

UNWAVERING IN THE FACE OF TOMORROW'S CHALLENGES

LET'S COME →
TOGETHER

13TH CONVENTION OF THE FIQ
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INTRODUCTION

The FIQ's 13th Convention is an occasion to affirm that, more than ever before, the Federation, its union reps, affiliated unions and members must stay united and “unwavering in the face of tomorrow's challenges.” Today, and for the years to come, the FIQ will wage all the battles necessary to guarantee dignified working conditions for healthcare professionals and to build a just and egalitarian society. Nothing can stop mobilized women who are well equipped and proactive. The FIQ will remain strong, against all odds, because its roots are solid and its feminist and progressive values deeply shared. The convention was developed and organized with this in mind.

The Convention is the supreme body of the Federation. Every four years, FIQ delegates meet to pause and reflect on current and future challenges and to adopt organizational orientations. They will guide the organization's positions and actions in the coming years. It's an important moment to democratically shape and consolidate union life.

Every convention takes place in a specific context. In 2025, it is marked by the deployment of Santé Québec as the sole employer for the 350,000 people working in the public health and social services network. In this context, there is no doubt that we must renew ourselves and review our ways of doing things in order to better coordinate our actions, whether they are carried out by the FIQ or by the affiliated unions.

Evolving in a society where discourse is becoming increasingly polarizing brings its share of challenges for union organizations like the FIQ, which represents more than 80,000 healthcare professionals, nearly 90% of whom are women. The resurgence of ideologies that suppress the rights of women and people from diverse backgrounds in particular is a reality that we must face. This undoubtedly shakes the FIQ to the core of its values. True to its statement of principles, the Federation remains an ally to all demands denouncing injustice and non-inclusive political positions and decisions.

And, to no one's surprise, society is changing, and often at lightning speed! The increasing presence of artificial intelligence in our daily lives, for example, is welcomed by some as a step forward for humanity, while it is criticized by others because of the major challenges it poses for the world of work, particularly the healthcare network. It is also important to understand how artificial intelligence reproduces the social biases of historical discrimination, which exclude women and marginalized groups from the outset.

THEME 1 – POWER OVER OUR FUTURE

Healthcare professionals should have the power to impact their working conditions so that they can provide safe, quality care. The various health system reforms have centralized decisions, reducing the staff's ability to actively participate in organizational decisions that affect their work. The standardization of practices, often imposed as part of reforms, can limit the ability of healthcare professionals to respond to the specific needs of the population they are caring for. This directly affects their working conditions, resulting in a dangerous increase in the number of patients, job insecurity, increase in work pace and difficulty in reconciling professional and personal responsibilities. These changes can lead to a deterioration in working environments, an increase in psychosocial risks and mental workload, which inevitably leads to a reduction in the safety and quality of care.

The struggles of the Federation and healthcare professionals are also part of the need to combat the undervaluing of care work in society. Most of the work is carried out by women and is marked by recurring dynamics that devalue and make it invisible, which contributes to the persistence of precarious working conditions and unbalanced power relationships.

Faced with this historical reality, healthcare professionals need to take ownership of their role as agents of change, making informed decisions and influencing the policies that affect them. In this sense, the FIQ's affiliated unions have an important responsibility: to equip their members so that they can fully exercise their power. This requires constant mobilization of the base, built by teams that know their members and understand what they are prepared to mobilize for.

This mobilization must highlight the specific challenges that women face. The degradation of working conditions tends to be normalized, trivialized, and healthcare professionals sometimes develop a tolerance for dangerous situations, out of habit, dedication, or because of pressure from their employer or society. It is therefore all the more important that we collectively mobilize to protect ourselves, demand respect for our expertise, and demand safe and respectful workplaces.

Local unions also need to be positive leaders who defend collective interests. By positioning themselves as experts in their field, healthcare professionals cannot only protect their gains but also help to actively improve the public health network. That is why the role of the FIQ and its affiliated unions is so important.

A union is not just an organization for defending workers' rights, it is also a lever of strategic influence. By being a part of alliances and coalitions, the FIQ and its affiliated unions increase their bargaining power. Throughout history, major societal changes, especially in fights for women's rights, took place when different people rallied together to influence political decisions. It's a role we have to play.

This type of commitment comes from strong support for the orientations adopted by the organization. By drawing on these, healthcare professionals can develop concerted strategies, both locally and provincially, to promote optimal working conditions and quality care for all.

To be truly effective, mobilization should not be sporadic but steady. Developing a strong union culture in workplaces is essential: this is done by building a dynamic union life, through the active participation of healthcare professionals in union meetings, and through many training courses on their rights and mobilization strategies.

The relevance of mobilizing our members around concrete issues that affect them directly and in real time is fundamental to generating this effective and lasting commitment. This approach is fully in line with the organizing philosophy put forward by Labor Notes, which advocates for a more militant form of unionism, centred on the commitment of members and in which building relationships of power starts from the ground up and aims to achieve concrete gains. By acting in accordance with these

principles, the FIQ is renewing its union practices and strengthening its ability to influence public policy, while building a vibrant and dynamic union movement in which every member is involved in collective decisions and actions.

Recommendation

Recommendation 1: Continue to give the *Secrets of a Successful Organizer* training, offering different levels of expertise and support affiliated unions in implementing it with their members.

Healthcare professionals' expertise

Nurses, licensed practical nurses, respiratory therapists and clinical perfusionists have a unique expertise in the health network. This is based on their day-to-day work with patients and their clinical judgement, which is essential to the organization of care. They are at the heart of care, working directly with patients, coordinating inter-professional teams, managing emergencies and continually assessing the quality of care.

The positive impact of healthcare professionals' involvement in the organization of work has been demonstrated time after time. In the early 2000s, the work of American nurse and researcher Linda Aiken¹ showed that environments in which nurses have greater decision-making power are associated with a reduced rate of mortality and complications. By strengthening their role, healthcare professionals reinforce their scope of influence and affirm that they are indispensable to the health network.

However, this expertise is still undervalued. Healthcare professionals continue to be subordinate to rigid hierarchies and a medical-centric approach that curbs their autonomy and limits their scope of action. This undervaluation is seen in the resistance to allowing specialized nurse practitioners (SNPs) to use their full scope of practice, for which they were trained. Furthermore, practices like collective prescriptions remain underutilized, unnecessarily restricting healthcare professionals from sharing their expertise with the public.

Fully recognizing the expertise of healthcare professionals means giving them real decision-making leeway, breaking with traditional management models that put the brakes on innovation and continuous improvement in care.

Faced with reforms, accelerating privatization of the health network and the rise of an anti-union movement, the mobilization of healthcare professionals is crucial. This must be constant, structured and supported by collective action at all levels to improve working conditions and professional practice and preserve what has been gained. In this sense, mobilization is becoming an essential tool for better organization of work and recognition of the expertise of healthcare professionals.

The active involvement of healthcare professionals in collective negotiations means that major demands can advance faster. The example of the nurses' strikes in New Zealand in 2018 shows how sustained mobilization led to pay raises and greater recognition of their role. In British Columbia, a campaign led by nurses resulted in the implementation of an agreement establishing safe ratios in hospitals, long-term care homes, home care and public health.

¹ L. H. AIKEN, S. P. CLARKE, D. M. SLOANE, J. SOCHALSKI, & J. H. SILBER. (2002). *Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction*. JAMA, 288(16), 1987-1993. [Online,] [<https://doi.org/10.1001/jama.288.16.1987>] (Viewed on February 5, 2025).

In Quebec, the strike days in fall of 2023, involving in particular the 80,000 healthcare professional members of the FIQ, were a moment of historic mobilization that helped to establish a balance of power at the bargaining table and illustrated the importance of solidarity. At the height of the strike, more than 565,000 people, of different union allegiances, the majority of whom were women, took part in this ultimate pressure tactic to make themselves heard, demanding with one voice better working conditions and improved public services. The gains made, both in terms of salaries and working conditions, stem directly from this ability to mobilize members around the issues at stake in negotiations, demonstrating that when they organize themselves, unions can achieve real results for all their members. This experience is a reminder that recognizing women's work, strengthening public services and combating job insecurity require active mobilization and solidarity, so that indignation can be channelled into tangible strength.

Effective mobilization depends on solidarity at every level. With this in mind, we need to develop connections with unions similar to the FIQ, so that we can support each other in our struggles, share our respective strategies and draw inspiration from initiatives elsewhere. Sharing experiences and strategies helps us adopt innovative practices. By maintaining our ties with the Canadian Federation of Nurses Unions (CFNU) in particular, we benefit from a broader vision of the Canadian healthcare system while promoting the importance of provincial jurisdictions. Within CFNU, inter-provincial collaboration made it possible to apply pressure to improve nurse-to-patient ratios, especially in British Columbia, Nova Scotia, Ontario and Manitoba.

Union mobilization also led to significant advances elsewhere in the world. In the United Kingdom, the solidarity shown by the Royal College of Nursing, which rallied its members from different regions and sectors, led to recent pay victories after several days of nationally coordinated strikes. In Spain, nursing unions joined forces in several independent communities, organizing concerted actions that led to the integration of plans aimed at reducing the work overload and improving ratios, thus proving the positive impact of solidarity and mobilization between regions. Closer to home, in the United States, the successes of the National Nurses United union can also be explained by union solidarity: for example, the Californian law on safe ratios could not have seen the light of day without the active and coordinated support of the various sections of the union across the country, which remain a common front today to extend these gains. Internationally, groups have also been formed, such as the Global Nurse Union (GNU), of which the FIQ is a founding member and within which more than thirty union organizations decided to unite their voices to demand safe ratios in their respective countries.

These victories show that solidarity and collective action are essential levers for defending working conditions and the quality and safety of care.

Recommendation

Recommendation 2: Develop more partnerships and exchanges with Quebec, Canadian and international unions in the healthcare sector to draw on each other's strategies for mobilizing and enhancing the value of care work.

Working conditions conducive to quality care

The connection between working conditions and the quality of care has been demonstrated time and again. But what we are seeing is a growing lack of job security in the healthcare sector, where the majority of jobs are held by women. The profit rationale imposed on healthcare institutions leads to situations that are incompatible with the quality of care: excessive workloads, mandatory overtime, non-replacement, hiring of independent labour, team instability, and so on.

Furthermore, austerity budgetary policies have a direct impact not only on the care offered, but also on the quality of infrastructure, the state of equipment and the ability of teams to meet the needs of the population. These financial choices, motivated by cost-cutting objectives, compromise both the quality of care and respect for workers' rights.

It is therefore essential that the FIQ continue to demand working conditions that guarantee not only the well-being of healthcare professionals, but also the safety and satisfaction of patients' needs. This means putting in place conditions that allow healthcare professionals to carry out their role in suitable environments. These include, among other things, access to adequate resources, such as quality equipment, sufficient staff and stable work teams. In addition, a balanced workload and adapted schedules help to improve team stability and work-life balance, as well as prevent absenteeism due to fatigue and stress. According to the Institut de recherche et d'informations socioéconomiques (IRIS), the deterioration of public services is due, in particular, to the staff's declining motivation to work there.²

Safe ratios are crucial to avoiding professional burnout and to guaranteeing effective, humane patient care. Several examples illustrate the direct impact that improving safe healthcare professional-to-patient ratios has on the quality of care, particularly in terms of reducing mortality rates and hospital complications. For example, in California, implementing nurse-to-patient ratios, achieved following union mobilization, led to a significant reduction in medical errors and improved patient satisfaction. The 16 ratio projects that the FIQ spearheaded, conducted in Quebec between 2018 and 2019, yielded the finding, despite the short period, that safe ratios give healthcare professionals the time to provide proper patient treatment in a satisfactory way. They made it possible to reconcile the personnel with the profession and promote staff attraction and retention. More specifically, improved working and living conditions were observed, which led to greater availability from healthcare professionals to work, a greater sense of safety, less stress and burnout, and greater collaboration among colleagues.

Also, staff who have the opportunity and the means to make full use of their expertise will offer better quality care, thereby reducing avoidable hospital admissions and medical complications. This will reduce pressure on the healthcare network and optimize the use of public resources. Better recognition of this expertise will help to elevate the standing of the profession and attract more new recruits, thereby ensuring the long-term future of public health services.

² IRIS. *Fractures*. The IRIS members' newsletter, vol. 10 No. 1, fall 2024.

Through their advocacy role, healthcare professionals defend access to safe, quality care for patients. By exercising their professional judgement and promoting patients' rights and interests, they also promote sustainable solutions for the health network. Ratios, as put forward by the FIQ, are part of this approach to adequate staffing, making it possible to offer safe, quality care.

Finally, union involvement has also proved effective in improving working conditions and, by extension, the quality of care. In France, for example, the mobilization of nursing unions has led to the integration of health, safety and working conditions committees in hospitals, leading to concrete improvements in occupational health and risk prevention at work. In Ontario, the role unions play on professional practice committees helped to bring changes to the organization of care and workload adjustments that better reflect the reality of the job. Another great example is that of Australia, where union engagement in nursing care committees helped to implement national standards for safe ratios, inspiring other jurisdictions to follow suit.

As such, using care committees remains a way to achieve better working conditions. But it's a huge challenge. Mobilization is required throughout the whole centre of activities, as well as tools to properly document the demands made. That is why it is necessary to have a common strategy to encourage, but most of all, to support these committees, in order to choose together the demands to make and the methods to use to maximize the influence of healthcare professionals across the network.

Recommendations

Recommendation 3: Put in place a strategy to encourage local action on work organization, including using the Safe Staffing Form and care committees to support members' demands.

Recommendation 4: To document at the provincial level the effects of government decisions on working conditions, funding and access to the health network, using members' demands and data collected through the Safe Staffing Form to inform strategies to influence public opinion.

How local and provincial union action work together

While the FIQ has a set of common values and objectives, the Federation must respect the autonomy of its affiliated unions. Each local team experiences different realities, identifies specific priorities and adopts its own approach to issues. This uniqueness is all the more true for institutions that are not part of Santé Québec, in particular private subsidized institutions (EPCs) and those in the Far North, which enrich the FIQ with their different experiences. It is the addition of all this diversity, which is important for a union organization like ours, that makes the Federation strong and forges its identity. In this context, union action must be inclusive and able to rally everyone around the same objective.

It is therefore essential to maintain a balance between this shared vision of the Federation and respect for local specificities in order to encourage support and engagement at all levels. This autonomy can be a challenge when it comes to coordinating the various union actions, but it enriches the organization by allowing a more nuanced approach, benefiting from the local vision.

To guarantee this cohesion and preserve the autonomy of affiliated unions and the Federation, it is necessary to strengthen communication mechanisms. The communication model must be improved to better meet the needs and realities of each union and the Federation. For example, in the context of a single employer, the introduction of platforms where local teams can share their thoughts, vision and strategies would promote better coordination and more effective ownership of common orientations.

In this context, the first reflex should always be to return to the members. The FIQ must therefore play a support role and provide affiliated unions with resources and tools to facilitate the local implementation of collective decisions. The training of union reps, the development of strategic guides and support in applying provincial guidelines are concrete examples of ways of ensuring that local realities are taken into account, without compromising the unity of the movement.

The diversity of local realities is a strength for the Federation because it allows the emergence of solutions adapted to different work contexts. A flexible approach, in which local initiatives are valued and shared with the entire network, helps to strengthen the FIQ's capacity for innovation and responsiveness to the challenges facing the health network. Recognizing and valuing local struggles also makes the issues more concrete and motivating for members. By integrating local specificities, the Federation encourages members to join and ensures stronger mobilization: we mobilize more easily for things that affect us directly.

The *Act respecting the governance of the health and social services system* has led the Federation to begin important work on its union structures. Work groups have been set up that involve elected union reps. However, the government's backtracking on the merger of union accreditations has dampened the urgency to act. Since there is now a single employer, we still need to think about the way we do things.

In particular, we need to rethink our collaborative spaces and modernize our practices. It is therefore proposed to adopt a common framework that ensures union solidarity, even with different employers (Santé Québec, EPC, Grand Nord), while allowing local teams to maintain their capacity for action and decision-making in the face of the specific challenges in their workplaces.

Recommendation

Recommendation 5: To develop operating structures that meet the collaborative needs of affiliated unions and increase the effectiveness of the Federation's actions, taking into account the creation of a single employer, Santé Québec, as well as the specific realities of EPCs and institutions in the Far North.

THEME 2 – WOMEN OF CONVICTION

Each convention is an opportunity to reflect a little more deeply on the issues facing society and to position the organization in relation to these challenges. Like most of the last conventions, which have taken place in neo-liberal contexts of austerity and privatization, the 2025 convention is unfortunately no exception, since there is a definite trend towards the rollback of rights and the advancement of so-called extremist ideologies. Since it was founded, the FIQ has demonstrated its solidarity and support for the most disadvantaged people here and abroad. It is important to remember that the following principles have helped shape our organization as we know it today:

- the ability to take action on social, political and economic issues;
- the development of solidarity practices;
- the ability to influence public debates.

In line with its Statement of Principles, the FIQ supported actions that helped to advance Quebec society. Access to childcare services and the labour market for women, as well as parity in elected positions, are examples of gains made by women and the union movement that have improved our society and, as a result, the daily lives of our members and all citizens. Defending women's rights, social justice, solidarity and democracy are at the heart of union action and organizational policies. While they are reflected at the provincial level, embodying them at all levels of the organization remains a challenge. As such, the list of official positions adopted by the organization is a tool that facilitates the sharing of information and ensures everyone's support. It also enables everyone to embody the organizational values.

For example, in 2024, the deep convictions shared within the Federation led the organization to put social determinants of health at the forefront.³ Greater awareness and an accurate understanding of the impact that these factors can have on the health of populations helps healthcare professionals in their choice of interventions. This vision perfectly aligns with the values of the FIQ, because it allows us to offer inclusive care that meets the specific needs of each person. It is by considering social determinants in their practice that healthcare professionals will be able to take action and influence the health of the populations they care for.

The politicization of members

We can't say it enough: a society's advancement and the defence of the rights of everyone in it depend on the promotion of women's rights! By recognizing this principle, the FIQ has taken a stand and played a crucial role as an agent of change. As direct witnesses of injustice, healthcare professionals play an essential role in advancing women's rights. Their day-to-day work goes far beyond providing care: they listen to and support women who are marginalized, discriminated against, and in precarious situations.

Nurses, licensed practical nurses, respiratory therapists and clinical perfusionists are first and foremost women and citizens. As such, they may be exposed to a range of societal issues, including access to childcare, family law and the misogyny they face. Raising awareness and fighting to solve problems is therefore essential if we are to mobilize and politicize our members further, whether through personal commitment, participation in social movements or involvement in their union team.

3 FIQ. *Social determinants of health* [Online], [<https://www.fiqsante.qc.ca/determinants/>].

The FIQ and its affiliated unions can play a key role in rallying members around societal issues that affect them in their personal and professional lives. For example, a union that is involved in demanding more spots in childcare shows its solidarity with all women who want to enter the workforce. It emphasizes the importance of collective strength in the advancement of society. It also inspires its members to mobilize for these struggles and, in so doing, contributes to their politicization.

To achieve this, we need to understand the interests of the people we represent and involve them in political action. The politicization of healthcare professionals can be a vehicle not only for demanding better working conditions and an accessible and universal public health network, but also for reducing inequalities and improving the health of the population.

As a labour organization, having the courage to take a stand on social issues helps to rally and politicize our members. During negotiations with the employer, for example, this member support can become a powerful tool. It is therefore essential to inform members of the positions or official decisions adopted by the FIQ on various societal issues that affect them.

Recommendation

Recommendation 6: To support the affiliated unions in their actions so that they bring the official positions adopted by all the FIQ decision-making bodies to life for the members, and that they develop the means and tools to achieve this.

Social justice

By fighting for working conditions that ensure safe care, the FIQ is defending a vision of society in which all people have access to quality care, regardless of their origin, gender or social status. It also means fighting for a fairer, more egalitarian world, in which every person fully enjoys their fundamental rights.

A health network for everyone

Dedicated to defending the public healthcare system, the FIQ has always advocated for universal access, regardless of income or social status. For several years now, however, there has been a trend towards privatizing the network, becoming more pronounced with each reform. According to the IRIS, since the 1980s, Quebec, more than anywhere else in Canada, has increasingly turned to the private sector to finance and deliver healthcare services.⁴ And the introduction of Santé Québec will not stop this trend. Studies show that privatizing healthcare does not mean improving the quality of care, in fact, it's quite the opposite.⁵ Scientists conclude that arguments in favour of privatizing healthcare remain weak. What's more, privatization divides patients into two categories: one with people who can pay and one with people who cannot. Repeated structural reforms and the privatization of public services not only undermine working conditions but also affect women. For example, a single mother living in substandard housing that affects her health could be faced with a difficult choice: whether to pay the rent, feed her children or seek medical treatment.

4 G. HÉBERT. *La progression du secteur privé en santé au Québec*, IRIS, 2022.

5 B. GOODAIR, & A. REEVES. *The effect of health-care privatization on the quality of care*, Lancet Public Health, 2024.

This situation is not unique to the healthcare system and affects public services in general. As a fervent defender of a strong public system, the FIQ must be on every platform to decry the inequity being created within Quebec society. This privatization raises important questions about access and quality of care, equity between citizens and the working and care conditions of the 80,000 FIQ members. In a system where the private sector has an ever-increasing role, there are many questions to ask: how can professional autonomy be respected? Is the decision driven by financial objectives? What are the effects on care quality?

Since the mid-2000s, the private sector and self-employment have accounted for more than 50% of jobs in Quebec's health network, according to the IRIS.⁶ The financing of the private sector by the public sector also raises questions. With its talk of “free” care, the government is fooling the public and shirking its responsibilities by abandoning certain services. It also creates a system that relies increasingly on the support of caregivers, the majority of whom are women. Health care is being commodified, when we should be avoiding the profit rationale at all costs from leading to the devaluation of jobs and the loss of safeguards. Finally, privatization compromises the primary mission of healthcare professions: to offer quality care to everyone, without discrimination.

A strong public network is essential to guarantee long-term planning of human and material resources and to avoid chronic shortages and the network's dependence on private employment agencies. It also helps to ensure continuity and consistency in the care offered, by encouraging stable, supportive teams rather than ones that are fragmented based on market interests. What's more, a robust public system ensures transparency and accountability, because the government and its officials must be accountable to the public and give them the opportunity to demand improvements.

By protecting the public nature of the network, we are also ensuring a greater capacity for social innovation: resources can be invested in prevention, community clinics, improved working conditions and accessibility rather than profitability. We are thus continuing the work begun in the 1970s to build a strong and accessible public health network. Among other things, this model would reduce the need for caregivers, especially women, who put their financial situation at risk to care for loved ones; instead, it would encourage women to participate fully in the labour market. What's more, this model would enable healthcare professionals to put their expertise to full use to benefit patients, and give the public real access to safe, quality care.

Recommendation

Recommendation 7: Counteract the pro-privatization rhetoric by promoting a strong public health network.

6 Guillaume HÉBERT. *La progression du secteur privé en santé au Québec*, IRIS, March 2022. [Online, French], [https://iris-recherche.qc.ca/wp-content/uploads/2022/03/IRIS-FICHE1_prive-sante_VF.pdf] (Consulted on February 25, 2025).

For an ethical and fair society

According to a report by the International Labour Conference in 2022, the global nursing shortage is set to worsen by 2030. Citing the need to fill positions, the countries of the global North are turning to recruitment, especially in the global South, thereby decimating the nursing workforce in countries already suffering from a cruel shortage of caregivers.⁷ It is also important to note that many nurses worldwide who leave the profession say it is because of difficult working conditions.⁸ In this context, it is entirely understandable that some people make the heartbreaking choice to leave their country, aspiring to a better life elsewhere. Almost all developed countries recruit nurses from abroad. However, it should be ethical and fair, respecting the standards and warnings issued by the World Health Organization.⁹

According to a study by Action travail des femmes (ATF), most of these immigrants face significant systemic discrimination when it comes to having their foreign qualifications recognized. In addition, integration into the workplace remains a major challenge for these women who are waiting for their foreign qualifications to be validated and recognized. In line with the orientations adopted at the 2021 Convention, the Executive Committee recognizes their contribution to Quebec society.

Recommendations

Recommendation 8: Exposing and denouncing the systemic discrimination experienced by women healthcare workers and workers from historically discriminated against groups, including Indigenous communities – First Nations, Métis and Inuit – as well as racialized women, immigrants, women with disabilities and women from sexual and gender minorities.

Recommendation 9: Be actively involved in defending the rights of healthcare professionals who obtained their diplomas outside Quebec and support affiliated unions in guiding these people through the process of integration into the workplace.

Solidarity in the face of social challenges

Over time, when union, community and citizen organizations have joined forces, they have been able to exert an essential counterweight to the government and bring about social and political change. Convinced that a better world is possible, the FIQ supports the struggles of not only healthcare professionals, but all women. In 1995, for example, its representatives took an active part in the Bread and Roses March,¹⁰ which was aimed, among other things, at improving women's economic conditions. This massive societal mobilization resulted in the *Pay Equity Act* and an increase in the minimum wage.

7 INTERNATIONAL LABOUR ORGANIZATION, *Garantir un travail décent au personnel infirmier et aux travailleurs domestiques, acteurs clés de l'économie du soin à autrui*, [Online], 2022, Geneva, p. 422. [https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@ed_norm/@relconf/documents/meetingdocument/wcms_839679.pdf] (Viewed on March 17, 2025).

8 CONFERENCE COMMITTEE ON THE APPLICATION OF STANDARDS. *General Survey of reports, Securing decent work for nursing personnel and domestic workers, key actors in the care economy*, by the Committee on the Application of Standards, June 9, 2022.

9 WORLD HEALTH ORGANIZATION. *WHO health workforce support and safeguards list 2023*. [Online], March 8, 2023, Geneva. [<https://www.who.int/fr/publications/i/item/9789240069787>] (Viewed on February 10, 2025).

10 In 2025, the 6th edition will mark the 30th anniversary of the movement.

There is no doubt that better social consultation and greater citizen and activist participation are needed to promote equality in society. To achieve this, we need to develop solidarity ties.¹¹ The FIQ's affiliated unions must support these union and social struggles in their area, whether it's affordable housing, underfunding of women's centres or cuts to regional health services. These issues can directly or indirectly affect healthcare professionals and have repercussions. In addition to having a work overload and working mandatory overtime, members also have to deal with societal challenges in their personal lives. Joining forces with other union and community organizations and taking political action on various issues is therefore highly recommended.

By working together, healthcare professionals can meet the challenges they face in a constantly changing environment. As a result, they will be better equipped to understand and intervene with their patients, but also to demonstrate their solidarity by supporting initiatives in their communities: campaigns to promote access to a public health system, mobilizations reaffirming the right to have an abortion or demonstrations demanding a better environmental policy. There is no shortage of causes to defend.

Recommendation

Recommendation 10: Support affiliated unions in mapping their regions and identifying possible alliances. Encourage them to maintain regular ties with these allied organizations, to develop, via the structures provided for in their constitutions, political action initiatives, or to take part in them to strengthen their balance of power and influence.

¹¹ A. NOËL, and M. FAHMY. Sous la direction de, *Miser sur l'égalité*, éditions FIDES, 2014, pp. 100-101.

THEME 3 – THE FIQ, LOOKING TO THE FUTURE

Faced with major challenges, the union movement is currently questioning its influence and ability to effectively respond to the needs of its members in the face of these rapidly changing times. The erosion of workers' rights, job insecurity, rising social inequality and the pressure of neo-liberal policies are weakening the collective voice of unions.¹² In addition, the fragmentation of the labour market, increasing automation and the digitization of services require innovative and adapted union responses.¹³

Many risks come with these challenges: loss of bargaining power, member disengagement, weakening of solidarity and the rise of rhetoric that calls into question the very legitimacy of union action. That's why adopting a bold stance is essential. It's not just a question of defending gains, but also of anticipating future changes, promoting inclusive approaches and reaffirming the importance of unionism as a key player in building a fairer and more equitable society.¹⁴

By taking a firm stance on issues such as artificial intelligence, climate change and the rise of far-right ideologies, the FIQ can inspire a renewal of the union movement, strengthen member mobilization and positively influence public policy. This approach aims not only to reaffirm the values that guide it, but also to anticipate emerging challenges.

By developing a vision for the future, the FIQ can plan and position itself clearly, consolidating a common ideal based on feminist principles, social justice and solidarity.

AI

Artificial intelligence (AI) is seeing exponential growth and is deeply changing many sectors, including the health sector. From the first innovations in AI in the 2010s to its current integration into medical diagnostics and health data management, this technology raises major ethical questions.¹⁵ Automated surveillance systems, such as those deployed in China, are capable of detecting epidemics by analyzing massive data flows in real time. AI is also being used to manage electronic medical records, thereby improving administrative efficiency, but at the same time raising questions about the protection of personal data. In the United States, AI robots are increasingly being integrated into hospitals to monitor patients' state of health and produce or facilitate care plans.¹⁶ According to a report by the World Health Organization, the integration of AI into healthcare offers opportunities to improve the efficiency of services, but requires greater vigilance on how it impacts humans.¹⁷ In this debate, it is also important not to lose sight of the fact that profit remains the primary concern of multinational technology companies.¹⁸

12 J. STIGLITZ. *People, Power, and Profits: Progressive Capitalism for an Age of Discontent*, W.W. Norton & Company, (2019).

13 E. BRYNJOLFSSON, & A. MCAFEE. *The Second Machine Age*, W.W. Norton & Company, (2014).

14 L. BACCARO, & C. HOWELL. *Trajectories of Neoliberal Transformation: European Industrial Relations Since the 1970s*, Cambridge University Press, (2017).

15 WORLD HEALTH ORGANIZATION (WHO). *Ethics and Governance of Artificial Intelligence for Health*. [Online], 2021. [<https://www.who.int/publications/i/item/9789240029200>] (Viewed on February 25, 2025).

16 NATIONAL NURSES UNITED. *A.I.'s impact on nursing and health care*. [Online], December 20, 2023, Silver Spring. [<https://www.nationalnursesunited.org/artificial-intelligence>] (Viewed on February 25, 2025).

17 WORLD HEALTH ORGANIZATION (WHO). 2021. *Ethics and Governance of Artificial Intelligence for Health*. [Online, French], [<https://www.who.int/publications/i/item/9789240029200>] (Consulted on February 25, 2025).

18 Cédric DURAND. *Le techno-féodalisme est un Léviathan de pacotille*. [Online], February 5, 2025, Paris, Mediapart. [<https://blogs.mediapart.fr/cedric-durand/blog/050225/le-techno-feodalisme-est-un-leviathan-de-pacotille>] (Viewed on February 12, 2025).

For a union and feminist organization like the FIQ, it is crucial to understand the phenomenon and prepare adequately, because AI can profoundly change the organization of work and have major impacts on the working conditions of healthcare professionals. Excessive automation of certain tasks can, for example, dehumanize the relationship between healthcare professional and patient. Decision-making algorithms, on the other hand, can lead to a loss of decision-making autonomy for healthcare professionals.¹⁹

Remember that these algorithms are not neutral: they are developed from databases and learning models that are often biased, reflecting existing inequalities in society. Even though they are directly affected in the workplace, women are less involved in the development and design of AI tools. This lack of diversity leads to an androcentric vision of technological development, where the realities and needs of women and marginalized people are too often overlooked. For example, studies have shown that some healthcare AI algorithms are less good at recognizing the symptoms of illnesses that predominantly affect women, leading to late or incorrect diagnoses.²⁰

What's more, the predominance of major North American and European technology companies in the design of AI tools makes the issue Western-centric. In other words, the solutions developed are often designed for the white, middle-class North American male. This standardization can be detrimental to appropriate and equitable care for all patients, regardless of their personal characteristics such as origin, gender identity, sexual orientation, age, physical limitations or religion.

For all these reasons, it is important to take the time to consider the effects of artificial intelligence on the quality of care, as well as its impact on working conditions and the attainment of safe ratios. A recommendation to this effect was adopted at the Federal Council in March 2025.

Involving healthcare professionals is an important step toward more positive outcomes for AI integration in healthcare.²¹ There are also opportunities for action: the FIQ can demand specific training for its members, promote AI as a tool to support the clinical role rather than as a substitute, and demand guarantees on the transparency and fairness of AI systems used in care settings. Vigilance is necessary because, according to the IRIS, "issues of transparency and conflict of interest are emerging from the transfer of public funds to private consortia controlled by the digital and pharmaceutical industries."²²

A number of unions elsewhere in the world have already taken steps to regulate the use of AI in the workplace. For example, the UNI Global Union, which is present in over a hundred countries, has published guidelines on AI focusing on the protection of workers' rights, stressing at the same time the importance of transparency of algorithms, non-discrimination and worker participation in the deployment of these technologies.²³ Similarly, the UK nurses' union (Royal College of Nursing) has conducted consultations on the impact of AI on healthcare, arguing for greater involvement of

19 Luciano FLORIDI, et AL. *An Ethical Framework for a Good AI Society: Opportunities, Risks, Principles, and Recommendations*, [Online], November 3, 2021, Cham, Springer. [https://link.springer.com/chapter/10.1007/978-3-030-81907-1_3] (Viewed on February 12, 2025)

20 Ziad, OBERMEYER, Brian, POWERS, Christine, VOGELI, Sendhil, MULLAINATHAN, *Dissecting racial bias in an algorithm used to manage the health of populations*, [Online], 2019, Vol. 366, no 6464, p. 447-453, Washington, Science [<https://www.science.org/doi/10.1126/science.aax2342>] (Viewed on February 12, 2025).

21 Clémentine COLLETT, Gina NEFF, and Livia GOUVEA GOMES. *The Effects of AI on the Working Lives of Women*. [PDF], 2022, Paris, United Nations Educational, Scientific and Cultural Organization (UNESCO), [Online], pg. 16. [https://www.oecd.org/en/publications/the-effects-of-ai-on-the-working-lives-of-women_14e9b92c-en.html] (Viewed on February 12, 2025).

22 M. LAVOIE-MOORE. *Propositions pour un modèle d'innovation au profit des services et des soins de santé publics*, IRIS, Montréal, Novembre 2023.

23 UNI GLOBAL UNION. *10 Principles for Ethical Artificial Intelligence*. [Online], February 11, 2017, Nyon, [<https://uniglobalunion.org/report/10-principles-for-ethical-artificial-intelligence/>] (Consulted on February 12, 2025).

healthcare professionals in decisions about the use of AI technologies.²⁴ Looking for solutions, Public Services International (PSI) has suggested collective agreement clauses to better regulate the use of AI in the workplace.²⁵ During the next round of provincial negotiations, the FIQ could draw inspiration from the models and examples put forward in this database to better guide the implementation of AI in healthcare.

These actions show that proactive union involvement by the FIQ and its affiliated unions is not only possible, but essential to ensure that AI serves as a lever for improving working conditions rather than making them less secure. The FIQ and its affiliated unions can equip themselves by developing partnerships or participating in forums on AI and work. In addition, contributing to the development of regulatory frameworks will protect the rights of healthcare professionals while promoting ethical and inclusive working environments.

Recommendations

Recommendation 11: To assess the impact of artificial intelligence on the organization of work and the practice of healthcare professionals and develop an ethical and feminist reflection on this issue.

Recommendation 12: Develop a better understanding of artificial intelligence, its threats and opportunities. Demand the necessary ethical changes to reduce its negative effects and benefit from its use in care work.

24 ROYAL COLLEGE OF NURSING. *The evolution of AI in health care*, [Online], June 3-6, 2024, Newport, [<https://www.rcn.org.uk/congress/congress-events/the-evolution-of-ai-in-health-care-2024>] (Consulted on February 12, 2025).

25 PUBLIC SERVICES INTERNATIONAL. *Digital tools, artificial intelligence and algorithms*. [Online], Ferney-Voltaire, [<https://publicservices.international/resources/page/digital-bargaining-hub/6-digital-tools-artificial-intelligence-and-algorithms-use-and-restrictions---hj?lang=en&id=13183>] (Consulted on February 25, 2025).

Global warming and its impact on health

Global warming, identified in the 1990s as a major threat to the planet, is having a direct impact on people's health. It intensifies phenomena such as heat waves, increases the frequency of natural disasters and facilitates the spread of infectious diseases.²⁶ For example, the increase in forest fires in Australia and California has seriously affected air quality, causing respiratory problems for millions of people.²⁷ Similarly, recurrent flooding in South Asia and West Africa has disrupted access to drinking water and health infrastructure, increasing the susceptibility of vulnerable populations.²⁸ These examples illustrate the urgent need for action to mitigate the impact of these upheavals on public health.

For the FIQ, this is an essential issue, because healthcare professionals are on the front line when it comes to the health consequences of climate crises. What's more, women, who are excluded from political decision-making, are the first to suffer the impacts of global warming.²⁹ In Quebec, the intense heat waves in Montreal and Laval in 2018 caused around 80 deaths, highlighting the vulnerability of at-risk populations and the pressure on emergency services.³⁰ The rise in forest fires in Quebec is another worrying phenomenon, threatening air quality, exacerbating respiratory problems, affecting the health of local populations and mobilizing medical resources that are already under strain.³¹ The spring floods of 2017 and 2019, in the Montérégie and Outaouais regions in particular, caused massive population displacements and had a significant impact on the mental health of those affected, in addition to disrupting local health services.³² The increase in cases of Lyme disease in Quebec is another example of the effects of global warming, which is favourable to the spread of the tick that carries the disease to previously unaffected regions.³³ According to recent projections by the Institut national de recherche scientifique (INRS), mortality and hospitalization rates in Quebec will rise by 118% and 230% respectively between 2040 and 2069 as a result of the heat.³⁴ On top of that, there are other health problems that sometimes require urgent consultations.

26 THE LANCET. *The Lancet Countdown on Health and Climate Change*. [Online], [<https://www.thelancet.com/countdown-health-climate>] (Consulted on February 25, 2025).

27 NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (NIEHS). *Environmental Health Perspectives*. [Online], [<https://ehp.niehs.nih.gov/>] (Consulted on March 11, 2025).

28 INTERGOVERNMENTAL PANEL ON CLIMATE CHANGE (IPCC). *Climate Change 2022: Impacts, Adaptation and Vulnerability*, [Online], 2022, [<https://www.ipcc.ch/report/ar6/wg2/>] (Consulted on March 11, 2025).

*The FIQ is affiliated with PSI.

29 CARE France. *Pourquoi les femmes sont exclues des décisions face au changement climatique*, [Online], September 30, 2024, Paris, [<https://www.carefrance.org/actualites/pourquoi-les-femmes-sont-exclues-des-decisions-face-au-changement-climatique/#:-:text=Les%20femmes%20sont%20les%20premi%C3%A8res,%C3%A0%20se%20priver%20de%20nourriture>] (Consulted on March 11, 2025).

30 INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC (INSPQ). *Surveillance des impacts des vagues de chaleur extrême sur la santé au Québec à l'été 2018*, [Online], 2019, Québec, [<https://www.inspq.qc.ca/publications/surveillance-impacts-vagues-chaleur-extreme-sur-sante-quebec-l-ete-2018>] (Consulted on March 11, 2025).

31 OURANOS. *Forest fires - Impacts*, [Online], Montréal, [<https://www.ouranos.ca/en/climate-phenomena/forest-fires-impacts>] (Consulted on March 11, 2025).

32 MINISTÈRE DE LA SÉCURITÉ PUBLIQUE DU QUÉBEC. *Rapport annuel de gestion 2019-2020*, [PDF], [Online], 2020, Québec, [https://cdn-contenu.quebec.ca/cdn-contenu/adm/min/securite-publique/publications-adm/rapport-annuel-de-gestion/RA_gestion_MSP_2019-2020.pdf] (Consulted on March 11, 2025).

33 INSTITUT NATIONAL DE SANTÉ PUBLIQUE DU QUÉBEC (INSPQ). *Maladie de Lyme: Résultats de surveillance 2021*, [Online], 2022, Québec, [<https://www.inspq.qc.ca/zoonoses/maladie-de-lyme/resultats-de-surveillance-2021#:-:text=Le%20taux%20d'incidence%20de,vaue%20%3C%200%20C05>] (Consulted on March 11, 2025).

34 Jérémie BOUDREAULT, Céline CAMPAGNA, Éric LAVIGNE and Fateh CHEBANA, *Projecting the overall heat-related health burden and associated economic costs in a climate change context in Quebec, Canada*, [Online], 2024, Science of The Total Environment, [<https://www.sciencedirect.com/science/article/pii/S0048969724081798?via%3Dihub>] (Consulted on March 11, 2025).

In its 2023-2028 sustainable development action plan, the Ministry of Health and Social Services set out various actions to ensure that practices in healthcare institutions help reduce the impact of climate change on the health of the population and on the healthcare system.³⁵ One of these actions is to set up a sustainable development committee. As the adoption of this measure is voluntary, barely 53% of institutions had implemented a sustainable development approach by 2023. The FIQ and its affiliated unions can therefore take action to ensure that this practice is extended throughout the health network. In this way, they can defend climate resilience policies in the healthcare sector, by raising members' awareness of climate risks and advocating for eco-responsible practices in healthcare institutions. Quebec's labour bodies have been taking steps in this direction for several years now. In addition to setting up environmental committees, these organizations have long campaigned for a just transition in the workplace. Some of them have also adopted resolutions aimed at integrating environmental considerations into collective agreements, in particular by encouraging eco-responsible management practices in the workplace.

These examples show that union action can play a key role in the fight against global warming, at both provincial and local levels, by influencing not only public policy, but also the internal practices of healthcare institutions.³⁶ The FIQ could get inspired by these initiatives to strengthen its commitment to environmental issues and actively support its members in the face of future climate challenges.

Recommendations

Recommendation 13: Support affiliated unions so that they get involved in existing environmental committees in their institutions, or so that they demand that they be set up where none exist.

Recommendation 14: Integrate reflection and monitoring of the evolution of climate impacts on the health of healthcare professionals into the mandate of all FIQ standing committees as follows:

Status of Women Committee: evaluate the impacts of global warming on women;

Youth Committee: evaluate the possibility of modernizing the organization's environmental practices;

OHS Committee: study the impact of global warming on the health and safety of healthcare professionals;

Communication Committee: review practices to reduce the environmental footprint of communications and the digital shift;

Education-Animation Committee: raise union reps' awareness about the issue of global warming and its impact on health.

³⁵ MINISTRY OF HEALTH AND SOCIAL SERVICES. *Plan d'action de développement durable 2023-2028*, [PDF], [Online], 2024, Québec, [<https://publications.msss.gouv.qc.ca/msss/fichiers/2023/23-733-01W.pdf>] (Consulted on 11, 2025).

³⁶ Shilu TONG, Kristie L., EBI, *Preventing and mitigating health risks of climate change*, [Online], 2019, Environmental Research, [<https://www.sciencedirect.com/science/article/abs/pii/S001393511930221X>] (Consulted on 12, 2025).

The rise of far-right movements

Since the 2000s, the rise of the far right has intensified in many European countries, fuelled by economic crises, fear of others, identitarian closure and austerity policies.³⁷ Closer to home, in the United States, Donald Trump's return to the White House in early 2025 marked a major turning point in the rise of far-right ideologies worldwide. His political platform, focused on restrictive migration policies, attacks on women's rights, minority rights and union rights, and the undermining of democratic institutions, has helped to normalize previously marginalized discourse and practices, thereby strengthening populist and nationalist movements in the United States and elsewhere. Political science experts do not hesitate to describe Trump 2.0 as a far-right or radical right-wing president.³⁸ Far-right groups such as the Proud Boys have also gained in visibility, posing risks to social cohesion.³⁹ This phenomenon calls into question the gains made in terms of human rights, equality and social justice, and poses a threat to unionization. Against this backdrop, the UN High Commissioner for Human Rights warned against the return of "dictators" and the erosion of human rights "under the weight of authoritarianism, strongmen and oligarchs."⁴⁰

In Canada, although no political party in Ottawa or Quebec advocates extreme right-wing ideas, the rise of the movement has led to an increase in hate crimes, particularly against Muslim, Jewish and Indigenous communities—First Nations, Métis or Inuit.⁴¹ Political and media discourse stigmatizing minorities has helped to normalize prejudice.⁴² For example, the attack on the Quebec mosque in 2017 revealed the seriousness of identity-based tensions and hate speech in the country. Groups such as La Meute and other identity organizations, which spread xenophobic ideologies and influence public debate, are growing in popularity.⁴³ Furthermore, in Canada there is a certain willingness to reopen the debate on abortion, particularly among certain conservative and religious groups, which is fuelling fears that women's rights are being rolled back. In addition, gender diversity is increasingly being called into question by political and media figures who oppose advances in the recognition of the rights of trans and non-binary people.

At a time when the right, and even the far right, are on the rise, and xenophobic and racist rhetoric has become commonplace, it is essential that we continue to fight for de facto equality for all women. A recent study by the Research Chair on democracy and parliamentary institutions at Université Laval has revealed a divide in ideologies between men and women within Generation Z, aged between 15 and 35. A polarization can be observed, with young women declaring themselves to be on the left and young men on the right. Unsurprisingly, the same phenomenon can be observed just about everywhere,

37 Cas MUDDE. *The Far Right Today*, [Online], December 3, 2019, London School of Economics and Political Science, [<https://www.lse.ac.uk/government/events/2019/the-far-right-today/The-Far-Right-Today>] (Consulted on March 12, 2025).

38 Vincent BROUSSEAU-POULIOT. *Et Donald Trump?*, [Online], February 16, 2025, Montreal, La Presse. [<https://www.lapresse.ca/contexte/l-a-b-c-de-l-extreme-droite/2025-02-16/et-donald-trump.php>] (Viewed on February 17, 2025).

39 SOUTHERN POVERTY LAW CENTER. *Hate Map*, [Online], Montgomery, [<https://www.splcenter.org/hate-map/>] (Viewed on February 17, 2025).

40 Opening speech at the opening of the 58th session of the Human Rights Council, February 24, 2025: [Online], [<https://news.un.org/fr/story/2025/02/1153351>] (Consulted on February 25, 2025).

41 STATISTICS CANADA. *Police-reported hate crime, 2022*, [Online], March 13, 2024, Ottawa, [<https://www150.statcan.gc.ca/n1/daily-quotidien/240313/dq240313b-fra.htm>] (Consulted on February 25, 2025).

42 AMNESTY INTERNATIONAL. 2021/22 report: *The state of the world's human rights*, [Online], March 29, 2022, London, [<https://www.amnesty.org/fr/latest/research/2022/03/annual-report-202122/#:~:text=Le%20rapport%20d'Amnesty%20International.19%20se%20sont%20r%C3%A9v%C3%A9l%C3%A9s%20creuses>] (Consulted on February 25, 2025).

43 Alexandre LACROIX. *Le nombre d'événements liés à l'extrême droite explose*, [Online], May 14, 2021, Montreal, La Presse, [<https://www.lapresse.ca/actualites/2021-05-14/le-nombre-d-evenements-lies-a-l-extreme-droite-explose.php>] (Consulted on February 25, 2025).

from Quebec to the UK and South Korea. It's the return of a traditional, toxic masculinity put forward by people who emulate Andrew Tate, a misogynist influencer famous on social networks who has a certain notoriety among young men.⁴⁴

Austerity policies, often advocated by right-wing governments, undermine public health systems by reducing the budgets allocated to health services, training and support for healthcare professionals. This looks like overwork, a lack of essential resources, precarious working conditions and, as a result, a deterioration in the quality of care offered to the public.⁴⁵ In addition, the questioning of the rights of women and minorities, as observed in certain countries, can also affect the safety of healthcare professionals by limiting their access to fundamental rights, such as parental leave, abortion or protection against discrimination.⁴⁶ Finally, the trivialization of intolerant discourse can undermine solidarity between colleagues, thereby weakening the support networks needed for coping with the challenges of working in healthcare. The loss of this cohesion affects not only the morale of the teams, but also the quality of the care provided, because a respectful and supportive working environment is crucial to the good performance of care teams.⁴⁷

For a union and feminist organization like the FIQ, it is imperative to firmly oppose these ideologies, because they directly threaten the values of solidarity, inclusion and equality that are the foundations of union action. The FIQ must use its influence to promote inclusive policies, strengthen diversity and equality education in the workplace, and support social movements that defend human rights and democracy. Defending healthcare professionals relies on the fight against all forms of exclusion and discrimination. A union organization must ensure that its members work in a safe, respectful and discrimination free environment, which means actively denouncing the extreme right and taking action against it. In addition, inclusion and equality help to build strong solidarity between colleagues, strengthening the ability to defend collective rights and improve working conditions.

Spreading union values also involves social networks, making it possible to quickly counter misinformation and hate speech. For some time now, the influence of the 'manosphere', a set of movements marked by extreme misogyny, including groups such as 'Incels' and 'Men Go Their Own Way' (MGTOW), has been noted on various online platforms, such as Facebook. These groups are characterized by a unique lexicon for describing women, degrading them and explicitly rejecting feminism, which they perceive as dominant in society, to the detriment of men.⁴⁸ In doing so, they spread fake news to their followers and influence their behaviour. According to a study by the Massachusetts Institute of Technology, "false information is 70% more likely to be shared than the truth."⁴⁹

44 Marie-Hélène PROULX. *Politique: les femmes d'un bord, les hommes de l'autre*. [Online], February 6, 2025, Montréal, L'actualité, [https://lactualite.com/politique/politique-les-femmes-dun-bord-les-hommes-de-lautre/?utm_source=L%E2%80%99actualit%C3%A9&utm_campaign=0e77387d22-la-quotidienne-2025_02_06_05_00&utm_medium=email&utm_term=0_f566f03091-0e77387d22-400702706] (Consulted on February 10, 2025).

45 CANADIAN INSTITUTE FOR HEALTH INFORMATION (CIHI). CIHI's Annual Report, 2022-2023, [PDF], [Online], 2023, Ottawa, [<https://www.cihi.ca/sites/default/files/document/cihi-annual-report-2022-2023-en.pdf>] (Consulted on February 10, 2025).

46 HUMAN RIGHTS WATCH. *World Report 2020*, [Online], 2020, New York, [<https://www.hrw.org/world-report/2020>] (Consulted on February 10, 2025).

47 PUBLIC HEALTH AGENCY OF CANADA. *A Vision to Transform Canada's Public Health System: Chief Public Health Officer's Report on the State of Public Health in Canada 2021*, [Online], 2021, Ottawa, [<https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2021/report.html>] (Consulted on February 25, 2025).

48 AN ONLINE ENVIRONMENTAL SCAN OF RIGHT-WING EXTREMISM IN CANADA. J. DAVEY, M. HART, & C. GUERIN, *Institute for Strategic Dialogue*, [PDF], [Online], 2020, [<https://www.isdglobal.org/wp-content/uploads/2020/06/An-Online-Environmental-Scan-of-Right-wing-Extremism-in-Canada-ISD.pdf>] (Consulted on February 10, 2025).

49 HEC, *Les médias sociaux en politique: influence et désinformation?*. [Online], Montreal, [<https://digital.hec.ca/blog/medias-sociaux-en-politique/>] (Consulted on February 10, 2025).

For the FIQ, it is relevant to take cues from international initiatives by developing training adapted to the reality of the Quebec healthcare world, including workshops on recognizing hate speech and strategies for promoting inclusive values, both in person and online. By raising awareness and mobilizing our members around these issues, we are strengthening the resilience of our organization in the face of extreme right-wing ideologies and contributing to fairer, more supportive workplaces.

Recommendations

Recommendation 15: Take and defend clear public positions against hate speech and discriminatory policies.

Recommendation 16: Develop inclusive union practices, facilitating the involvement and acceptance of all people, regardless of their personal characteristics such as origin, gender identity, sexual orientation, age, physical limitations or religion.

Recommendation 17: Actively support coalitions and movements promoting inclusion, equality and social justice, in particular by attending meetings when possible and mobilizing members at events.

CONCLUSION

The identification and analysis of current issues are carried out in a manner in full consistency with the FIQ's organizational values and Statement of Principles. Even though the future will be full of challenges, some greater than others, the FIQ and its affiliated unions will be able to face them together. To do this, we need better collaboration, a clearer understanding and a shared commitment to policy orientations at both the provincial and local level.

Without question, improving the working conditions of the 80,000 healthcare professionals we represent remains our main objective. However, we mustn't forget that these nurses, licensed practical nurses, respiratory therapists and clinical perfusionists are also citizens, women and, in some cases, mothers. As a feminist organization, it is our duty to show them that we care about their well-being, both professionally and personally, and that this is the basis of a fairer society. In this way, working in alliances is very important for advancing societal issues and putting forward the concerns of our members.

By exercising inclusive union leadership, we can determine how we face the challenges of tomorrow. It's up to us to decide if we want to suffer the consequences of the choices made by others or if we want to play active roles in the decision-making that affects us. Engaged union reps and mobilized members are an unrivalled force for staying unwavering in the face of tomorrow's challenges.

UNWAVERING



RECOMMENDATIONS

The Executive Committee recommends:

Recommendation 1: Continue to give the Secrets of a Successful Organizer training, offering different levels of expertise and support affiliated unions in implementing it with their members.

Recommendation 2: Develop more partnerships and exchanges with Quebec, Canadian and international unions in the healthcare sector to draw on each other's strategies for mobilizing and enhancing the value of care work.

Recommendation 3: Put in place a strategy to encourage local action on work organization, including using the Safe Staffing Form and care committees to support members' demands.

Recommendation 4: To document at the provincial level the effects of government decisions on working conditions, funding and access to the health network, using members' demands and data collected through the Safe Staffing Form to inform strategies to influence public opinion.

Recommendation 5: To develop operating structures that meet the collaborative needs of affiliated unions and increase the effectiveness of the Federation's actions, taking into account the creation of a single employer, Santé Québec, as well as the specific realities of EPCs and institutions in the Far North.

Recommendation 6: To support the affiliated unions in their actions so that they bring the official positions adopted by all the FIQ decision-making bodies to life for the members, and that they develop the means and tools to achieve this.

Recommendation 7: Counteract the pro-privatization rhetoric by promoting a strong public health network.

Recommendation 8: Exposing and denouncing the systemic discrimination experienced by women healthcare workers and workers from historically discriminated against groups, including Indigenous communities - First Nations, Métis and Inuit - as well as racialized women, immigrants, women with disabilities and women from sexual and gender minorities.

Recommendation 9: Be actively involved in defending the rights of healthcare professionals who obtained their diplomas outside Quebec and support affiliated unions in guiding these people through the process of integration into the workplace.

Recommendation 10: Support affiliated unions in mapping their regions and identifying possible alliances. Encourage them to maintain regular ties with these allied organizations, to develop, via the structures provided for in their constitutions, political action initiatives, or to take part in them to strengthen their balance of power and influence.

Recommendation 11: To assess the impact of artificial intelligence on the organization of work and the practice of healthcare professionals and develop an ethical and feminist reflection on this issue.

Recommendation 12: Develop a better understanding of artificial intelligence, its threats and opportunities. Demand the necessary ethical changes to reduce its negative effects and benefit from its use in care work.

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NOTES

UNWAVERING IN THE FACE OF TOMORROW'S CHALLENGES

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