MANITOBA NURSES UNION
SUBMISSION TO THE WCB ACT REVIEW (2025–2026)

The Manitoba Nurses Union (MNU) represents over 13,000 nurses in healthcare settings across Manitoba. On behalf of our members, MNU is pleased to provide feedback regarding the review of The Workers Compensation Act.

MNU endorses the submission of the Manitoba Federation of Labour (MFL) and supports its recommendations. In our submission, we provide the perspective of frontline healthcare workers who experience high rates of workplace injury, including psychological injury, violence, and chronic heavy workloads. Despite the challenging working conditions in healthcare being well-known, the current workers compensation system does not consistently recognize or respond to these realities. Reform is required to ensure equitable access to coverage and meaningful prevention.

Issue 4: Psychological Injuries

Nurses face repeated exposure to trauma and workplace violence, chronic understaffing and excessive workload. However, their psychological injury claims are frequently denied, due to their classification as "non-traumatic mental stress." WCB defines non-traumatic mental stress as: "a non-traumatic event or series of non-traumatic events that produce mental stress, such as the daily pressures of work and life, are not accidents under the Act. In addition, some level of mental stress is endemic to life and, in most cases, does not constitute a personal injury as required by the Act. Everyday workplace events between an employer and a worker involving actions such as discipline, transfer, demotion, or any other change in a worker's employment situation taken by the employer, are not accidents under the Act." The tacit implication of psychological injury claims being denied under the guise of "non-traumatic mental stress" is that the psychologically damaging events that nurses are required to deal with on a regular basis are just "part of the job". This approach reflects a narrow interpretation of psychological injury that does not align with the realities of modern healthcare work. In practice, it excludes injuries arising from cumulative exposure to trauma, chronic stress, and sustained excessive workload, despite these being well-documented occupational hazards in nursing.

Psychological Injuries Data Support:

- In 2024, psychological injury claims accounted for nearly 8% of all claims filed by nurses, compared to just 3% in the general population. The disproportionately higher rate of psychological injury claims by nurses cannot be dismissed as incidental. The inherent psychological trauma of the profession warrants deliberate consideration in policy design, rather than exclusion.[1]
- The number of psychological injury claims filed by nurses has increased steadily from 2021 through 2024. Over that time, nearly 30% of nurses' psychological injury claims have been denied.[1]

Excessive Workload

While there are many psychological stressors that may result in a nurse's psychological injury claim, excessive workload is a key example. The threshold for excessive workload is set so high that it is rarely met, particularly in environments where unsafe workload has become normalized. In healthcare settings, widespread staffing shortages and increasing patient acuity have created a sustained standard of excessive workload. This creates a paradox: the more widespread the hazard, the less likely it is to be recognized as requiring support. Because WCB policy requires workload to be significantly different from the norm—and in healthcare, unsafe workload is often the norm—the result is the exclusion of legitimate psychological injury claims.

MNU has also supported members whose claims were denied both in the absence of formal documentation, such as Workload Staffing Reports (WSRs), and in cases where multiple WSRs were submitted. This creates uncertainty regarding what level of documentation is considered sufficient and raises concerns about the consistency and accessibility of the current evidentiary requirements.

The threshold for excessive workload should be revised to better reflect real-world healthcare conditions, rather than relying on comparisons to a workplace "norm" that may itself be unsafe.

Excessive Workload Data Support:

- Workload staffing reports (WSRs) are filled out by MNU members to identify excessive and/or dangerous workload conditions. In 2025, over 2,300 WSRs were filed by nurses in Manitoba, a 22% increase from 2024. Given the prevalence of documented excessive workloads among nurses in Manitoba, this cannot reasonably be used as a basis for claim denial.[2]

Workplace Violence and Assault

Violence is a recognized hazard in nursing and other healthcare professions. However, cumulative psychological harm from repeated exposure is often denied. Nurses experience violence in the workplace regularly, not as isolated incidents. This reflects a disconnect: the system recognizes individual incidents but not their long-term impact.

Workplace Violence and Assault Data Support:

- 2024 data from WCB provides compelling evidence of the disproportionate burden of workplace violence in healthcare. *Assaults and Violent Acts* represent more than 17% of injury claim events in the sector compared to only 6% in all other sectors.[3]
- Violence is so prevalent that in 2024, nurses were equally likely to make injury claims due to Assaults and Violent Acts as they were to make claims due to falls, and more likely to

be injured from violence than exposure to harmful substances or contact with objects or equipment.[3]

Adjudication Concerns

There appears to be inconsistency in both the level of understanding and the application of adjudication processes among decision-makers. Staffing turnover within the WCB may be a contributing factor, as MNU has received anecdotal reports from members regarding variations in communication style and the nature of questioning during the claims process. Given the complexity and sensitivity of these claims, psychological injury cases should be assigned to adjudicators or case managers with specific expertise in this area, and who are equipped to apply consistent, trauma-informed approaches.

MNU also notes concerns regarding the role of WCB healthcare advisors in the adjudication process. Members have reported situations where opinions formed through file review appear to override the clinical judgment of treating providers. This raises concerns regarding both transparency and fairness, and suggests a need to clearly define and limit the role of healthcare advisors to the interpretation of medical information rather than decision-making. MNU believes this is necessary for both psychological and physical injury claims.

Importantly, as a predominantly female profession, nursing may be uniquely affected by systemic factors in claim adjudication. MNU recommends a formal review of claim outcomes across occupations to identify and address any potential gender-based disparities.

Issue 8: Prevention

MNU shares the MFL's concerns regarding the refund of WCB surplus funds to employers while injury rates remain high and claim denials persist. MNU's primary position is that significant surpluses should not be accumulated; rather, available funds should be directed toward improving claim acceptance and supporting injured workers.

Where surplus funds do exist, MNU recommends that their distribution be contingent on a formal assessment of employers' injury prevention efforts. This assessment should include both physical and psychological injury prevention, including measures to address excessive workload and workplace violence. Where such efforts are found to be inadequate, surplus funds should be reinvested into targeted prevention initiatives rather than returned to employers. This approach would ensure that surplus funds are used to address known and ongoing risks within workplaces, rather than being returned in a manner that does not reflect employer performance or system need.

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MNU Recommendations

- Expand coverage for psychological injuries to include chronic and cumulative stress.
- Revise the excessive workload threshold to reflect real-world healthcare conditions.
- Ensure psychological claims are adjudicated by specialized, trained decision-makers.
- Review claim outcomes across occupations to identify and address any potential gender-based disparities.
- Limit the role of WCB healthcare advisors to interpretation of medical information only.
- Prioritize investment of WCB surplus funds into prevention, particularly workplace violence and staffing-related risks.

Conclusion

MNU reiterates its support for the Manitoba Federation of Labour's submission and emphasizes that nurses are facing escalating risks that are not adequately addressed by the current system. Reform is required to ensure that psychological injuries are properly recognized that adjudication reflects the realities of modern healthcare work, and that prevention efforts address the root causes of workplace injury.

Mike Sutherland
Executive Director
Manitoba Nurses Union
On behalf of Darlene Jackson, MNU President

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[1] Freedom of Information and Protection of Privacy Act Requests to The Workers Compensation Board of Manitoba
[2] Manitoba Nurses Union, *Workload Staffing Report (WSR) Reporting System*. Available at: https://workloadstaffing.manitobanurses.ca/Reporting
[3] Workers Compensation Board of Manitoba. *Injury and Illness Statistics (Q&A).* Available at: https://www.wcb.mb.ca/injury-and-illness-statistics-qa/