

RÉSONANCE

La

de la FIQ

P. 6-9

WORK OVERLOAD: SOLUTIONS AND ACTIONS

Overload is not inevitable.
How can we tackle it?



FÉDÉRATION
INTERPROFESSIONNELLE
DE LA SANTÉ DU QUÉBEC

April 2026 | 2nd edition



A MAGAZINE FOR THE MEMBERS

La Résonance de la FIQ is a bi-annual magazine that covers union, political, economic and social issues that influence Quebec's health network.

Intended for FIQ members – nurses, licensed practical nurses, respiratory therapists and clinical perfusionists – it provides a space where the realities in the field can resonate.

A work overload occurs when tasks exceed available resources, creating an imbalance between demands and means. It leads to pressure, lower quality of care, errors, increased stress and absenteeism.

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Message

from

THE FIQ PRESIDENT

OVERLOADED EACH IN THEIR OWN CORNER

Over time, work overloads have become commonplace in the health network. No one is surprised anymore when emergency rooms are overwhelmed, when teams are running with two less staff members, or when a third contingency plan is imposed. **But at no time should a work overload be normalized. It should not be part of the game.**

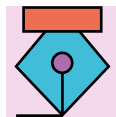
As you will have gathered, for this second edition of La Résonance, we have decided to talk about work overload. Don't worry, the aim is not to explain why you are overloaded, but rather to offer solutions to finally break free from this cycle.

A work overload can be discouraging, but past struggles have shown us that collective strength can advance our demands to improve our working conditions, even when it seems impossible. What I propose is that we work together to stop being overloaded in our own little worlds. Shall we get started?

Julie



Bouchard



**Word from the
Communication Committee**

Dear colleagues,

You can be sure that the magazine team has been busy since last fall. Its goal: to demonstrate that, despite what managers say, work overloads are not inevitable.

What is being done in institutions to counter overloads? What strategies can be implemented? How has organization of work evolved over time? Are there any viable solutions? These are some of the questions that will be addressed in the following pages.

From one healthcare setting to another, we face different realities, but we face similar challenges in terms of work overloads. Let's stick together, we can make a difference!

Enjoy the read!

The Communications Committee is composed of members who are directly involved in the FIQ's structure. They look into communications issues and trends and measure the impacts of the Federation's publications to respond to healthcare professionals' concerns.



2025-2029 Communication Committee / Jean-Sébastien Blais – Syndicat interprofessionnel en soins de santé de l'Abitibi-Témiscamingue / **Kathy Lagacé** – Syndicat des professionnelles en soins infirmiers et cardiorespiratoires du Bas-Saint-Laurent / **Aurélie McBrearty** – Syndicat des Professionnelles et Professionnels en soins de santé du CHUM / **Amélie Mercier** – Syndicat interprofessionnel du CHU de Québec / **Bianca Morin Tremblay** – Syndicat des professionnelles en soins du Saguenay-Lac-Saint-Jean

INVEST IN THE FRONTLINE TO REDUCE THE OVERLOAD

A strong frontline is essential for reducing the overload in the health network, as well as reducing the mortality rate and relieving the pressure on emergency services.

FULLY PRACTISED AND EXPANDED SCOPE OF PRACTICE

Imagine what healthcare professionals could bring to frontline services if they had the ability to exercise all the powers conferred upon them by their scope of practice: prescribe diagnostic tests, certain medications and treatments for smoking cessation or referrals to other health professionals, for example. This is not unrealistic, it is, in fact, an essential solution for improving frontline care. It also makes good sense to allow healthcare professionals to provide all the care for which they have been trained.

RETURN OF PROXIMITY CARE IN THE PUBLIC SECTOR (LONG LIVE CLSCS AND HOME CARE!)

The key to a frontline that meets the public's needs is proximity. The huge investments made in family medicine groups have not made it any easier to access frontline care but have instead contributed to the privatization of the gateway to the public health network. Today, public points of service are closing, leaving entire populations without local services. The government must revitalize CLSCs and home care in order to provide equitable and accessible public frontline care.

ENHANCED PREVENTION

The health network is focused on hospital centres and medical practice. Prevention efforts are often underestimated. However, in the context of an overload and an ageing population, it is necessary to reduce demand in addition to increasing supply. As everyone knows, prevention is better than cure!



Education by respiratory therapists and pulmonary rehabilitation helps restore respiratory capacity and prevent hospitalizations and emergency room visits.



Education about diabetes and clinical nursing monitoring, as well as **the contribution of licensed practical nurses in CLSCs** in recognizing the signs of hypoglycaemia and hyperglycaemia, help prevent the complications of diabetes.



Front line = 9% of the total healthcare budget
In 2020, the government transferred 340 million dollars from the CLSCs to the GMFs, which led to a 42% reduction in hours devoted to social services and a 52% reduction in psychosocial services.

THE GOVERNMENT NEEDS TO REVIEW ITS PRIORITIES!

The hidden burden of an overload

In addition to the ever-increasing workload and number of patients, a multitude of invisible factors overload or cause distress among healthcare professionals.



Tons of paperwork to fill out

Statistics add an additional burden to healthcare professionals, but they do not add value to care. They merely reassure administrations, who then feel they are measuring the work on the floor.



Constantly on high alert

Operating with a shortage of staff means that a crisis is never far away and that emergencies must be continuously prioritized. This can become very stressful.



Tasks to prioritize that involve abandoning certain fundamentals of the profession

Listening to patients, reassuring families, and providing support is not optional and it takes time.



Multiple obligations not related to care

Training and evaluating unqualified staff hired to lighten the workload, looking for parking in home care, etc. This is part of the job and difficult to measure.



Feeling of powerlessness and frustration when we can't provide the best care

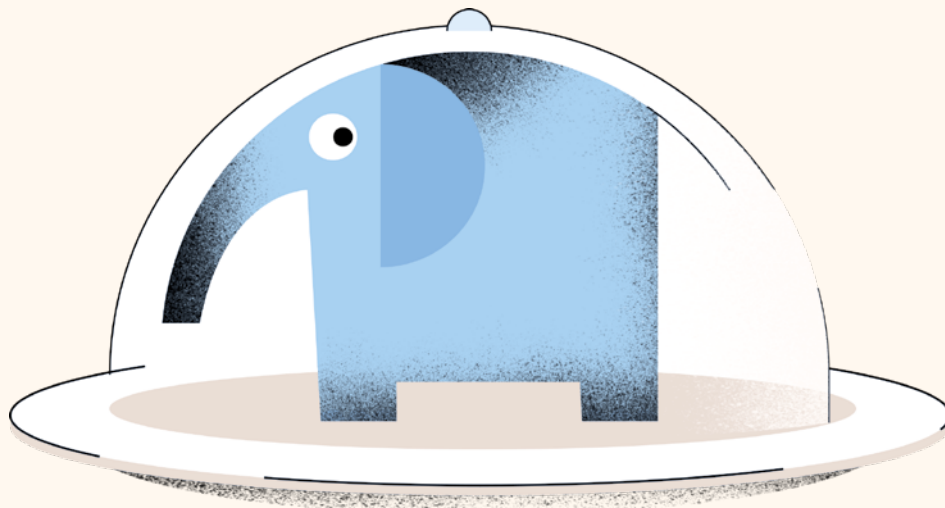
There is a contradiction between what we should do and what we can do, which can create a moral imbalance.

The integration of artificial intelligence (AI) into the health network highlights the need to make visible what is not visible.

AI relies on concrete data: what is not measured simply does not exist for it.

Hence, if a hidden overload remains ignored, AI will not be a solution, but rather an aggravating factor.

Fighting overload, or how to tackle a huge challenge

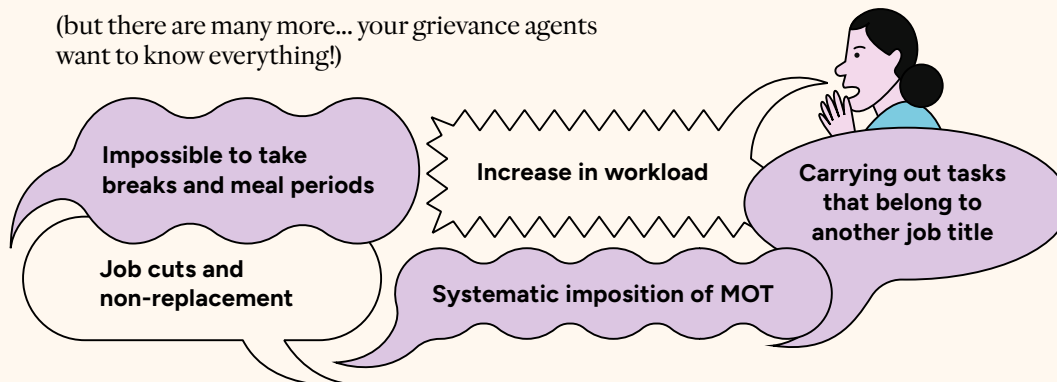


Do you know how to tackle a huge challenge? One step at a time. Taking action against an overload is a big undertaking that can easily be discouraging. But mobilizing work teams and union action remain the best ways to fight cynicism and denounce the dangerous effects of an overload on care, one department at a time.

CONTACT YOUR UNION | The enormous size of healthcare institutions complicates the role of your grievance agents, who cannot be everywhere at once. It is therefore important to get into the habit of contacting them, because without information, they cannot defend you.

Here are a few reasons to contact your union

(but there are many more... your grievance agents want to know everything!)



REPORT DANGEROUS SITUATIONS

When the working conditions on your centre of activities endanger the quality and safety of care, it's essential to report it. By completing the Safe Staffing Form, you can alert your union team in a simple and confidential manner. With the information gathered, it can develop a clear picture of the safety issues and take concrete action with the employer to remedy the situation. It is a very useful tool for fighting overload!

Learn more ↓




ORGANIZE AMONG COLLEAGUES

Is your work environment inadequate? Is the equipment you need stored too far away? Is there insufficient training to support new colleagues? Are absences not replaced? Does your employer prevent you from performing tasks autonomously even though they are part of your scope of practice?

All these irritants have an impact on your daily workload, which can quickly become unsustainable. If you or your colleagues are exhausted, if you are thinking of changing departments or reorienting your career, if certain care is being omitted or done too quickly, it is time to take action to change things.

Being overloaded with work is not inevitable. Your managers have the power to implement measures that can make your work easier, but the chances of this happening are much greater when faced with a united, motivated, organized team that is supported by its union.



OBJECTIVE: To compel managers to ensure teams are fully staffed and have sufficient time to provide care. This is key to ensuring patients are healthier and their dignity is respected.

Yes, ratios again!

DEMAND SAFE RATIOS

Implementing safe healthcare professional-to-patient ratios has been a long-standing battle. So long, in fact, that it can feel like a broken record. But let's remember that most social struggles have been won through repetition and perseverance.

Limiting the number of patients that a care team can take on makes a world of difference in terms of workload. With safe ratios in place, it becomes impossible for employers to keep asking more and more of healthcare professionals. That is why we must continue to call for political action to implement ratios, while also putting pressure on managers.

The CAQ has always refused to consider ratios as a solution for the health network, but it is increasingly isolated in its position. In fact, several Canadian provinces have started to deploy ratios. The October 2026 electoral campaign will certainly be an opportunity to emphasize the importance of safe ratios with the candidates and public who elect them. Start talking about it with your friends and family!

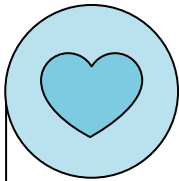
Learn more ↓



CHANGES IN WORKING CONDITIONS

The health network has greatly evolved over time. What has changed in our working conditions? What challenges have we faced? Nothing beats a timeline for providing an overview of the situation*.

**There has been good and bad, for sure!
It is up to us to learn from the past in order
to demand better for the future.**



0-1927

Charity and vocation

Annual salary:
\$0 to \$300 (care work is mainly voluntary)

70-hour workweek

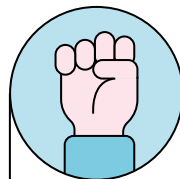
Regular workday of 13 hours

Many tasks not related to care
(fill the kerosene lamps, wash the windows, bring buckets of coal to ensure an even temperature in the rooms)

"CARING FOR THE SICK IS A VOCATION! IT HAS TO BE A CALLING! [...] TO DEVOTE YOURSELF DAY AND NIGHT, YOU HAVE TO SACRIFICE YOUR STRENGTH, SOMETIMES YOUR HEALTH".

Religieuse de l'École des gardes-malades de l'Hôtel-Dieu de Montréal, 1901

2026



1928-1962

Emergence of health unions

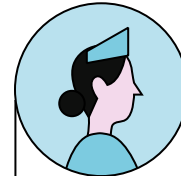
Annual salary:
\$2,600 for nurses
(end of volunteering, except for students)

40-hour workweek (in split shifts, which required an almost continuous presence at the hospital)

Dramatic situation of nursing unemployment

Emergence of new personnel categories (social work, physio, occ therapy, dietitian, psychologist).
Who used to do all that before?

The first strike in public services, organized by the Alliance des infirmières de Montréal (AIM) in 1957, at the hôpital Sacré-Cœur de Hull, and the threat of a strike at the Hôtel-Dieu de Montréal led to massive salary increases and a first regional collective agreement.



1963-1976

Start of the public network and professionalization

Annual salary:
\$8,600 for nurses
\$6,600 for licensed practical nurses
\$8,400 for respiratory therapists

37.50-hour workweek

About 70% of employees are part time or availability

Significant increase in number of patients

Beginning of mandatory overtime

The one-month illegal strike, organized by AIM in 1963, at the Hôpital Sainte-Justine, led to advances linked to workload by obtaining the implementation of a committee on care, a union action tool still relevant today!



↑ Photo-journal: tout par l'image, 1963-11-16, Collections de BAnQ.

* Salaries and workweeks are different from one job title to another and are not uniform for the periods indicated. The amounts are approximate and aim to provide an order of magnitude based on the basic salary in the last echelon, when data is available. The nurse job title was used to identify the salary of a nurse.



1977-1994

Start of budget cuts

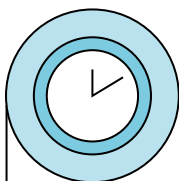
Annual salary:
\$35,000 for nurses
\$17,000 for licensed practical nurses
\$21,000 for respiratory therapists

IN 1983, THE GOVERNMENT DECIDED TO CUT SALARIES BY 20% FOR 3 MONTHS TO SAVE MONEY

- 36.25-hour workweek**
- Job cuts and layoffs**
- Work intensified**
- Declining interest in the profession**

These difficult times prompted healthcare professional unions to join forces, leading to the creation of the Fédération des infirmières et infirmiers du Québec (FIIQ), our predecessor!

Our illegal strikes in 1989 and 1999 put pressure on the government to convert replacement hours into positions. This resulted in the creation of 2,000 positions, representing approximately 4 million additional work hours per year.



1995-2003

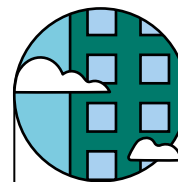
Ambulatory shift

Annual salary:
\$45,000 for nurses
\$35,000 for licensed practical nurses
\$43,000 for respiratory therapists
\$47,000 for clinical perfusionists

- Increase in the number of managers**
- Mass retirement of 4,000 nurses**

It was from this period onwards that the labour shortage became a pretext for introducing the private sector in healthcare, thereby discrediting public services.

The government proposed a reduction in the workweek to 32 hours for civil servants and wanted to cut pension plans in order to save money. The FIQ blocked Autoroute 15 and a 24-hour strike vote was organized by the inter-union committee to counter this affront, which ignored the number of hours actually worked.



2004-2025

Reforms and centralization

Annual salary:
\$90,000 for nurses
\$75,000 for licensed practical nurses
\$85,000 for respiratory therapists
\$113,000 for clinical perfusionists

37.50 to 40-hour workweek

Management by MOT, contingency and non-replacement plans

Significant job cuts

Beginning of waiting lists for CHSLDs which overloaded hospitals

Defunding of SADs and CLSCs

We warmly thank Couillard, Barrette and Dubé for this legacy!

In 2023, the FIQ organized the first legal strike in the context of essential services, a mobilization which helped to curb the significant cutbacks demanded by the government.

2026 - ?

Deployment of safe ratios

Massive investments in the frontline

Improvement in prevention measures

Valuing the work of healthcare professionals

Easier work-family-life balance

It is up to us to dream and take action to improve conditions in the network!

IMPOSSIBLE, CRAZY OR OPTIONAL STRUGGLES

The working and living conditions we enjoy today have not always been what they are now. Some benefits that we take for granted were not given to us out of the goodness of the hearts of governments or employers: they were won through mobilization and constant pressure. Here are three impossible, crazy or optional struggles that were won thanks to the tenacity and courage of labour organizations and their members.

PARENTAL LEAVE

A paid maternity leave?
Absolutely **impossible!**

In 1964, the threat of a strike by the 1,400 nurses represented by the Alliance des infirmières de Montréal, a union now affiliated with the FIQ, led to the first maternity leave in Québec. This leave was unpaid, but it was still an important step.

Prior to this, there were no legal provisions protecting pregnant workers, whom employers could dismiss at will.

Union pressure for collective coverage of reproductive costs continued until the Quebec Parental Insurance Plan (QPIP) was established in 2006. **It took more than 40 years of struggles for what was once considered an impossible demand to be considered a given today.**

OCCUPATIONAL HEALTH AND SAFETY

That employers should implement mechanisms to prevent accidents at work?

What a **crazy** demand!

In 1924, that was what workers contaminated with white phosphorus in match factories demanded. In 1949, it was also what asbestos miners demanded. This second case, which received widespread media coverage, raised public awareness of the importance of occupational health and safety (OHS).

Without these struggles and all those that followed, work accidents would still be considered a normal risk, the *Occupational Health and Safety Act* (OHS Act) would not have been enacted in 1979, the *Act respecting industrial accidents and occupational diseases* (AIAOD) would not exist, pregnant women would not have access to preventive withdrawal, and MOT, psychosocial risks and work overload would not be considered OHS hazards.

So, demanding legislation and organizing awareness campaigns to protect all workers is not crazy at all.

It is easier to understand why the government wants to introduce the concept of optional union dues. It hopes to avoid changes that would benefit all workers. It is trying to divide us!

If we managed to achieve all that, imagine what 90,000 healthcare professionals united under one banner could accomplish today. The strength of numbers should never be underestimated!

FREE-OF-CHARGE HEALTHCARE

Fighting for universally accessible and free-of-charge healthcare? Totally **optional** and certainly not related to the mission of unions.

We hammered this point home throughout the last round of negotiations: “Our working conditions are your care conditions,” but we must not forget: care conditions are also our working conditions. That is why, as early as 1919, unions demanded the introduction of health insurance. In 1961, thanks to mobilization, the submission of briefs and pressure, we finally obtained hospital insurance, and then in 1968, the Duplessis government (which was totally opposed to it) was finally persuaded to introduce a genuine health insurance system.

What would our working conditions look like today without these optional struggles?

Account

COMMITTEE ON CARE

Virginie Beffort
Nurse Clinician

WHY ARE WE STAYING IN THE PUBLIC NETWORK?

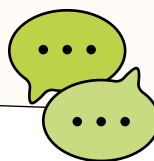


*Union rep against
the overload*

Why do we stay in the public network? That is the question we have all asked at one time or another. Virginie Beffort, Nurse Clinician since 2015 in various settings, notably at the Poison Control Centre and Emergency Room at the Hôtel-Dieu de Lévis, found the right words to answer this question: **“There is this whole therapeutic relationship where you have to be gentle, where you have to be patient, and at the same time, there is this urgency to act, to have the scientific knowledge to identify problems and collaborate with other professionals. It is this dichotomy that gives the profession its meaning.”**

Despite her enthusiasm for healthcare, she remains keenly aware of the current situation in the network and points out the many challenges that make the work more demanding: mental overload, MOT, high number of patients, etc. In 2023, these difficulties prompted her to make a heartfelt plea to her managers and on social media. The message was very clear: **We can’t take it anymore.** This was the catalyst for her commitment to bringing about change.

Following this initiative, she attended a Committee on Care, implemented for the Emergency Room at the Hôtel-Dieu de Lévis, to find solutions for the overload. An enriching and enlightening experience. **“It’s difficult to change how things are done in this large machine that is the health network, but I think it’s the little changes that will make a big difference. The Committee on Care helped us by listening to our concerns, balancing overtime between units, adding stretchers at the start of shifts, and providing increased supervision for younger teams.”**



The Committee on Care is a place stipulated in the collective agreement where employees and managers can discuss organization of work and workload problems at the local level. It aims to propose concrete solutions to remedy work overload.

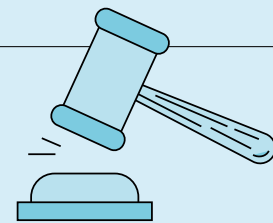
Despite all these advances and the renewed hope they bring, Virginie Beffort emphasizes the importance of structural changes: **“There’s still a lot of work to do. I think that introducing ratios would allow us to return to the very essence of our profession. To find the perfect balance between the therapeutic relationship and the scientific side, to take the time and at the same time be able to act in an emergency.”** It’s this balance that would allow us to stop asking ourselves the question and simply say... we are staying.

DENOUNCING THE OVERLOAD: MOBILIZATION PAYS OFF

The employer was more concerned about the stickers than the effects of fatigue on the quality of care

The “CHU à boutte!” campaign was launched in spring 2025 by the healthcare professionals in maternity at the Hôpital Fleurimont. Exhausted from the abusive MOT imposed by their employer and after months of fruitless efforts, they started wearing a sticker on their uniform and put up some posters to denounce their situation. The administration of the CIUSSS de l'Estrie – CHUS objected to their visibility campaign, first by attempting to regulate it, then by banning all forms of signage and threatening the team with disciplinary action.

In December 2025, in response to the complaint submitted by the Syndicat des professionnelles en soins des Cantons-de-l'Est, the Administrative Labour Tribunal ruled that the employer had unlawfully interfered with union activities and infringed upon the fundamental freedoms of expression and association. It ordered the employer to pay \$10,000 in punitive damages to the union.



The Tribunal was clear:

The fears cited by the employer were subjective and unfounded

Stickers and posters are legitimate means of union expression

They did not cause any harm or disruption of care

A strong message:

Healthcare professionals have the right to denounce practices that compromise their health and the care quality. Congratulations to the team for fighting to remind employers that freedom of association must be respected!

CHU
à boutte!

En TSO pour soigner
maman et bébé?

C'est trop risqué!

fiq. SPSCE
SYNDICAT DES PROFESSIONNELLES EN SOINS
DES CANTONS-DE-L'EST





Practical information: can we refuse to work an MOT?

Urgent and exceptional situations



Overtime can only be imposed in urgent and exceptional situations: your patient's cardiac arrest, 50 patients arrive all at once in the Emergency Room, fire, bomb threat, natural disaster, etc.

We agree that no healthcare professional who is able to remain at their post would leave in such situations. This is the basis of the code of ethics.

Maximum of 16 hours

There is no maximum number of hours that a healthcare professional can work.

After 12 hours of work, the risk of error increases tenfold, but you are in the best position to assess your physical and mental capacity.

MOT as a management method



For several years, employers in the health network have used MOT as a management method rather than set up stable and sufficient teams. To compensate for their poor resource planning, they make healthcare professionals feel guilty so that they will stay. If employers were truly committed to staff well-being and quality of care, they would ensure from the outset that there are enough people on the floor.

Less MOT

OT and MOT have decreased significantly since the latest budget cuts. Employers have realized that it is cheaper to not replace.

A super healthy and safe practice!

Impaired abilities



An inadequate physical or mental state could impair your clinical judgement and jeopardize your ability to provide care. In such a situation, you must request relief so that you can leave after your shift. Your ethical obligation remains despite your employer's instructions.

No relief?

It is the employer's responsibility to ensure there is relief. You can inform your manager that you will be leaving after your shift.

If she does not offer a solution, contact your union.

Consult the tool to aid in decision-making to evaluate your specific situation and contact your union who can intervene on your behalf with the employer.

Decision-making tool ↓



Close-knit work teams

Besides the union steps and actions organized as a team to improve working conditions, small rituals between colleagues, whether planned or unplanned, have a direct impact on feelings of overload. These coping mechanisms are essential for mental well-being and the teams' overall health. A few examples of practices reported to the magazine team are:

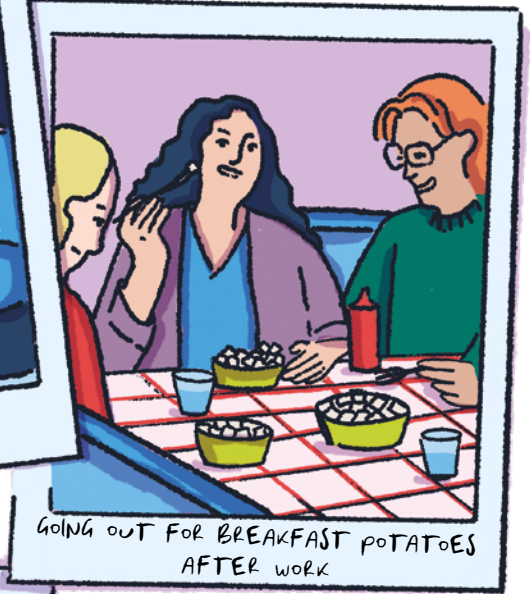
Rouyn-Noranda mother-child unit ↓



Hôpital d'Alma ↓



Night shift at the Centre hospitalier régional du Grand-Portage ↓



↑ Multi-organ transplant evening team on 12 North at the CHUM



Emergency Room team at the Hôpital de l'Enfant-Jésus ↑

WE WANT TO READ ABOUT YOU!

Are you spearheading an inspiring initiative? Do you have questions, ideas, photos or a story you would like to share with the magazine team?

Write to us at

courrielmagazine@fiqsante.qc.ca

We can talk about you in a future edition!

FIQ news

END OF THE PROGRAMME DE L'EXPÉRIENCE QUÉBÉCOISE

The FIQ is closely following the situation concerning the end of the Programme de l'expérience québécoise (PEQ) and took several steps. These efforts paid off, as the Minister of Immigration, Francization and Integration, Jean-François Roberge, finally promised that health workers would receive their invitation for the Programme de sélection des travailleurs qualifiés (PSTQ) (Skilled Worker Selection Program). While the FIQ welcomes this announcement, concerns remain about whether this promise will be fulfilled. The realities in the field do not allow us to lose a single healthcare professional, and no one should have to live with so much uncertainty.

Note that:

The FIQ recommends beginning the licence renewal process as soon as possible and submitting a declaration of interest. This will make it easier to document and highlight the number of workers in the network who wish to settle in Québec.

The employer has a duty to support the healthcare professionals concerned throughout the various stages of the immigration process. If this support is not offered to you, notify your union team immediately.

INTER-UNION SYMPOSIUM OF THE ESTATES GENERAL ON UNIONISM

On March 31 and April 1, 2025, the nine main Québec labour organizations met in Drummondville. Based on the results of the extensive consultation on the state of unionism in Québec, conducted among their members, among others, the organizations discussed possible solutions and innovations for unions.

Ultimately, it should be remembered that the objective of the Estates General is to revitalize the labour movement, ensure greater social justice, and build a future where workers can act collectively.

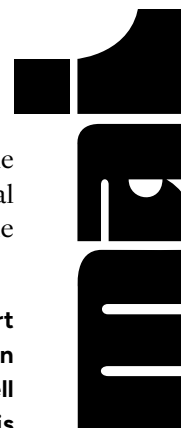
HEALTHCARE PROFESSIONAL MONTH

Every year, the month of May is an opportunity to highlight the exceptional contribution of the network's healthcare professionals.

The Federation's union teams organize activities or set up booths to meet with you.

Stay tuned and do not hesitate to contact your representatives for more information!

INTERNATIONAL WORKERS' DAY



This year, thousands of people will march for International Workers' Day on May 2 in the streets of Montréal.

If you would like to be part of it, check with your union team. They will be able to tell you whether transportation is available or whether a meeting point is planned.

Credits

Political Responsibility – Julie Bouchard, President

Editorial management and writing – Mathilde Lafortune and Marie-Eve Lepage, Union Consultants, Communication Service

Coordination – Marie-Claude Nault, Coordinator, Sectors and Services

Collaboration – Communication Committee, Vanessa Bevilacqua, Audréanne Bouchard, Sara Caron-Guay, Pierre Desnoyers, Laurence Fortin-Pellerin, Marie-Philippe Gagnon-Hamelin, Jean-François Lahaise, Mathilde Rajotte, Caroline Simard and Marie-Eve Viau, Union Consultants, Sectors and Services, Audrey Gosselin and Cindy Juteau, Information-Technology Documentation Technicians

Revision – Marie-Christine Belzil and Francine Parent, Secretaries, Communication Service

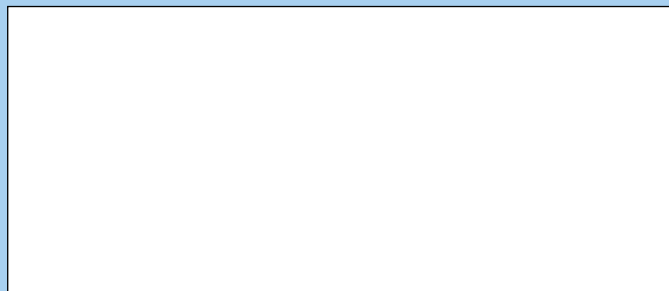
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