	 \$ <u>4,202,535</u>	 TOTAL

The accompanying notes are an integral part of these financial statements.



**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF OPERATIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DES OPÉRATIONS
POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2024

	2024	2023
REVENUE		
Member dues	\$ 5,506,653	\$ 5,260,185
Convention	-	627,238
Grant	140,000	-
Investment income	322,078	225,351
Miscellaneous	113	-
	<u>5,968,844</u>	<u>6,112,774</u>
EXPENSES		
Office of the President	330,497	327,724
Administration, membership services and staff	1,888,128	1,531,198
National Executive Board	149,184	111,675
CLC per capita	1,325,080	1,275,180
CLC affiliated events	3,810	39,859
Memberships, donations and scholarships	334,992	330,209
International liaison	62,106	99,926
Convention and educational sessions	-	1,231,352
Government relations and research	1,423,890	554,645
Amortization	19,227	17,852
	<u>5,536,914</u>	<u>5,519,620</u>
NET REVENUE FOR THE YEAR	<u>\$ 431,930</u>	<u>\$ 593,154</u>

REVENUS
Cotisations des membres
Congrès
Subvention
Revenu d'investissement
Divers
DÉPENSES
Dépenses reliées à la présidence
Administration, services aux membres et personnel
Conseil exécutif national
CTC cotisations par membre
CTC événements associés
Adhésions, dons et bourses d'études
Relations internationales
Congrès et ateliers de formation
Relations gouvernementales et recherche
Amortissement
REVENUS NETS POUR L'EXERCICE

**CANADIAN FEDERATION OF
NURSES UNIONS**

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED DECEMBER 31, 2024

**FÉDÉRATION CANADIENNE DES
SYNDICATS D'INFIRMIÈRES ET
D'INFIRMIERS**

ÉTAT DES FLUX DE LA
TRÉSORERIE POUR L'EXERCICE TERMINÉ
LE 31 DÉCEMBRE 2024

	2024	2023	
OPERATING ACTIVITIES			ACTIVITÉS D'EXPLOITATION
Net revenue for the year	\$ 431,930	\$ 593,154	Revenus nets pour l'exercice
Items not affecting cash			Éléments ne nécessitant aucune utilisation de fonds
Disposal of property and equipment	1,749	-	Élimination de biens et d'équipement
Amortization	19,227	17,852	Amortissement
Realized and unrealized loss (gain) on investments	(152,217)	(86,242)	Perte (gain) d'investissement réalisée et non réalisée
Net change in non-cash working capital items			Variations nettes d'éléments du fond de roulement
Accounts receivable	(171,981)	(505)	Comptes à recevoir
Prepaid expenses	(160,665)	35,267	Frais payés d'avance
Accounts payable	200,611	11,221	Comptes créditeurs
Accrued benefit liability	28,951	4,108	Charge au titre des avantages accumulés
	<u>197,605</u>	<u>574,855</u>	
INVESTING ACTIVITIES			ACTIVITÉS D'INVESTISSEMENT
Purchase of investments	(3,005,052)	(2,506,499)	Achat d'investissements
Sale of investments	2,487,905	2,026,216	Vente d'investissements
Purchase of property and equipment	(34,838)	(23,370)	Achat de biens et d'équipement
	<u>(551,985)</u>	<u>(503,653)</u>	
INCREASE (DECREASE) IN CASH	(354,380)	71,202	AUGMENTATION (DIMINUTION) DE L'ENCAISSE
Cash - beginning of year	<u>935,581</u>	<u>864,379</u>	Encaisse, début de l'exercice
CASH - END OF YEAR	<u>\$ 581,201</u>	<u>\$ 935,581</u>	ENCAISSE, FIN DE L'EXERCICE

The accompanying notes are an integral part of these financial statements.



CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

1. NATURE OF ORGANIZATION

The Federation is a not-for-profit organization that promotes the nursing profession through unity within the nursing unions and other allied health fields, promotes educational goals, communicates labour legislation and strategies and promotes the highest standards of health care throughout Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

a) Estimates and assumptions

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. The estimates and assumptions are reviewed annually and, as adjustments become necessary, they are recorded in the financial statements in the period in which they become known.

b) Funds

The internally restricted contingency fund was established to provide financial stability for the organization.

The internally restricted international solidarity fund was established to maximize the organization's opportunities for international solidarity work in humanitarian assistance, worker exchanges and building the capacity of workers to advance their rights.

c) Financial instruments

Investments quoted in an active market are initially recognized at fair value and are subsequently measured at the year-end fair value. Other financial instruments are initially recognized at fair value and are subsequently measured at cost, amortized cost or cost less appropriate allowances for impairment.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2024

1. NATURE DE L'ORGANISATION

La Fédération est un organisme à but non lucratif qui vise à promouvoir la profession infirmière par le rapprochement des syndicats d'infirmières et d'infirmiers et autres groupes oeuvrant dans le domaine de la santé, de promouvoir ses objectifs en matière d'éducation, la communication de la réglementation et des stratégies du travail et de promouvoir les plus hautes normes de soins de santé dans tout le Canada.

2. PRINCIPALES MÉTHODES COMPTABLES

Ces états financiers ont été préparés selon les normes comptables canadiennes pour les organismes sans but lucratif, et comprend les principales conventions comptables ci-dessous:

a) Estimations et hypothèses

La préparation des états financiers exige que la direction fasse des estimations et des hypothèses qui ont une incidence sur le montant déclaré de l'actif et du passif, et révèlent l'actif et le passif éventuels à la date des états financiers ainsi que le montant déclaré du revenu et des dépenses pendant la période visée par les états. Les estimations et les hypothèses sont revues annuellement et, quand des ajustements sont nécessaires, ils sont consignés dans les états financiers de la période au cours de laquelle ils deviennent connus.

b) Fonds

Le fonds pour éventualités affecté à l'interne fut créé afin de fournir une stabilité financière à l'organisation.

Le fonds international de solidarité affecté à l'interne de l'organisation fut créé afin d'accroître les occasions de fournir une aide humanitaire, de favoriser les échanges de travailleurs et de travailleuses, et les rendre plus aptes à promouvoir leurs droits.

c) Instruments financiers

Les investissements dans des titres cotés en bourse dans un marché actif, sont initialement comptabilisés à la juste valeur et sont ensuite comptabilisés à la juste valeur à la fin de l'exercice. Les autres instruments financiers sont initialement comptabilisés à la juste valeur et sont ensuite comptabilisés en fonction du coût, du coût amorti ou du coût auquel sont déduites les provisions pertinentes ou réductions de valeur pour dépréciation.

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

d) Property and equipment

Property and equipment are recorded at cost less accumulated amortization. Amortization is provided on the straight line basis over 5 years on furniture, over 3 years on equipment and over the term of the lease on leasehold improvement.

e) Revenue recognition

The Federation follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenditure is incurred. Unrestricted contributions are recognized as revenue when they are received or becomes receivable.

Members' dues are payable monthly and are recognized as revenue in the month to which they relate. Convention and other revenues are recognized in the year in which the event is held or the revenue is earned.

3. FINANCIAL INSTRUMENTS

Financial instruments of the Federation consist of cash, accounts receivable, investments, accounts payable and accrued benefit liability.

Unless otherwise noted, it is management's opinion that the Federation is not exposed to significant interest rate, currency, credit, liquidity or market risks arising from its financial instruments and the risks have not changed from last year.

The organization is exposed to credit risk in respect of its cash, accounts receivable and investments. The organization's cash and investments are deposited with Canadian chartered banks and credit unions and, as a result, management believes the risk of loss on these item to be remote. The organization provides credit to its clients in the normal course of operations. It carries out, on a continuing basis, a review of outstanding amounts and maintains a provision for estimated uncollectible accounts.

4. INVESTMENTS

	2024
Cash and cash equivalents	\$ 36,280
Fixed income	2,898,126
Equities	1,336,483
	<u>\$ 4,270,889</u>

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2024

2. PRINCIPALES MÉTHODES COMPTABLES (suite)

d) Biens et équipement

Les biens et l'équipement sont consignés au prix coûtant moins l'amortissement cumulé. L'amortissement est calculé selon la méthode linéaire sur cinq (5) ans pour le mobilier et sur trois (3) ans pour l'équipement, et pendant la durée du bail relatif à l'amélioration locative.

e) Comptabilisation des revenus

La Fédération utilise la méthode du report pour la comptabilisation des apports. Les cotisations assujetties à des restrictions sont reconnues à titre de revenus au cours de l'exercice où les dépenses correspondantes sont enregistrées. Les apports non affectés sont reconnus à titre de revenus lorsque reçus ou à recevoir.

Les cotisations des membres sont payables mensuellement et sont comptabilisées à titre de revenus au cours du mois auquel elles se rapportent. Le congrès et les autres revenus sont comptabilisés dans l'exercice au cours duquel l'événement est tenu ou le revenu est gagné.

3. INSTRUMENTS FINANCIERS

Les instruments financiers de la Fédération se composent de l'encaisse, des comptes à recevoir, des investissements, des comptes créditeurs, et de la charge au titre des avantages accumulés.

Sauf indication contraire, c'est l'opinion de la direction que les instruments financiers de la Fédération ne l'expose pas à des risques significatifs par rapport aux taux d'intérêt, au cours de change, au crédit, au flux de trésorerie ou aux fluctuations du marché. Ces risques n'ont pas changé par rapport à l'an dernier.

L'organisme est exposé au risque de crédit lié à sa encaisse, comptes à recevoir et investissements. La encaisse de l'organisme est déposée auprès de banques à charte et de coopératives de crédit canadiennes et, par conséquent, la direction estime que le risque de perte sur ces poste est faible. L'organisme accorde du crédit à ses clients dans le cours normal de ses activités. Il effectue régulièrement un examen des encours et maintient une provision pour créances irrécouvrables estimées.

4. INVESTISSEMENTS

	2023	
	\$ 30,532	Liquidités et quasi-espèces
	2,595,377	Revenu fixe
	975,616	Actions ordinaires
	<u>\$ 3,601,525</u>	

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

4. INVESTMENTS (continued)

Market risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The organization is exposed mainly to interest rate and other price risk.

Interest rate risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The organization is exposed to interest rate risk on its fixed income investments.

Other price risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices, other than those arising from currency risk or interest rate risks, whether these changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The organization is exposed to other price risk through its fixed income and equity investments.

5. PROPERTY AND EQUIPMENT

	2024			
		Accumulated amortization		
	Cost	Amortissement	Net	
	Coût	cumulé		
Furniture	\$ 9,477	\$ 8,639	\$ 838	
Equipment	69,456	38,740	30,716	
Leasehold improvement	14,224	8,160	6,064	
	<u>\$ 93,157</u>	<u>\$ 55,539</u>	<u>\$ 37,618</u>	

6. COMMITMENTS

The Federation has leased office space at an annual rental of approximately \$138,000 to December 2025.

The Federation has an agreement with a contractor to provide audiovisual services for the 2025 convention at a cost of approximately \$380,000.

The Federation has an agreement with a contractor to provide accommodation services for the 2025 convention at a cost of approximately \$207,000.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2024

4. INVESTISSEMENTS (suite)

Le risque du marché est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des prix du marché. Le risque du marché comprend trois types de risques : le risque de cours de change, le risque de taux d'intérêt, et l'autre risque du prix. L'organisation est surtout exposée aux risques liés aux taux d'intérêts et aux prix.

Le risque de taux d'intérêt est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des taux d'intérêt du marché. Les investissements à revenu fixe de l'organisation l'exposent au risque de taux d'intérêt.

L'autre risque du prix est le risque associé à la juste valeur ou au flux de trésorerie futurs d'un instrument financier qui varieront en raison des fluctuations des prix du marché, autres que ceux engendrés par le risque du cours de change ou le risque du taux d'intérêt, qu'importe si ces changements sont causés par des facteurs liés à l'instrument financier en particulier ou à l'émetteur de l'instrument financier, ou à des facteurs affectant tous les instruments financiers similaires échangés sur le marché. Les investissements à revenu fixe et les investissements dans les actions exposent l'organisation à cet autre risque du prix.

5. BIENS ET ÉQUIPEMENT

	2023	
		Net
	\$ 1,178	Mobilier
	22,578	Équipement
	-	Amélioration locative
	<u>\$ 23,756</u>	

6. ENGAGEMENTS

La Fédération a loué un local pour bureaux au coût annuel d'environ 138 000 \$ et jusqu'en décembre 2025.

La Fédération a une entente avec un entrepreneur pour fournir des services audiovisuels pour le congrès de 2025 au coût d'environ 380 000 \$.

La Fédération a une entente avec un entrepreneur pour fournir des services d'hébergement pour le congrès de 2025 au coût d'environ 207 000 \$.

CANADIAN FEDERATION OF NURSES UNIONS

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

6. COMMITMENTS (CONTINUED)

The Federation has an agreement with a contractor to provide accommodation services for the 2027 convention at a cost of approximately \$79,000.

7. EMPLOYEE BENEFITS

The Federation participates in a multi-employer defined benefit plan providing pension benefits. The plan is accounted for as a defined contribution plan since sufficient information is not available to apply Canadian generally accepted accounting principles required for defined benefit plans. The expenditure for the plan for the year is \$127,417 (2023 - \$104,868) which represents the Federation's required current contribution to the plan for the year.

FÉDÉRATION CANADIENNE DES SYNDICATS D'INFIRMIÈRES/INFIRMIERS

NOTES COMPLÉMENTAIRES
31 DÉCEMBRE 2024

6. ENGAGEMENTS (suite)

La Fédération a une entente avec un entrepreneur pour fournir des services d'hébergement pour le congrès de 2027 au coût d'environ 79 000 \$.

7. AVANTAGES SOCIAUX DES EMPLOYÉS

La Fédération cotise à un régime de retraite interentreprises à prestations déterminées et offrant des prestations de retraite. Le régime est comptabilisé en tant que régime à cotisations déterminées car il n'y a pas suffisamment d'information disponible pour appliquer les principes comptables généralement acceptés au Canada et requis pour les régimes à prestations déterminées. Les dépenses relatives au régime pour l'année sont de 127,417 \$ (2023 - 104 868 \$), ce qui représente la cotisation actuelle obligatoire de la Fédération pour l'année.

OTHER REPORTS

- Member Organizations' news
- Canadian Labour Congress update
- Canadian Health Coalition report



**CANADIAN FEDERATION
OF NURSES UNIONS**





Member Organizations' News





Member Organizations' News

Registered Nurses' Union Newfoundland and Labrador

Organizational review and internal communications & engagement audit

For the first time since 2004, RNUNL has completed an organizational review facilitated by Cullwick and Associates, to realign our leadership, strategy and staff engagement goals. This review examined structural and management challenges, resource allocation and staff workloads, culminating in a series of recommendations for a more effective organizational model. Key initiatives included revisions to the RNU staffing model, management structure, RNU Board and Executive, and our human resources strategy.

With dedicated staff in place, a renewed focus on transparency and streamlined communication processes, we are fully equipped to address the needs and concerns of our members swiftly and effectively. Each team member's role is clearly defined and aligned with RNU's goals, ensuring every member receives the attention and support they deserve. This solid foundation empowers us to handle challenges confidently and to continue working tirelessly in the best interests of our nursing professionals.

In-person provincial President's tour

We have embarked on our in-person provincial tour, having visited sites in Labrador, the Northern Peninsula and the Southwest Coast.

We have met with many members, hearing their stories, their concerns, their solutions and their passion for nursing while caring for the people of NL.

We have and will utilize this information when meeting with the leadership of Newfoundland and Labrador Health Services (NLHS) and government officials while advocating for better working conditions and for retention and recruitment strategies and initiatives.

We plan to continue touring sites throughout NL in 2025, with a focus on sites that have not been visited in quite some time.



RNUNL President Yvette Coffey

Member Organizations' News



RNU policy review

Following the 28th Biennial Convention and constitutional amendments (2022), RNU committed to a thorough review of our policy manual. This initiative was undertaken by the BOD with input from all committees of the Board. Many policies had not been updated in years, and the BOD recognized the need for new policies which align with *Roberts Rules of Order* (Newly Revised),

and our strategic goals as an organization. We also aligned our policies with the recommendations of the 2022 Organizational Review and Internal Communications & Engagement Audit recommendations, keeping in mind our fiduciary responsibilities.

The new policy manual has been uploaded to *myRNU*, communicated to all members via email, and communicated at Branch Executive training and Council of Presidents (COP) in 2024. An information session with highlights of the policies was held at our 29th Biennial Convention in the fall of 2024.

Stakeholder meetings

RNU Executive Director, David Hammond, and RNU President, Yvette Coffey, continue to meet regularly with government officials, leadership within Newfoundland and Labrador Health Services (NLHS), and other stakeholders to advocate on behalf of the registered nurses and nurse practitioners throughout NL and the protection of our publicly funded and publicly delivered health care system.

Some of these key stakeholders include:

- RNUNL members
- Premier of Newfoundland and Labrador
- Minister of Health and Community Services (HCS)
- College of Registered Nurses of Newfoundland and Labrador (CRNNL)
- NDP Provincial Leader
- PC Provincial Leader
- Auditor General of Newfoundland and Labrador
- Senior Leadership within NLHS
- Department of Education officials regarding childcare initiatives
- CFNU counterparts
- Federal and provincial Chief Nurse



Member Organizations' News

- Workplace NL
- BScN students
- Public sector union leadership
- Newfoundland and Labrador Federation of Labour (NLFL) Executive Council

Surgical Backlog Taskforce

Premier Furey called together a Surgical Backlog Taskforce to provide recommendations to the government on improving patient access to surgeries and procedures within NL. The final report with recommendations has been released. RNU was at the table, informing strategies and recommendations.

<https://www.gov.nl.ca/hcs/files/23324-Report-Provincial-Surgical-Backlog-Taskforce.pdf>

Collective bargaining

RNUNL successfully negotiated a four-year agreement, which expires June 30, 2026. RNUNL's negotiating team is comprised of registered nurses and nurse practitioners from all regions of Newfoundland and Labrador. This agreement consisted of wage increases of 2% per year for four years, a long service premium for 15, 20 and 25 years respectively (total of 5%), PFT incentive bonuses (\$5,000/year), a signing bonus, a new salary scale for nurse practitioners NP 35 to NP 37, step adjustments (8.8% for RNs and 10.7% for NPs), increased preceptorship premium, mentorship pilot with a yearly premium for mentors (\$1,950), double time overtime premium to fill gaps in schedules in advance to be reviewed after one year (this has since been extended for another year), applicable overtime for NPs involved in Medical Assistance in Dying (MAID), and conversion of casual employees to PFT in areas not historically viewed as preferential (not ER/critical care/day positions).

As RNU is preparing to go to the bargaining table in 2026, we have begun the process of educating our members on collective bargaining and inviting them to share their priorities and proposals, with a dedicated negotiations email, along with plans for virtual meetings, member surveys, compilation of proposals from our session at convention and priorities identified since our last round of bargaining.



Member Organizations' News

Provincial Nursing Network

The recently negotiated collective agreement with the Registered Nurses' Union Newfoundland and Labrador (RNUNL) includes a letter of understanding outlining a commitment to the creation of a Provincial Nursing Network (PNN). This network will establish one table for provincial nursing leaders and stakeholders to engage in collaborative strategic dialogue for the optimization and advancement of regulated nursing professions. The scope of work for the PNN will include all regulated nursing professions: registered nurses, nurse practitioners and licensed practical nurses.

The federal *Nursing Retention Toolkit* has been adopted for the PNN work plan. The toolkit focuses on eight core themes that impact a nurse's day-to-day working life. A one-page overview of each theme was presented to the group, which included strategies to target retention. Existing/ongoing actions within the institutions represented at the table and identified priorities of PNN members were noted in the document to help inform discussions. The committee was asked to indicate additional initiatives currently in place that would support each theme as well as any proposed initiatives.

Please see Retention Toolkit RNUNL Update September 2024 [Retention Toolkit RNUNL Update September 2024](#).

Auditor General reports

The Auditor General is due to release a report on long-term care/personal care homes, home care and private agency contracts within health care, including private nursing agency contracts, in the coming months.

RNU has been very vocal in the media about the money being spent on private nursing agencies versus investing in the retention of nursing professionals in NL. We have also highlighted the conflict of interest of senior management in NLHS who have been renting to these private agencies. This has been forwarded to the AG after NLHS announced they had conducted their internal investigation.





Member Organizations' News

Nova Scotia Nurses' Union

NSNU President to serve another term

Janet Hazelton will once again lead the Nova Scotia Nurses' Union as president until 2027. She was acclaimed for the two-year position prior to the NSNU's 2025 Annual General Meeting, April 14-17.

In addition to advocating and negotiating on behalf of nurses comes the added responsibility of sitting on numerous committees, including the Provincial Nursing Network of Nova Scotia, the National Executive Board of the Canadian Federation of Nurses Unions, and the Nova Scotia Federation of Labour. Since 2005, Janet has held a seat on the Board of Directors for the Workers' Compensation Board of Nova Scotia. She is also the NSNU Trustee for the Nova Scotia Health Employees' Pension Plan and the Trustee for the NSAHO Long-Term Disability Plan Trust Fund.



NSNU President Janet Hazelton

On behalf of the NSNU, Janet adamantly supports the right to publicly funded and publicly delivered health care for Nova Scotians, regardless of where they live, and safe nurse-staffing ratios in all areas of care. She champions other causes, including a national prescription drug program, violence-free workplaces and mental health supports. She works tirelessly to help protect the quality of health care for patients and nurses' rights.

Janet Hazelton is the longest-serving president of the Nova Scotia Nurses' Union.

Interest-based negotiations – an NSNU success story

In July of 2023, members of the Nova Scotia Council of Nursing Unions (including NSNU) voted in favour of a collective agreement reached via the processes of traditional face-to-face bargaining and interest-based negotiations (IBN).

Leading up to face-to-face bargaining, the pandemic presented challenges within the health care system in Nova Scotia. While the needs of patients are always at the forefront, employees' concerns such as recruitment and retention, burnout and safety have caused stakeholders to take notice and identify that change was needed, including how bargaining is conducted.

Member Organizations' News

In the winter of 2022-2023, Nova Scotia Health, IWK Health Centre and the Nova Scotia Council of Nursing Unions were preparing to bargain their collective agreement. Given the climate of health care and the needs of nurses, the focus needed to be on more than getting a deal – these organizations needed to focus on improving labour relations between the parties.



The parties reached out to Conciliation and Mediation Services, a neutral third party that provides impartial conciliation and alternative dispute-resolution services to labour and management in unionized private and public sector workplaces in Nova Scotia, to explore alternative forms of bargaining.

The teams engaged in activities to show the differences between position-based negotiating and interest-based negotiations: practicing teamwork across the table to reach consensus while focusing on the issue needing resolution, identifying multiple solutions.

The parties began the IBN process in February 2023, tackling issues like workplace safety, career pathing and mentorship, to vacations, supporting diversity, and more. In June 2023, the teams completed the IBN process and moved forward with traditional negotiations for the financial aspects of the agreement.

Throughout the process nurses shared how valuable it was to hear genuine concern for nurses directly from employer leadership, and employer representatives shared how valuable it was to hear from frontline nurses.

IBN allowed the parties to work together, have deep and meaningful conversations about the workplace and their mutual goals of improving collective agreement terms, and ultimately the work environment, for nurses. The commitment by all involved showed a desire to continue to work together to improve the workplace, work through challenges and strengthen their labour relationship.

The NSNU gives significant credit to the IBN process for the best acute care agreement ever achieved for nurses in Nova Scotia.



Member Organizations' News

NSNU nurse staffing policy: a game changer

The Nova Scotia Nurses' Union believes that staffing language negotiated in 2023 for acute care nurses will eventually alleviate shortages and long-standing issues impacting nurses.

Nova Scotia is the second province in Canada with language that addresses staffing shortages. In early 2023, British Columbia became first to implement minimum nurse-patient ratios, guidelines to improve the delivery of quality patient care, enhance working conditions for nurses and create a stronger health care system throughout the province.

This staffing approach is about numbers but also flexibility to keep hospital units appropriately staffed – including other disciplines of care providers. This initiative will improve job satisfaction, create safer and healthier workplaces for nurses, and improve patient care.



NSNU President Janet Hazelton and CFNU delegation with INMO in Ireland

Employers and nurse unions in Nova Scotia are developing the framework for nursing hours of care per patient day (NHPPD, aka nurse-patient ratios) that determines the appropriate number of nurses for each unit across the province. This approach recognizes that not all units are the same, and that different patient populations require different levels of nursing care provided by specific skill mixes while also providing a guaranteed level of nursing staff.

When those numbers are not met, nurses will be able to formally report staffing deficiencies which will be brought to the newly established Nurse Staffing Advisory Committee. The joint committee will then determine the appropriate number of nurses for the unit. New language and changes to the Clinical Capacity Reports would then be escalated to the Nurse Staffing Advisory Committee in each zone if issues are unresolved by the labour management committee. Further escalation will include the senior management representation and the Joint Nurse Staffing Steering Committee.

Formal nurse-patient ratios have long been in place in Australia, California, Ireland and other jurisdictions in Europe and Asia. In the spring of 2024, a delegation from the CFNU, including NSNU representatives, travelled to nursing conferences in the United Kingdom to present the background and framework of NSNU's new staffing policies.

Member Organizations' News

From Wales to Scotland to London, where they attended the RCN Congress (the annual representative meeting of members which focuses on influencing the policy and future direction of the RCN), they strategized and shared ideas to make safe patient ratios a reality for all nurses, proving once again that the nursing community is global community of practitioners, intent on improving work-life balance and safety for nurses.

NSNU President speaks up for pharmacare

In February 2024, the Government of Canada introduced C-64, the *Pharmacare Act*, that puts forward a plan for the first phase of national universal pharmacare in Canada and the intent to work with provinces and territories to provide universal single-payer coverage for a number of contraceptives and diabetes medications. The *Pharmacare Act* is a concrete step towards the vision of a national pharmacare program that will improve the health of Canadians and build a stronger public health care system.



NSNU President Janet Hazelton speaking at the news conference in Truro, Nova Scotia, attended by Prime Minister Justin Trudeau

In May 2024, NSNU president Janet Hazelton stood shoulder to shoulder at a news conference in Truro, Nova Scotia, with proponents of a national prescription drug program, including Prime Minister Justin Trudeau.

Asked by the Prime Minister to speak on behalf of nurses, President Hazelton was eager to share her thoughts on this

missing piece of the Medicare vision.

“Nurses see first-hand the consequences of failing to provide universal equitable coverage for diabetes and birth control to our patients. Like so many Canadians, nurses believe everyone should be covered by the same plan, on equal terms, without financial barriers. Access should be based on need, not location, ability to pay, age, employment, or other factors,” said Hazelton.

At that time, the Government of Canada committed to consulting widely about the path forward with plans to work with provinces, territories, Indigenous Peoples and other partners and stakeholders to improve the accessibility, affordability and appropriate use of pharmaceutical products.

Nurse unions across Canada have long advocated for a pharmacare program that reduces financial barriers to accessing prescription drugs and related products. This announcement was an important step to improve health equity, affordability and health outcomes for Canadians, with potential long-term cost savings to our public health care system.



Member Organizations' News

New Brunswick Nurses Union

2023 Annual General Meeting

At the 2023 AGM, NBNU passed two constitution changes. The first change increased the length of the terms for the President, 1st Vice-President, 2nd Vice-President and the Vice-President of Finance to three years. The other constitution change added two seats to the Board of Directors. The seats are member-at-large positions: one representing nurse practitioners and another representing licensed practical nurses.

NBNU also passed a motion to study and create a Diversity, Equity, Inclusion and Belonging Committee within the union. This committee was elected in 2024 and has been working hard to identify and address the needs of members in equity-seeking groups.

At this AGM, NBNU held a rally focused on retention, recruitment and respect at the New Brunswick Legislature. This was the first rally NBNU held in many years; it was an important step in letting the government know that nurses are fed up with the blatant disrespect shown to us by Premier Higgs in the years that preceded. It was positively attended by members and the entire opposition party.



Change in government

On October 21, 2024, New Brunswickers elected a majority Liberal government to the Legislature, making party leader Susan Holt New Brunswick's first woman Premier.

Member Organizations' News



Premier Susan Holt and NBNU President Paula Doucet

Premier Holt's campaign focused heavily on health care, including a commitment to open 30 collaborative health care clinics in her first three years of power to cut wait times and improve access to primary care. Another pre-election promise was that every nurse in New Brunswick would receive a \$10K retention bonus before the end of December 2024, and an additional \$5K by the next fiscal year in 2025. Premier Holt followed through with the promise of \$10K for nurses in permanent role, excluding close to 1,200 casual nurses represented by NBNU. This has caused a rift amongst our membership. Premier Holt, Health Minister Dr. Dornan and NBNU President Paula Doucet held a virtual meeting with

members in attendance to address the issue.

Premier Holt expanded the eligibility for the retention bonus to include any nurse that accepts a permanent position and signs a two-year return-to-service agreement before the end of 2025. At the time of writing, we are still awaiting the payout of the \$5K payments promised but anticipate similar issues with eligibility for these payments as well. It was the Premier's intention to help stabilize the nursing workforce by incentivizing casual nurses to take permanent positions.

The true cost of private nursing agency contracts

The discovery of the massive spending of New Brunswick taxpayers' money on the use (and misuse) of private for-profit agency nurses was a powerful catalyst for change in New Brunswick.



Member Organizations' News

INVESTIGATION

Have nurses, will travel

During the pandemic, governments turned to private firms who sent staff from across the country at higher hourly rates. A *Globe* investigation focusing on one such nursing agency shows those weren't the only costs borne by taxpayers

TU THANH HA, KELLY GRANT AND STEPHANIE CHAMBERS
THE GLOBE AND MAIL
PUBLISHED FEBRUARY 16, 2024



NBNU was instrumental in *The Globe and Mail's* investigative reporting in February 2024, which broke the story about the exorbitant cost of contracting nurses from private for-profit agencies to keep our health care system afloat in the face of the worst nursing shortage ever seen.

This coverage, along with requests from NBNU and the CFNU, prompted Paul Martin, New Brunswick's Auditor General, to conduct a performance audit on the contracts struck between our New Brunswick's regional health authorities and private nursing agencies. Martin was later quoted as saying this was one of the most alarming audits in his career. The audit concluded that the contracts carried an unacceptable level of risk and a worrying lack of oversight and accountability. In some cases, contracts were signed with no legal review. One included a particularly alarming auto-renewal clause. At a price tag of \$174 million, with little return on the investment, except for corporations like Canadian Health Labs, it was clearer than ever that New Brunswick's health care system needed serious overhaul.

These contracts, and New Brunswickers' desire to see their use ended as soon as possible, marked a turning point for health care in New Brunswick. *The Globe and Mail* coverage and the Auditor General's report bolstered public support for strengthening New Brunswick's public health care system.

Vitalité Health Network, New Brunswick's Francophone regional health authority, is still involved in contracts with private for-profit agencies which represent an exorbitant cost to taxpayers. However, at the time of writing, Vitalité has recently stopped giving shifts to agency nurses at one health care facility. Horizon Health Network ceased the use of agency nurses effective August 31, 2024. It was a difficult transition; in some instances, NBNU had to be creative and work with Horizon to ensure coverage of critical areas across certain facilities in the province to keep emergency departments open. We utilized a concept that was on the bargaining table to re-deploy nurses to other facilities in the province and being remunerated for doing so with all costs being covered by the employer. It isn't ideal; however, it does give New Brunswick nurses a flexible option and keeps taxpayer dollars here in the province

Member Organizations' News

NBNU turns 50

2024 marked NBNU's 50th birthday. It was an opportunity to celebrate the strides nurses have made in New Brunswick since 1974, as well as the members who make our union what it is today.

In the countdown to 50, we felt it was important to connect with our members and to show our appreciation for the work they do every day. We held monthly prize draws on Facebook Live each month, where lucky members were able to win gas cards, spa experiences, hotel stays, flower nursery gift cards, picnic experiences and date nights, among other prizes.

NBNU's 50th Annual General Meeting took place October 21-24, 2024, with the theme *Honour the Past, Celebrate the Future*. In attendance were over 200 nurses, fellow labour activists from the Canadian Labour Congress and the Canadian Federation of Nursing Unions, nursing union leaders from across Canada, and NBNU's past presidents and executive directors.

The AGM featured more opportunities for members to celebrate the 50th anniversary. An exhibit room honouring NBNU history was open to all NBNU members to visit through the duration of the AGM. We also produced a video featuring interview footage from past NBNU presidents to share with our members.



Maria Richard, 1st Vice-President,
and NBNU President Paula Doucet



Mourning Daniel Légère

On December 26, 2024, New Brunswick's labour movement experienced a great loss with the passing of Daniel Légère, president of the New Brunswick Federation of Labour.

Danny's tenure as the NBFL President started in 2019; for the 14 years prior, he served as the President of CUPE NB. He was a champion of social justice and labour for decades, and his loss will be felt by the labour world for many years. NBNU President Paula Doucet, 1st VP Maria Richard and Executive Director Matt Hiltz were present at his wake and funeral. Also in attendance were Premier Susan Holt, Federal Finance Minister Dominic LeBlanc, Green Party Leader David Coon, CLC President Bea Bruske



Member Organizations' News

as well as many other social justice and labour leaders from the Atlantic provinces. In proper Daniel fashion, he received a wonderful sendoff, complete with “Solidarity Forever” being sung by everyone in attendance as he was carried out of the church to his final resting place.

Daniel’s legacy will have a lasting impact on all New Brunswickers. We intend to continue following his example of forging bonds of solidarity and showing up to fight for a better New Brunswick.

Essential Services in Nursing Homes Act

The *Essential Services in Nursing Homes Act (ESNHA)*, which was first adopted in 2009, creates a mechanism for setting the level of service that must be maintained in nursing homes in the event of a strike or lockout. Initially, the *ESNHA* applied only to nursing home LPNs (CUPE) but not the NBNU RNs. When it was first enacted, the *ESNHA* did not provide for any alternative means of resolving a collective bargaining dispute if high-designation levels made effective strike action impossible.

This is why CUPE initiated a lawsuit against the Attorney General. Following this lawsuit, the Court of Queen’s Bench and the Court of Appeal both held that the *ESNHA* was unconstitutional because it imposed unjustifiable limits on the freedom of association guaranteed by the *Canadian Charter of Rights and Freedoms*. This decision was suspended for a period of six months beginning with the date of the decision of Court of Queen’s Bench and ending on January 2, 2020. The resulting arguments in Court identified this “oversight”, and NBNU’s RNs were subsequently dragged into the fight.

At the very end of that six-month period, and without any consultation on the part of government, the provincial legislature adopted a government bill which enacted amendments to *ESNHA*. Superficially, the amendments purported to bring the law into compliance with the *Charter* by providing for access to interest arbitration. In reality, the amendments were calculated to deny access to interest arbitration in most realistic circumstances, despite the clear direction of the courts.

NBNU and NBU joined with CUPE, and the plaintiff unions now alleged that the *ESNHA* denies them the right to strike while restricting their access to interest arbitration. In doing so, it limits nursing home workers’ freedom of association in a way that is not demonstrably justified in a free and democratic society. Furthermore, the Province failed to respect previous court decisions finding the *ESNHA* unconstitutional. While the Province maintained that it was complying with the court decisions with the amendments to provide for access to interest arbitration, in reality it subjected this alternative dispute resolution mechanism to conditions that make it inaccessible. Amending the *ESNHA* in this way was clearly wrong, in bad faith and an abuse of power.

Member Organizations' News

We are currently at the discovery phase, but since there has been a change in government in the midst of this litigation, we are also waiting to see how Premier Holt decides to respond. She has shown an interest in undoing some of the previous government's anti-union legislation.

Still Calling campaign

At our 2022 Annual General Meeting, we heard from our members that they wanted us to use our next marketing campaign to shed a more positive light on nursing and the union. They wanted us to highlight all the benefits, opportunities and reasons why nursing is a calling for many. The result was Still Calling: a campaign developed by Duke Creative Collective, that allowed nurses to reflect on their “why”.



Still Calling came at an important moment for nurses. Many New Brunswick nurses were struggling with stress, burnout and exceptionally high workloads. Because every nurse featured in this campaign is an NBNU member, we asked many to provide their unique perspectives; sharing their personal stories helps reach out to others and to engage young people to consider nursing as a career choice. The message at the heart of the campaign: it is a very difficult time in health care right now, but together we can help play a critical role in stabilizing our system. As nurses, we still find meaning in what we do, and we will make it better, together.

The campaign was publicized using a microsite, social media platforms, billboards, various news sites, and in Cineplex theatres. The campaign was awarded a Platinum award from AVA Digital Awards, which honour excellence in digital creativity, branding and strategy.



Member Organizations' News

Manitoba Nurses Union

Introduction



The past two years have been a tide of extremes for Manitoba's nurses. Some days, we celebrated victories, feeling the momentum of hard-fought battles finally shifting in our favour. Other days, we faced setbacks that tested our solidarity, forcing us to push back harder than ever. Through every challenge, MNU stood firm, navigating the unpredictability of advocacy, bargaining and political change. We fought tirelessly for our members, for the future of nursing, and for the patients who rely on us. As we reflect

on this journey, we remain steadfast in our mission: protecting and empowering Manitoba's nurses.

Hope on the horizon

Coming out of the last CFNU Biennium, we felt an undeniable surge of optimism. After months of advocating through our "*The State of Healthcare is OutRAGEous*" campaign, we saw Manitobans vote overwhelmingly for change. On October 3, 2023, the NDP was elected, running on a platform that put health care – and nurses – front and centre. During their swearing-in ceremony, Manitoba Health Minister Uzoma Asagwara spoke directly to Manitobans about their commitment to listen to the front line, and two months later, they joined Premier Wab Kinew on a Listening to the Front Lines Tour.



MNU President Darlene Jackson

For the first time in years, it felt like our concerns were being heard. We had a government that was vocal about prioritizing nurses, and we dared to hope that this would mean meaningful progress. Nurses watched closely, expecting that this newfound willingness to engage with the front line would translate into real, lasting improvements.

Member Organizations' News

A sudden drop

That high tide of hope was short-lived. As MNU headed into collective bargaining, we knew it was the government's chance to prove their commitment by showing respect to nurses through proper compensation and improved working conditions. Optimistic that after several rounds of intense bargaining, we reached a deal rather quickly, hoping this collective agreement would set the tone for improvements to the ongoing needs of nurses.

In the midst of bargaining, at MNU's Annual General Meeting in May 2024, both Premier Kinew and Minister Asagwara addressed our members. Their presence, again, set expectations high, but the lack of immediate and meaningful action left many questioning whether their words would translate into real change.

By July 2024, a tentative agreement was reached in all regions of Manitoba.

Taking back control

While the government promised to listen, their actions – or lack thereof – spoke louder than words. The Front Line Listening Tour, which began with promise, stretched out for nearly a year, often with months passing between visits. By August 2024, frustration had reached a boiling point. MNU declared the need for transparency, asking the government to outline what concrete actions had come out of these conversations.

**"THE KINW
GOVERNMENT'S
HONEYMOON
IS OVER..."**

Recognizing that waiting for change was no longer an option, we launched the Grade Your Government Survey in October 2024. The response was overwhelming, and the results were a wake-up call. Over 60% of respondents reported that they had

seen no improvement – or even worsening conditions – in key areas such as staffing levels, violence in the workplace, mental health supports and patient outcomes. The data was undeniable: the crisis on the front lines was far from over.

Building on this momentum, MNU developed and published a white paper in early 2025. This research-backed report provided an in-depth analysis of the ongoing issues in health care, from the nursing shortage to rising workplace violence, and outlined concrete recommendations for lasting, systemic change. The message was clear: health care remains in crisis in Manitoba, and we will continue to push forward and fight for the change our health care system so desperately needs.





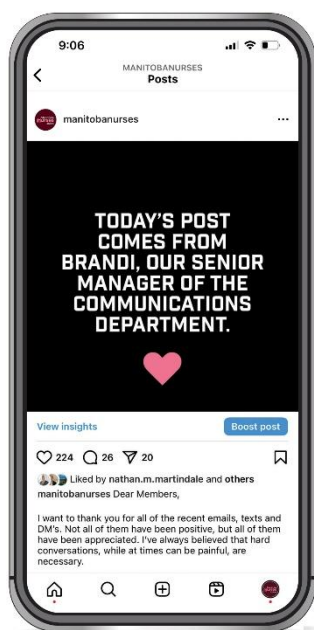
Member Organizations' News

The power of solidarity

Rebuilding solidarity within our union has been one of the most crucial battles we've fought over the previous two years. But in the face of division, MNU has remained committed to bringing members back together, reminding them of our shared strength and purpose.

MNU's Senior Manager of Communications and External Relations, Brandi Johnson, expressed during a particularly difficult moment:

"Today, I am personally asking you to please open your minds and hearts. To please be sure you are consuming truth. To please stand up for one another if you have the strength to do so. Please take a moment to be reminded of the hard work we've done collectively."



Today, we have to look to a point on the horizon and start moving forward. We have to begin strategizing where we go from here and how we reinvigorate our togetherness."

These words reflect the deep challenges we faced but also the commitment that drives us forward. Through a focus on collective action, we continue to work to take back control of our strength as a union.

If the past two years have reinforced anything, it's that we couldn't do this alone. Every wave we face, we face together. The theme of this year's CFNU Biennium, *"All In,"* perfectly captures our approach. We have mobilized at every level – from individual nurses taking action on social media through Code Maroons, to our members engaging in national discussions about nurse-patient ratios and health care reform.

We have held space at key events, such as the Nurse-Patient Ratio Summit, where our next MNU Vice-President attended, and the SOS Medicare 3.0 Conference, where two of our members stood alongside advocates fighting to strengthen public health care. But beyond policy and politics, we continue to connect with our members in ways that reaffirm why we do this work. Our *I Am a Nurse* campaign reminded nurses of their essential role in health care, grounding us in our shared purpose and commitment to the profession.



Member Organizations' News



Shifting the conversation

Regardless of the landscape, one thing has remained constant: the power of nurses' voices. At MNU, we have always advocated for nurse voices to be heard – and now, we have a new platform to amplify those voices.

In February 2025, we launched our official podcast, *Shift Happens*. A space where we can speak our truth, discuss the issues and push for change without fear of being silenced. It's about breaking down barriers, challenging stigma and making it clear that nurses will not back down.

Conclusion

Through every rise and fall, we have never lost sight of our mission. The past two years have tested us, but they have also strengthened our resolve. We have seen what is possible when we stand together, and we have felt the weight of what still needs to be done. But if there is one thing we know for certain, it's that we will never stop fighting the good fight.

As we look ahead, we do so with hope. Change is constant, and the tides will continue to shift, but we are unwavering in our commitment. We are all in. And together, we will continue to chart a course toward a stronger, safer and more sustainable future for nurses and patients alike.



Member Organizations' News

Saskatchewan Union of Nurses

For the Saskatchewan Union of Nurses (SUN), 2023-2024 was defined by resilience, solidarity, change and even some celebration.

Resilience: a nursing crisis in freefall

Saskatchewan has continued to grapple with widespread registered nurses shortages impacting nearly every area of care. Rural Saskatchewan has been particularly hard-hit, leading the nation with a 21% drop since 2018, according to 2024 data released by the Canadian Institute for Health Information (CIHI).

The fallout has been profound for patients, communities and registered nurses alike.



SUN President Tracy Zambory

Rural and urban service disruptions, emergency departments overcrowding and hallway nursing, cancelled or delayed surgeries, and excessively long waits for care became the hallmarks of the worsening Saskatchewan patient experience.

SUN members worked unfathomable amounts of overtime, clocking close to one million hours in 2023 and seeing a 16% increase to break the one-million-hour barrier in 2024. With a population of just over 1.2 million and only 11,000 SUN members, these staggering amounts of overtime continued to fuel burnout and the nursing crisis. The province's overreliance on private agency nurses to fill the nursing shortage gap also ballooned over the same period, hitting \$83 million in the 2023-2024 fiscal year, double the year prior.

Solidarity: getting loud for safe staffing

Not since 1999 have Saskatchewan's registered nurses taken to the streets to defend their patients, but in 2023-2024, this happened on three occasions.

In October 2023, registered nurses said "enough is enough" as they rallied for safer staffing in Regina on the first day of the fall sitting of the provincial legislature. Just one month later, SUN

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SUN First Vice President Denise Dick

members marched again in Saskatoon, as frustrations with the chronically unsafe working conditions in the city's emergency departments boiled over. By October of 2024, hundreds of SUN members once again gathered on the steps of the legislative building in Regina, following another year of government inaction on Saskatchewan's nursing and health care crises. This came at a time when larger center emergency departments were hitting record 300% capacity levels, and 86% were reporting patient risk due to short-staffing, according to an August 2024 survey of 1,569 SUN members.

Change: rebuilding through advocacy and action

Engaging the public through media, social media and paid advertising campaigns remained central to SUN's advocacy strategy in 2023-2024. The public are often unaware of what's playing out in the health system until they seek care for themselves or their loved ones. Unfortunately, governments also seldom act unless they are compelled to by their constituents.

In 2023-2024, SUN's campaigns tackled health care issues such as hallway nursing, emergency department overcrowding and rural hospital service disruptions due to nursing shortages, while also tapping into the nursing qualities people value most with the Caring for the Ones You Love campaign. Digital video content garnered over 3.3 million complete video views, and drove over 400 thousand website visits, playing a crucial role in public education and building empathy for the challenges registered nurses face every day.

SUN's unrelenting health advocacy also helped reshape the provincial political landscape.

The Your Voice social media campaign, coupled with the Safe Staffing Gets My Vote campaign, created a space for SUN members to share real-time frontline concerns with the public while asking them to make health care their voting priority. The influence of these campaigns on the fall 2024 provincial election was significant.

The nursing crisis was thrust to the center of debate, and a promise to establish a nursing task force was ingrained into both major political parties' campaign platforms. For the first time in



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nearly two decades, the outcome of the election also looked very different in large part because of SUN members. While the Saskatchewan Party still holds a majority with 34 seats, 14 were ceded to the New Democratic Party, now holding 27.

In the months following the election, SUN remained focused on ensuring the newly formed government upholds their election promise and November 2024 throne speech commitment to standing a nursing task force that is inclusive of all stakeholders and has the resources and authority to get things done.

In November 2024 representatives from SUN, the Saskatchewan Health Authority (SHA) and Saskatchewan Association of Health Organizations (SAHO) met to exchange bargaining proposals. SUN's focus: improving registered nurses recruitment and retention by creating healthier, safer work environments, through evidence-informed nurse-patient ratios, addressing violence and modernizing compensation.

IN 2023-2024, SUN also achieved important wins for patients, registered nurses and the system because of member action. The Nursing Advisory Committee is a proven collective agreement tool that helps address documented member concerns relating to evolving patient needs, excessive workloads, insufficient staffing, upholding professional standards and a variety of other challenges. 2023-2024 saw important wins for many workplaces across Saskatchewan, including improved baseline staffing, charge nurse assignments, relief lines, nurse practitioners, more support staff, and new clinical resource nurses, clinical nurse educators and clinical coordinators.



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Celebration: 50 years strong

In 2024, SUN turned 50, and the annual meeting was a birthday celebration to remember! From SUN's humble beginnings in a basement in Regina, the Union has grown to represent more than 11,000 registered nurses, registered psychiatric nurses and nurse practitioners in every corner of Saskatchewan. SUN has become the voice of registered nurses in the province and one of the most respected leaders in health care – a true cause for celebration.



Unity: together we rise, united we thrive

In 2025, SUN is focused on further engaging with and activating members, because registered nurses united are an unbreakable (and formidable) force for change. Right now, there's nothing Saskatchewan patients need more.



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United Nurses of Alberta

UNA report to the CFNU

As the global COVID-19 pandemic faded from government attention and public consciousness, we have seen the Alberta health care system approach the brink numerous times as privatization and massive restructuring is promoted by the United Conservative Party government as a solution to the challenges facing public health care. In the midst of this, at the time this report was written, United Nurses of Alberta is deep in mediation for a new Provincial Collective Agreement for more than 90% of our members. Meanwhile, more than 250,000 unionized public sector workers in Alberta are bargaining for new collective agreements. A strike by more than 6,000 education support workers represented by CUPE is now under way in seven communities throughout the province.



Heather Smith, UNA President

Health care restructuring

The Alberta Government is currently undertaking the largest organizational restructuring of public health care in the province's history. After winning the leadership of the governing United Conservative Party by promising the party's base that she would dismantle AHS in response to the province-wide health authority's role in implementing COVID-19 public health restrictions, Premier Danielle Smith announced shortly after the 2023 election that her government would break up AHS into four separate "pillars." Those organizational silos now include Acute Care Alberta, Assisted Living Alberta, Primary Care Alberta and Recovery Alberta. AHS, however, continues to exist, for the time being at least. UNA members have been transferred to some of the new agencies and continue to be subject to the Provincial Collective Agreement.

A key component of the government's health care restructuring plan is increased reliance on publicly subsidized privately owned and privately operated surgical facilities, which the government terms "chartered surgical clinics." While the government is focused on what it describes as free-market solutions to the challenges facing the health care system, there is no shortage of research and data that shows these private for-profit surgery centres are more expensive and less efficient, and result

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in the loss of qualified practitioners from the public system. The government is nevertheless adamant that dividing the public health care system into separate organizations will create more efficiency and better patient care. The actual result to date has been rising confusion and chaos for nurses, physicians and health care workers, as well as for patients, their families and the public generally.

Staff shortage

The nurse staffing shortage is evident in every corner of Alberta with dozens of worksites temporarily closed or operating at lower capacity on a daily basis. The staff shortage is also reflected in the fact that 2,899 professional responsibility concerns were filed through UNA in 2024. One report found that emergency departments in Alberta were closed for more than 38,000 hours, or about 4.3 years combined, in 2023. Of the 26 emergency departments that shut their doors in 2023, more than half closed for 20 days or longer.



Reacting to years of disrespect by employers and governments, exhaustion, underfunding of their frequently chaotic worksites, chronic understaffing everywhere and a government that refuses to listen to what nurses have to say, many nurses chose to retire, change careers or just quit. This exacerbated the ongoing crisis in the health care system. Nurses remaining in the system describe receiving up to 100 text messages a day from staffing officers urging them to take extra shifts, and even cases of managers lurking in grocery stores aisles to waylay nurses and press them to agree to work additional shifts or mandate them!

UNA Labour School in Canmore

UNA members from across Alberta travelled to the mountain town of Canmore to sharpen their skills at UNA's Labour School. The four-day educational event was held April 22 to 26, 2024. UNA members attending the school were immersed in a wide-range of course topics, including creating inclusive workplaces, mental health and addictions, scheduling, contract interpretation, communicating with management, and more.

Students at the school also heard from a range of guest speakers, including UNA President Heather Smith and Second Vice-President Karen Kuprys, who at the time was the Alberta Federation of Labour's Secretary-Treasurer. UNA educators, labour relations officers, professional responsibility advisors, occupational health & safety advisors and managers shared their professional expertise with students by acting as facilitators at the school.



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Nurses' Rally for Respect!



More than 1,000 UNA nurses joined a massive demonstration billed as a Rally for Respect outside the Alberta Legislature on the last day of the union's AGM. Estimates suggest that as many as 12,000 people took part in the October 24 rally, called by several unions to back the approximately 250,000 Alberta public employees in bargaining with boards, agencies, commissions and directly with the Alberta government itself.

Participants in the rally from all major public sector unions representing nurses, teachers, education workers, municipal workers – as

well as families, friends and members of the public – shouted their support of the right to strike in collective bargaining and, in particular, for the CUPE education workers bargaining with school boards in Edmonton and Fort McMurray. The signs held by UNA members at the rally emphasized that Alberta nurses deserve respect, safe staffing and better working conditions.

Short speeches by the leaders of Alberta public sector unions, including UNA, the Alberta Union of Provincial Employees, the Health Sciences Association of Alberta and CUPE, indicated they are fed up with “secret mandates” provisions inserted into Alberta labour law by the UCP in 2019, which allow the government to surreptitiously manipulate the collective bargaining process.

“I’m here representing 35,000 nurses from all across this province,” UNA President Heather Smith told the cheering crowd. “I just want to say we are here because of respect – actually, we’re here because of disrespect! And it’s not just disrespect for nurses, it’s not just disrespect for health care workers, it’s not just disrespect for education workers, teachers and doctors. It’s disrespect for all Albertans!

At least Ralph Klein and his ‘Third Way’ didn’t try to deceive the people about what he intended. Danielle Smith with her fourth way is deceiving the citizens of this province for months! That is the ultimate disrespect!”



Danielle Larivee, UNA 1st Vice-President



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Government

Conservatives returned to power in Alberta in 2019 after the four-year NDP government. Premier Jason Kenney, a former federal Cabinet minister who had switched to provincial politics, led a successful campaign to join the two conservative political parties with seats in the Legislature into the United Conservative Party. His government implemented market-oriented policies typical of the time accompanied by more extreme hard-right rhetoric. Necessary public health policies during the global pandemic in 2020 and 2021 became increasingly unpopular with his own party's base, which he had energized and empowered with his rhetoric.

In 2022, as a result, he was unseated after a leadership review vote demanded by the party's most radical factions. He was replaced by Danielle Smith, a former Alberta politician who had become a right-wing talk radio host who promoted anti-vaccine and extreme market-fundamentalist narratives on her radio program. Too late, Kenney branded this group "lunatics." Speculation that Smith would act more moderately in office proved to be naïve, and since becoming premier in October 2022, she has embarked on health policies that include heavy emphasis on privatization of medical services, breakup of the Alberta Health Services health agency created in 2009 into silos with separate executives, privatization of surgical services, hostility to public health measures on the spurious grounds of freedom, forced treatment of drug addiction, and mass firings of AHS managers, leaders and board governance officials. The result has been chaos and plummeting morale among employees as described above. If everything happening in the United States under the Trump Administration sounds familiar to Albertans, it is because we have already seen it in action here.

Premier Smith is a skilled communicator, however, and until the start of this year just weeks ago has been able to implement her program with relative ease. But shocking allegations of corruption in the awarding of government contracts for private surgical clinics made by the most recently fired AHS CEO in January in a wrongful-dismissal statement of claim have rattled the government. Smith's minister of infrastructure has quit, suggesting similar things may be happening in government departments, and for the first time since she became premier, Smith has been encountering strong headwinds. The NDP Opposition, its new leader Naheed Nenshi without a seat in the Legislature, has had trouble responding effectively. The strongest opposition to the government's health policies has come from public sector unions and civil society groups.

Advertising and public engagement

It Could Be Better Here is UNA's latest advertising and engagement campaign launched to address the pressing issues facing Alberta's public health care system.



Member Organizations' News

The campaign has three primary objectives. First, it aims to raise awareness about the ongoing challenges within Alberta's public health care system, including understaffing, long wait times and the threat of privatization. Second, it strives to advocate for change by pushing for policies that protect patient care and support nurses who are at the front line of the health care crisis. Third, the campaign seeks to engage Albertans by encouraging them to actively participate in advocating for improved health care policies. This involves mobilizing the public to demand solutions that put patients before profits.



It is set to run from March to August 2025. It will run concurrently with UNA's 3RS: Respect, Retain, Recruit campaign, which focuses on retaining nursing staff and recruiting new professionals. The alignment of these campaigns reinforces UNA's commitment to addressing Alberta's health care challenges holistically.

To maximize its reach, the campaign utilizes a multi-platform approach. Messaging is shared across various media channels, including radio, television, billboards, buses, Corus digital platforms and social media. This comprehensive strategy ensures that the message reaches a wide audience, effectively raising awareness and encouraging public engagement. It Could Be Better Here serves as a call to action, urging Albertans to stand together in advocating for a better public health care system.

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Ontario Nurses' Association

ONA report to the CFNU

The health care landscape across Ontario has been fraught with much contention and chaos. The Doug Ford Conservative provincial government is fixated on privatizing our health care system to line the pockets of their corporate buddies. Ontario's growing staffing shortage continues to impact the care we are able to provide to our patients, residents and clients, as the nursing shortage reaches an epic 25,000+. Yet tenacious ONA members are fighting back like never before: across the province, in our communities and at our workplaces. The nurses and health care professionals are coming.

ONA turns 50 and reinvigorates members

On a beautiful fall day in 1973 – October 13, to be exact – a group of fierce and courageous nurses who were fed up and ready to do something about it joined together in a downtown Toronto hotel ballroom and spoke about their common grievances. With more than 100 groups of nurses gathered from across the province, ONA was born, and with it a new energy and spark to fight. Fifty years later – at ONA's



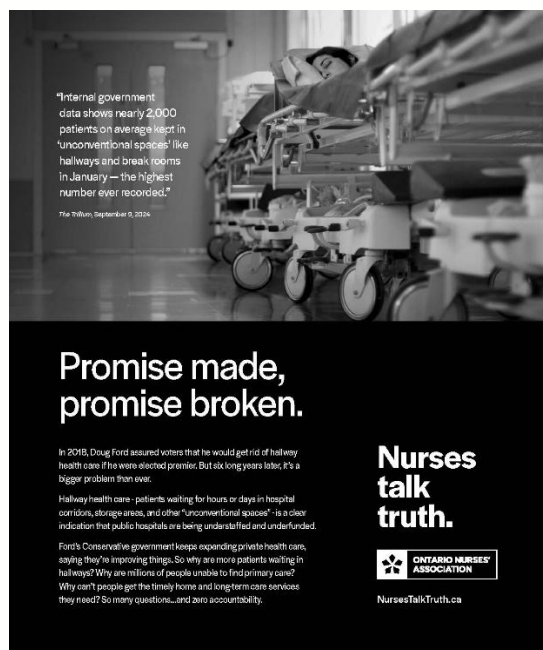
2023 Biennial Convention – ONA unveiled a fresh brand that helps ONA to return to the grassroots from which our union was born and where our members will grow for the next 50 years and beyond.

Our members are squarely in the spotlight of our new brand: they are ONA, and it is their stories and experiences that will reclaim the truth from governments and administrators, set the record straight and proclaim that we will never be taken for granted again. Since our brand relaunch, ONA members have taken to the streets and are fighting for nurse ratios, improvements in long-term care, boosts for public health, and better patient, resident and client care. It's a new ONA, and our members are embracing a newfound liberation.



Member Organizations' News

Province-wide campaigns tell the brutal truth



With the severe shortage of nurses having a staggering impact throughout the health care sector, ONA launched a long-running provincial campaign – Nurses Talk Truth – that tells the brutal truth about the state of health care. Though ONA receives significant earned media coverage on issues like the increase in hallway health care, longer wait times and facility closures, it's our members who work inside the system who fully understand the scope of the crisis. Many members believe that the Ford Conservatives are intentionally causing the public system to struggle so that people will accept privatization as a solution. As one ONA member recently said, nurses are not frail, or pushovers. We will be loud and tell everyone what we believe in. Our members came

forward as advocates for their patients, residents and clients, and for their colleagues and profession. Speaking with passion and urgency, they shared their direct experience of unsafe workloads and the negative impact on quality of care. Voicing their frustration with government underfunding and inaction, their testimonies became the core of a compelling set of TV, social media, transit shelter and print ads. Their messages were clear: Ontario deserves better. ONA's award-winning campaign obtained impressive metrics, including our TV spots, which received 36 million impressions from adults aged 35+; Facebook and Instagram ads achieved 6 million impressions with more than 66,000 click-throughs to the microsite, and we received an overwhelming 2 million impressions on our 15-second ads.

Transparency and mobilizing key in historic contracts

For the first time in ONA's history, individual frontline members had the opportunity to be directly involved in developing, reviewing and voting on bargaining proposals that would be presented at provincial bargaining tables. This major shift was based in part on member feedback for more transparency and involvement in the negotiations process. For nursing homes provincial bargaining, priorities were presented to hundreds of members during a virtual meeting. To support the bargaining campaign, members engaged like never before in a series of escalating actions, including a sticker-up action, a phone zap, a rally outside for-profit Extendicare's head office, and all-out pickets. The arbitrated decision provided wage increases not seen in decades in this sector – 11.5% over two years – proving when members come together, we win.

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In hospital provincial bargaining, thousands of members detailed their demands in our bargaining survey, while hundreds voted on proposals taken to provincial negotiations. In the 2023 hospital contract, ONA members received wage increases rarely seen, while also noting that this is just a first step in forging better working conditions. Calling the increases long overdue and meaningful, the decision acknowledged that wages had fallen behind over the past decade and play a significant role in the ability to retain and recruit desperately needed nurses and address the dire nursing shortage.

In our 2025 hospital bargaining campaign, ONA members were out on the streets demanding a contract that respects our work and improves patient care. With registered nurse-patient ratios a key demand, hundreds of members and labour siblings attended an all-out rally that shut down a busy Toronto intersection while bargaining was happening, ensuring that employers heard them loud and clear. ONA used print, radio, TV, transit shelter and social media advertisements to alert the public to the plight of our health care system and those who work within it, including ads featuring our hospital members. As Provincial President Erin Ariss, RN, notes, “It’s going to take more than negotiating at the table to win. It will take all of us standing up together.” ONA members will not be silenced any more.

ONA fights against health care privatization

Erin Ariss, ONA President

It is no secret that Premier Doug Ford and his Conservative Members of Provincial Parliament are wholly in favour of breaking apart Ontario’s public health care system piece by piece and selling it off to the highest for-profit bidders. Private clinics will only deepen the staffing crisis, a threat that is especially grave in small towns and rural Ontario, where dozens of emergency departments have closed because of lack of staff.



ONA members across the province have been delivering a forceful message to the Ford government: keep privatization out of health care services. From Belleville to Sault Ste. Marie, Windsor to Ottawa, members are mobilizing to protect our public health care system. Members took actions to talk about how privatization impacts our public system; one obtained flyers and went unit to unit; another used Nursing Week as a way to gather many at an event to talk about the devastating effects of privatization.



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ONA launched a powerful and very visible campaign, which includes a series of hard-hitting ads in prominent daily newspapers, magazines, social media and transit shelters. ONA was part of a major joint health care union's anti-privatization campaign with SEIU Healthcare, CUPE, Unifor and OPSEU. This historic alliance has seen members at work locations across the province mobilize and organize other members to participate in demonstrations outside those facilities. The goal was to demand their CEOs join their call for investments in higher staffing levels and a meaningful recruitment and retention strategy to improve patient care and help clear the surgical backlog that Premier Ford is using as an excuse for privatization. To bring the point home, thousands of petitions signed by the majority of unionized staff at these work locations were delivered to their CEOs.

ONA initiates key anti-racism and anti-oppression initiatives



ONA continues to move forward on its anti-racism and anti-oppression (ARAO) journey in addressing the ongoing racism and oppression that exists for so many members and staff, and within our communities. An ARAO statement was added to ONA's Statement of Beliefs and Constitution at our Biennial Convention which, along with clarity on our ARAO approach,

commits to integrating ARAO practices and principles into every level of ONA. ONA's Board approved a declaration on truth and reconciliation to establish a pathway that advances ONA's commitment to reconciliation, which creates guiding principles and is meaningfully incorporated in all aspects and activities of our organization. Member resources have been created to further our ARAO work, including the Advocacy 101 Digital Toolkit, Beyond Equity email newsletter, and modules on our eLearning platform. A pilot project for communities of support was launched to offer virtual settings that allow a safe environment with the goal to rebuild trust and strengthen solidarity. In these spaces, members share commonalities, seek guidance and feel empowered. Hundreds of members actively participated in many parades and festivals across the province that supported and underscored this work, including the Grand Parade of the Toronto Caribbean Carnival, Pride celebrations, Labour Day marches and more.

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Bill 124 struck down once and for all

The five-year fight over wage-suppressing Bill 124 has finally ended with the Ontario Court of Appeal siding with the lower court's decision to strike this legislation down. Bill 124, which capped total compensation for ONA members and other largely female-dominated public sector workers at 1% for each of three years, found it violated the constitutional rights of unionized employees to meaningful collective bargaining, as guaranteed by the *Canadian Charter of Rights and Freedoms*. Soon after the Court's decision, the Ford government announced it would not appeal to the Supreme Court of Canada and repealed Bill 124 in its entirety through an Order in Council. "This heinous bill should never have been passed in the first place," notes ONA's President. "Instead of trying to work with nurses on fixing what ails our broken health care system, the Ford government chose to take direct aim at us. Nurses and health care professionals fought back. And we won."





Member Organizations' News

British Columbia Nurses' Union

BC nurses ratify historic collective agreement

After months of negotiations that stretched through the COVID-19 pandemic, on April 27, 2023, BCNU members voted to ratify a three-year Nurses' Bargaining Association (NBA) provincial collective agreement. The new contract was a significant achievement, making BCNU members the highest-paid nurses in the country and creating a groundbreaking new model for safer staffing.



The contract applies to nurses in acute care, community, public health, long-term care and other settings within BC's health care system. In addition to general wage increases of 12% over the three-year term, the contract featured significant increases to shift premiums, on-call rates, responsibility pay and an isolation travel allowance. The wage schedule now provides meaningful wage gains and new increment steps at years 10, 15, 20, 25 and 30 to aid retention and reward long-standing nurses.

As union leaders know well, a good contract is about more than just wages, and we were proud to deliver on our mandate to make significant improvements to non-monetary items. The contract implements measures to enhance workplace safety, including improved access to critical incident support, five additional Enhanced Disability Management Program representatives, and increased violence prevention training to promote a safer work environment.

The new contract language centres the principles of diversity, equity and inclusivity to ensure all BCNU members are welcome in their workplace. A standalone article acknowledges the pervasive and ongoing harms of colonialism that Indigenous people face. It makes specific commitments to truth and reconciliation, cultural safety and strategies to address Indigenous-specific racism in the health care system. Additionally, the ratified contract establishes four new full-time positions for stewards who bring a focus on truth and reconciliation, cultural safety and DEI in the workplace.

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In addition to the terms of the contract, BCNU negotiated hundreds of millions of dollars in funding to support retention and recruitment and a groundbreaking agreement to fund minimum nurse-patient ratios.

Minimum nurse-patient ratios (mNPR)

The COVID-19 pandemic highlighted serious deficiencies in BC's health care system – a chronic nursing shortage, increasingly difficult working conditions, pervasive burnout, and reports of poor mental and physical health among nurses. As the pandemic wore on, a vicious circle emerged: as nurses left the profession, demands on remaining staff increased, worsening conditions in health care workplaces. BCNU issued an urgent call to the provincial government and health employers: invest in nurses now to address the crippling staffing shortage and save our health care system.

Our 2023-2025 NBA contract finally accomplished what nursing unions across the country had been demanding for decades: establishing minimum nurse-patient ratios across all health care settings in BC. Along with our sister unions across the country, BCNU has championed this initiative for many years, as it is a significant step toward improving health care for nurses and patients.

In March 2024, the province announced ratios for six health care settings in acute care facilities, including most adult medical, surgical and high-acuity units. To support the implementation of mNPR, BCNU negotiated with the government for significant funding to recruit, retain and return nurses to the profession.



Adriane Gear, BCNU-President

BCNU has been working closely with the government to create a framework for successfully implementing mNPR. Union representatives sit on the provincial Executive Steering Committee, which operates by consensus to provide recommendations to the Ministry of Health regarding the investments outlined in the agreement. Additionally, five working groups were established to provide policy recommendations on the following topics: planning, implementation, monitoring and evaluation, recruitment and retention, and communications.



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Thanks to their hard work, the government released a policy directive in September 2024, outlining requirements for health authorities to implement ratios across the province. The government also announced ratios for an additional 15 hospital-based settings, including specialized care and emergency departments.

While the announcement of minimum nurse-patient ratios marked a new commitment to recruitment, retention and the successful implementation of ratios, much work remains. BCNU remains committed to holding the government accountable for implementing ratios in all care settings and remedying the nurse staffing shortage.

To that end, BCNU has invited members to assist in monitoring the implementation of mNPR in their units with an expression of interest form on our member portal. After hearing reports of long delays in hiring, the union invited nurses who have faced challenges in getting hired to share their stories on the BCNU website. The stories will assist the union in bringing this issue directly to the Ministry of Health and continue advocating for a more efficient hiring process.

Public outreach

With government agreements and funding in place for minimum nurse-patient ratios, BCNU launched several public-facing outreach efforts to educate the public and gather support for this life-saving initiative.

At RatiosSaveLives.ca, the public can learn how minimum nurse-patient ratios can improve patient outcomes, bring more nurses to the profession and save money throughout the health care system. The website features three short animated videos describing the benefits of ratios, which ran separately in targeted social media ads, garnering over 22 million impressions in the campaign's first three months. The union also sponsored three in-depth articles in *The Globe and Mail* focusing on how ratios benefit patients and boost nurse retention.

While much public outreach focused on ratios, the union also continued to build public support for nurses through two consecutive holiday ad campaigns. In 2023, our province-wide holiday advertising campaign highlighted nurses' dedication to their patients and their sacrifices of time spent with friends and family. The [Health Care Never Takes a Holiday](#) campaign ran on television and radio stations across the province. The ad campaign also ran on digital platforms, billboards and BCNU's social media channels.

The 2024 holiday campaign, [Home for the Holidays](#), focused on nurses' exceptional care and commitment. The ad ran on television, radio, and digital platforms throughout the holiday season. The ad invited viewers to share their gratitude for nurses on the BCNU website. Comparative analysis following the 2024 campaign demonstrates robust growth in the public's respect and admiration for nurses, with 45% of tested viewers reporting that they would take action to support nurses in bargaining.

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BCNU launched a significantly expanded member activation campaign during the 2024 BC provincial election and encouraged members to share the union's key election asks, which included strengthening our public health care system and investing in nurse recruitment and retention. This work complemented the union's public-facing election ad campaign called *Vote Like Your Health Depends on It*.

Meanwhile, our 16 elected regional lobby coordinators met with MLAs and candidates throughout the campaign to bring them our messages about ratios and health and safety issues in the workplace, asking them to pledge to solve the nurse staffing shortage and support minimum nurse-patient ratios across all care settings if elected. The pledge further asked candidates to support mNPR implementation and help retain and recruit the nurses BC needs. Twenty-eight candidates, including BC Premier David Eby and newly appointed Health Minister Josie Osborne, signed the pledge.

Finally, we have been working hard to advocate for improved safety in health care as members continue to report incidents of violence on their worksites. The Not Okay campaign, launched in spring 2024, highlighted the need for safer workplaces and accountability from health authorities to protect members' safety. Members across the province received an online form with questions about workplace hazards. Over 3,000 members took the survey, reporting incidents of assault, witnessing acts of violence, and exposure to weapons and illicit drugs at work. BCNU's provincial council took members' messages to Victoria in May, demanding that the provincial government hold health employers accountable for keeping nurses and health care staff safe.



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Preparing for bargaining

Throughout 2024, BCNU undertook extensive preparations for the upcoming NBA negotiations with the Health Employers' Association of BC (HEABC). BCNU's provincial bargaining agreement with HEABC, the largest contract covering nurses across BC, expires on March 31, 2025.



To prepare the membership and gather input, we organized six two-day regional bargaining conferences by health authority, bringing together over 1,600 members in just four months. We also held a one-day virtual human rights and equity-focused bargaining conference.

These conferences educated members about the bargaining process and facilitated in-depth discussions on bargaining priorities. Notably, more than 70% of participants were first-time bargaining conference attendees, breaking new ground in member engagement in bargaining. Following the regional conferences, members convened at a two-day provincial NBA bargaining conference in Vancouver in late February. Members reviewed the results of the province-wide bargaining survey and delved deeper into their key priorities for this upcoming round, including benefits. Finally, delegates elected members to the provincial bargaining committee and provincial job action committee.

Given the state of the province's economy, the ongoing nurse shortage and the North American political climate, we anticipate a challenging round of bargaining. However, we remain committed to leveraging member engagement and public support for nurses throughout the negotiations.

Member Organizations' News

Prince Edward Island Nurses' Union

Success of the 2023 Biennium

PEINU was proud to host the 2023 CFNU Biennium, welcoming 1,200 delegates to our beautiful Island. Our members were excited to share PEI with their colleagues, and we hope that all attendees left feeling empowered



and supported by their unions. The event was a tremendous success, providing an opportunity for nurses from across the country to unite, share experiences and discuss the critical issues impacting the profession.

Collective bargaining: a hard-fought victory



One of our most significant achievements in the past two years was securing a new collective agreement. The previous contract expired in 2021, and PEINU had been engaged in negotiations with the employer since November 2021. Over the course of 25 meetings, we fought tirelessly for a fair agreement. However, our progress was abruptly halted when all further negotiation dates were canceled due to the caretaker convention leading up to the provincial election in April 2023.

The employer's decision to shut down negotiations led to mounting frustration among our members. In response, PEINU organized a public rally, which saw an incredible turnout. This event sent a clear message: enough was enough. The passion and unity demonstrated by our members during this rally were instrumental in bringing negotiations back to the table.



Member Organizations' News

Once discussions resumed, we made significant progress, and in May 2023, we reached a tentative five-year agreement. When it came time to vote, our members spoke loud and clear: **83.4%** of those who voted supported the agreement – an unprecedented show of unity.

This agreement, which officially expired in March 2024, brought important gains for our members, and we are now preparing for the next round of negotiations. We have secured bargaining dates beginning in June and continuing over the summer, and our focus remains on securing further improvements for registered nurses and nurse practitioners across PEI.

Staffing crisis and retention challenges

Staffing shortages remain a critical issue, with more members opting for part-time or casual positions due to high vacancy rates and difficulty obtaining approved leaves. The ability to pick up extra shifts more easily than securing approved time off has led to increased instability and high staff turnover. PEINU continues to work with the government on retention incentives and bonuses to encourage members to delay retirement, but challenges persist in the timely implementation of these measures.



PEINU President Barbara Brookins

In response to these challenges, several memorandums of agreement (MOAs) were introduced in 2023 and 2024 to address retention, recruitment and workplace stability:

Mentorship Fund: a first-of-its-kind pilot program in Canada, providing a \$5.00 per hour premium for experienced RNs and NPs mentoring new or transitioning employees, including graduate nurses and new Health PEI hires.

Full-Time Incentive: financial incentives for RNs and NPs who maintain full-time status, helping to reduce the shift to part-time and casual positions.

Designated Unit Premium: additional compensation for nurses working in units with critical staffing shortages. These are primarily in areas that operate 24/7.

Critical Shift Premiums: extra pay for nurses working critical or additional shifts, including evenings, nights, weekends and holidays. These premiums apply to shifts that are already known prior to a schedule being posted, and extra shifts that may be required to address overcapacity or staff skill mix.

Member Organizations' News

PEINU continues to push for accountability from the employer and government to ensure that these agreements benefit all eligible members.

Government and employer relations

Significant staff turnover within Health PEI and the Department of Health has made it challenging to address labor relations issues effectively. Since June 2023, there has been a complete overhaul of the Human Resources and HPEI leadership teams, leading to a loss of institutional knowledge. While a new Transformation Office has been created to overhaul the health care system, progress has been slow.

PEINU remains committed to advocating for its members, ensuring that nurses' voices are heard in decision-making processes.

Before the PEI Legislative Assembly's Spring and fall sessions in 2024, PEINU met with all three MLA caucuses to raise awareness of the critical challenges nurses face. While regular meetings with the Premier and Minister are essential, engaging with all elected officials ensures a broader understanding of these issues. These discussions were productive, and PEINU plans to continue this practice.

In May 2024, PEINU President Barbara Brookins addressed the PEI Legislative Assembly Standing Committee on Health and Social Development about nursing shortages and the impact of a new medical school. She stressed the need to prioritize workforce retention and workload challenges, citing past issues with nurse practitioner integration. To strengthen PEI's health care system, she recommended expanding nursing seats at UPEI, creating an LPN-to-RN bridging program, and increasing nurse practitioner training. [The full presentation can be found here.](#)

Eastern Labour School 2024

PEINU successfully hosted Eastern Labour School in June 2024, bringing together nearly 300 nurses from PEI, Nova Scotia, New Brunswick, and Newfoundland and Labrador. The event featured informative presentations, engaging workshops, and well-received social activities that fostered collaboration and knowledge sharing among nurses across the Atlantic provinces. This was the first Eastern Labour School since 2018, and delegates were happy to be able to gather in person.





Member Organizations' News

Nurse-Patient Ratios Summit: collaborating for solutions



PEINU was proud to participate in the CFNU Nurse-Patient Ratios Summit, playing an active role in both the international and national discussions on addressing nursing shortages. In May 2024, PEINU President Barbara Brookins joined the CFNU delegation on a mission to Ireland, where they gained firsthand insight into how the

country successfully implemented nurse-patient ratios to combat severe staffing shortages. Later, in November 2024, PEINU attended the Summit, where we were pleased to have a strong delegation representing both PEINU and Health PEI. This summit provided a valuable opportunity for PEI union leaders and the employer to collaborate, brainstorm policies and develop strategies to improve working conditions for nurses while enhancing patient care for Islanders.

Media and public relations campaigns

PEINU has made significant strides in raising awareness about the value of registered nurses and nurse practitioners through our past media campaigns. We have launched two new campaigns in 2025

Nurse Practitioner Campaign: this campaign focused on educating the public on the scope of NPs, their workplaces and the importance of their role in addressing the primary care provider shortage in the province.





Member Organizations' News

Nursing Profession Campaign: nursing is a demanding and essential profession, requiring skill, dedication and resilience. As both caregivers and community members, nurses face immense challenges, yet the support and recognition they receive must improve. This campaign sheds light on these realities and advocates for meaningful change.

These initiatives have effectively engaged the public, sparking crucial conversations about the challenges nurses face, the role of nurse practitioners, and the urgent need for solutions to staffing shortages and retention.

Looking ahead: future collaborations

We remain hopeful that the new HR leadership team will soon engage with PEINU to address the pressing issues impacting our members. While HPEI's focus over the summer has been on establishing the Transformation Office, PEINU continues to push for tangible staffing solutions, retention strategies and improved working conditions.

As we move forward, our commitment remains steadfast: to advocate fiercely for our members, ensure fair treatment and work towards a sustainable, well-supported nursing workforce in PEI.

Without nurses, there is no health care system. It's time for real action.



Member Organizations' News

CNSA

CNSA National Conference 2024

Day one

Day one was arrivals and registration. Then we were given a brief of what to expect such as:

National Assembly: On the final day of the Conference, nursing students will meet to present position and resolution statements that will be debated and adopted by IAAC and to elect members of the Board of Directors.

Exhibitors: Nurses' unions and professional nursing associations will have booths during the Conference to raise awareness of their organizations among students. In addition, recruiters will come from different parts of the country to promote the job opportunities available upon graduation!

The Academic Presentation: This is an annual event that gives nursing students the opportunity to present research and projects in which they are involved.

Networking & Social Events: The Conference will provide a great opportunity to connect with nursing students from across Canada and participate in fun social events such as the Gala Dinner on the final night of the Conference!



Some pictures from the event

Member Organizations' News

CNSA National Conference 2025



2025 Passed Position Statements

Call for
universal
Contraception



The Canadian Housing Crisis as a public health crisis: the need for more comprehensive government supports for those experiencing homelessness.

Call for clinical
compensation



Enhancing undergraduate nursing education for increased acute care competency.



Member Organizations' News



Meet our past (2024-2025) BOD

Some Sessions we had

Empowering leaderships:
insights from a nurse's journey
presented by Lindsay Toscona,
MSN, RN, from IWK health.



MOSH on harm reduction in
Health: Talking to nursing
students on how nurses can
make a difference directly in
our community, two nurses
from North end community
health center told us how they
offer mobile outreach street
health (MOSH) to provide
accessible primary health care
services to people who are
experiencing homelessness,
insecurely housed, street-
involved and underserved in
our community.



Dr Andrea Chirchop talked
about Planetary Health and
Environmental Inequities

CLC Report

Legislative victories

- **Child care**

Workers, advocates and families have fought tirelessly for affordable child care. Following the announcement of the affordable child care plan in 2021, the federal government signed bilateral agreements with all provinces and territories to deliver \$10-a-day child care. Bill C-35 – passed in 2024 – enshrined the \$10-a-day child care program into law.



- **Pharmacare**

We're on a path to a universal single-payer Pharmacare program after the *Pharmacare Act* passed in October 2024, providing free birth control and diabetes medication and supplies to millions of Canadians.

- **Sustainable Jobs Act**

In June 2024, Bill C-50: the *Canadian Sustainable Jobs Act*, was passed into law. This landmark legislation gives workers a voice in shaping their futures and ensuring the future of work is one with good union jobs, while at the same time tackling climate change.



- **Federal anti-scab legislation**

The right to strike was hard-won – and we helped protect it when workers won a law to ban federally regulated employers from using replacement workers during strikes or lockouts. A huge step forward for workers' rights and bargaining power!

CLC Report

- **Dental care**

Together we made a difference to families across Canada when dental care was expanded in 2024 and again in 2025. Millions of Canadians who couldn't afford dental treatment can now get the care they need.

- **Protecting pensions when a company goes bankrupt**

Bill C-228 was passed into law in April 2023. This legislation will ensure defined-benefit pensions receive super-priority status in bankruptcy and insolvency cases. This is an important victory that ensures workers and pensioners come before big banks and wealthy CEOs.

Workers Together campaign

- On Labour Day 2024, Canada's unions launched *Workers Together*, a campaign to tackle corporate greed, make life more affordable and hold anti-worker politicians accountable. Unions have been mobilizing members and amplifying their voices to demand a better deal for all workers. 40,000+ workers have joined the



campaign, making it a powerful national movement. Our digital program combines targeted ads, web, email and SMS outreach, plus an interactive hub connecting workers to election efforts: workerstogether.ca.

- Under the *Workers Together* umbrella, the CLC also hosted a series of Political Action Conferences across Canada, starting in January 2025. Our Political Action Conferences brought together thousands of activists to build power ahead of the federal election. 1,200+ workers have completed training programs, gaining the skills to mobilize, organize locally and drive voter turnout.

CLC Report

1. Federal election

- With a federal election taking place on April 28, Canada's unions are challenging all parties to put working families first. We launched [*Workers Together: Building a Better Future for Working People*](#) in St. John's, NL, on March 24, 2025. Workers and their families are caught between aggressive U.S. trade threats, a cost-of-living crisis, and increasingly strained health care and public services. This platform is a clear blueprint for the next government at a time when Canadians face mounting pressures from all sides.

2. American tariffs

- CLC President Bea Bruske traveled to Washington, DC, in February 2025 alongside American and Canadian labour leaders to meet with Canadian Premiers and discuss the severe impacts of U.S. President Donald



Trump's tariffs. Bruske has also been meeting with impacted workers in their communities here in Canada. Canada's unions have called on the federal government to take immediate concrete action to support workers and communities as we navigate the fallout from Trump's economic attacks.

Other exciting news

• SOS Medicare 3.0

The CLC co-hosted SOS Medicare 3.0 alongside the CFNU and the Canadian Health Coalition in February 2025. This engaging event welcomed hundreds of incredible health care workers, advocates and experts to inform, educate and mobilize activists ahead of the federal election. Participants left the conference energized, ready to make Medicare expansion a priority issue with federal politicians.

- **Unite Here! Local 40**

After 1,411 days – the longest-running labour dispute in Canada’s history – Unite Here! Local 40 members won a hard-fought collective agreement, setting a new standard for hotel workers across Metro Vancouver! A win for one is a win for all. Congratulations!

- **Political action**

When we unite and organize, we can elect pro-worker champions. We helped elect a majority NDP government in Manitoba and British Columbia. We helped elect strong NDP Official Oppositions in Alberta, Saskatchewan, Ontario and Nova Scotia. We helped defeat the far-right Conservative



government of Blaine Higgs in New Brunswick. We successfully supported NDP candidate Leila Dance in the federal by-election in Elmwood-Transcona (Manitoba). And we successfully supported hundreds of progressive candidates in city councils and school boards across the country.

- **Lobby Day**

Our federal Lobby Day continues to be a huge success. In 2023, we hosted three separate lobbying events on Parliament Hill, with over 1,000 union members from across Canada attending meetings in Ottawa. Thousands more participated in virtual meetings and took online actions in support of our priority issues. In 2024, we once again hosted hundreds of workers in Ottawa for meetings on November 27, with simultaneous virtual meetings and actions taking place.



Canadian Health Coalition Report

Dear Canada's nurses,

The Canadian Health Coalition has had another great two years – thanks in large part to the energy, time and financial support that the Canadian Federation of Nurses Unions and nurses' unions across the country give to our coalition.

In 2024, I stepped into the role of the chair of the Canadian Health Coalition, replacing the irreplaceable Pauline Worsfold, R.N. As Pauline was leaving her role, she joined CHC's Tracy Glynn in leading a workshop on defending public health care at the Eastern Labour School in Charlottetown, hosted by the PEI Health Coalition in June of 2024.

Last year, we also welcomed Tristan Newby, BCNU Vice-President, as the new CFNU representative on our board. We are impressed by the diligence and time he has already shown our board, taking on an executive role, the Secretary, of our coalition.

SOS Medicare 3.0

Early in 2025, on February 24, we reached a momentous milestone with the holding of this generation's SOS Medicare Conference in Ottawa. The first SOS Medicare Conference, also held in Ottawa, gave birth to the Canadian Health Coalition. The second SOS Medicare Conference was held in Regina in 2007. The SOS Medicare Conferences bring together a



broad coalition of advocates to defend against forces attempting to erode Medicare and aim to build a better Medicare system for everyone.

Linda Silas (CFNU), Jason MacLean (CHC) and Mark Holland, Health Minister

Thanks to the wise suggestion and encouragement of CFNU President Linda Silas, the third SOS Medicare Conference happened in 2025. The Canadian Health Coalition in collaboration with the CFNU and other health care worker union members organized the conference of about 300 people from across the country to collectively learn and strategize to defend and expand public health care as we head into uncertain times. The threats to Canada's universal public health care system are many, but we are stronger today, energized and inspired to fight for better Medicare.



Canadian Health Coalition Report

We won pharmacare!

We finally won pharmacare legislation in 2024. Pharmacare has been a priority campaign for us. We have organized press conferences for pharmacare on Parliament Hill with Dr. Jane Philpott, diabetes advocate Mike Bleskie and Action Canada for Sexual Health and Rights' Frédérique Chabot. When the *Pharmacare Act* was finally passed in



Parliament, we organized two lobbying sessions with senators for its swift Royal Assent on October 10, 2024. Nurses were among the many who fought for years for universal public pharmacare. As Pauline Worsfold, RN, often told us, “A filled prescription is an empty emergency room.” Three days after the SOS Medicare 3.0 Conference, on February 27, the governments of Manitoba and Canada announced the first pharmacare agreement. The 4-year \$219 million deal will provide free diabetes medication, contraception and hormone therapy to Manitobans. This is huge! We are working hard to make sure that more provinces sign on without delay and include coverage of more medicine.

Another year of growth

The Canadian Health Coalition has had another year of growth. In February, we added Haylee Keyes to our staff of three. As the National Director of Development and Community Engagement, Haylee will be leading ambitious digital campaigns to engage and recruit thousands of new supporters for better Medicare from across the country.

In 2024-2025, two more organizations joined the Canadian Health Coalition. The Canadian Association of University Teachers and Citizens for Public Justice joined our coalition, each bringing new energy and introducing us to broader audiences and partnerships for public health care.

Canadian Health Coalition Report

Other highlights

We have mobilized our supporters at every opportunity to push for public health care. Here are just some of the highlights from 2024-2025.

- In February 2024, we brought together 150 health care workers and activists to lobby Parliamentarians for pharmacare. We also rallied for pharmacare on Parliament Hill.
- With the Nova Scotia Health Coalition, we organized a Privatization is a Poison Pill Rally outside the Premiers' Meetings in Halifax in July of 2024.
- Our National Director of Policy and Advocacy Steven Staples presented before parliamentary committees to advocate for universal public pharmacare.
- Our National Media Director Anne Lagacé Dowson hosted popular webinars on timely health care topics and continues to build alliances with Québec health care workers and advocates.
- We continue to be sought out by journalists from every major news media outlet in the country, including CBC, Radio-Canada, CTV, Global, *The Globe and Mail*, *The Hill Times*, *The Toronto Star*, CPAC, *Le Devoir* and more.
- We marked the 40th anniversary of the *Canada Health Act* by hosting popular webinars on the principles of the legislation and by bringing back our research roundtable in June of 2024. With the University of Ottawa's Centre for Health Law, Ethics and Policy, we heard the latest research related to the *Canada Health Act*.
- We awarded Kerian Burnett, a Nova Scotia migrant worker who fought to get Medicare after being diagnosed with stage 4 cervical cancer, with the Nell Toussaint Award for Universal Health Care at our SOS Medicare 3.0 Conference. The award recognizes someone who has championed universal health care and an end to systemic racism in health care.





Canadian Health Coalition Report

Looking ahead, the Canadian Health Coalition will continue to draw upon the incredible strength within our movement to fulfill our mission. In November of 2024, we reaffirmed our priorities at a strategic planning session:

- Increase health care funding and enforce the *Canada Health Act*
- Implement pharmacare
- Legislate enforceable national standards for long-term care
- Stop privatization and remove for-profit from health care, including long-term care
- Eliminate systemic racism from health care

The past year has brought unprecedented threats and challenges to our public health system. The need for the Canadian Health Coalition has never been greater. People are struggling to access primary care and other essential health care services such as safe long-term care. Many cannot afford their medications, ending up in overcrowded ERs. Provincial governments are using public dollars to privatize health care to private for-profit health care companies, draining our hospitals of urgently needed staff and putting patients at the mercy of profit-hungry corporations.

This generation's SOS for Medicare has come from nurses, personal support workers, lab techs and other health care workers, as well as retirees, students, injured migrant workers and health equity activists. Together, we will realize our dream of better Medicare.

Thank you for everything you do for public health care.

Respectfully submitted,

Jason MacLean

Chair, Canadian Health Coalition

NOMINATIONS

- Report of the Nominations Committee



CANADIAN FEDERATION
OF NURSES UNIONS





to the Canadian Federation of Nurses Unions
22nd Biennial Convention
Niagara Falls, Ontario
June 2-6, 2025

Janet Hazelton, Nova Scotia Nurses' Union – Chair
Tracy Zambory, Saskatchewan Union of Nurses
Darlene Jackson, Manitoba Nurses Union

The nominations were in order and complied with the Canadian Federation of Nurses Unions' Constitution.

CANADIAN FEDERATION OF NURSES UNIONS
22nd BIENNIAL CONVENTION 2025
NIAGARA FALLS, ONTARIO

RECEIVED

FEB 07 2025

CANADIAN FEDERATION
OF NURSES UNIONS

NOMINATION FORM

22

I, PAULA DOUCET, a member in good standing of the

NEW BRUNSWICK NURSES UNION
(name of member organization)

do nominate LINDA SILAS

who is a member in good standing of the

NEW BRUNSWICK NURSES UNION
(name of member organization)

for the election to the membership on the National Executive Board as

PRESIDENT
(position)

for the 2025-2027 Biennial.

Signed this 03 day of FEBRUARY, 2025

Paula Doucet
Moved by (signature)

New Brunswick Nurses Union
member of (union)

Janet Hayerton
Seconded by (signature)

Novo Scotia Nurses Union
member of (union)

I, Linda Silas, do hereby consent to accept nomination for the

position of President of the Canadian Federation of Nurses Unions.

Signed this 8th day of February, 2025

[Signature]
(signature)

NBNU - 511 NS
(member organization)

CANADIAN FEDERATION OF NURSES UNIONS

2025 ELECTED OFFICER CANDIDATE FORM

Name of candidate: Linda Silas

Position running for: President

Particulars of union involvement

For those who don't know my union history, I got involved the same way most of you did: I got upset at what was happening on my nursing unit and I wanted to do something about it. So, I got involved in my local only a year after I graduated. From 1984 to 1990, I held numerous positions both at the local and provincial union levels.

In October 1990, I was elected President of the NBNU. I held this position until October 2000. My ten years at NBNU proved to be full of successes, the occasional turmoil and many lessons learned. In June 2003, you gave me your confidence in electing me as CFNU President, and it's been a 20+-year roller-coaster ride. By listening to and building on our members' values I, like the CFNU, grew to take a strong presence on the provincial, national and international stages. We have been recognized both in the research and policy fields, and for making things happen.

Employment summary

June 2003 to present

President of the Canadian Federation of Nurses Unions (CFNU)

March 2001 to May 2003

Project Coordinator for Beauséjour Regional Health Authority

- Developed interdisciplinary and teaching tools as well as implemented and promoted our Organ and Tissue Donation Program

October 1990 to October 2000

President of the New Brunswick Nurses Union (NBNU)

May 1983 to October 1990

Staff nurse at l'Hôpital Dr. Georges-L.-Dumont: Intensive Care Unit, Emergency and Labour Unit

Other important particulars

Education: Bachelor of Science in Nursing in 1983 from l'Université de Moncton. Received several certificates in nursing, public relations, labour relations and negotiations.

- Member of the CLC Executive Committee since 2003
- Member of the CLC Women's, International and Political Action committees since 2003
- Chair of the CLC Finance Committee since 2017
- Member of the Government of Canada's Ministerial Union-Led Advisory Table (2023-2024)
- Member of the National Pharmacare Committee of Experts
- Board member of Canadian Nursing Students' Association (CNSA)
- Member of the International Council of Nurses (ICN) Workforce committee
- Representative of the CFNU at Global Nurses United (GNU)
- Provincial, national and international speaker on nursing, health care, women, leadership and union issues
- Seasonal lecturer at several universities
- Published articles in magazines and books
- Member of numerous research/advisory bodies

On a more personal note, I started my full-time journey in the nurses' union movement with a 14-month-old baby boy, and now Alexandre is an adult who is the youngest elected National VP of the PSAC (Public Service Alliance of Canada). Making me prouder every day.

Over the last 22 years, you have experienced the leadership that I bring to the CFNU. It's one of respect, inclusiveness and hard work. At the CFNU, it is important we listen to our members and their unions. You are the backbone of our organization. This is what makes the CFNU the national voice for frontline nurses.

Our credibility and our strength are why we became and still are the voice of reason during this pandemic and throughout this critical nursing shortage. The voice that says it loudly: you need to protect our health care workforce, because patients do not go in a hospital or LTC facility for a comfy bed!

To continue this work and vision, we need to build up more nurses into union positions. We need to have a strong succession plan to continue speaking truth to power! I am not making any announcement right now, but it is a reality that it has been 22 years where 11 times you have given me the honour of my life to represent you on so many platforms. I will be forever grateful. So do me a favour: think about running for a local, a provincial position or at the CFNU. We need smart and hard-working new blood that will continue our collective work; work that really makes a difference, and if you want to make a real difference, you get involved with your nurses union, that's a fact.

To conclude, I would like to thank the New Brunswick Nurses Union for their ongoing confidence in nominating me for CFNU President. I would also like to extend a special thank-you to our Member Organizations (BCNU, UNA, SUN, MNU, ONA, NSNU, PEINU, RNUNL, CNSA). To the NEB – every minute of your time is accounted for with your provincial work, and you still find the energy to be dedicated to our national organization. Your work and dedication are what makes us the largest, proudest and boldest nursing organization in Canada. Merci! To our small team in our Ottawa office – be very proud of our reputation as the mighty mouse of the Labour Movement. ☺

In solidarity always,

Linda Silas

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FEB 07 2025

CANADIAN FEDERATION
OF NURSES UNIONS

CANADIAN FEDERATION OF NURSES UNIONS
22nd BIENNIAL CONVENTION 2025
NIAGARA FALLS, ONTARIO

NOMINATION FORM

22

I, Erin Ariss, a member in good standing of the
Ontario Nurses' Association
(name of member organization)

do nominate Angela Preocanin
who is a member in good standing of the
Ontario Nurses' Association
(name of member organization)

for the election to the membership on the National Executive Board as
Secretary Treasurer
(position)

for the 2025-2027 Biennial.
Signed this 6th day of February, 2025
[Signature]

Moved by (signature)
Ontario Nurses' Association
member of (union)

Awany
Seconded by (signature)
ONTARIO NURSES' ASSOCIATION
member of (union)

I, Angela Preocanin, do hereby consent to accept nomination for the
position of Secretary - Treasurer of the Canadian Federation of Nurses Unions.

Signed this 6th day of February, 2025
Angela Preocanin
(signature)
ONTARIO NURSES' ASSOCIATION
(member organization)

2025 ELECTED OFFICER CANDIDATE FORM

NAME OF CANDIDATE: Angela Preocanin

POSITION RUNNING FOR: Secretary-Treasurer

PARTICULARS OF UNION INVOLVEMENT: Thank you for considering my candidacy for the Ticket of Nomination. I am seeking your support for re-election as Secretary-Treasurer so I can effectively represent your interests and advocate strongly on our members' behalf. This important mandate at a critical period in our profession will be my top priority.

My union career began in 1998 when I first met my BUP, who was advocating on our behalf against the employer ordering-in staff to deal with a weekend staffing shortage in Hemodialysis. Taking part in this action fueled my desire to become a union activist and fight for the rights of our members under the collective agreement. Since then, I have been proudly and passionately serving our members as part of the local Executive Team in progressively senior roles over 22 years including Grievance Chair and First Vice President of my local. From December 2020 until 2021, I sat on the ONA Board of Directors as Region 4 Vice President.

For the past 3 years, I have been faithfully serving as First Vice-President of the ONA Board of Directors, representing Registered Nurses and Health-Care Professionals in all sectors across the province. Over this period, I have experienced firsthand the devastating impact of Covid-19 and have helped lead ONA's unprecedented efforts to protect and support our members during an extraordinarily difficult time. It was seeing our members' incredible dedication to patients, colleagues and the public on display 24/7 that made it unmistakably clear the critical importance of the nursing profession in this country, and the unparalleled role nurses play in providing quality publicly funded health care. This has served as my inspiration and the impetus for my leadership and advocacy on behalf of our members throughout my career.

EMPLOYMENT SUMMARY:

Below is a summary of my related and relevant career experience:

Positions

March 2025-present
Staff Nurse, Joseph Brant Hospital, Day Surgery Unit

January 2022-December 2024
First Vice-President, ONA Board of Directors

January 2020-2021
Region 4 Vice-President, ONA Board of Directors

January 1998-December 2020
Local Executive, St. Joseph's Healthcare Hamilton
Executive Vice president, JOHS Worker Co-Chair
Grievance Chair, First Vice President

June 1990-December 2024

Staff Nurse, St. Joseph's Healthcare Hamilton, Surgical Head and Neck, Thoracics, Urgent Care, Home Hemodialysis

Education

Graduate, George Brown College, Diploma Program, 1990

Queens's Industrial Relations Centre, Governance and Leadership Excellence Certificate, 2021

Queen's Industrial Relations Centre, Advanced Governance and Leadership Excellence Certificate, 2023

Conflict Management Resolution McMaster University, 2003

Affiliated Roles and Activities

Current Secretary-Treasurer CFNU

Past NEB National Officer, ONA

Past Board member, Nurse Help Program CNO Finance Committee

Past Chair, Provincial Political Action Committee

Strategic Plan Guidance Committee, assisted with development of 5 year Strategic Plan

Enterprise Risk Management, past Chair and member

Speaker, Ontario Health Coalition Town Halls

Presenter, provincial government standing committees, pre-budget and Bill 60 submissions

5 Union Joint Steering Committee member

Previous Chair, Nurse Help Program CNO

OTHER IMPORTANT PARTICULARS:

As a nurse and a long serving leader for our profession, I strongly believe in the importance of teamwork and people working together to pursue common goals, in the interests of our members. My approach has always been to seek outcomes that help move us forward. I've utilized diplomacy and communication to achieve this in every position I've held. This approach is in strong keeping with how CFNU operates – as a respected, strong and united team. As part of this team, I will continue to stand up for our members as they continue the important work of caring for people.

In the role of Secretary-Treasurer, I will work hard to advance the common mandate of the statutory authority and obligation to protect and enhance the work and assets of CFNU and its members. My personal commitment is to ensure that our members are informed, valued, respected and heard. I will strive to inspire and motivate the organization by being a visible and active ambassador – igniting pride in the CFNU as a champion, helping to create champions and advocating on behalf of our grassroots labour movement.

Thank you once again for your consideration of my candidacy and your confidence in nominating me to this important role on one of the largest and most widely respected nursing organizations in North America.

In solidarity

Angela Preocanin RN

CONSTITUTION

- Report of the Constitution Committee
- Constitution amendments
- CFNU constitution



**CANADIAN FEDERATION
OF NURSES UNIONS**



Report of the Constitution Committee

Report of the Constitution Committee

to the Canadian Federation of Nurses Unions
22nd Biennial Convention
Niagara Falls, Ontario
June 2-6, 2025

Constitution Committee Members:
Tracy Zambory, Saskatchewan Union of Nurses – Chair
Yvette Coffey, Registered Nurses’ Union Newfoundland and Labrador
Darlene Jackson, Manitoba Nurses Union
Erin Ariss, Ontario Nurses’ Association
Tristan Newby, British Columbia Nurses’ Union
Linda Silas, Canadian Federation of Nurses Unions – ex officio

The Committee met through e-mail and videoconference. The Committee reviewed the resolutions submitted at the 2023 biennium and prepared a report on follow-up actions.

In preparation for this convention, the Committee met in October 2024 and February 2025 to review the Constitution and is recommending the following changes.

<p>The Committee will be submitting</p> <p>six (6) proposed amendments,</p> <p>including the rationale for change, to the 2025 Biennial Convention Assembly for consideration.</p>
<p>Amendments to the Constitution require</p> <p>a two-thirds (2/3) vote to carry.</p>

These amendments are included for consideration at this Convention.

Respectfully submitted,

Tracy Zambory, Chair
(on behalf of the Resolution Committee)



Report of the Constitution Committee

2023 constitution amendments

	ACTION
<p>Constitution Amendment #1</p> <p>Delete Article 7.14 Delete: Equity caucuses shall meet during the allotted times over the course of the Biennial Convention. These caucuses shall include Young Workers, Racialized Workers, LGBTQ2S+ Workers, Workers with Disabilities, Indigenous Workers and Francophone Workers.</p>	<ul style="list-style-type: none"> Constitution Committee to develop new plan and present to Convention 2025
<p>Constitution Amendment #2</p> <p>Delete Article 7.15 Delete: The Human Rights & Equity Council shall meet during the Biennial Convention. This Council will consist of members from the equity caucuses, including those who may identify with more than one equity-seeking group. The Council will report to the Human Rights & Equity Committee of the National Executive Board.</p>	<ul style="list-style-type: none"> Constitution Committee to develop new plan and present to Convention 2025
<p>Constitution Amendment #3</p> <p>Delete current Article 8.03(1) and replace with new 8.03(1) Delete: Take such action and render such decisions as may be necessary to carry out fully the decisions and instructions of the Convention of the Federation and to enforce the provisions contained in this Constitution. Replace with: Take on the full responsibility to promote the CFNU Objectives as detailed under Article 4, which includes: promote nurses' labour issues within the CLC; advance the social, economic and general welfare of its members; promote democracy, unity, social justice, human rights, equity and inclusion in all of CFNU's work.</p>	<ul style="list-style-type: none"> Constitution Committee to develop new plan and present to Convention 2025

Report of the Constitution Committee

Constitution Amendment #4 Delete Article 8.06(6) and replace with new 8.06(6) Delete: Establish such advisory committees as may be deemed appropriate. Replace with: Establish such advisory committees or caucuses as may be deemed appropriate both for the NEB and CFNU's Conventions.	<ul style="list-style-type: none"> Constitution committee to develop new plan and present to Convention 2025
Constitution Amendment #5 Delete Article 8.06(6) Delete: Human Rights and Equity Committee	<ul style="list-style-type: none"> Constitution committee to develop new plan and present to Convention 2025

2025 constitution amendments

CURRENT LANGUAGE	PROPOSED CHANGE	RATIONALE
ARTICLE 2 - DEFINITIONS	Add new 2.03 and renumber: 2.03 Bona fide member – a dues-paying member.	Definition of “bona fide member” missing from constitution.
7.14 Equity caucuses shall meet during the allotted times over the course of the Biennial Convention. These caucuses shall include Young Workers, Racialized Workers, LGBTQ2S+ Workers, Workers with Disabilities, Indigenous Workers, and Francophone Workers.	Delete “Francophone Workers”	Delete the Francophone Workers caucus from the list of caucuses as per the recommendation from NBNU, who have facilitated the caucus the last two biennium and shared there were no attendees either time.
7.15 The Human Rights & Equity Council shall meet during the Biennial Convention. This Council will consist of members from the equity caucuses, including those who	Delete 7.15	The review document shared that there was little mention of the Council, so seems to be a level of unnecessary bureaucracy.



Report of the Constitution Committee

may identify with more than one equity-seeking group. The Council will report to the Human Rights & Equity Committee of the National Executive Board.		
8.03(1) Take such action and render such decisions as may be necessary to carry out fully the decisions and instructions of the Convention of the Federation and to enforce the provisions contained in this Constitution.	Remain with current language.	No change deemed necessary at this time.
8.06(6) Human Rights and Equity Committee	Remain with current language.	The Human Rights and Equity Committee would be made up of two board members and a staff member. This committee would receive the recommendations from the equity caucuses to bring to the NEB for following up and/or action. The assignment given to the caucuses would be to submit recommendations/ideas to the NEB on how best to incorporate equity issues into CFNU conventions and work, and how to encourage MOs to take that information and share it with their memberships.
10.01 Be the head of the Federation. Be accountable for the affairs of the Federation, sign all official documents and preside at all Conventions and meetings of the Board.	Second sentence, delete “and” and insert a comma. Delete period and add "and the authority to interpret this constitution."	Presidential interpretation of the constitution missing from constitution.

Constitution



Canadian Federation of Nurses Unions

CONSTITUTION

as amended at 2021 Convention

Founded May 01, 1981

ARTICLE 1 - NAME

- 1.01 This Organization shall be known as the CANADIAN FEDERATION OF NURSES UNIONS, hereinafter referred to as the "Federation".

ARTICLE 2 - DEFINITIONS

- 2.01 In the interpretation of the constitution, a gender-neutral language will be utilized, and singular shall include the plural and vice versa as applicable.
- 2.02 **Member Organizations** - means a bargaining agent or representative body with respect to collective bargaining that is a member of the Federation.
- 2.03 **Associate Member Organization** - means a national representative body of nursing students and may speak to, but may not move or vote on business of the Federation.



Constitution

- 2.04 **The Board** - means the National Executive Board.
- 2.05 **President** - means the President of the Federation.
- 2.06 **National Officer** - means a member of the National Executive Board.
- 2.07 **Constitution** - means the Constitution of the Federation, unless otherwise specified.
- 2.08 **Voting Delegate** - means a member selected by a Member Organization, who is registered as a delegate on behalf of their respective Organization at a Convention of the Federation and who has the right to speak to and vote on business of the Federation.
- 2.09 **Invited Guest** - means any person whom the President or National Executive Board invites to attend all or part of a Convention of the Federation. Invited guests may speak to an issue with the consent of two-thirds of the voting delegates.

ARTICLE 3 - HEADQUARTERS

- 3.01 The Federation office shall be in Ottawa – the traditional unceded territory of the Algonquin Anishnaabeg People.

ARTICLE 4 - OBJECTIVES

The Federation shall be the national voice for unionized nurses – its objectives are to:

- 4.01 Promote nurses' labour issues within the Canadian Labour Congress (CLC).
- 4.02 Advance the social, economic and general welfare of its members.
- 4.03 Preserve free democratic unionism and collective bargaining in Canada.
- 4.04 Promote unity within the nursing unions and other allied health fields through co-operation with and support of other organizations sharing these objectives.
- 4.05 Provide its members with a national forum for the purpose of promoting desirable legislation on matters of national significance, which affect its Member Organizations and all living in Canada.
- 4.06 Promote educational goals; disseminate information on labour legislation and labour strategies among Member Organizations.



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- 4.07 Promote the highest standards of health care throughout Canada.
- 4.08 Be advocates for social justice, equity and inclusion and Health in All Policies (HiAP).

ARTICLE 5 - PRINCIPLES AND STANDARDS OF CONDUCT

In working towards the foregoing general objectives, the Federation shall adhere to the following principles and standards of conduct:

- 5.01 It shall give full recognition to the autonomy of its Member Organizations. All powers, other than those delegated to the Federation, shall remain with the Member Organizations whose fundamental autonomy and freedom shall be maintained by the Federation as a first principle.
- 5.02 Notwithstanding Article 5.01, the CFNU shall be the national affiliating body to the CLC, and all Member Organizations shall become members of the CLC.
- 5.03 It shall speak for and represent its Member Organizations on national matters of its members. In the situation where a Member Organization is specifically involved in such matters, such Organizations will be consulted before a statement is made.
- 5.04 It shall provide to its members a forum to seek assistance for research, legislative, public relations, educational and any other collective bargaining support.
- 5.05 It shall be non-partisan and non-sectarian.
- 5.06 The Federation shall conduct its affairs in both official languages and in the most efficient and expedient manner.
- 5.07 The Federation shall promote, both within society and our workplaces, an environment free of violence, harassment, bullying and any form of racism.

ARTICLE 6 - MEMBERSHIP

- 6.01 All bona fide members of a Member Organization or Associate Member Organization shall hold membership in the Federation through their Organization.
- 6.02 The Federation, by two-thirds (2/3) majority of the Board, may accept additional nursing Organizations as Member Organizations or Associate Member Organizations.



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Applications shall be supported by evidence that such is the wish of the applicant's members.

- 6.03 Membership Certificates shall be issued to all Member Organizations or Associate Member Organizations.
- 6.04 A Member Organization or Associate Member Organization may withdraw from the Federation subject to written notice of twelve (12) months being given to the Federation, supported by evidence that such is the decision of its membership.
- 6.05 A Member Organization or Associate Member Organization that has withdrawn from the Federation in the manner described above may make written application for re-admission to the Federation through the Board.

ARTICLE 7 - CONVENTIONS

- 7.01 A) The Biennial Convention of the Federation shall be held every two (2) years.
- B) The Convention shall be the supreme governing body of the Federation. The time and place of the Biennial Convention shall be determined by the Board.
- C) Notice of the time and place of the Convention shall be circulated to all Member Organizations and Associate Member Organizations of the Federation one hundred and eighty (180) days prior to the commencement of the Convention.
- D) Where due to unforeseen events, the NEB can modify the notice to convention.
- 7.02 Organizations in possession of a valid membership as a Member Organization with the Federation shall be entitled to representation at Federation Conventions by voting delegates selected by their respective Organizations.
- All delegates to Conventions must be members of the Organizations they represent. Each Member Organization may cast its full number of votes provided that it has at least one (1) voting delegate present at the Convention.
- 7.03 A Special Convention of the Federation may be called at the written request, with signatures, of at least fifty per cent (50%) plus one (1) of the Board and/or ten per cent (10%) of the Federation membership. All expenses for meeting facilities arising out of the Special Convention will be borne equally by the member organizations.



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- 7.04 Each Member Organization of the Federation shall be entitled to three (3) votes for the first five hundred (500) or less persons on whose behalf the Member Organization remits membership dues, and one (1) additional vote for each additional five hundred (500) or major fraction thereof of persons on whose behalf the Member Organization remits membership dues.
- 7.05 The President, Secretary-Treasurer and National Officers shall have full status as a voting delegate at Conventions by virtue of Office and shall each hold one (1) vote.
- A) Members of a Member Organization, who are not voting delegates, may attend a Convention of the Federation on behalf of their respective Organization and may speak to, but may not move or vote on business of the Federation.
 - B) Staff of the CFNU Member Organizations and guests may attend a convention of the Federation, and may speak with the consent of two-thirds (2/3) of the voting delegates. Staff and guests may not move or vote on the business of the Federation.
 - C) Members of Associate Member Organizations may attend a Convention of the Federation on behalf of their respective Organization and may speak to, but may not move or vote on business of the Federation.
- 7.06 Member Organizations shall bear the expenses of their own voting delegates and non-voting members and staff.
- 7.07 The President and Secretary-Treasurer's expenses re attendance at Conventions shall be borne by the Federation.
- 7.08 A) Resolutions to the Federation may be submitted by any member of the Federation. Resolutions must be received at the Federation Office at least ninety (90) days before the opening date of the Convention. Resolutions shall be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.
- B) Emergent resolutions will be accepted at the Convention up to the deadline established on the agenda.
- 7.09 Any Member Organization which is in arrears to the Federation for membership dues shall not be entitled to recognition or representation at the Convention.
- 7.10 Any Organization which has not applied for and obtained a Membership Certificate at least one (1) month prior to the Convention shall not be allowed representation.



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- 7.11 Quorum is constituted by a majority of the Member Organizations and a majority of the votes.
- 7.12 Unless otherwise specified in this Constitution, a majority of votes shall be sufficient to pass resolutions or make decisions for the Convention.
- 7.13 The Rules of Order of business governing Convention shall be *ROBERT'S RULES OF ORDER* (Newly Revised).
- 7.14 Equity caucuses shall meet during allotted times over the course of the Biennial Convention. These caucuses shall include: Young Workers, Racialized Workers, LGBTQ2S+ Workers, Workers with Disabilities, Indigenous Workers, and Francophone Workers.
- 7.15 The Human Rights & Equity Council shall meet during the Biennial Convention. This Council will consist of members from the equity caucuses, including those who may identify with more than one equity-seeking group. The Council will report to the Human Rights & Equity Committee of the National Executive Board.

ARTICLE 8 - NATIONAL EXECUTIVE BOARD

- 8.01 There shall be a National Executive Board which shall be the governing body of the Federation when a Convention is not in session.
- 8.02 The Board shall be comprised of:
 - President
 - Secretary-Treasurer
 - National Officers
 - Officer from CNSA as a non-voting member
- 8.03 The Board shall:
 - (1) Take such action and render such decisions as may be necessary to carry out fully the decisions and instructions of the Convention of the Federation and to enforce the provisions contained in this Constitution.
 - (2) Establish such advisory committees as may be deemed appropriate.



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- (3) Be recognized by Member Organizations as the governing body under the terms of the Constitution, except when the Federation is in Convention.
 - (4) Meet at least twice a year in a face-to-face meeting, unless unforeseen situations make it impossible. When not in session, the National Executive Board shall meet by letter, telephone, e-mail or virtually, on all matters of any nature requiring action by the National Executive Board. Such action so taken by the members of the National Executive Board shall constitute action of the National Executive Board and it shall be reviewed at the next face-to-face meeting and shall be part of the minutes.
 - (5) Meet at the call of the President or at the request of half the members of the National Executive Board, made in writing to the President.
 - (6) Initiate action for federal legislation in the interest of the Federation.
 - (7) Reimburse members of the Board for necessary expenses in performing their duties for the Federation in relation to specific duties assigned by the Board.
 - (8) Be authorized to alter membership dues between Conventions, when such an alteration results in a reduction of dues.
- 8.04 Each Member of the Board shall be entitled to one (1) vote at Board meetings, and a quorum for such meetings shall be a majority of the members of the Board and a majority of Member Organizations.
- 8.05 The Board shall, as it considers necessary, cause to have such members of the Board and staff of the Federation to be bonded in such amounts as necessary.
- 8.06 The standing committees of the National Executive Board shall be:
- 1. Finance/Human Resources Committee
 - 2. Nominations Committee
 - 3. Constitution Committee
 - 4. Resolutions Committee
 - 5. International Solidarity Fund Committee
 - 6. Human Rights and Equity Committee



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Representatives on these committees shall be appointed following the CFNU Biennium from the members of the National Executive Board. The National Executive Board may also appoint ex-officio members to serve on these standing committees.

ARTICLE 9 – ELECTIONS

- 9.01 The President and Secretary-Treasurer shall be elected at each regular Convention. Nominations for the position of President and Secretary-Treasurer must be received in writing by the Federation, showing the mover and seconder of the nominations, at least ninety (90) days prior to the commencement of the Convention, and the Ticket of Nominations shall be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.
- 9.02 The Nominee for the position of President and Secretary-Treasurer of the Board shall be responsible for submitting within the timelines outlined in 9.01:
- 1) a signed nomination form
 - 2) all relevant biographical information, which must include being in an elected position of CFNU Member Organizations' Executive Committee or Board for one term.
- 9.03 The Nominations committee shall be responsible for conducting the election process.
- 9.04 Nominations from the floor will be accepted at the Biennium only if there has been no nomination to the position of President or Secretary-Treasurer in accordance with Article 9.01.
- 9.05 Each Member Organization with a membership under twelve thousand (12,000) members shall be entitled to have one (1) member as a National Officer on the Board; each Member Organization with a membership over twelve thousand (12,000) members shall be entitled to have two (2) National Officers on the Board. The National Officers shall be selected by, and at the discretion of, their respective Member Organizations.
- 9.06 The election of the President and Secretary-Treasurer of the Federation shall be by secret ballot. A majority of votes cast shall be required before any candidate can be declared elected, and second and subsequent ballots shall be taken, if necessary, to obtain such a majority. On the second and subsequent ballots, the candidate receiving the lowest number of votes in the previous ballot shall be dropped. In case of a final tie vote, the presiding officer may cast the deciding vote.



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- 9.07 The terms of office of elected officers of the Federation shall commence at the adjournment of the Convention at which they were elected.
- 9.08 The Member Organizations shall be responsible for notifying the Federation of the name of their National Officer(s).
- 9.09 In the event of a vacancy or a leave of absence of less than one year, in the office of the President, the Secretary-Treasurer shall perform the duties of the President for the unexpired term or leave of absence.

Should the Secretary-Treasurer be unable to act as President, the Secretary-Treasurer shall, within fifteen (15) days of becoming aware of the vacancy or the leave of absence, call a meeting of the Board upon ten (10) days notice, for the purpose of filling the vacancy or the leave of absence from among the members of the Board.

In the event of a vacancy or leave of absence of one year or more, the unexpired term or leave of absence shall be filled in a manner determined by the Board.

- 9.10 In the event of a vacancy or a leave of absence in the office of the Secretary-Treasurer, the National Officer(s) on the Finance Committee shall perform the duties of the Secretary-Treasurer for the unexpired term or the leave of absence. Should the National Officer(s) be unable to act as Secretary-Treasurer, the President shall, within fifteen (15) days of becoming aware of the vacancy or the leave of absence, call a meeting of the Board upon ten (10) days notice, for the purpose of filling the vacancy or the leave of absence from among the members of the Board.
- 9.11 A vacancy occurring in the position of National Officer of the Board shall be filled for the unexpired term by the Member Organization.
- 9.12 The Board shall, by virtue of office, hold title to the real estate of the Federation as trustees for the Federation. They shall have no right to sell, convey or encumber any real estate without approval of a Convention.
- 9.13 The number of terms an elected member of the Federation may serve shall not be limited.

ARTICLE 10 – DUTIES OF THE PRESIDENT

The President shall:



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- 10.01 Be the head of the Federation. Be accountable for the affairs of the Federation, sign all official documents and preside at all Conventions and meetings of the Board.
- 10.02 Be the official spokesperson of the Federation.
- 10.03 Be the Federation representative to the CLC Executive Committee and Canadian Council.
- 10.04 Be responsible for overall management and direction of the Federation employees therein.
- 10.05 Report about the administration of the office and on the affairs of the Federation to the Convention through the report of the Board.

ARTICLE 11 - DUTIES OF SECRETARY-TREASURER

The Secretary-Treasurer shall:

- 11.01 Carry out the duties as assigned by the President and act in lieu of the President in President's absence.
- 11.02 Assist the President in the preparation and facilitation of the National Executive Board meetings.
- 11.03 Be the chief financial officer of the Federation and cause to be kept the books, documents, files and effects of the Federation, which shall, at all times, be subject to inspection by the Board.
- 11.04 Be responsible for the preparation of a financial report of the Federation for each meeting of the Board.
- 11.05 Have the books of the Federation audited and an audited financial statement prepared December 31 of each year. Such audited financial statements shall be furnished to the Board and the Convention.
- 11.06 Report about the administration of the office of the Secretary-Treasurer to the Convention.
- 11.07 Be empowered to require Member Organizations to provide statistical data in their possession, relating to the number of persons paying dues to the Member Organization.
- 11.08 Be the second CFNU officer to the CLC Canadian Council.



Constitution

ARTICLE 12 - DUTIES OF NATIONAL OFFICERS

The National Officer shall:

- 12.01 Be a bona fide member of a Member Organization.
- 12.02 Be charged with the responsibility of representing the interests of the Federation and shall assist in establishing and maintaining communication between the Federation and the Member Organizations.
- 12.03 Aid in the duties of the President as the head of the Federation and act on the President's behalf when requested to do so. Each National Officer shall administer the delegated responsibilities assigned by the President.
- 12.04 Have voting rights at NEB meetings and during conventions and/or special meetings.

ARTICLE 13 - REVENUE AND FINANCIAL CONTROL

- 13.01 The revenue of the Federation shall be derived from membership dues as determined at the Convention or as per Article 8.03 (8). Such dues shall be payable by Member Organizations on the full dues paying membership of each Organization.
- 13.02 Each Member Organization shall forward to the Federation before the last day of each month the membership dues payable for that month.
- 13.03 Any Member Organization which does not pay its membership dues as specified in subsection 13.01 of this Article shall be notified of that fact by the Secretary-Treasurer. Any Member Organization three (3) months in arrears in payment of membership dues may become suspended from membership in the Federation and can be reinstated only after arrears are paid in full.
- 13.04 The fiscal year of the Federation shall be the calendar year.
- 13.05 The National Executive Board shall appoint a Finance Committee consisting of the President, Secretary-Treasurer and at least one (1) National Officer. The Committee shall perform such functions as the National Executive Board may from time to time direct.



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ARTICLE 14 - INTER-ORGANIZATIONAL DISPUTES

- 14.01 Disputes between Member Organizations shall be addressed in accordance with the policy of the Federation.
- 14.02 Inter-organizational disputes shall be resolved according to the CLC Constitution.
- 14.03 If a Member Organization is found guilty under Article IV, section 3, 4, or 5 of the Canadian Labour Congress Constitution, and does not comply with the umpire's ruling within the timelines identified in the Canadian Labour Congress Constitution, the National Executive Board shall meet and determine appropriate action, which may include discipline under Article 15.

ARTICLE 15 - DISCIPLINE

- 15.01 Non-compliance with this Constitution, or the Constitution of the Canadian Labour Congress, or action by a Member Organization or Associate Member Organization to the detriment of the objectives and/or activities of the Federation, shall be regarded as grounds for discipline, including fines, suspension or expulsion from the Federation, as determined by the Board.

ARTICLE 16 - AMENDMENTS

- 16.01 The Constitution of the Federation may be amended by the Convention by a two-thirds (2/3) vote. Amendments to the Constitution can be submitted by the Board or by Member Organizations.

Amendments must be submitted to the Federation at least ninety (90) days prior to the opening day of the Convention and must be circulated to all Member Organizations at least forty-five (45) days prior to the commencement of the Convention.

- 16.02 All constitutional amendments shall, unless otherwise specified, take effect immediately after they are adopted.

Updated June 2021

by

The Constitution Committee

Tracy Zambory, Chair

RESOLUTIONS

- Report of the Resolutions Committee
- 2023 resolutions actions
- 2025 resolutions



CANADIAN FEDERATION
OF NURSES UNIONS



Resolutions

Report of the Resolution Committee

to the Canadian Federation of Nurses Unions

22nd Biennial Convention

Niagara Falls, Ontario

June 2-6, 2025

Resolutions Committee Chair:

Janet Hazelton, Nova Scotia Nurses' Union

Resolutions Committee Members:

Paula Doucet, President, New Brunswick Nurses Union

Alan Warrington, Vice-President, Ontario Nurses' Association

Danielle Larivee, Vice-President, United Nurses of Alberta

Adriane Gear, President, British Columbia Nurses' Union

Linda Silas, President, Canadian Federation of Nurses Unions – ex officio

The Committee met through e-mail and videoconference. The Committee reviewed the resolutions submitted at the 2023 Biennium and prepared a report on follow-up actions.

Notice was sent to all Member Organizations regarding the March 7, 2025, deadline for submission of resolutions. The Committee will meet again following the June 5, 2025, emergency resolution deadline to review emergency resolutions.

CFNU biennial resolutions

The Committee reviewed 16 draft resolutions and found them all in order. The Resolution Committee accordingly submits the following 16 resolutions.

Respectfully submitted,

Janet Hazelton, Chair

(on behalf of the Resolution Committee)



Resolutions

2023 resolutions actions

	ACTION
<p>Resolution #1 – There is no health without mental health</p> <p>BE IT RESOLVED that the CFNU partners with the Public Health Agency of Canada on the development and deployment of a mental health program specifically tailored to nurses, modelled on PSPNET; and</p> <p>BE IT FURTHER RESOLVED that the CFNU and its affiliates will advocate for the prevention of psychological injury through proper assessment and intervention programming in line with the Psychological Safety Standard from the CSA and the Mental Health Commission of Canada.</p> <p>Carried</p>	<ul style="list-style-type: none"> • CFNU to submit funding proposal to PHAC/HC – done and was rejected by PHAC • Prepared analysis on what provinces/employers do on the Psychological Safety Standard – ongoing work • Added to LTBG
<p>Resolution #2 – Fairness to internationally educated nurses</p> <p>BE IT RESOLVED that the CFNU continue its work with expert partners such as World Education Services (WES) to develop an IEN Blueprint that will inform all parties on the best practices to recruit and integrate IENs in Canada’s health workplaces and communities.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Continue work with WES • Created advisory committee of IENs (Angela Crawford BCNU, Marierose Acero SUN, Baljinder Singh NSNU) • Report done <i>Bolstering Pathways to practice; Empowering IEN in Canada</i> (February 2025) • Webinar held on March 19, 2025
<p>Resolution #3 – Tax credit for nurses’ return and retention</p> <p>BE IT RESOLVED that the CFNU continue its work with the Department of Finance Canada to establish a new income tax incentive for CFNU members, either in the form of a tax credit or deduction.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Request discussion paper on options for tax incentives (on-going) • Lobby governments • In Nova Scotia eligible nurses under 30 can take advantage of a program which returns the provincial income tax paid on the first \$50,000 of income earned
<p>Resolution #4 – No more mandated overtime, it’s not safe</p> <p>BE IT RESOLVED that the CFNU initiates research and a campaign for regulation/legislation to limit</p>	<ul style="list-style-type: none"> • Prepare research paper and lobby tool • Yearly surveys done by Viewpoints • Research paper done: <i>Safe Hours Save Lives</i> (December 2023)

Resolutions

<p>hours of work for nurses – similarly to pilots, truckers and bus drivers. This work will need to be done in collaboration with the Canadian Nurses Protective Society and nursing regulatory organizations to protect nurses’ professional responsibilities.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Education presentations rolled out (2023-2024) • Hosted webinar (December 2023)
<p>Resolution #5 – Bill C-3</p> <p>BE IT RESOLVED that the CFNU and its Member Organizations meet with provincial ministers of justice and attorney generals to educate them on the application of Bill C-3 and its importance as a tool in deterring workplace violence, and as an avenue for nurses to seek justice when they experience violence in the workplace.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Work with HESA committee • Bring forward to CFNU OH&S network • Support Bill C-321 – An Act to amend the <i>Criminal Code</i> (assaults against persons who provide health services and first responders) • CFNU, BCNU and ONA made official presentation to government
<p>Resolution #6 – Urgent retention plan for nurses</p> <p>BE IT RESOLVED that the CFNU and its Member Organizations lobby the federal government to utilize an evidence-informed, made-in-Canada, coordinated, collectively planned and carefully sequenced national health care workforce strategy to be implemented, focused on retention, recruitment and return of nurses, and respect for nurses.</p> <p>Carried</p>	<ul style="list-style-type: none"> • #1 priority for CFNU • Work with CNO/PNAs • Lobby Health Canada • Worked on and promoted Health Canada’s <i>Nursing Retention Toolkit</i> • Webinar with Chief Nursing Officer in May 2024 • Be part of federal election asks • Campaign/lobby – video produced for CNSA conference January 2025 • Produced updated research paper <i>Nurse-Patient Ratios: Current evidence report</i> September 2024 • Hosted International Summit on NPR November 2024 • Created NPR video and campaign • Included NPR as part of CFNU election ask in Patient Safety Bill of Rights • Releasing ratios report in May 2025
<p>Resolution #7 – No more private for-profit long-term care</p> <p>BE IT RESOLVED that the CFNU and its Member Organizations pressure the federal government for a moratorium on private for-profit care from the long-term care sector; and</p>	<ul style="list-style-type: none"> • Continue lobby • Part of federal election ask • Convening meeting with stakeholder organizations • Created a LTC advisory committee (Karen Jantzen MNU, Glenda Sabine)



Resolutions

<p>BE IT FURTHER RESOLVED that all CFNU's Member Organizations pressure their provincial governments for a moratorium on private for-profit care in the long-term care sector.</p> <p>Carried</p>	<p>NSNU, Leanne Robertson-Weeds BCNU)</p> <ul style="list-style-type: none"> • LTC position statement February 2025 • Ongoing work on LTC • Part of Health Canada consultation on LTC and the care economy
<p>Resolution #8 – Implementation of the Health Standards Organization (HSO)'s National Long-Term Care Services Standard</p> <p>BE IT RESOLVED that the CFNU and its Member Organizations advocate to federal and provincial/territorial governments to legislate, fund and enforce the application of the National Long-Term Care Services Standard in all of Canada's long-term care workplaces;</p> <p>BE IT FURTHER RESOLVED that CFNU's advocacy specify that these standards apply equally to public and privately owned and operated long-term care facilities;</p> <p>BE IT FURTHER RESOLVED that the CFNU pressure the federal government to tie any federal funding for provincially regulated long-term care homes to those standards.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Continue lobby to be enforceable • Determine if cultural awareness is included
<p>Resolution #9 – Private nursing agencies</p> <p>BE IT RESOLVED that the CFNU and its Member Organizations pressure the provincial and territorial governments to restrict the use of private nursing agencies and require employers to hire permanent staff to fill vacant nursing positions in the public health care system;</p> <p>BE IT FURTHER RESOLVED that the CFNU lobby provincial and territorial governments to legislate a cap on the fees and charges paid to private nursing agencies, and mandate full public disclosure of all health ministry or employer contracts with such agencies. If the agency exceeds the cap, they would have fines imposed on them.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Research paper done <i>Opening the black box: unpacking the use of nursing agencies in Canada</i> (September 2024) • Lobby campaign – video produced February 2025 • Added to LTBG
<p>Resolution #10 – Nursing students</p>	<ul style="list-style-type: none"> • NEB to meet with CNSA board to develop plan

Resolutions

<p>BE IT RESOLVED that the CFNU partner with the CNSA to advocate that all Canadian provinces provide the option of financial compensation for nursing students for the nursing work done during their final practicums;</p> <p>BE IT FURTHER RESOLVED that the CFNU and its Member Organizations work with employers to ensure that nursing students across Canada be provided the opportunity of employment providing nursing care as undergraduate nurses.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Report to be presented at CFNU convention • Survey of 4,000 nursing students done with CNSA • Video produced for CNSA national conference • CBC editorial done • Position paper to be released at convention
<p>Resolution #11 – Dues Structure Committee</p> <p>BE IT RESOLVED that the CFNU create a Dues Structure Committee by January 2024, which will review and provide recommendations regarding the Member Organizations’ dues to the National Executive Board for consideration of any necessary resolutions/constitutional amendments to be presented at the 2025 CFNU Convention.</p> <p>Carried</p>	<ul style="list-style-type: none"> • Finance committee to develop terms of reference • Meetings in progress
<p>Emergency Resolution #1 – Standardizing the registration process (or licensing process) for IENs</p> <p>BE IT RESOLVED that the CFNU will initiate a campaign to highlight the need for a standardized approach to licensing IENs, i.e.:</p> <ol style="list-style-type: none"> 1. Align credential assessment and immigration processes to eliminate duplications in the collection of documentation. 2. Issue a single credential assessment report which aligns an IEN’s qualifications with the different levels within the nursing professions (RN, RPN/LPN) to save time and money. 3. Refer IENs directly to clinical skills assessments as needed to reduce waiting time. <p>BE IT FURTHER RESOLVED that the CFNU should allocate resources and, in partnership with regulatory bodies, then conduct public awareness campaigns to promote the value and contributions of IENs to the Canadian health care system,</p>	<ul style="list-style-type: none"> • Continue work with WES • Created IEN advisory committee • Report done <i>Bolstering Pathways to Practice : Empowering Internationally Educated Nurses in Canada</i> (February 2025) • Webinar March 2025



Resolutions

<p>addressing any misconceptions or biases that may hinder their integration.</p> <p>BE IT FURTHER RESOLVED that the CFNU will create an IEN committee to work on the above resolutions, and will monitor, evaluate and have feedback mechanisms to assess the effectiveness of the standardized registration process and identify areas for improvement.</p> <p>Carried</p>	
<p>Emergency Resolution #2 – Equity</p> <p>BE IT RESOLVED that the CFNU commit to ensuring that the voices of equity-seeking members are heard on the national level;</p> <p>BE IT FURTHER RESOLVED that the CFNU commit to ensuring that the principles of truth and reconciliation are heard on the national level;</p> <p>BE IT FURTHER RESOLVED that the CFNU commit to making available equity-related education materials to all members;</p> <p>BE IT FURTHER RESOLVED that the CFNU provide support to constituent unions to develop and enhance their capacity to undertake and support equity-oriented initiatives.</p> <p>Carried</p>	<ul style="list-style-type: none">• Work with Member Orgs on how to better promote• Commissioned research paper by Dr. Lisa Bourque Bearskin in Indigenous health and nurses – to be released June 2025• Created advisory committee (Candi DeSousa BCNU, Marla Johal MNU, Brigitte Goar ONA)• National nurse apology planned for June 3, 2025, and CFNU pledge on June 5, 2025• Commissioned 2 videos on Indigenous nursing



Resolutions

Resolution #1 –Gender-Based Violence

WHEREAS most nurses are women, and women make up a substantial portion of the health care workforce;

WHEREAS women and girls are disproportionately impacted by gender-based violence;

WHEREAS gender-based violence is, in addition to being discriminatory, a critical health care issue that requires action and attention, and that all impacted individuals be treated with dignity, respect and care;

WHEREAS individuals belonging to historically, persistently, or systemically marginalized groups, and in particular Indigenous women, girls and 2SLGBTQQIA people, are at greater risk of experiencing gender-based violence;

WHEREAS the health care system must evolve to include proactive measures to address and help prevent gender-based violence, ensuring a safe and inclusive environment for all patients and workers;

WHEREAS, gender-based violence affects the well-being and mental health of nurses and health care workers and impacts their ability to provide care to patients; and

WHEREAS, addressing all forms of violence against nurses and health care workers is critical to ensuring a sustainable, safe, and effective health care workforce,

BE IT RESOLVED THAT, CFNU develop a campaign for member organizations with a primary focus on increasing awareness of gender-based violence;

FURTHER BE IT RESOLVED THAT, this campaign be supported by materials and resources to ensure that all nurses are made aware of the knowledge and skills necessary to act effectively in these situations, based on the principles of cultural safety and anti-racism (including Indigenous-specific anti-racism), through a trauma-informed approach;

FURTHER BE IT RESOLVED THAT, this campaign place particular emphasis on creating safe, and culturally responsive spaces for patients, nurses and health care workers who identify as women, Two-Spirit, transgender, and gender diverse, inclusive of Indigenous women, girls and 2SLGBTQQIA people, and inclusive of individuals who belong to historically, persistently, or systemically marginalized groups; and



Resolutions

FURTHER BE IT RESOLVED THAT, the theme for the 2027 convention be centered around addressing gender-based violence in health care, with plenary and workshop sessions designed to cover topics such as, though not limited to:

- Defining gender-based violence and highlighting its impact on Indigenous women, girls and 2SLGBTQQIA people, individuals from HPSM groups, families, communities and our health care system;
- Identifying early signs of gender-based violence;
- Providing support to patients and co-workers who are victims/survivors of gender-based violence; and
- Identifying actions to take and protocols to follow when encountering gender-based violence.

Submitted by: Adriane Gear, President, BCNU & Tristan Newby, Vice President, BCNU

Motion Summary Intent:

Everyone has the right to live free from violence. However, many people in Canada continue to face violence every day because of their gender, gender expression, gender identity or perceived gender. This is referred to as gender-based violence (GBV) and it is a violation of human rights. While GBV affects all people, systemic and persistent gender inequality results in women and girls being disproportionately impacted by gender-based violence.

Individuals belonging to historically, persistently, or systemically marginalized (HPSM) groups are at greater risk of experiencing GBV. This includes Indigenous women, girls, Black women, and other racialized women, immigrant and refugee women, 2SLGBTQQIA people, women with disabilities, and women living in northern, rural and remote communities.

Furthermore, the “persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada’s staggering rates of violence against Indigenous women, girls and 2SLGBTQQIA people.”¹

Intimate partner violence (IPV), also known as spousal or domestic violence, is a prevalent form of GBV. It refers to multiple forms of harm caused by a current or former intimate partner or spouse and, likewise, significantly impacts individuals belonging to historically, persistently, or systemically marginalized groups.

¹ <https://www.mmiwg-ffada.ca/final-report/>



Resolutions

This motion aims to raise awareness and advocate for initiative-taking strategies to combat GBV. Nurses are well-positioned to identify signs of GBV within their clinical practice and are best prepared to respond to these situations with compassion, competence, and care. It is imperative that CFNU lobby for the provision of supports, education, and resources for the nursing profession.

Additional Background

CBC News, (Nov. 6, 2024). Trail, B.C., mourns mother after estranged husband charged with murder.

A small community of about 8,000 people is mourning the loss of a beloved local nurse, whose estranged husband has been charged with her Monday death, which occurred just east of Trail, B.C.

RCMP say Lindsay Danchella, also known as Lindsay Batts, suffered fatal injuries after being assaulted on the front lawn of a Montrose residence, and died in hospital later in the day.

One of her close friends says it was the home of Danchella's estranged husband, and that she had been there to hand over their two-year-old son as part of their custody arrangement.

The ex-husband in question, 46-year-old Donald James Danchella, was arrested by RCMP at the scene and has since been charged with second-degree murder.

The charge has not been proven in court. The 46-year-old is scheduled to appear next on Nov. 18.

Heather Wiley, who was a good friend of the victim, alleges the 44-year-old had been abused by her estranged husband.

"There's a real general sense of disbelief that something so violent and tragic could occur in our own community," said Wiley, speaking at a vigil held at Danchella's workplace, Kiro Wellness Centre, on Wednesday.

Wiley, who has lived in Trail her whole life, said her family offered Danchella a place to stay after she left her husband and went into transitional housing.

Wiley said Danchella was well-loved at her work and in the community.

"In the world of give and take, Lindsay was the give. She was a big giver. She showed up always with something in hand," Wiley said of her friend. "She was the bringer of gifts. She was the bringer of treats."

She added that Danchella's heart has been "bursting full of love" for her two-year-old son, and that she had done everything possible to take the high road in her relationship.

"And for this to be the outcome is completely unimaginable. And this community, I think our whole community is reacting to this," Wiley said.



Resolutions

CBC News, (Sept. 27, 2007). Slain Windsor nurse often harassed by doctor, colleague testifies

A Windsor nurse who was stabbed to death at the hospital where she worked was often harassed by the doctor who eventually killed her, a colleague testified Thursday at a coroner's inquest.

Lori Dupont was slain at Hôtel-Dieu Grace Hospital on Nov. 12, 2005, by her ex-boyfriend Marc Daniel, who worked there as an anesthetist. Daniel later killed himself with a drug overdose.

Nurse Brenda Hooper told the inquest she had to run interference between Dupont and Daniel, who she characterized as a bully who often threw his weight around.

She said on one occasion she saw Daniel purposely hip-check Dupont into a wall. Another time, Hooper said, she herself felt threatened when Daniel told her, "I hate you all. If I could take you all down, I would."

She reported her concerns about Daniel's behaviour to her supervisor on several occasions and was told the administration was aware of the situation and would take care of it, Hooper said.

She said when she pressed further, she was told that "Lori and Marc were grown adults and could deal with their own problems."

Daniel had already tried to commit suicide earlier in 2005, reportedly when Dupont was trying to get him out of her life.

Dupont had applied for a peace bond to keep Daniel away from her and was waiting for a court date when he resumed working at Hôtel-Dieu in June that year.

The hospital, which had helped Dupont prepare the court application, offered her security escorts to her car and reserved a parking spot for her next to the security office.

Elizabeth McIntyre, the lawyer representing the Ontario Nurses' Association, said outside the inquest that given the pair's history, hospital management should have done more to protect Dupont.

"They should have been aware... of what the situation was," she said. "He shouldn't have been back. If he was brought back, he certainly should have been monitored. And at the very least he should not have been put on that weekend with Lori Dupont."

More of Dupont's co-workers are scheduled to testify at the inquest.



Resolutions

Fact and Statistics (www.canada.ca)

Gender-related homicides:

From 2011 to 2021, an average of 102 women and girls were victims of gender-related homicide per year in Canada, totaling 1,125 over the period.

- Of these homicides, 93% were committed by a male intimate partner or family member of the victim.

Human trafficking:

- 89% of all victims were under the age of 35 (2019).
- 95% of identified victims were women and girls

Intimate partner violence:

- More than 11 million people in Canada have experienced intimate partner violence (a type of gender-based violence) at least once since the age of 15.
- The rates of intimate partner violence are higher for the following groups²:
 - o 67% for LBG+ women
 - o 61% for Indigenous women
 - o 57% for women living in poverty
 - o 55% for women with disabilities
 - o 44% for all women

Sexual assaults:

- More than 4 in 10 (43%) of Indigenous women have been sexually assaulted at least once since the age of 15,
 - o 45% of First Nations women
 - o 44% of Metis women
 - o 26% of Inuit women

Unwanted sexual behaviours

- In 2018, more than 6 in 10 (61%) of women aged 15-24 had experienced unwanted sexual behaviours in a public place

Violent victimization

- Transgender and gender-diverse people experience more violent victimization
 - o 59% of transgender and gender-diverse people experience violent victimization
 - o 37% of cisgender people experience violent victimization

² <https://www.canada.ca/en/women-gender-equality.html>



Resolutions

Resolution #2 – Scholarship for Palestinian nurse education

WHEREAS, under Israel’s siege, the education³ and healthcare⁴ systems in the Gaza Strip have been and continue to be systematically dismantled and each medical centre or humanitarian delivery system is being destroyed;

WHEREAS, our Palestinian nursing colleagues are among the over 1200 health care workers killed and over 380 health care workers illegally detained since October 2023, furthering the suffering of civilians by denying them medical expertise and care⁵;

WHEREAS, the CFNU’s International Solidarity Fund was designed in part to strengthen the capacity of workers to advance the right to health, and to develop long term partnerships with workers in developing countries;

WHEREAS, in line with its commitment to promote human rights and equity for all, the CFNU has the opportunity during this critical global moment to demonstrate true international solidarity by supporting Palestinian nurses’ education,

BE IT RESOLVED THAT, CFNU develop a scholarship and related outreach plan for Palestinian nurse education to show solidarity with our colleagues

FURTHER BE IT RESOLVED THAT, by 6 months time the CFNU will provide an update to federation members on the development of this scholarship and its related outreach plan

Submitted by: Ben Fussell, RIVA region BCNU

³ MSF (<https://www.ochaopt.org/content/reported-impact-snapshot-gaza-strip-4-march-2025>)

⁴ UN: <https://www.msf.org/attacks-medical-care>

⁵ Healthcare Workers Watch: <https://healthcareworkerswatch.org/guardian>



Resolutions

Resolution #3 – Arms Embargo Now Campaign

WHEREAS, On January 26, 2024, the International Court of Justice issued a provisional ruling that Israel was plausibly committing genocide against Palestinians in Gaza. At this time, South Africa’s legal team concluded, “Almost above all else, Israel’s military assault on Gaza has been an attack on Gaza’s medical healthcare system, indispensable to the life and survival of the Palestinians in Gaza”.

WHEREAS, Since October 7th, 2023, Healthcare Workers Watch (HWW) has confirmed the killing of a total of 587 healthcare workers in Gaza by Israel and are in the process of verifying the killing of a further 420 healthcare workers, totalling 1007. One third of those confirmed killed are women (194). As of February 25, 2025, HWW documented 384 cases of unlawful detention of healthcare workers in Palestine by Israeli Occupation Forces, including 97 physicians, 111 nurses, and 62 paramedics. At least 185 are currently in detention, including the bodies of 4 healthcare workers killed in detention and 24 remain missing after hospital invasions. At least 96 healthcare workers have provided testimonies of torture and inhumane treatment to HWW or other platforms.

WHEREAS, The ongoing genocide is taking place against the backdrop of 76+ years of Israeli settler colonialism involving military occupation, apartheid, and siege. The crime of Israeli apartheid has long been acknowledged by the United Nations, Amnesty International, Human Rights Watch, and Israeli human rights NGO B’Tselem. Likewise, it has been acknowledged that Israeli apartheid draws inspiration from Canada’s reserve system imposed upon the Indigenous people of Turtle Island, as was the case with South African apartheid.

WHEREAS, On July 19, 2024, the International Court of Justice declared that Israel’s occupation of Palestine is illegal and all states have an obligation not to support it. Moreover, on September 13, 2024, the United Nations General Assembly adopted a resolution demanding Israel end its occupation within 12 months, and called on UN Member States like Canada to take concrete steps to end the occupation, including “to halt the transfer of arms, munitions, and related equipment to Israel”.

WHEREAS, On October 16, 2023 and again on October 16, 2024, Palestinian trade unions issued a call for urgent solidarity from the global labour movement, imploring workers across the world to halt the arms trade with Israel, in addition to other demands.

WHEREAS, On December 19, 2024, Doctors Without Borders published a report which reinforced the previous findings and calls to action, stating, “...ethnic cleansing and genocide are taking place in Gaza. MSF calls on States, particularly Israel’s closest allies, to end their



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unconditional support for Israel and fulfill their obligation to prevent genocide in Gaza.” Since 2019, CFNU has supported the work of Doctors Without Borders through its International Solidarity Committee and humanitarian funds.

WHEREAS, On November 26, 2024, in a letter to Prime Minister Trudeau, CFNU recognized the necessity of concrete action to end the genocide in Palestine by expanding on previous calls and demanding the government “Immediately impose a two-way arms embargo on Israel”.

WHEREAS, Article 4.08 of the CFNU Constitution specifies one of the objectives of the Federation is to “Be advocates for social justice, equity and inclusion...”. Furthermore, the CFNU’s Human Rights and Equity Position Statement asserts that the Federation “promotes and supports human rights and equity for all” and supports “the principles of human rights as proclaimed in the Universal Declaration of Human Rights”. To this end, the Federation encourages members to “Use our collective voice to lobby for human rights, equity and inclusion”

BE IT RESOLVED THAT, The CFNU and provincial affiliates sign onto and publicize the Arms Embargo Now campaign (<https://armsembargonow.ca/>) initiated by civil society organizations, along with unions such as the Public Service Alliance of Canada (PSAC), Canadian Union of Public Employees (CUPE) and Canadian Union of Postal Workers (CUPW).

FURTHER BE IT RESOLVED THAT, The CFNU and provincial affiliates lobby the federal government to implement a comprehensive two-way arms embargo on Israel.

Submitted by: Janice Glen, ONA Local 095



Resolutions

Resolution #4 – Post-secondary programs for Psychiatric Nurses

WHEREAS developing Post-Secondary Programs for Psychiatric Nursing: Psychiatric Nurses are members of CFNU and therefore, in the spirit of equity and inclusion, CFNU should encourage national solidarity and unity among nursing workforces and discourage regionalization of Psychiatric Nurses and their postsecondary training;

WHEREAS since the pandemic (and indeed even before that time), the need has sky-rocketed for specialized Mental Health workers in our communities and within our healthcare systems. The addition of specifically-trained Psychiatric Nurses,

BE IT RESOLVED THAT CFNU collaborate with Canadian Nurses' Association (CNA) and the Canadian Federation of Mental Health Nurses (CFMHN) and the existing provincial regulatory bodies for Registered Psychiatric Nurses, lobby Provincial and Federal governments for and promote the creation and expansion of post-secondary training programs for Psychiatric Nurses in all the provinces and territories across Canada.

Submitted by: United Nurses of Alberta



Resolutions

Resolution #5 – Registered Psychiatric Nurses inclusion

WHEREAS Legislation changes to Health Professions Acts that would recognize Psychiatric Nursing practice: The need for immediate, short-term relief of the nursing/staffing crisis are well-served by utilizing some of the existing (and in some cases inactive) Psychiatric Nurses (Domestic and International) to help out.

WHEREAS Psychiatric Nursing is recognized internationally, specifically in most commonwealth nations, and the practice of incapacity for Psychiatric Nurse registration in parts of Canada does not align with many International jurisdictions and ignores the value of this long-established, highly respected and valued profession, and does not recognize one of the distinct differences in our system from the system in the United States.

WHEREAS The establishment of a Psychiatric Nursing workforce in a new jurisdiction is best supported by the recruitment of both new and experienced Psychiatric Nurses.

WHEREAS Psychiatric Nurses are members of CFNU and therefore, in the spirit of equity and inclusion, CFNU should encourage national solidarity and unity among nursing workforces and discourage regionalization of Psychiatric Nurses and their postsecondary training.

WHEREAS Recently implemented legislation in PEI did not include consideration for currently practicing, diploma Psychiatric Nurses and therefore did not allow for this large part of the workforce to help provide immediate relief for some of their nursing/staffing crisis.

WHEREAS Since the pandemic (and indeed even before that time), the need has sky-rocketed for specialized Mental Health workers in our communities and within our healthcare systems. The addition of specifically-trained Psychiatric Nurses, capable of independent practice would help address this overwhelming need.

BE IT RESOLVED THAT CFNU and its member organizations collaborate with Canadian Nurses' Association (CNA) and the Canadian Federation of Mental Health Nurses (CFMHN) and the existing provincial regulatory bodies for Registered Psychiatric Nurses, lobby for and promote pan-Canadian legislative inclusion of Registered Psychiatric Nurses or an equivalent designation/title in the Provincial Health Professions Acts in all provinces and territories in Canada, including allowances for entry-to-practice requirements that align with the four western provinces.

Submitted by: United Nurses of Alberta



Resolutions

Resolution #6 – Prioritizing the mental health of nurses and other health care workers

WHEREAS there is a critical and ongoing need to support the mental health of nurses and other health care workers, as their well-being is essential to both their personal health and the effective functioning of the health care system;

WHEREAS the 2019 CFNU-University of Regina report on nurses' mental health revealed that nearly half (47.9%) of participants screened positive for a mental disorder, showing rates comparable to those of public safety personnel (PSP);

WHEREAS CFNU's 2025 *National Nurses' Survey* with Viewpoints Research found that nurses continue to struggle with their mental health (of the 4,736 nurses surveyed, 17% were unable to work for at least one week in the preceding year due to mental health issues; 31% of nurses surveyed screened positive for anxiety, 24% screened positive for depression and 31% of nurses screened positive for clinical burnout, while more than 91% show at least some symptoms of burnout; half of nurses surveyed (49%) rate the level of stress they experience at their job as high or very high, and less than half of nurses (46%) feel they have access to sufficient mental health supports);

WHEREAS the CFNU partnered with Health Canada to expand the Wellness Together Canada program to better serve nurses and other health care workers during the pandemic, yet ongoing and expanded supports are necessary;

WHEREAS the federal government has provided dedicated mental health support to public safety personnel (PSP) through the well-funded PSPNET program, which offers therapist-guided internet-based cognitive behavioral therapy (CBT) for depression, anxiety and post-traumatic stress injuries;

WHEREAS nurses and other health care workers face unique occupational stressors, including high workloads, moral distress, exposure to trauma and workplace violence, which require targeted mental health supports tailored to their profession,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for the development and implementation of comprehensive mental health supports for nurses and other health care workers by:



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1. Pushing for the adoption and enforcement of the standard CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2022), *Psychological health and safety in the workplace*, by all health care employers either through collective bargaining or through provincial legislation.
2. Lobbying federal and provincial governments for sustained and increased public funding for accessible evidence-based mental health resources tailored to the needs of nurses and other health care workers.
3. Advocating for employer-supported mental health initiatives that include confidential counseling services, peer support programs and workplace accommodations to address psychological distress.
4. Ensuring that all nurses and health care workers have access to proactive mental health resources, including stress management training and trauma-informed care education.
5. Calling for a national strategy on nursing and health care worker mental health that addresses the systemic causes of poor mental health in the sector, including unsafe workloads, workplace violence and moral injury.
6. Collaborating with health care organizations, unions and research institutions to monitor and evaluate the mental health needs of nurses and other health care workers and develop effective interventions.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Prioritizing the mental health of nurses and other health care workers

- In CFNU's 2025 survey of over 4,700 unionized nurses across Canada:
 - 37% of nurses are considering leaving their current job, the profession entirely, or retiring in the next year.
 - 31% screen positive for anxiety; 24% screen positive for depression; 31% screen positive for clinical burnout, and more than 91% show at least some symptoms of burnout.
 - Only 50% report having good or excellent mental health.
 - 6 in 10 nurses report experiencing at least one type of violence or abuse in their workplace over the past year. Of these, 82% report verbal abuse, 47% report physical abuse, and a concerning 18% report sexual abuse from patients and families. Early-career nurses (<5 years) are significantly more likely to experience these types of abuse.
 - 17% of respondents were unable to work for more than one week in the past year due to mental health issues.
 - Only 1 in 4 (26%) reported receiving psychological health and safety training.
 - 26% work overtime (more than 40 hours per week); most of these respondents, 85%, feel the hours they work negatively impacts their relationships with family and friends.
 - More than a third of nurses reported working involuntary overtime in the preceding 6 months. About half of which report that the reason they worked involuntary overtime was because they felt morally obligated to keep colleagues from working short, and ensure patients receive appropriate care.
 - Two thirds of respondents say their workplace is regularly overcapacity.⁶
- PSPNET, an online federally funded therapist-guided internet-based cognitive behavioral therapy (CBT) for depression, anxiety and post-traumatic stress injuries, is available for border services officers, correctional workers, firefighters, Indigenous emergency managers, operations and intelligence personnel, paramedics, police, public safety communicators, and search and rescue personnel. Nurses are not currently eligible to receive this support.⁷
- The CSA Standard, *CAN/CSA-Z1003-13/BNQ 9700-803/2013*, sets out principles and actions that contribute to a psychologically healthy workplace through prevention of negligent, reckless and intentional harms to mental health and the promotion of psychological well-being.⁸

⁶ https://nursesunions.ca/wp-content/uploads/2025/03/CFNU-Member-Survey-Report_March-25_final-65.pdf

⁷ <https://www.pspnet.ca/>

⁸ <https://www.csagroup.org/wp-content/uploads/2421865-Z1003-13EN.pdf>



Resolutions

Resolution #7 – Addressing the health care needs of Canada’s aging population

WHEREAS Canada’s population is aging rapidly, with a growing proportion of seniors requiring increased health care services, long-term care and specialized geriatric care;

WHEREAS the current health care system struggles to meet the complex medical, social and long-term care needs of older adults, leading to increased hospital admissions, prolonged hospital stays, and challenges in accessing home care and long-term care facilities;

WHEREAS nurses and allied health professionals play a critical role in providing care for the aging population, yet health care staffing levels, resources and training opportunities in geriatric care are insufficient to meet demand;

WHEREAS the increasing strain on the health care system due to an aging population has financial, social and workforce implications, requiring immediate government action to implement sustainable solutions,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations actively lobby the federal and provincial governments to implement policies and funding strategies to address the growing health care needs of Canada’s aging population, including but not limited to:

1. Increasing investments in home care and community-based services to support aging in place and reduce unnecessary hospitalizations.
2. Expanding access to long-term care facilities, ensuring appropriate staffing levels – with a significant focus on licensed staff – and improved quality of care.
3. Enhancing education and training opportunities for nurses in geriatric and palliative care to improve health care delivery for older adults.
4. Implementing strategies to retain and recruit health care professionals specializing in senior care, addressing workforce shortages in this sector.
5. Advocating for improved coordination between health care, social services and community resources to provide comprehensive and integrated care for seniors.
6. Ensuring equitable pay for nurses in home care and long-term care as compared to other nursing sectors, and clear recognition of the value of their work.
7. Adopting and mandating the standard CAN/HSO 21001:2023 (E) *Long-Term Care Services* as the national framework for high-quality, resident-centered and safe long-term care services.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Addressing the health care needs of Canada's aging population

- Canada's aging population is increasing the demand for long-term care (LTC). By 2074, more than 1 in 4 people in Canada are expected to be aged 65 and older, and the population aged 85 and over is expected to triple to at least 3.2 million in the same period.⁹
- Older adults accessing LTC in Canada are becoming increasingly medically complex. A 2020 study of Ontario nursing homes found that most residents possess seven or more chronic conditions and take nine or more prescription medications.¹⁰
- LTC is severely understaffed. In 2021, Canada had only 3.8 LTC workers for every 100 people aged 65 and over, much lower than the OECD average of 5.7. Of these workers, most work part time (57%), substantially higher than the OECD average of 34% – resulting in much of the workforce being precariously employed and lacking benefits such as paid sick days, harming staff retention and recruitment.¹¹
- The COVID-19 pandemic highlighted shortcomings in private for-profit LTC homes in Canada, which were found to have lower staffing levels, less care hours delivered to residents, and consequently higher mortality rates.^{12,13}
- In 2024, 36% of LTC nurses are dissatisfied with their career choice, and 15% of them were considering leaving the profession in the next year – the highest across all the workplaces in which nurses practice. 54% of LTC nurses reported the quality of care at their workplace deteriorated over the previous year. Unpredictable staffing and scheduling (69%), not having enough time to complete all nursing tasks (62%), and inadequate compensation (64%) were all ranked by LTC nurses as very important considerations in leaving their jobs.¹⁴
- 30% of LTC nurses say better staffing levels would improve their work life and make them consider staying in their roles for longer.
- No Canadian jurisdiction is currently meeting HSO-recommended minimum 4.1 hours of care per resident per day to ensure LTC residents' health and safety.¹⁵

⁹ <https://www150.statcan.gc.ca/n1/pub/91-520-x/91-520-x2025001-eng.htm>

¹⁰ <https://doi.org/10.1111/jgs.16394>

¹¹ <https://doi.org/10.1787/7a7afb35-en>

¹² <https://www.cbc.ca/news/canada/british-columbia/long-term-care-providers-report-1.6977987>

¹³ <https://www.cmaj.ca/content/192/33/E946>

¹⁴ Canadian Federation of Nurses Unions (2024). Council of the Federation July 2024 fact sheet: *Long-term Care*

¹⁵ <https://www.niageing.ca/jurisdictionalscanhso>



Resolutions

Resolution #8 – Addressing the impact of unpaid work in nursing education

WHEREAS nursing students are required to complete extensive unpaid clinical placements as part of their education, providing essential care in health care settings while receiving little to no financial support;

WHEREAS male-dominated professions, such as the skilled trades, provide students with paid apprenticeships;

WHEREAS the expectation of unpaid clinical placements places a significant financial burden on nursing students, many of whom must balance coursework, clinical placements and paid employment to support themselves throughout their education;

WHEREAS the reliance on unpaid student labour contributes to systemic inequities, disproportionately impacting students from lower-income backgrounds and creating barriers to entry into the profession;

WHEREAS the health care system benefits significantly from the clinical placements of nursing students yet fails to provide adequate compensation or supports, contributing to student stress, burnout and attrition from nursing programs;

WHEREAS addressing the financial burden of unpaid clinical placements can help improve retention and recruitment in the nursing profession, which is critical given the current nursing shortages across Canada;

WHEREAS a recent national survey of nursing students found that nearly all nursing students (92%) support paid clinical placements, and a large majority (87%) of nursing students say they would vote for a political party committed to implementing this,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for the fair compensation and support of nursing students by:

1. Lobbying federal and provincial governments to implement financial compensation, stipends or wage-based models for nursing students during clinical placements.
2. Advocating for tuition relief, scholarships or grants specifically for nursing students to help offset the costs associated with unpaid clinical placements.
3. Engaging with educational institutions and employers to explore models that provide paid internship opportunities or integrate paid employment into nursing education.



Resolutions

4. Pushing for policies that ensure nursing students receive adequate supports during their placements, including reimbursement for travel, childcare and other associated costs.
5. Raising awareness of the issue through public campaigns, advocacy efforts and engagement with government officials to highlight the value of nursing students' contributions to the health care system.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Impacts of unpaid work in nursing education

- Numerous schools of nursing initially used an apprenticeship model with students being paid as employees throughout their training, from at least the 1920s. As nursing education evolved toward baccalaureate-level education around the 1960s, nursing students were no longer paid for the training component of their studies.¹⁶
- Becoming a nurse in Canada is incredibly expensive. While the costs of tuition and fees for nursing school vary depending on the province and the institution, domestic students can expect to pay, on average, about \$6,400 per year in tuition.¹⁷ There are also significant non-tuition costs, including transportation, in which nursing students are often required to have access to a personal vehicle to attend clinical placements.
- The first three years of registered nursing programs generally involve part-time placements that overlap with academic coursework. The final year includes a roughly three-month-long full-time preceptorship, where students transition into practicing more independently, including taking on a full patient assignment. This labour is all unpaid, and students must continue paying tuition during this period.
- Clinical placements often take 8 to 12 hours a day, multiple times a week, not including the time spent travelling to and from the location. Nonetheless, many students are forced to work a paid job while doing their placement and completing their other course work.
- CFNU and CNSA's 2025 survey found that 82% of respondents were concerned about their finances. More than 1 in 4 (28%) said they had considered dropping out of their nursing studies because of financial difficulties. This was highest among students who worked full time while going to school, with 47% of them saying they had contemplated transferring out of their program.¹⁸
- Almost two thirds (63%) of survey respondents said financial difficulties had a negative impact on their academic studies, and 72% said those difficulties were harming their physical or mental health.
- There are strong precedents internationally for paying nursing students and/or relieving them from tuition costs during their placements, including Australia¹⁹, Germany²⁰ and Ireland²¹.
- For further information on this issue, please read “Investing in the Future: Reducing Financial Barriers for Nursing Students” by Eyasu Yakob.

¹⁶ [The nurse apprentice and fundamental bedside care: An historical perspective - Tesseyman - 2023 - Nursing Inquiry - Wiley Online Library](#)

¹⁷ [Canadian undergraduate tuition fees by field of study \(current dollars\)](#)

¹⁸ [First national nursing student survey finds financial barriers to continue in nursing, Canadian Federation of Nurses Unions](#)

¹⁹ [Commonwealth Prac Payment - Department of Education, Australian Government](#)

²⁰ [Remuneration: Nursing training](#)

²¹ [gov.ie - Minister for Health announces €9 million in additional supports for student nurses and midwives](#)



Resolutions

Resolution #9 – Strengthening protections against violence toward health care workers

WHEREAS on December 17, 2021, Bill C-3 received Royal Assent, amending the *Criminal Code* of Canada to make intimidating a health professional a criminal offence, including threats or other forms of violence intended to provoke fear and interfere with their duties;

WHEREAS Bill C-3 also established that intimidating a health care worker and obstruction of their work would be considered an aggravating factor in sentencing offenders;

WHEREAS, despite these legal provisions, nurses and other health care workers continue to face significant barriers when seeking justice, including inconsistent enforcement by employers, inadequate responses from law enforcement and reluctance from the justice system to fully apply existing legal protections to workplace violence cases;

WHEREAS Bill C-321, *An Act to Amend the Criminal Code (assaults against persons who provide health services and first responders)*, seeks to further strengthen legal protections for health care workers by formally designating assaults against them as an aggravating factor in sentencing, reinforcing the need for stronger deterrents against violence in health care settings;

WHEREAS workplace violence is influenced by broader systemic issues, including staffing shortages, gaps in mental health and addiction services, systemic inequities, insufficient access to appropriate security and law enforcement in rural and remote localities, and social determinants of health, all of which contribute to the instances of aggression and violence in health care environments;

WHEREAS the CFNU has previously passed resolutions on this issue, recognizing that violence in health care remains an urgent and ongoing concern,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions (CFNU) and its Member Organizations continue to actively advocate for the prevention of violence against health care workers by:

1. Engaging with federal and provincial/territorial ministers of justice and attorneys general to ensure effective implementation of Bill C-3, emphasizing its role in deterring workplace violence and holding perpetrators accountable.



Resolutions

2. Lobbying the federal and provincial/territorial governments to strengthen the enforcement of legal protections for health care workers and ensure the consistent education of law enforcement officers in the application of criminal charges in cases of workplace violence.
3. Advocating for systemic reforms to address the root causes of workplace violence, including but not limited to improved mental health and addiction services, better staffing ratios and enhanced security measures such as weapons detection systems and metal detectors in health care settings.
4. Pressing employers and law enforcement agencies to fulfill their obligations, including educating officers on existing legal protections, such as Bill C-3, and ensuring that nurses and other health care workers receive appropriate support when reporting incidents of violence, including clear reporting processes, employer accountability and trauma-informed responses.
5. Partnering with other unions, advocacy groups and public safety organizations to raise awareness and push for legislative and policy changes aimed at reducing violence in health care and society at large.
6. Mobilizing nurses, allied health professionals and the public through petitions, awareness campaigns and direct advocacy to demand stronger protections against workplace violence.
7. Affirming that health care workers should not bear the burden of deciding whether charges should be pursued in cases of workplace violence. Instead, all assaults against health care workers must be automatically charged with the final decision made by the Crown.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Violence against health care workers

- Violence against nurses and other health care workers remain systemic. In January 2025, a 32-year-old man attacked three employees at the Halifax Infirmary with a knife, stabbing two and injuring a third. The emergency department was temporarily closed to most of the public. He is facing nine charges, including attempted murder.
- However, a legal analysis of cases involving workplace violence against nurses, published in November 2024, found that few cases make their way to courts in Canada. The analysis found only 12 English-language sentencing decisions between 2006 and 2021 where a nurse was the victim of violence. Only five cases were found under workplace laws where an employer was charged.²²
- In the 2025 national nursing survey that the CFNU conducted through Viewpoints Research, 59% of respondents indicated that in the past year they experienced violence or abuse related to their job (verbal, physical, bullying, sexual, online). The numbers were higher among nurses in Alberta (63%), British Columbia (65%), Manitoba (68%) and Saskatchewan (68%).²³
- From the survey, the most common types of violence respondents experienced are verbal and physical violence from patients and families. 82% reported experiencing verbal abuse from patients and their families, with Alberta (86%) and BC (88%) being the highest among the provinces.
- Disturbingly, nearly 1 in 5 respondents (18%) report experiencing sexual violence from patients or their families in the past year.
- The survey also found that 37% of respondents are not receiving workplace violence and harassment training, and 40% are not receiving a health and safety orientation. Only 1 in 4 (26%) are receiving psychological health and safety training. 1 in 3 respondents fear repercussions for reporting OH&S concerns or work-related violence and abuse.
- In October 2023, the first artificial intelligence (AI)-based weapons detection screening system in a Canadian hospital was installed at Windsor Regional Hospital's two campuses in their emergency departments, using a technology called Evolv Technologies. It is used in many U.S. schools, hospitals and stadiums, and some such buildings in Canada and the UK.
- In July 2024, a pilot of AI-based weapons detection screening systems was conducted at Manitoba's Health Sciences Center. Alberta is also exploring the trailing of these systems at health care facilities within the province.

²² [Workplace Violence Against Nurses in Canada: A Legal Analysis - PubMed](#)

²³ [National nurses' survey confirms urgent need for federal bill to address patient and worker safety on eve of federal election, Canadian Federation of Nurses Unions](#)



Resolutions

Resolution #10 – Establishing national standards for health care security personnel to address workplace violence

WHEREAS nurses and other health care workers continue to face increasing levels of workplace violence in a high-risk sector with limited rights to refuse unsafe work, including physical assaults, verbal abuse and threats, resulting in significant physical and psychological harm;

WHEREAS many health care workplaces or settings lack adequate security personnel or have inconsistent levels of protection, leaving nurses and other health care workers vulnerable to violent incidents while performing their duties;

WHEREAS the absence of standardized qualifications, training and competencies for health care security personnel leads to inconsistencies in their ability to prevent, de-escalate and respond effectively to violent situations;

WHEREAS other high-risk workplaces, such as correctional facilities and public transportation, have established national training and competency standards for security personnel, yet health care settings – despite being a recognized high-risk environment – lack similar protections;

WHEREAS implementing national standards for health care security personnel would improve the safety of nurses, other health care workers and patients by ensuring consistent evidence-based training in de-escalation techniques, trauma-informed care and crisis intervention;

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions advocate for the development and implementation of national standards for health care security personnel through the Health Standards Organization (HSO) or Canadian Standards Association (CSA) by:

1. Lobbying the federal and provincial/territorial governments to recognize workplace violence in health care as a national crisis and take immediate action to strengthen security protections through occupational health and safety (OH&S) legislation.
2. Calling for the establishment of national standards for health care security personnel that define specific training requirements, de-escalation techniques, crisis intervention skills, trauma-informed care and understanding of health care environments.
3. Ensuring that employers are required to meet and maintain these national standards when hiring security personnel, guaranteeing a consistent and competent level of protection across all health care settings.



Resolutions

4. Advocating for dedicated and properly trained security personnel in all health care facilities, with a particular focus on high-risk areas such as emergency departments, mental health units and long-term care facilities.
5. Establishing accountability mechanisms and oversight to ensure health care employers comply with national security training standards, with regular evaluations of their effectiveness and involvement from joint occupational health and safety committees to ensure compliance with the standards.
6. Collaborating with health care unions, advocacy organizations and professional bodies to support the development, implementation and enforcement of these national standards.
7. Raising public awareness about the risks nurses and allied health professionals face due to inadequate security, and mobilizing support for stronger protections in health care workplaces or settings.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Training for security personnel in health care

- A study of security practices in U.S. hospitals concluded that the effectiveness of hospital security is based on security personnel's relationships with other hospital employees. The study reviewed security practices at 340 U.S. hospitals with most hospitals (72%) having directly employed in-house security personnel.
- The most common recommendation from participants on improving hospital security and workplace violence was to provide more training of security personnel and hospital staff (63% of responses).²⁴
- Across Canada, the provinces have different names for health care security personnel, each with different levels of training and authority.
- In British Columbia, 320 workers with the title "relational security officer" had been hired in 2023 after provincial funding was provided to health authorities to establish this model in 26 health care settings. These workers receive training in workplace violence prevention and mental health, including trauma-informed practice training. Their training prepares them to anticipate, de-escalate and prevent aggression.²⁵
- Alberta Health Services (AHS) hires Protective Services Officers, who receive 6 weeks of training through the Peace Officer Induction Training Program. They are trained to "occasionally intervene with aggressive and unpredictable behaviour."²⁶ They are technically peace officers and are unionized through the Alberta Union of Provincial Employees (AUPE). However, most security in Alberta's health care facilities are privatized through third-party contractors. They are required to complete 40 hours of online training and pass an exam in order to receive their security license to work in this sector in Alberta.²⁷
- The Manitoba government has institutional safety officers (ISOs) working in hospitals throughout the province. They are "licensed as security guards and in health-care environments have additional training which allows them to accept a mental health patient from police, then secure and protect them until seen by health-care professionals."²⁸
- Toronto East General Hospital, considered to be a leader in workplace violence prevention, has each member of their Protective Services trained in-house with comprehensive training sessions, which includes de-escalation training.²⁹

²⁴ [Security Personnel Practices and Policies in U.S. Hospitals - Ashley L. Schoenfisch, Lisa A. Pompeii, 2016](#)

²⁵ <https://news.gov.bc.ca/releases/2023HLTH0143-001810>

²⁶ <https://www.albertahealthservices.ca/careers/Page12341.aspx>

²⁷ <https://securityguardcourse.ca/product/alberta-basic-security-guard-training-course-abst/>

²⁸ [Province of Manitoba | News Releases | Manitoba Government Announces Institutional Safety Officers Coming to Health Sciences Centre Winnipeg Starting April 15](#)

²⁹ <https://www.longwoods.com/content/24304/healthcare-quarterly/leadership-engagement-and-workplace-violence-prevention-the-collaboration-between-a-large-community>



Resolutions

Resolution #11 – Advancing health care rights and protections for 2SLGBTQIA+ individuals, particularly transgender individuals

WHEREAS unions have a long history of promoting social justice, human rights and equality, and have the power to use collective solidarity to advocate for the health care rights of LGBTQ+ individuals, particularly transgender individuals;

WHEREAS though Canada protects the health care rights of 2SLGBTQIA+ individuals, ongoing disparities in access to affirming, competent and inclusive health care persist, disproportionately affecting transgender individuals;

WHEREAS anti-2SLGBTQIA+ legislation and policies in some Canadian provinces and in the United States threaten the rights and well-being of 2SLGBTQIA+ individuals, demonstrating that continued advocacy is necessary to safeguard and advance these rights;

WHEREAS the rise of anti-2SLGBTQIA+ hate and discrimination underscores the urgent need for proactive efforts to ensure equitable health care access and protections for 2SLGBTQIA+ individuals;

WHEREAS organizations such as Momentum Canada are mobilizing to address political advocacy gaps and combat the increasing influence of the anti-2SLGBTQIA+ lobby, highlighting the need for unions and allied organizations to take action,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations actively advocate for the health care rights and protections of 2SLGBTQIA+ individuals, particularly transgender individuals, by:

1. Publicly affirming CFNU's commitment to the protection and advancement of health care rights for 2SLGBTQIA+ individuals, ensuring all members and the public understand CFNU's stance on equity and inclusion.
2. Lobbying the federal and provincial governments to ensure sustained funding for gender-affirming health care services, including specialized training for health care providers to deliver competent and affirming care.
3. Collaborating with 2SLGBTQIA+ advocacy organizations, such as Momentum, to combat health care discrimination and ensure that 2SLGBTQIA+ individuals, particularly transgender individuals, have access to equitable, affirming and stigma-free care.
4. Opposing any attempts to restrict access to gender-affirming care and advocating against policies that seek to undermine the health care rights of 2SLGBTQIA+ individuals in Canada.
5. Mobilizing nurses and allies to act against anti-2SLGBTQIA+ policies and rhetoric that threaten health care rights, including supporting campaigns, petitions and advocacy efforts aimed at protecting vulnerable communities.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Advancing health care rights and protections for 2SLGBTQIA+ individuals, particularly transgender individuals

- 2SLGBTQIA+ people in Canada face widespread barriers to health care access, including provider incompetence, identity-based discrimination and the emotional labour of constant self-advocacy. Participants reported experiences of dismissal, misdiagnosis and systemic neglect, underscoring an urgent need for culturally competent, gender-affirming and anti-oppressive health care practices.³⁰
- 2SLGBTQIA+, especially trans, rights are under threat. Anti-trans sentiment has been growing, and a wave of anti-trans laws has been enacted around the world. In the USA alone, 48 bills limiting the rights of gender-diverse people were passed in 2024.³¹ Three Canadian provinces have followed suit, introducing legislation and policies targeting trans youth.
- Two bills in Saskatchewan (Bill 26: *Health Statutes Amendment Act*, 2024³²) and Alberta (*Education Amendment Act*, 2024³³) have been enacted that limit access to sexual education and inhibit free gender expression. Broadly, they require parental notification and/or consent for students to change names and/or pronouns congruent with the intent to identify with a gender that is different from their sex assigned at birth. They also place increased restrictions on educational lessons related to human sexuality, gender identity and sexual orientation, including requiring parents to opt-in to lessons on these topics and required ministerial approval of the lessons. A similar policy was first introduced by the Department of Education and Early Childhood Development in New Brunswick in August 2020. It was recently rolled back by the newly elected Liberal government in January 2025.
- Alberta has recently introduced or enacted two additional bills that will restrict the rights of trans youth.
 - Bill 29, *Ensuring fairness, safety and inclusivity in sport*, also received royal assent December 5, 2024. It will require schools and amateur sports organizations to create “athlete eligibility policies” that will adhere to less stringently scrutinized government policies that have not yet been detailed.

³⁰ https://egale.ca/wp-content/uploads/2024/10/EN-Action-Through-Connection-Report_Final_Oct2024.pdf

³¹ https://www.cbrc.net/anti_trans_laws_youth_support

³² <https://docs.legassembly.sk.ca/legdocs/Bills/29L3S/Bill29-137.pdf>

³³ https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_1/20230530_bill-027.pdf



Resolutions

Despite the careful language of the bill, the intent by Alberta's current government is clear – the regulations will be aimed at excluding trans female athletes from female sports divisions.^{34,35,36}

- *Bill 26 Health Statutes Amendment Act 2024* also received royal assent on December 5, 2024. It broadly prohibits gender-affirming surgeries and medications for minors, directly inhibiting health care options for trans youth.³⁷
- Section 15 of the *Canadian Charter of Rights and Freedoms* asserts the equal status of all individuals regardless of sex.³⁸
- “In 1996, the *Canadian Human Rights Act*³⁹ was amended to specifically include sexual orientation as one of the prohibited grounds of discrimination. This inclusion was a clear declaration by Parliament that gay, lesbian and bisexual Canadians are entitled to “an opportunity equal with other individuals to make for themselves the lives they are able and wish to have...”⁴⁰
- Canadian unions have stood in solidarity with 2SLGBTQIA+ individuals and communities for decades. Protection of trans rights is protection of workers' rights and human rights.⁴¹

³⁴ <https://www.alberta.ca/ensuring-fairness-safety-and-inclusivity-in-sport#:~:text=Bill%2029%2C%20the%20proposed%20Fairness,athletes%20are%20able%20to%20meaningfully>

³⁵ https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_1/20230530_bill-029.pdf

³⁶ <https://policyoptions.irpp.org/magazines/january-2025/alberta-trans-sports/#:~:text=While%20the%20legislation%20is%20said,participating%20in%20sports%20at%20all>.

³⁷ https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_1/20230530_bill-026.pdf

³⁸ <https://www.justice.gc.ca/eng/csj-sjc/rfc-dlc/ccrf-ccd1/check/art15.html>

³⁹ <https://laws-lois.justice.gc.ca/eng/acts/H-6/>

⁴⁰ <https://www.canada.ca/en/canadian-heritage/services/rights-lgbti-persons.html>

⁴¹ <https://canadianlabour.ca/canadas-unions-stand-in-solidarity-with-the-2slgbtqi-community/>



Resolutions

Resolution #12 – Strengthening pandemic preparedness in health care

WHEREAS the COVID-19 pandemic exposed significant gaps in health care system pandemic preparedness, including shortages of personal protective equipment (PPE), inadequate staffing levels and limited surge capacity;

WHEREAS the potential threat of emerging infectious diseases, including avian influenza and other novel viruses, poses an ongoing risk to public health and the health care system;

WHEREAS nurses were disproportionately impacted during the COVID-19 pandemic, facing physical and mental exhaustion, unsafe working conditions and inadequate support, exacerbating burnout and staff shortages;

WHEREAS effective pandemic preparedness requires proactive investment in health care infrastructure, workforce planning, infection control measures and supply chain resilience to mitigate future crises,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations actively lobby the federal and provincial governments to implement comprehensive pandemic preparedness measures to safeguard health care workers and the public, including but not limited to:

1. Ensuring a secure and sustainable stockpile of PPE, medical supplies and essential medications to prevent shortages in future health emergencies, with transparency on reporting quantities to the public.
2. Establishing clear enforceable guidelines to protect nurses and other frontline health care workers, including enhanced infection prevention and control measures rooted firmly in the precautionary principle.
3. Investing in public health surveillance, early warning systems and research to detect and respond rapidly to emerging infectious disease threats.
4. Improving mental health and wellness support programs for nurses and health care workers to mitigate burnout and psychological impacts during future pandemics.
5. Enhancing collaboration between health care institutions, government agencies and labor unions to develop and implement evidence-based pandemic response strategies.
6. Investing in domestic production of PPE to strengthen self-sufficiency in production and lessen our reliance on foreign procurement.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Strengthening pandemic preparedness in health care

- Avian influenza, or H5N1, poses a risk of becoming the next pandemic. While only a small number of cases have been detected in humans, including a BC teen, the virus can continue to change and gain the ability to infect more people and potentially to be transmissible between people. If this does happen, early evidence suggests that an H5N1 pandemic could be far deadlier than COVID-19.⁴²
- The Public Health Agency of Canada (PHAC) has yet to release a plan that prepares Canada for the next pandemic. The CFNU has been informed by the PHAC that they are developing a plan, entitled Canada's Pandemic Preparedness Plan (CPPP), which is slated to be released in March 2026.
- The CFNU has insisted that nurses' unions be invited to collaborate on the design and implementation of such a plan, but to date nurses' unions have not been invited to any stakeholder consultations on this issue.
- The PHAC noted for the CFNU that "CPPP's technical components will align with themes identified in the WHO's Preparedness and Resilience for Emerging Threats (WHO PRET). These themes are Emergency and Science Coordination, Collaborative Surveillance and Data Analysis, Community Protection, Medical Countermeasures, and Health Care Services. Information related to health systems and surge capacity, psychosocial well-being and security of supply chain for medical equipment and supplies will be included in the technical components. CPPP will be informed by the cross-cutting considerations of One Health, communication, health equity, science, and ethics."
- In July 2024, PHAC released the National Emergency Strategic Stockpile Comprehensive Management Plan, building on changes implemented by the National Emergency Strategic Stockpile (NESS) in response to the COVID-19 pandemic, and which provides a roadmap for transformation of the NESS program moving forward.⁴³
- While PHAC noted in the NESS Comprehensive Management Plan that an achievement is having "secured time-limited funding to maintain two domestic supply contracts for N95 respirators and surgical masks," it is unclear what "time-limited" means precisely, and if the supply contracts provide a sufficient number of N95 respirators to meet demands for ensuring the protection of health care workers for an airborne virus similar to COVID-19 (taking into account the precautionary principle), if one were to emerge in a sudden manner.

⁴² [There's no question H5N1 bird flu has 'pandemic potential.' How likely is that worst-case scenario? | CBC News](#)

⁴³ [National Emergency Strategic Stockpile Comprehensive Management Plan - Canada.ca](#)



Resolutions

- The situation in the U.S. on pandemic preparedness has become bleak under Donald Trump's second term in office, which puts additional pressure on PHAC to ensure adequate expertise exists in-house. The Center for Disease Control (CDC) announced significant cuts with 18% staff cuts (2,400 employees), and one of its offices, the National Institute of Occupational Safety and Health (NIOSH) with more than two thirds of its staff expected to lose their jobs (873 employees). This is part of a broader set of cuts to the Department of Health and Human Services, with 10,000 job cuts.⁴⁴
- Among the jobs and areas of public health that were cut include the global health center, which is responsible for investigating hundreds of disease outbreaks occurring abroad each year, the National Personal Protective Technology Laboratory, which is tasked with vetting and approving N95 respirators among other personal protective equipment, and employees at the Administration for Strategic Preparedness and Response which work for the strategic national stockpile.

⁴⁴ [Massive CDC layoffs include entire sections getting RIF'd; RFK Jr.'s layoffs expected to gut worker safety agency NIOSH, officials say - CBS News](#)



Resolutions

Resolution #13 – Protecting and strengthening publicly funded and delivered health care

WHEREAS Canada’s universal health care system is founded on the principles of accessibility, equity, and publicly funded and publicly delivered care, ensuring that all individuals receive necessary medical services regardless of income or socioeconomic status;

WHEREAS the increasing push for privatization in health care, including private-for-profit clinics and services, threatens to undermine the public health care system by diverting resources, exacerbating inequities and worsening staffing shortages in the public sector;

WHEREAS evidence shows that privatized health care models lead to increased costs, reduced quality of care and longer wait times for those who cannot afford private services, creating a two-tiered system that disadvantages the most vulnerable populations;

WHEREAS nurses and other frontline health care workers are deeply impacted by the erosion of publicly funded and delivered health care, facing deteriorating working conditions, wage suppression and job instability as resources shift toward private interests,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its members organizations continue to advocate for the protection and strengthening of publicly funded and publicly delivered health care by:

1. Lobbying provincial and federal governments to reject any expansion of private for-profit health care services and instead invest in strengthening the public health care system.
2. Educating members and the public on the risks of health care privatization and the importance of maintaining a strong universal and publicly delivered system.
3. Collaborating with other unions, health care organizations and advocacy groups like the Canadian Health Coalition to coordinate actions against privatization efforts and promote reinvestment in public health care.
4. Demanding full transparency and accountability in government decisions regarding health care funding and service delivery, ensuring public dollars are used to support public health care.
5. Mobilizing members and the public to take action against privatization through petitions, rallies, media campaigns and direct engagement with elected officials.
6. Promoting the phasing-out of private staffing agencies with transparency of provincial spending on these agencies and the use of internal unionized travel nurses in each province.

Submitted by: National Executive Board
Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Protecting and strengthening publicly funded and delivered health care

- *Canada Health Act* criterion of **accessibility**: Ensure “reasonable access to insured hospital, medical, and surgical-dental services that require a hospital setting, on uniform terms and conditions, unprecluded or unimpeded, either directly or indirectly, by charges (extra-billing or user charges) or other means.”⁴⁵
- *Canada Health Act* criterion of **universality**: “Under the universality criterion, all insured residents of a province or territory must be entitled to the insured health services provided by the provincial or territorial health care insurance plan on uniform terms and conditions.”⁴⁶
- *Canada Health Act* principle of **public administration**: the CHA “requires provincial and territorial health care insurance plans to be administered and operated on a non-profit basis by a public authority, which is accountable to the provincial or territorial government for decision-making on benefit levels and services, and whose records and accounts are publicly audited.”⁴⁷
- “While the *Canada Health Act* forbids extra billing of patients where patients would be required to pay out of pocket for medically necessary hospital and physician services, there is no explicit ban on private, for-profit clinics. Private companies can provide health services as long as patients are not charged for insured services”.⁴⁸
- Patients may not always be required to pay for medically necessary services in for-profit clinics, but they have been charged extra for upgraded products, administrative fees, block fees for physicians, equipment intrinsic to the treatment, and blood tests and screenings, among others.⁴⁹ Those that are able to pay these fees can access care at private clinics, while those who cannot are left waiting in long lines.
- A May 2020 *Toronto Star* investigation found that, “[i]n homes with an outbreak, residents in for-profit facilities are about twice as likely to catch COVID-19 and die than residents in non-profits, and about four times as likely to become infected and die from the virus as those in a municipal home.”⁵⁰

⁴⁵ <https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/canada-health-act-annual-report-2022-2023/canada-health-act-annual-report-2022-2023.pdf>

⁴⁶ *ibid*

⁴⁷ *ibid*

⁴⁸ <https://www.cbc.ca/news/health/canada-health-act-privatization-healthcare-1.6726809>

⁴⁹ <https://www.ontariohealthcoalition.ca/index.php/jumping-the-queue-the-ontario-health-coalition-releases-report-on-escalation-of-health-care-privatization/>

⁵⁰ https://www.thestar.com/business/for-profit-nursing-homes-have-four-times-as-many-covid-19-deaths-as-city-run/article_2bdb1af1-50fd-5b5f-84c8-18d2ae96ef4f.html



Resolutions

- The number of hours purchased from private for-profit nurse staffing agencies has been skyrocketing, and they are charging governments upwards of 3-4 times the cost of a staff nurse per hour of care delivered. The increasingly normalized presence of transient staffing contracts leads to additional work for permanent nurses at the host site and interruptions to continuity of care for patients among other material and non-material costs.⁵¹
- Nurses across Canada are concerned about the negative impacts of privatization on their ability to deliver high-quality equitable care to their patients.^{52,53,}

⁵¹ <https://nursesunions.ca/research/opening-the-black-box/>

⁵² <https://ona.org/news/nurses-talk-truth/#:~:text=The%20real%20problem%20is%20health,fails%20patients%2C%20residents%20and%20clients.>

⁵³ <https://rnunl.ca/release-nurses-rally-against-privatization-of-healthcare-call-on-auditor-general-to-investigate/>



Resolutions

Resolution #14 – Retaining and supporting the nursing and health care workforce

WHEREAS retaining experienced nurses and allied health professionals is essential to maintaining high-quality patient care, reducing health care costs and ensuring the stability of the health care system;

WHEREAS the nursing profession continues to experience high levels of exhaustion, moral distress and job dissatisfaction due to chronic understaffing, excessive workloads, workplace violence and inadequate compensation;

WHEREAS the loss of experienced nurses exacerbates staffing shortages, increases pressure on remaining staff and negatively impacts patient outcomes, contributing to a cycle of attrition in the profession;

WHEREAS ensuring nurses and health care workers have safe working conditions, competitive wages, access to professional development and opportunities for career advancement is critical to fostering a sustainable and resilient workforce;

WHEREAS governments and health care employers must prioritize nurse and health care worker retention strategies to stabilize the workforce, improve job satisfaction and strengthen health care delivery across all sectors,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for comprehensive nurse and health care worker retention strategies by:

1. Lobbying the federal and provincial governments and health care employers to implement and enforce safe staffing standards that prevent excessive workloads and reduce moral injury, such as nurse-patient ratios.
2. Advocating for fair and competitive wages, benefits and incentives that reflect the value and expertise of nurses and allied health professionals across all health care settings.



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3. Pushing for improved working conditions by addressing workplace violence, supporting mental health initiatives and ensuring nurses and allied health professionals have access to appropriate resources and rest periods.
4. Encouraging investment in professional development and career advancement opportunities to support continuous learning, mentorship and leadership roles for nurses and allied health professionals.
5. Developing innovative scheduling options and improved work-life balance policies to accommodate the diverse needs of nurses and allied health professionals at different career stages through negotiating provincially with health care employers.
6. Promoting retention-focused recruitment efforts that prioritize retaining experienced nurses while ensuring a steady pipeline of new nursing graduates entering the workforce.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Retaining and supporting the nursing and health care workforce

- Nurses move from novices to experts as they gain experience through years of practice. Experienced nurses have the expertise to mentor younger nurses and provide complex high-quality care to patients. Retaining experienced nurses is critical to maintain and improve the nursing workforce.⁵⁴
- In CFNU's 2025 survey of over 4,700 members and other unionized nurses across Canada:
 - 37% of nurses are considering leaving their current job, the profession entirely, or retiring in the next year.
 - Respondents consistently say that high workloads, insufficient staffing levels and lack of work-life balance are very important factors for them to consider when leaving a job.
 - 29% are somewhat or very dissatisfied with their choice of nursing as a career.
 - 31% screen positive for anxiety.
 - 24% screen positive for depression.
 - 31% screen positive for clinical burnout.
 - Only 50% report having good or excellent mental health.
 - 6 in 10 nurses report experiencing at least one type of violence or abuse in their workplace over the past year. Of these, 82% report verbal abuse, 47% report physical abuse, and a concerning 18% report sexual abuse from patients and families.⁵⁵
- Canada is in the midst of an ongoing and long-standing nursing shortage crisis that requires immediate and decisive action to reverse the trajectory. Statistics Canada reported 35,760 nursing vacancies across the country.⁵⁶ This accounts for only the posted job vacancies and doesn't represent the total actual shortages that are backfilled by ever-increasing overtime⁵⁷ and private for-profit staffing agencies,⁵⁸ which account for several thousand additional FTE per year.
- In March 2024, Health Canada and the Chief Nursing Officer Dr. Leigh Capman released the *Nursing Retention Toolkit*, which outlines eight key strategies to support nurse retention. Strategies include: inspired leadership, flexible and balanced ways of working, organizational mental health and wellness supports, professional development and mentorship, reduced administrative burden, strong management

⁵⁴ <https://aacnjournals.org/ajconline/article/13/6/448/348/From-Novice-to-Expert-to-Mentor-Shaping-the-Future>

⁵⁵ https://nursesunions.ca/wp-content/uploads/2025/03/CFNU-Member-Survey-Report_March-25_final-65.pdf

⁵⁶ <https://www150.statcan.gc.ca/n1/daily-quotidien/250318/dq250318b-eng.htm>

⁵⁷ <https://www.cihi.ca/en/hospital-staffing-and-hospital-harm-trends-throughout-the-pandemic>

⁵⁸ <https://nursesunions.ca/research/opening-the-black-box/>



Resolutions

and communication, clinical governance and infrastructure, and safe staffing practices. Nurses and nursing organizations across the country, including the CFNU, participated in consultations throughout the development of this federal framework.

- A 2022 CFNU report by Dr. Bourgeault and Dr. Ben Ahmed, *Sustaining Nursing in Canada*, outlined the critical importance of retaining, returning and recruiting nurses to stabilize the nursing workforce. A key priority was reducing workloads through a legislated minimum nurse-patient ratio and minimum care standard. They also highlighted the importance of reducing violence, ensuring nurses have a safe and supportive work environment, and professional development opportunities. “Leaving these chronic nursing workforce issues unaddressed has critical impacts beyond the nursing workforce. Patient safety, quality care, and health system sustainability are also at risk. There is extensive evidence linking the inadequacy of nurse staffing to missed care and patient morbidity and mortality.”⁵⁹

⁵⁹ https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report_-Sustaining-Nursing-in-Canada2022_web.pdf



Resolutions

Resolution #15 – Ensuring the responsible integration of artificial intelligence in health care

WHEREAS artificial intelligence (AI) is increasingly integrated into health care systems, with applications in clinical decision-making, administrative processes, diagnostics and patient monitoring;

WHEREAS AI has the potential to improve health care efficiency, reduce administrative burdens, enhance patient care and support evidence-based decision-making for nurses and other health care professionals;

WHEREAS the rapid advancement of AI in health care raises concerns regarding job displacement, ethical considerations, data privacy, algorithmic bias and the potential for AI-driven decision-making to undermine the critical role of human judgment in health care;

WHEREAS nurses and allied health professionals play a fundamental role in patient advocacy, holistic care and ethical decision-making – elements that cannot be replaced by AI and must be preserved as technology is introduced into health care settings;

WHEREAS the successful implementation of AI in health care requires strong regulatory oversight, workforce training and a commitment to ensuring that AI supports, rather than replaces, the nursing profession,

BE IT RESOLVED THAT the Canadian Federation of Nurses Unions and its Member Organizations advocate for the responsible and ethical integration of AI in health care by:

1. Lobbying the federal and provincial governments to establish clear regulatory frameworks that govern the use of AI in health care ensuring transparency, accountability and equitable outcomes.
2. Advocating for AI policies that prioritize patient safety and quality of care, ensuring AI systems are used to support, rather than replace, human decision-making in nursing and health care delivery.
3. Ensuring AI implementation does not lead to job losses or increased workload for nurses but rather enhances efficiency and allows nurses and allied health professionals to focus on direct patient care.
4. Pushing for workforce training and education programs that equip nurses and allied health professionals with the knowledge and skills necessary to effectively utilize AI technologies in clinical practice.



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5. Monitoring and addressing potential biases in AI systems, that could lead to disparities in patient care, particularly for marginalized and vulnerable populations.
6. Working with health care institutions and policymakers to ensure that nurses and allied health professionals have a voice in the development, implementation and evaluation of AI-driven health care solutions.
7. Raising awareness among nurses, allied health professionals and the public about the opportunities and challenges associated with AI in health care, promoting informed decision-making and ethical considerations.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Responsible integration of artificial intelligence in health care

- Artificial intelligence (AI) is a machine-based technology that processes inputs from large sums of data through algorithmic software and then generates outputs from that process. Those outputs can take many forms, including predictions, content, recommendations, directions or decisions. In health care, AI is often used to analyze and generate recommendations or other conclusions based on patients' electronic health records and other sources of data collected from patients and health care workers.⁶⁰
- AI is used in many hospitals to monitor patients' vital signs, flag emergency situations and trigger action plans for care.⁶¹
- There are many different applications for AI in health care, perhaps most notably in radiology. The latest AI programs can interpret scans, offer a potential diagnosis and draft written reports about their findings. Algorithms are trained on millions of X-rays and other images collected from hospitals.⁶²
- National Nurses United (NNU), the largest union and professional association for registered nurses in the United States, released a *Nurses and Patients' Bill of Rights: Guiding Principles for AI Justice in Nursing and Health Care* in April 2024. They note that AI systems such as automated worker-surveillance and management systems and clinical decision-support systems can never replace human expertise and clinical judgement that are essential components in the provision of safe and equitable nursing care.
- This nurses' and patients' bill of rights pertaining to AI includes the right to high-quality person-to-person care by licensed health care professionals, the right of patients and workers to safety (with the burden of demonstrating safety with AI technologies resting with developers and deployers), the right to privacy about their care and to private and secure data, the right to transparency such as being informed of the data that is being collected about them, and the right to exercise professional judgement by nurses and other clinicians to override AI decisions.
- A 2024 NNU survey found 69% of respondents whose employer uses algorithmic systems to determine patient acuity said their assessments – which take into account the psychosocial and emotional needs of patients and their families – don't match the computer-generated acuity measurement.⁶³
- The CFNU will host a panel on artificial intelligence on June 4 at the biennial convention.

⁶⁰ [0424_NursesPatients-BillOfRights_Principles-AI-Justice_flyer.pdf](#)

⁶¹ [As AI nurses reshape hospital care, human nurses push back | AP News](#)

⁶² [Will AI replace doctors who read X-rays, or just make them better than ever? | AP News](#)

⁶³ [National Nurses United survey finds AI technology degrades and undermines patient safety | National Nurses United](#)



Resolutions

Resolution #16 – Canada’s frontline nurses’ key priorities for federal politicians

WHEREAS 2025 is to be a year for a federal election, and regardless of timing or results of who wins to lead our country, key for Canada’s frontline nurses is to place health care as a priority;

WHEREAS the last few years have only exacerbated Canadians’ deep concerns about the access to health care services in this country;

WHEREAS CFNU’s recent public poll with Abacus confirmed that access to care, including long wait times, is the biggest challenge in health care, followed by the shortage of nurses;

WHEREAS the same Abacus poll also stated nurses are the second most trusted resource for health care-related information (after pharmacists), with 83% of Canadians asserting that they trust nurses;

WHEREAS nearly 2.3 million people are employed in the health and social assistance sector, which equates to almost 13% of all people employed in the country, and in 2022, this sector contributed \$149,458.20 million to Canada’s GDP;

WHEREAS in Canada we have 477,000 nurses in all categories, and only since 2023 has the federal government reestablished on a temporary basis the position of a Chief Nursing Officer;

WHEREAS with its over 250,000 members, the CFNU is a key partner in building strong federal laws and programs to support nurses and other health care workers,

BE IT RESOLVED THAT the CFNU will focus on four key priorities for federal politicians:

1. Committing to tabling a Patient Safety Bill of Rights which includes legislative nurse-patient ratios.
2. Retaining, recruiting and returning nurses and health professionals to serving Canadians by addressing working conditions in all sectors of health care (from mental health, home care, long-term care to community and acute care).
3. Expanding pharmacare.
4. Making the Chief Nursing Officer a permanent position.

Submitted by: National Executive Board
 Canadian Federation of Nurses Unions



Resolutions

Facts (April 2025): Election priorities facts

As the emerges from a federal election, we call on all parties to commit to real solutions to strengthen our public health care system and support the nurses who sustain it. A 2025 Abacus Data poll⁶⁴, commissioned by the CFNU, found that health care remains one of the top concerns for Canadians. Below are the three key priorities of the CFNU for the federal election.

1. **A Patient Safety Bill of Rights**, which includes:
 - a. Legislated minimum nurse-patient ratios;⁶⁵
 - b. Limits on consecutive hours of work for health care workers to ensure safe conditions for work and care;⁶⁶
 - c. National safe long-term care (LTC) standards such as a mandate for minimum 4.1 hours of direct care per resident per day.⁶⁷
2. **Retention, recruitment and return strategies to stabilize the nursing workforce**, such as:
 - a. Creating a \$1B fund to implement Health Canada's *Nursing Retention Toolkit*;⁶⁸
 - b. Supporting nursing students through the development of a national paid preceptorship program and free tuition;⁶⁹
 - c. Standardizing the registration process for internationally educated nurses;⁷⁰
 - d. Developing a plan to phase out the use of private for-profit nursing agencies.⁷¹
3. **Expanding the pharmacare program** to include universal access to all medically necessary prescription drugs.⁷²

CFNU's federal election campaign, including additional background information on each of these areas, along with ways to take action and a comprehensive toolkit, can be viewed here: <https://www.allforcare.ca>

⁶⁴ <https://nursesunions.ca/access-to-care-tops-list-of-canadians-health-care-concerns-in-new-abacus-poll/>

⁶⁵ [Global nursing leaders to gather for first Canadian summit on safe nurse-patient ratios](#)

⁶⁶ [Safe Hours Save Lives! Study on safe working hours for nurses](#)

⁶⁷ [Safe Long-Term Care Act must be mandatory and enforceable, say health care and labour groups](#)

⁶⁸ [By nurses, for nurses: *Nursing Retention Toolkit* talk with Dr. Leigh Chapman, Canada's Chief Nursing Officer](#)

⁶⁹ [First national nursing student survey finds financial barriers to continue in nursing](#)

⁷⁰ [New report outlines recommendations to empower internationally educated nurses in Canada to practice](#)

⁷¹ [Billions of public health dollars spent on for-profit nursing agencies, new report reveals](#)

⁷² [Body Count: The human cost of financial barriers to prescription medications](#)