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par Douglas Hyatt

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strictement descriptive, n'hésitent jamais à adopter une démarche critique, tantôt face à certaines études, tantôt face aux insuffisances de la législation. À ce titre, elles font doublement œuvre utile.

Les auteures réfèrent à de nombreux textes de lois et citent une abondante jurisprudence dont les références ont été regroupées par pays au début de l'ouvrage, ce qui en facilite la consultation. L'ensemble des études réunies dans cet ouvrage a également permis la constitution d'une imposante bibliographie rapportée de façon consolidée à la fin.

Le caractère international et comparé de l'ouvrage permet de saisir l'univer-

salité des questions débattues de même que la complémentarité des approches dans leur diversité tant au plan juridique qu'à celui de la recherche.

Il n'y a pas de doute que ce livre constitue un référent de premier ordre pour quiconque, chercheur, étudiant, praticien, s'intéresse à l'incidence du genre sur les situations de travail, en particulier sur celles qui sont vécues par les femmes, mais aussi à la question des emplois atypiques en général.

JEAN BERNIER
Université Laval

Labour Relations and Health Reform: A Comparative Study of Five Jurisdictions,

by Kurt WETZEL with contributions from Stephen BACH, Mark BRAY and Nadine WHITE, Basingstoke, U.K.: Palgrave Macmillan, 2005, 230 pp., ISBN 1-403998-65-5

In a widely-reported recent decision, the Supreme Court of Canada ruled that sections of the British Columbia government's Bill 29 violated the right of B.C. Hospital Employees Union members to collectively bargain the terms and conditions of their employment relationship. By legislatively pre-empting negotiation on contracting out, layoff, bumping rights and other contract provisions, the Supreme Court determined that the bargaining rights of health care workers were restricted, "... either by disregarding past process of collective bargaining, by preemptively undermining future processes of collective bargaining, or both." The B.C. Government had defended its legislation as being in the interests of creating greater flexibility for the health care sector to restructure in an effort to reign in escalating health care costs.

Whatever the broader implications of the Supreme court's decision, which is sure to be the source of debate by scholars and practitioners for many years to

come, it is clear that, in Canada, the age of foregoing consultation and negotiation on restructuring issues that directly affect unionized health care workers has come to a close. *Labour Relations and Health Care Reform: A Comparative Study of Five Jurisdictions*, demonstrates that health care restructuring motivated by cost pressures is not unique to British Columbia. Nor is the use of legislation, or unilateral action by employers, to compel timely compliance to government's restructuring vision.

As its title indicates, the volume explores the pressures and responses of unions, managers and governments in light of health care sector restructuring in five jurisdictions – Great Britain, New Zealand, New South Wales (Australia), Alberta and Saskatchewan. The choice of this eclectic group of jurisdictions is justified on the grounds that they are all British-style parliamentary democracies with significant public health care sectors, their governments are politically accountable for both quality and funding

of health care, each has undergone a major restructuring, their health care sectors are highly unionized and they are diverse with respect to political ideology.

Stephen Bach describes the United Kingdom's experience with the impact of health restructuring on industrial relations, and *vice versa*. The chapter contrasts the approaches of the Conservative government, which emphasized market-based reforms directed at reducing costs, and the Labour government which sought to increase efficiency – more services provided at higher quality – through infrastructure and human capital investments. The chapter provides a wide-ranging, though necessarily general, discussion of these approaches, and especially the predilection of governments of all stripes to focus on short-term results, as well as for politicians to insert themselves too deeply into the actual execution of reforms. Bach begins the chapter by suggesting that the United Kingdom is distinct in "... the degree to which health sector reform has formed a central component of the domestic political agenda for more than two decades." The chapters that follow, however, suggest that the U.K. is not at all distinct in this regard.

Kurt Wetzel argues that market-based reforms, aided by anti-union legislation, undermined New Zealand's health sector industrial relations, and thereby impeded reforms. A focus on competition within the sector resulted in decentralized bargaining which led to very different outcomes for different groups of health care workers, some benefiting but many others experiencing significant harm. A new coalition government moved to reinstate to rights of unions and the role of consultation and negotiation as an integral component of the health care reform process. This approach appears to have reduced hostility and led to a more productive industrial relations environment.

The two chapters on Saskatchewan and Alberta, both authored by Kurt Wetzel, offer a stark contrast in approaches to health sector restructuring. The Government of Alberta pursued a reform strategy that sought to marginalize the role of unions and workers and to suppress conflict. While the government was arguably successful in advancing their intended reforms, it was not without the industrial conflict that the government had sought to avoid. Further, the seemingly heavy-handedness of government resulted in public support of some workers who took illegal strike action. In contrast, Saskatchewan's social democratic government followed a much more collaborative approach to restructuring that emphasized smoother and less threatening labour adjustment, establishment of representation and collective bargaining frameworks that better suited the new institutional environment of the health sector, and collective bargaining of four major agreements under a considerable centralized structure.

The example of New South Wales, described by Nadine White and Mark Bray, is one of constant change to control health care costs but within the traditional health care sector industrial relations structure. While implementation of reforms, which stressed a movement toward wellness and de-institutionalization, challenged managers to implement high-performance human resources management techniques, managers did not seek to supplant unions or traditional collective bargaining. However, the steady pace of change which requires health care workers to do more with less may be eroding the goodwill of traditionally strong employment relations. This may lead to conflict and career dissatisfaction, as it appears to have done, albeit more readily, in other jurisdictions covered by the book, in which reform was both sudden and unilateral.

Overall, the volume provides a good overview of how health care can, and

has, been restructured within widely ranging approaches to dealing with unions. However, it is not likely that uninitiated readers will find this a good first choice for leaping into the subject. Both health care reform and industrial relations across the five jurisdictions are complex and diverse, and it would be impractical to have the authors provide all the background helpful for understanding the true implications of health restructuring on industrial relations. Those hoping for an exploration of the question, "What health care industrial relations system supports the best health outcomes?" will not find an answer, if indeed one exists. In health care, it would seem that this fundamental question must be part of the equation as the health care system and the industrial relations system that operates within it, must be health enhancing to ensure public support of both.

Further, the introduction suggests that the institutionalist industrial relations systems perspective (that of Dunlop and of Kochan, Katz and McKersie) would inform the analysis. The structured frameworks that this perspective offers are well-known to industrial relations scholars. The chapters, however, were somewhat inconsistent in the extent to which the framework was applied. After setting this expectation, a more common structure to the chapters might have more easily allowed the reader to compare and contrast the jurisdictions.

Further, the use of charts to help the reader better penetrate the before-and-after health care reforms structure of service provision, bargaining regimes and union amalgamations would have been extremely helpful in light of the jurisdictional complexities and jargon associated with each of these. That said, the authors have done an admirable job of condensing a massive amount of information and institutional detail into a narrative that is tractable to readers. Unfortunately, with one exception, biographical information on the authors that might better have helped the reader understand their perspectives appears to be missing.

Among the major strengths of the book is that it highlights something that professional industrial relations practitioners have always known, but that is a lesson that needs to be learned over and over again by those coming from outside collective bargaining but who seek to reform it – conflict is not something that can be suppressed or regulated away. No management or government policy to suppress conflict is likely to succeed in doing so. This volume appears to have presaged the Supreme Court's decision which, in addition to protecting bargaining rights, acknowledges that conflict suppressed is not conflict averted.

DOUGLAS HYATT
University of Toronto

Partisanship, Globalization, and Canadian Labour Market Policy: Four Provinces in Comparative Perspective,

by Rodney HADDOW and Thomas KLASSEN, Toronto: University of Toronto Press, 2006, 390 pp., ISBN-13: 978-0-802090-90-4 and ISBN-10: 0-802090-90-7

This book asks two basic questions about the determinants and trajectories of labour market policy in four Canadian provinces since 1990. First, to what extent does the ideological orientation of governing parties (centre-left or

centre-right) affect policy outcomes? Second, have the goals and strategies of labour market policy been restructured along neoliberal lines? Six aspects of provincial labour market policy are systematically examined over the period