

# At your side, On your side: United Nurses of Alberta communications framing

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## Abstract

This case study focuses on the United Nurses of Alberta, the union representing registered nurses in the province of Alberta, Canada; this explores United Nurses of Alberta's communication strategies. Drawing on the collective action frames previously identified in United Nurses of Alberta's social media and newsletters from 2010 to 2015, which frames nurses as unique healthcare providers and advocates, this study leverages insights from 23 interviews conducted with the United Nurses of Alberta staff, highly involved members, and general members from 2016 to 2017. The article explores the motivations and tensions around the framing of nurses and the union. The findings indicate that the United Nurses of Alberta could enhance its communications by better aligning with members' current struggles through various collective action frame bridging and extensions. The research also suggests the potential benefits of United Nurses of Alberta shifting away from collective action frames rooted in self-sacrifice. Furthermore, this case study provides recommendations for communication strategies that could strengthen member engagement and involvement within their unions.

## Keywords

Labor unions, collective action frames, nurses, union membership

How unions are understood in society has important implications for the roles they can take on with their members' support. Generally, media does not portray unions positively; if at all, they are often portrayed as outdated relics. Union representation becomes significant amid declining union density and workers having fewer interactions

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directly with unions, as has been the case in Canada for the last 40 years. *This research focuses on* how unions frame themselves, their members, and members' perceptions of this framing. Focusing on the United Nurses of Alberta (UNA), this case study explores the motivations and tensions among UNA elected officials, staff, and members, particularly concerning collective action frames identifying nurses as distinct healthcare workers and advocates for patients and the healthcare system (Cake, 2024). This case study contributes to the current knowledge on union renewal and collective action frames by examining what unions communicate, how they frame their communications, and how union communication and framing are perceived by members beyond major labor events, such as organizing drives or labor disputes which have been the primary focus of previous studies. The communication materials included in this study included all social media communications from 2010 to 2015, which included Facebook, Twitter, and YouTube, as well as a union newsletter that was physically mailed out to some members and available on the union website. This study included over 3500 data points from UNA's posts across their social media accounts, as well as an analysis of 5 years of their newsletter. Interviews were also conducted with 23 UNA members and staff, beginning with the staff, then members in elected positions, and then general members.

This research is particularly timely given recent developments in Alberta's labor relations landscape. In 2020, the provincial government introduced legislation mandating distinct spending categories for union dues and requiring workers to opt-in to a portion of dues. These changes have implications for Alberta unions and the wider community. Additionally, a reclassification request of licensed practical nurses (LPNs) to be considered direct nursing care, which is currently limited to registered nurses (RNs) and registered psychiatric nurses (RPNs), impacts UNA, who are the sole provincial union designated to represent employees in direct nursing care. The outcome could significantly impact LPNs, UNA's collective bargaining, and their communication and collective action frames.

## Context

The mass media in Canada, similar to Britain (Beynon, 2003) and the USA (Martin, 2004; Milkman and Voss, 2004), often presents unions negatively, often framing them as outdated and unnecessary relics. This portrayal omits the positive aspects of unions such as the impact on wages, promotion of occupational health and safety, and how they have advanced workers interests (Kumar and Schenk, 2006). When unions are present in media narratives, it is often in the context of labor stoppages, which again provides a skewed representation of the role unions can play in labor relations and society (Kumar and Schenk, 2006).

## Alberta

Alberta and UNA provide a unique case study to examine union communication and framing. Alberta has historically had anti-union governments and low unionization rates. Despite this, the province has some of the highest wages in Canada, mostly

attributed to abundant oil and gas resources. Alberta, as well as the rest of Canada, has also suffered from a declining union density. The years 2010–2015 marked a significant shift in Alberta, when they transitioned from the long-standing conservative government to a left-leaning New Democratic Party (NDP) in 2015. This marked the first time since 1971 that a conservative party was not in power in Alberta. Concurrently, there was an economic shift characterized by the decline of oil prices. Unionized workers in Alberta received lower wage increases during collective bargaining, attributed to “public sector wage and salary restraint... [and] government budgetary deficit restraint” (ESDC, 2016: 3). Healthcare workers in Alberta initially saw stronger economic gains, but from 2013 onward, gains became more restricted. This pattern aligns with the historical trend in public sector bargaining in Alberta, which often mirrors the cyclical nature of the oil and gas industry’s boom and bust cycles.

Recent legislative changes in Alberta introduced an opt-in clause for a portion of union dues. Under this legislation, union activities are divided into core and non-core activities. Any dues going to non-core activities, which includes political activities, social causes, and charities, must have workers individually opt-in. This change was introduced along with other legislative changes that make unionization more challenging and impose restrictions on union activities like secondary picketing as well as introducing greater financial reporting requirements (Foster, 2021). The impact of this legislation is still unfolding, but a recent report from Foster and Simpson (2022) highlights the significant financial implications, estimating that charities, non-profits, and community organizations have already lost an estimated \$2.5 million in donations from Alberta unions.

### *United Nurses of Alberta*

The UNA represents ~30,000 members, including RNs, RPNs, and other allied health workers.<sup>1</sup> UNA is the primary union for nurses in Alberta. At the time of this research, the unionization rate in Alberta for RNs was 89% (CFNU, 2017). UNA is well-integrated within the Canadian labor movement. Their membership includes the Canadian Labour Congress and the associated provincial and municipal organizations as well as the Canadian Federation of Nurses’ Unions in Canada. UNA has a rich history of effective communication practices and has been an early adopter of various technologies to enhance their communications.

Structurally, UNA comprises four elected officers: a president, first and second vice presidents, and a secretary treasurer. The provincial board consists of these four elected officers along with 24 district representatives divided geographically. Districts with larger memberships are allocated more district representative positions on the Executive Board. With over 160 distinct UNA locals and a few Provincial Administered United (PAU), each local operates with its own executive structure, which may vary based on unit size. Additionally, each local appoints a unit/office representative, akin to a shop steward or workplace representative. The unit representatives are often key as their responsibilities include communicating workplace issues to the local executive, being a frontline representative of the union to members and the employer

and engaging new employees. However, the level of activity among unit representatives can vary significantly across units, with some having no representatives while others boast highly active ones.

Historically, UNA had their last province-wide illegal strike back in 1988, and this was a defining moment for the union. During this wildcat, UNA accumulated a total of \$426,750 in fines, and 75 individual UNA members were served notice of civil contempt. This event is significant as it cemented the union's reputation. Since this time, the union has engaged in a number of campaigns and public protests but not official province-wide strikes like that in 1988.

During the research period (2010–2015), UNA was actively involved with various political issues, including advocating for an Alberta Health Act, addressing long Emergency Room wait times, boosting the national Canada Pension Plan, tackling nursing shortage in the healthcare system, developing continuing care centers, and introducing of a nursing locum pilot project in remote areas of Norther Alberta. Additionally, UNA secured a first agreement for The Blood Tribe Department of Health in community and public health nurses. 2013 was the year for major bargaining across the province, while in 2014, UNA faced workforce transformation, scheduling optimization, unprecedented rollbacks at the bargaining table, and anti-union legislation.

UNA grappled with “Bill 9: The Public Sector Pension Plans Amendment Act, 2014,” which proposed changes to nurses' pension plans, including caps on contributions, tiered pensions based on enrollment timing, delayed retirement with full pension, and reduced cost of living adjustments. This was in exchange for joint trusteeship, a concept new to Alberta. The anti-union legislation, including “Bill 45: Public Sector Services Continuation Act” and “Bill 46: Public Service Salary Restrain Act,” imposed steep fines for advocating strikes and froze wages, respectively. These bills were perceived as rushed attempts to force public sector unions into new contracts swiftly.

UNA, in conjunction with other impacted unions, prevented pension changes and negotiated wage increases to keep members in line with inflation. Bill 45 was unanimously repealed in March 2015; Bill 9 died on the order paper as the Alberta legislature was prorogued; and an injunction was granted against Bill 46. Although the impacts were relatively short lived in this case, Bill 45 and Bill 46 were examples of ongoing government efforts in Alberta and Canada to interfere in public sector bargaining.

## *Nurses*

Nurses, often socially constructed as a subservient and feminized group, have historically faced challenges in professionalizing and unionizing. Coburn (1988) argues that nurses' professionalization was initiated by those in authority and emphasized nurses serving patients and following doctors' orders, while unionization tended to arise from nurses themselves and focused on prioritization patient care. However, these dual efforts sometimes hindered unionization, and job actions were labeled as unprofessional, unethical, or selfish, according to Breda (1997). This perception of nurses has made it a challenge to obtain fair compensation and favorable working conditions (Adams and Nelson, 2009).

Dahlke and Stahlke Wall (2017) further observe that nurses face conflicts when trying to communicate their professional expertise and abilities, which are frequently diminished because of gender stereotypes and perceptions of caring skills.

Past research on nurses and industrial actions has highlighted internal conflicts arising from a nurses' professional duties and the limits of activities imposed by labor relation frameworks (Bessant, 1992; Hibbered, 1992; McGauran, 1999). For example, Brown et al. (2006) highlighted shifts in nurses' understanding of their own labor dispute in Ireland over time, transitioning from an expression of solidarity to a job as it dragged on. Near the end of the strike, nurses were less positive and blamed the strike on the industrial relations framework which they viewed as incompatible with their profession. Brown et al. (2006) also proposed strategies to reconcile nurses' identity as caregivers with that as striking workers, such as emphasizing that both roles value caring and connecting strikes with patient advocacy. They also suggest that presenting strikes as professional development can redefine the meaning of being a nurse. Brown et al. (2006) adds to previous as well as later research on nurses' union frames demonstrates that nurses have been successful with unionized job actions because they framed their relevance by positioning themselves as advocates for improving patients' conditions instead of starting labor disputes for themselves (Briskin, 2012; Brown et al., 2006; Jennings and Western, 1997; Strachan, 1997). By positioning nurses' activities and goals as advocating for the general public in upholding a quality standard of care, nurses' unions frame their relevance in a way that builds on the self-sacrificing characteristics of nursing. By positioning their activities as advocating for public health standards, nursing unions hold hospital management and government accountable for working conditions, linking these conditions to patient outcomes. Nursing unions have implemented some of this framing successfully by prioritizing patient outcomes, as well as advocating for legislation and regulations, such as patient-to-nurse ratios which help address patient care concerns (Clarke and Clarke, 2006). However, this framing precludes important discussions about the rights of health care workers as workers (Cake, 2024). Moreover, since the nursing profession is predominantly female, they are often assumed to be caring based on their gender, and during labor disputes, they can be portrayed as heartless and uncaring, failing not only as nurses but also as women (Briskin, 2012).

These contextual elements provide the background for understanding the dynamics of union framing, legislative changes, and the challenges faced by healthcare workers in Alberta, with implications for the broader labor movement.

## **Theoretical framework and review**

This study employs a collective action frame approach to assess the impact of union framing. Rooted in Goffman's work (1974), framing is defined as a tool to help people organize their experiences and gain meaning in their lives. In social movements, collective action frames simplify and condense complex aspects of the world to support a movement's goal and promote collective action (Benford and Snow, 2000). According to Snow and Benford (1992: 137), framing involves "selectively punctuating and encoding objects, situations, events, experiences and sequences of actions within one's present or

past environment.” Collective action framing developed as a micro-level interpretative analysis, in response to both political opportunity structure theory, which assess opportunities within political systems for social movements (Tarrow, 1994), and resources mobilization theory, which assess resources acquisition, development, and deployment by social movements often at the meso-level (McCarthy and Zald, 1997).

Collective frame research distinguishes different types of frames and their uses in social movements. Snow et al. (1986) developed four types of frame alignment processes: amplification, bridging, extension, and transformation. Amplification happens when a specific event, issue, or value is framed as having greater significance; generally affirming accepted ideas and values of a social movement. Bridging involves linking two or more comparable frames to connect different organizations and unmobilized supporters. Extension occurs when frames are used to expand shared values and ideas to address concerns relevant to potential allies, expanding the boundaries of a social movement to include aligned interests and perspectives. Lastly, transformation happens when a frame is modified to accepted understandings in response changes, such as social, cultural, or political shifts that require adaption so existing frames are not in conflict.

Successful framing enables social movements to articulate their goals values, and strategies, as well as identify key players and propose solutions (Monahan, 2013: 440; Ryan, 2004). Three core framing tasks include diagnostic framing, prognostic framing, and motivation framing (Snow and Benford, 1988). Diagnostic framing involves the identification of issues and the assignment of blame or labeling the cause of the issue by the social movement. Prognostic framing entails the presentation of solutions to the previously identified problems. The final core framing task, motivation framing, focuses on persuading members to engage in collective action, specifically the action advocated for by the social movement.

Framing effectiveness requires congruence “between the interests, values, and beliefs of the potential movement participants and the activities, goals, and ideologies of social movements” (Franzway and Fonow, 2011: 292), in this case UNA and their members. Failure may stem from not aligning with the values and interests of the group members (Benford and Snow, 2000; Wang and Tracey, 2023). Unions, to function as “mobilizing structures,” must frame themselves as relevant to workers’ lives (Franzway and Fonow, 2011). Frames also influence member participation (Franzway and Fonow, 2011), and members evaluate their unions based on alignment with their own beliefs and values (Monahan, 2013). Successful framing can also help workers understand union’s roles in issues impacting members directly, establishing how a union can be relevant (Ross, 2011).

Framing research has been critiqued for neglecting audiences (Jasper, 2017; Wang and Tracey, 2023). In contrast to broader communication literature, framing research has often overlooked the interactive process of frame development (Jasper, 2017) and instead focused on static frames or the target audience (Jasper, 2017; Reinecke and Ansari, 2021; Snow et al., 2014). Framing could play a crucial role in organizing unions by preparing members to engage more actively and preparing them for escalating labor relations activities. Additionally, framing could impact public perceptions of unions.

This article draws on Snow and Benford (1992)'s concept of collective action frames and Gahan and Pekarek (2012) link between union renewal to collective action frames. It also builds on other works examining union campaigns, such as Ross (2011), who explored the use of collective action frames in the Manufacturing Matters Campaign in Canada, and Muir (2008), who focused on the Your Rights at Work Campaign in Australia. Yates (2010) examined union framing in an organizing drive in the Canadian childcare sector as well. This work incorporates a prior analysis of the collective action frames (of which a full analysis can be found; Cake, 2024) and mainly focuses on reflections from UNA staff, elected officials and members.

## Methodology

This research draws from a qualitative case study design, which has been used in previous union renewal research (Foster and Barnetson, 2011; Fowler and Hagar, 2013). This study uses a variety of data sources for the case study (Yin, 2009) including a wide range of communication documents and materials, both print and online formats, as well as 23 semi-structured interviews with UNA employees and members.

The study focuses on the period from 2010 to 2015, which was selected to encompass phases of political shifts, province-wide bargaining, and periods of relative labor peace. Inspired by sociologies of everyday life (Neal and Murji, 2015), this research includes the significance of the ordinary and routine of union framing between major campaigns and labor events. Considering the abrupt nature of some issues facing UNA members, such as sudden legislation, this study explores how UNA maintains communication framing outside of major events.

The initial research phase focused on gathering and examining UNA's communication data from 2010 to 2015. Various communication channels, including newsletters, Facebook posts, Twitter activity, YouTube videos, and website information, were analyzed. However, only content generated by UNA was included; no external comments or responses were collected.

To ensure a comprehensive analysis, the data underwent multiple rounds of review and coding. Each type of communications material was coded individually, and consistent themes were identified. These themes were continuously refined and revised throughout the analysis process and by drawing on previous literature. The identification of the collective action frames was a crucial outcome of the analysis, providing insights into the common messaging strategies employed by UNA (Cake, 2024).

After analyzing the communication materials, semi-structured interviews were conducted with various stakeholders of the United Nurses of Alberta (UNA) in 2016 and 2017. The first round of interviews involved seven elected officials and staff members, followed by six highly involved UNA members serving in roles such as local president or executive. Subsequently, interviews were conducted with 10 general members who had not held positions within UNA. The general members tended to be younger or nurses who had recently started their nursing careers, with a median career tenure of 7 years. The interviews captured all geographical locations of the various UNA districts and the different nursing sub-sectors in Alberta, including long-term care, community

care, and hospital care. Interviews were done in these different groupings to bring different perspectives to the research. The smaller sample size for general members largely reflected a lack of awareness of UNA's communications, as discussed in the findings section. Similar to the document analysis, interviews were analyzed based on a participant's involvement with UNA, with an iterative process involving coding consistent themes while considering prior analyses of communication materials and existing literature. Active recruitment was concluded once no new themes emerged.

## **Findings**

The analysis of UNA's communication materials yielded two primary collective action frames used: Nurses as distinct and nurses as advocates. The former frame aims to differentiate nurses from other healthcare workers, highlighting their professional status and educational background. The latter frame encompasses two forms of advocacy: nurses as advocates for their patients, clients, and residents; and nurses as advocates for the healthcare system, advocating for improvements and reforms at a system level. A more detailed analysis of these two frames can be found in Cake (2024).

The interviews with UNA staff and highly involved UNA members reinforced the frame that nurses are distinct in both their education and skills. Regarding the advocacy frame, the interviews with UNA staff and highly involved members covered the layers of advocacy of both UNA and nurses. In contrast, interviews with general members, although lacking specifics about UNA campaigns, underscore the perceptions of UNA as an advocate working on behalf of nurses.

### *Nurses as distinct*

UNA staff and elected officials emphasized the unique and unparalleled care provided by registered nurses compared to other healthcare workers which supported the "nurses as distinct" frame. The interviews revealed a strong belief in the distinct roles played by different care providers. One participant stated, "We see a role for the registered nurse. We see a role for registered psych nurses, nurse practitioners, LPNs, Health Care Aides, but you can't clump them all together and say that each one is capable of doing the same job" (Interview 1). According to another interviewee, "the care that is delivered by a registered nurse is unique, that it's not the same care that can be delivered by all health care people" (Interview 2). The UNA staff stressed the need for RNs to defend their status and ensure other healthcare providers were not misrepresented as RNs. One staff member stated, "It doesn't matter what your qualifications are. You worked hard to achieve them, and you should be proud of them. And to say you're an LPN, it's not something to be ashamed of. It's something you should be proud of. At no point should you ever try to pass yourself off as a registered nurse or to think that you have the same qualifications as a registered nurse" (Interview 4). A highly involved participant echoed these sentiments, highlighting the unique skills, education, and leadership role of registered nurses. They expressed the need for RNs to be in charge and make decisions about patient care while acknowledging the important contributions of other healthcare providers (Interview 9). Another

participant shared a practice of encouraging RNs to display their professional designations proudly on patient room whiteboards to recognize their hard work and expertise. This participant notes that some RNs would roll their eyes at their recommendation, but the participant continues to push RNs to do this. Participants acknowledged UNA's efforts to emphasize the distinct role of RNs in healthcare and how the union is working diligently to showcase what sets registered nurses apart from other healthcare workers (Interviews 8 and 13). These insights reflect the belief in the unique value and critical thinking skills that RNs bring to the healthcare setting, further reinforcing the nurses as distinct frame.

The nurses as distinct frame was really exemplified in UNA's Wear White Wednesday campaign, which promoted nurses wearing white on Wednesdays so that patients and their families could identify who was a nurse. The goal was to draw attention to the shortage of nurses in some healthcare settings and to promote nurses as distinct for their education and skills. This campaign directly addressed the findings of Adams and Nelson (2009), who noted that RNs are often trained to make their work, and by extension themselves, invisible in healthcare settings. When discussing the Wear White Wednesday campaign, one staff member stated that the campaign was about "getting back pride in our profession" (Interview 7). Wearing white was seen as one way for RNs to stand out among other healthcare providers, and it also echoed past representations of nurses in all white uniforms. There were mixed evaluations of the success of these campaigns, with some staff citing the success of Wear White Wednesday and its organic uptake across different locals, while others expressed disappointment at the lack of uptake across the province.

During our conversations, staff also raised concerns about the impact of distinctions made between different healthcare providers and the potential conflict this can create for some nurses, sometimes for themselves personally. One participant highlighted the conflict felt by some RNs in emphasizing themselves over their coworkers, stating that "some RNs have a sense of guilt almost that, well, 'I'm talking bad about my coworkers'. No. You're not talking bad about your coworkers" (Interview 7). However, this participant shifted the argument to focus on patients and their rights to be informed about which healthcare group was providing their care, stating "That every single patient has a right to know how many registered nurses, how many licensed practical nurses are providing care for that group of patients, ... [patients] have a right to know [who is providing care]" (Interview 7). The connection between framing nurses as distinct entities and advocating for patient rights resonates with previous research, which suggests that aligning advocacy efforts with improvements for patients is effective during labor disputes (Briskin, 2012; Brown et al., 2006; Jennings and Western, 1997; Strachan, 1997). Similar to the UNA staff members, some highly involved participants talked about their own discomfort in differentiating themselves from other healthcare providers. One participant mentioned feeling personally uncomfortable with the idea of emphasizing their RN designation, as they did not want their coworkers to think they considered themselves superior. Another participant felt it would be degrading to LPNs if they constantly emphasized their RN designation, skills, or education.

Some participants highlighted an internal hierarchy within the registered nursing profession, where nurses in highly technical and urban fields are often perceived as superior or more skilled than those in rural and generalist settings. This hierarchy appeared to be connected to the broader hierarchy of healthcare providers, placing registered nurses above LPNs and healthcare aides. The distinctions drawn between different nursing groups seemed to facilitate divisions within the registered nursing community, detracting from their collective strength. Additionally, some highly involved UNA members discussed the visual portrayal of nurses by UNA to the public. UNA's communication often depicted nurses wearing scrubs and stethoscopes, which did not accurately represent nurses working in community and public health settings, where scrubs are not commonly worn. For these participants, the narrow visual representation of nursing roles limited the public's understanding of the diverse roles registered nurses play in their communities beyond hospitals. This focus on hospital-based nursing also appeared to reinforce the internal hierarchy within the registered nursing profession, favoring specific nursing specialties over others.

### *Nurses and UNA as advocates*

The second campaign discussed during interviews was the *At Your Side, On Your Side* slogan, which was used across various UNA communications. The slogan aimed to reflect how nurses were at the sides of their patients advocating for their care. But it also meant that UNA was at the side of nurses, advocating for them in the workplace and beyond. Interviews with both UNA staff and highly involved members were very quick to emphasize the role of UNA as an advocate for nurses, which enabled nurses to be advocates as well.

During the interviews, one staff member stated, "You know, we are there for the public. It's not just about us. We are their advocates. Yes, we advocate for our members, we advocate very strongly for our members, but we are advocating for the public as a whole" (Interview 3). Another staff participant agreed, stressing the need for UNA's involvement in politics to represent nurses effectively. They argued that a union cannot avoid being political and must be involved in legislative change and lobbying for changes to regulations and government policies (Interview 1). Another staff participant discussed the goal of "convincing policymakers that nurses are stars" and "that nurses should also be involved in the policymaking process and the policy decision process" (Interview 5). This participant also highlighted the value of nursing as a profession to justify a role for nurses, presumably through UNA, in shaping healthcare policy. They explained that:

... nurses are valuable to the health care system, but registered nurses are also a profession. And they're not only valuable on the front lines of health care, but they're also valuable in terms of determining the future of health care, determining the future of policy. They should be a group that is consulted by government, for example, when changes are being made and improvements are being made to the health care system. (Interview 5)

Both UNA staff and elected officials also highlighted how UNA's advocacy work enabled nurses to also be advocates for their patients. One participant stressed UNA's role in fairness and equity, stating, "UNA helps make sure we have a fair and equitable workplace so that we have all the tools as nurses to take care of the patients that we serve" (Interview 9). Another participant elaborated further, stating, "[UNA advocates] for safe client care as well because one of the mottos is 'At Your Side, On Your Side' kind of thing. So, it's not only that they represent nurses, but it's for the betterment of the patients that we deal with" (Interview 10). UNA staff viewed this as their ultimate goal, "at the end of the day, it's what it's all about, is safe patient care. Even much of our bargaining really at the end of the day is about safe patient care" (Interview 1). Other participants echoed this sentiment, explaining that much of UNA's bargaining efforts focused on ensuring safe patient care. As one participant elaborated that money and vacation days are not the ultimate goal for UNA collective agreement negotiations, rather "it's about providing safe patient care" (Interview 1).

Two participants expanded on the impact of UNA's work beyond nurses and patients, emphasizing their advocacy for the broader community. One participant stated that UNA prides itself "on being advocates for both nurses, the working people, and the people in general" (Interview 11). Another participant emphasized that "[UNA] wants a safe workplace for our members, but we want a safe environment for our patients but we also want the community to be better" (Interview 12).

Indeed, the 'At Your Side, On Your Side' slogan encapsulates the multifaceted nature of advocacy within UNA. The organization serves as an advocate for Registered Nurses (RNs), their families, patients, and the broader public. By advocating for RNs, UNA enables them to fulfill their roles in patient care. This framing not only clarifies the responsibilities of nurses but also highlights the essential role that UNA plays in supporting and empowering its members to provide the best possible care for their patients.

This speaks to the recent legislative developments in Alberta to limit union activity away from any political advocacy as well as prior research of linking labor relations to patients as a way to encourage nurses (Clarke and Clarke, 2006; Briskin, 2012; Brown et al., 2006; Jennings and Western, 1997; Strachan, 1997).

### *General members and UNA*

The interviews with general members often took a different approach and their answers were more varied and less focused on specific UNA communications. Many participants were not aware of the campaigns that UNA had run, even if they recall seeing some advertisements or the UNA newsletter. Rather, the participants focused on what UNA does and their evaluation of those activities. These interviews highlight the importance of union communications for members to learn about their unions and the broader labor movement, but is also a reflection of the lack of impact UNA communications have had for these members thus far.

Several members first learned about UNA while in school for nursing. A few recalled UNA representatives visiting their classes to discuss the union along with a representative from CRNA (College of Registered Nurses of Alberta). One member even credited their

university education for providing them with the knowledge and understanding of unions and politics within the healthcare system, particularly about UNA, what the organization “looks like and where to find it, and obviously, interpretation of policy, procedure, what they’re there for” (Interview 22). Still, this member expressed that the information about UNA felt like an “add-on” and was not integrated with the concept of nurses advocating for themselves. The member stated:

That wasn’t really a part of teaching when it came to unions. It was like, “Hey, just so you know, this exists. This is where you would look if you have an issue related to this”. Period, that’s the end of the conversation. Whereas, I would have liked, “This is what you need. And if you have, let’s go through some case studies in what would you do. How would you do it? Let’s walk through it”. It would have been nice but didn’t happen. (Interview 22)

Another member recalled watching a video about UNA during a university class, remarking, “It was a really good video. I actually do remember it quite well” (Interview 20). According to the member, the video provided a comprehensive overview of UNA’s history, including significant industrial relations battles and the subsequent rights and benefits Alberta nurses have gained. These experiences highlight a potentially valuable communication opportunity for UNA to reach potential members.

In general, the UNA members who participated in this research exhibited a good understanding of UNA’s role in collective bargaining, particularly regarding shift scheduling, benefits, and wages. One participant even likened UNA to a “professional parent” who prioritizes the individual member’s well-being (Interview 19). Another participant expressed confidence in turning to UNA for employment-related issues, stating, “if I ever have difficulties with my contract or how I’ve been treated at work in terms of what was provided to me or expected of me I would be able to contact them” (Interview 15). This perception of UNA’s role aligns with the idea of UNA as an advocate and stood in contrast to the participant’s perception of their managers, who were seen as having a dual focus on workers and the department’s financial bottom line (Interview 19). Even members who had not personally interacted with UNA acknowledged the union’s role in establishing protections, stating that they were “really thankful for the things that they do to fight with [workplace] policy making to ensure that we’re getting fair treatment” (Interview 20).

Several UNA members spoke about UNA as their own advocate, recognizing the union’s representation of nurses legally and their efforts to maintain standards across different work environments. Members viewed UNA as an advocate for nurses’ rights (Interview 20) and an advocate for safe patient care and safe working environments (Interview 14). One member specifically mentioned UNA’s advocacy in the face of deskilling, highlighting the union’s efforts to maintain nurses’ position in the Alberta healthcare system (Interview 17). For this member, UNA “certainly help[s] to advocate for RNs in the workforce as far as entering our scope of practice and the discussion with RNs being replaced by LPNs. I think they’re helping to advocate to ensure that our role maintains a strong position in the Alberta health care system” (Interview 17). Another member

took this further and discussed how UNA even advocated and helped translate the work RNs do for the public, addressing concerns raised by Dahlke and Stahlke Wall (2017) for how nurses talk about their skills, stating:

the union are the ones that portray the image to the public of why nursing is an important profession and why people trust nurses because they kind of take a - I feel like they take that image where people believe that nursing was a calling or some sort of, kind of angelic gift from the heavens - and they render it a lot more accessible and make us look more capable and more professionally trained and intellectually capable people. (Interview 19)

The participants who had a deeper understanding of UNA's activities generally had a greater appreciation for the work being done and held a positive view of UNA. Those who had sought assistance from UNA for specific issues gained a better understanding of the organization and generally developed an appreciation for its efforts as well, stating: "The more I learn about them, the more I appreciate the role that they play for us" (Interview 16). Overall, UNA members believe that the organization ensures fair treatment of nurses in the workplace and serves as an advocate in various situations on behalf of nurses.

Several UNA members raised concerns during interviews regarding various aspects of UNA. One member expressed apprehension about UNA's role in protecting and advocating for nurses who may no longer be fit for the profession, suggesting that this practice could potentially undermine the standards of nursing. They also noted that UNA's presence on their unit seemed limited to situations involving nurses facing disciplinary actions, fostering negative perceptions of the union among colleagues. Another member echoed similar sentiments, expressing concerns that certain protections afforded by unionization might encourage complacency among nurses, thereby compromising the quality of care provided to patients. These interviews suggest that UNA may need to work on their internal communication framing to ensure it does not conflict and their activities are not presented as being against quality patient care (Briskin, 2012).

In addition, members highlighted instances where UNA's response to their concerns fell short of expectations. One member cited a lack of UNA presence on their unit despite encountering issues such as scheduling conflicts. They recounted an initial reluctance from UNA's labor relations officer to assist, which left them hesitant to seek help from the union in the future. Similarly, two members voiced frustrations related to seniority and scheduling issues, attributing these problems to UNA. One member expressed frustration over perceived discrepancies in pay rates between part-time and full-time workers performing the same duties, while another felt disadvantaged in job applications due to their previous casual position.

Furthermore, some members expressed dissatisfaction with the amount of money deducted from their pay as union dues, questioning the value they received in return. One member expressed skepticism about the overall benefit of union membership, suggesting that the deducted funds did not necessarily translate into tangible benefits or services. Additionally, there was some confusion among members regarding the breakdown of deductions for various purposes, including union dues and pension contributions.

Interviews with UNA members reveal a spectrum of opinions about the union, with some expressing negative sentiments while others acknowledge its value, particularly in ensuring fair treatment from employers. Despite UNA's efforts through various communication channels, interviews with general members exposed breakdowns in communication on several fronts, including dues amounts, seniority rules, the right to strike, UNA's relationship with CRNA, and opportunities for member involvement. These breakdowns highlight the need for reflection, improved information dissemination, and increased member engagement within the union.

Additionally, members emphasized the importance of local-level communication and the ability to connect with someone in person to gain a better understanding of UNA. While central UNA employs multiple communication avenues, it is evident that in-person interactions at the local level remain essential for members' awareness of the union and their willingness to participate in its activities. Unit representatives play a key role in this communication process, with UNA often relying on them to relay information to members. However, the effectiveness of this communication varies widely among different units, with some representatives creating their own communication channels such as social media groups or newsletters.

Overall, there is room for improvement in ensuring the presence and active involvement of unit representatives in passing along central UNA communications to members. UNA could enhance its efforts in this regard to foster better communication and engagement at the local level, which appears to be an area where the union has not yet fully invested in terms of communication strategy.

*This research focuses on* how unions frame themselves, their members, and members' perceptions of this framing. Focusing on the UNA, this case study explores the motivations and tensions among UNA elected officials, staff, and members, particularly concerning collective action frames identifying nurses as distinct healthcare workers and advocates for patients and the healthcare system (Cake, 2024). This case study contributes to current knowledge on union renewal and collective action frames by examining what unions communicate, how they frame their communications, and how union communication and framing is perceived by members beyond major labor events, such as organizing drives or labor disputes which have been the primary focus of previous studies.

## Discussion

Considering the main question of this study—what collective actions frames does UNA use in its communication and what do members think of this framing—it becomes clear that UNA has room for improvement. The analysis indicates that UNA needs to ensure communications effectively reach members, align with their values and focus, and to improve frames that motivate members to become involved in collective actions as well as in the union itself.

UNA employs various communication strategies, including newsletters and social media platforms, to engage its members. It predominantly uses two collective action frames: nurses as distinct and nurses as advocates. By framing nurses as distinct healthcare professionals, UNA aims to leverage their unique contributions to gain improved pay

and working conditions during collective bargaining. Additionally, UNA seeks to enhance the recognition of nurses within healthcare settings and society, highlighting their skills and education to further improve working conditions.

### *Implications for industrial relations research*

Through the advocacy frame, UNA portrays nurses as advocates for their patients, both within the workplace and in public policy. By presenting nurses in this light, UNA hopes to gain more political traction to influence employment conditions and create public pressure on politicians to enact beneficial changes. This framing not only influences perceptions of nurses but also shapes UNA's identity as a union. It aligns with prior research demonstrating that framing nurses' industrial relations activities as enhancing patient care for patients has been successful (Briskin, 2012; Brown et al., 2006; Jennings and Western, 1997; Strachan, 1997).

However, the interviews revealed conflicts among members regarding UNA's existing framing. Some members expressed discomfort with the nurses as distinct frame, questioning its alignment with their actual practice, especially when working collaboratively in healthcare teams. Research by Adams and Nelson (2009) also challenges this framing, suggesting it conflicts with nurses' training to be inconspicuous in the workplace. Still, these findings resonate with previous research highlighting the valuable skills of predominantly female and racialized 'non-direct' healthcare workers, often overlooked due to gender biases and limited communication tools (Armstrong et al., 2008; Dahlke and Stahlke Wall, 2017), which in a way UNA is attempting to address. Members also expressed concerns about the continued emphasis on hospital-based nurses, overlooking those in community and clinic settings. UNA could work on representing the diversity of nursing and its impact on communities to address these concerns and work towards fair compensation and working conditions for all members.

Regarding the advocacy frame, the interviews revealed that members were comfortable viewing UNA as an advocate. However, they were less inclined to see themselves as advocates within healthcare or public policy, perceiving advocacy as an initiative by UNA rather than a collaborative effort. The current framing appears to lack a clear emphasis on providing space for UNA members to advocate for their patients alongside the union. This dissonance underscores the necessity for targeted framing strategies to bridge the gap between members' perceptions and the advocacy frame promoted by UNA.

It also raises questions about whether UNA has effectively connected various industrial relation activities, such as strikes, to patient care. Research has shown that connecting these activities to patient care can help nurses participate in labor disputes (Briskin, 2012; Brown et al., 2006; Jennings and Western, 1997; Strachan, 1997). Without this connection, members and work stoppage activities may be seen as unprofessional, unethical, or selfish (Breda, 1997).

This approach also raises the possibility that UNA might benefit more from constraining direct action from its members, preferring them to channel their efforts through the union, where UNA has more control. This finding aligns with Hyman (1989)'s research,

which suggests that unions are often pressured to throttle member demands and limit union behavior to access the benefits provided under the Wagner labor relations model. This would suggest that UNA has accepted the limitations imposed by the state and is attempting to work within that structure and influence member direct participation to also work within that structure.

The interviews also suggested that increased involvement with the union correlated with greater acceptance of UNA's frames and more knowledge of the union. This interactive dynamic likely involves self-selection, where members who agree with the framing are more likely to take on official union roles. General members were often unaware of UNA's communication efforts and framing, finding them disconnected from their immediate concerns. This indicates that the current framing may not resonate enough with their lives and priorities to motivate greater involvement (Benford and Snow, 2000; Franzway and Fonow, 2011; Monahan, 2013; Ross, 2011; Wang and Tracey, 2023).

This research demonstrates that union communication must go beyond developing specific frames. Diagnostic frames need to be refreshed to connect with members' current issues, and prognostic and motivational frames must be refocused as members' lives and struggles evolve (Snow and Benford, 1988) and more aligned with what McAlevey (2014) describes as "whole worker" organizing. Strategies like frame bridging and extensions (Snow et al., 1986) could help unions engage more members and fulfil their social unionism aspirations. Similar to how research on collective action frames has often neglected audiences and the interactive process of frame development (Jasper, 2017; Wang and Tracey, 2023), UNA could make progress by considering where their audiences currently are and how their communication framing could move them to more engagement. While UNA has made progress in framing diagnostic and prognostic issues, more attention is needed to amplify these frames and motivate members to become more involved, aligning with the core framing tasks outlined by Snow and Benford (1988). This shift in framing, focusing on solutions and motivating members to participate in collective actions, could also resonate with the general public and potential allies (Snow et al., 1986), fostering greater support for nurses during labor disputes and policy advocacy.

### *UNA moving forward*

To address these challenges, UNA should bridge the gap between central and local communications, ensuring members are aware of various engagement avenues. Increased focus on local-level communication and engagement is crucial for members to gain knowledge about UNA and feel motivated to participate. By employing effective communication strategies and providing a comprehensive understanding of the union's functions and opportunities for involvement, UNA can enhance its connection with members and foster a sense of unity and engagement.

Overall, the interviews suggest that while UNA successfully frames issues for highly involved members, it struggles to engage less involved members effectively. These members often lack awareness of UNA's diagnostic frames addressing current issues faced by the union. UNA could consider different framing strategies to engage a

broader spectrum of members beyond their core volunteers. Moreover, UNA should direct its framing efforts toward helping members see themselves as both carers and advocates within a profession, balancing this with a view of themselves as workers. This may necessitate shifting from a framing rooted in self-sacrifice towards one focused on self-interest. While this approach contrasts with prior research on nurses' motivations for labor actions and public support, it is worth considering the limitations of self-sacrifice frames and how they could be detrimental in collective bargaining.

Although UNA is restricted by provincial legislation, this case study offers potential lessons for other unions without such limitations and those looking to expand their membership. Considering the political landscape in Alberta, it will be intriguing to see how UNA navigates the integration of RNs and LPNs if LPNs succeed in being categorized as direct nursing care. UNA would need to earn the trust of LPNs and effectively advocate for their expanded scope of practice. While some current UNA members may be receptive to minimizing the distinction between RNs and LPNs, UNA must reassess its communication approach to prevent hierarchy and ensure LPNs feel welcomed and supported.

At the bargaining table, UNA could face the challenge of managing divergent interests from two distinct groups of workers. While UNA's current membership is diverse in work locations, nurses share the same professional designation, which has been emphasized to drive collective bargaining gains. However, if all workers involved in direct nursing care were under the same union, UNA could gain increased leverage during negotiations, as LPNs and RNs would be less likely to undermine each other during strikes or lockouts. Consolidating both groups within the same union would grant UNA more control and foster closer coordination between the two groups.

It is important to acknowledge the limitations of this study. First, the research was conducted prior to the COVID-19 pandemic, which has undoubtedly had a significant impact on the healthcare sector and the experiences of nurses as well as their unions. Future studies should explore how the pandemic has influenced union communication and representation, particularly in terms of advocating for the health and safety of nurses and addressing the unique challenges they face. Second, it is worth noting that the median age of the interviewees was relatively young. While this provided valuable insights into the perspectives of early-career nurses, it may not fully capture the experiences and viewpoints of more tenured nurses. Future research should aim to include a broader age range to gain a comprehensive understanding of how union communication and representation intersect with different stages of nurses' careers.

Moving forward, there are several avenues for future research in the area of union communication and representation. Continuing to investigate the impact of technological advancements and digital platforms on union communication strategies would be valuable, considering the increasing reliance on virtual channels for information dissemination and member engagement. Future research may also consider the interactive components of social media communications and how members or social media followers may contribute to frame development, particularly regarding organizations attempting to shift opinions with collective action frames. Additionally, further research is needed to examine the union representations in unions that represent broader

professions or workers, as UNA historically has only represented one profession. By addressing these gaps, future research can contribute to a deeper understanding of union communication strategies and their impact on nurses' experiences and representation within the healthcare system.


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### Note

1. UNA is generally restricted to only having Registered Nurses and Registered Psychiatric Nurses. When members hold neither of these designations they are usually only included in a wall-to-wall agreement, and they are very few in number.

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