SASKATCHEWAN UNION OF NURSES

Healthy Members, Healthy Union, Healthy Communities

Position Statements 2022

REVISED FOLLOWING SEPTEMBER 2022 SPECIAL MEETING

SASKATCHEWAN UNION OF NURSES

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(Changes approved at the 2022 Special Meeting are highlighted in yellow.)

Building a Representative Workforce

An inclusive, diverse workforce is a hallmark of a fair society, one in which each person is able to reach their full potential and to make a positive contribution to the community.

A representative workforce is one that reflects the make-up of the working age population at all classifications and at all levels in proportion to their potential labour force numbers in the population.

A representative workforce cannot be achieved if some groups encounter obstacles to participation. Intentional discrimination and systemic barriers create built in barriers for some groups.

SUN identifies at least four designated groups in considering the goal of achieving a representative workforce, including:

- Indigenous people,
- people with disabilities,
- visible minorities, and
- people in non-traditional roles.

SUN believes that a representative workforce requires the establishment of relationships involving close cooperation among the parties having individual and joint rights, responsibilities and authorities in an environment that reflects and fosters fairness and equity, consistency of approach, mutual respect and dignity, open communication and trust.

SUN believes that representative workforce strategies identify barriers that limit retention and recruitment of designated groups and develops collaborative solutions.

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CFNU Long Term Bargaining Goals

Background
The Canadian Federation of Nurse Unions maintains a national bargaining strategy, with long term bargaining objectives that are agreed to by all CFNU member unions and supported by their memberships.

Working together in a coordinated way, all CFNU members benefit from better results at their provincial bargaining table.

Position
The Saskatchewan Union of Nurses endorses the CFNU Long Term Bargaining Goals as approved by the National Executive Board of the CFNU.

Created: prior to April 2007
Amended: April 2010, April 2016
Reviewed: November 2012
Reviewed: November 2016
Reviewed: October 2020

Continuing Nursing Education

<u>Background</u>

Professional nursing practice and the healthcare system are evolving at a substantial rate requiring registered nurses, through mandated continuing competence programs and continuing nursing education, to meet regulatory, professional, employment, and personal needs beyond entry-level requirements. Regulatory entry-level competencies outline the minimum requirements for initial licensure and create the initial foundation for registered nursing practice. The regulatory entry-level competencies and professional standards define the minimum expected professional practice by members. Regulatory competencies and standards provide the foundation for continued professional growth through continuing nursing education and lifelong learning to progress from novice to expert in their employment and practice. Mandated continuing competence programs outline the individual professional obligation for the maintenance of professional competence, however, is complemented through the activities and experiences obtained within the practice environment to meet standards of care and ensuring for safe, competent, and quality care. Currency of knowledge, skills, and judgment along with lifelong learning are fundamental cornerstones of professional nursing practice and are required to address the evolving work and practice environment (Canadian Nurses Association [CNA], n.d.; Schneider & Good, 2018). The expansion of professional nursing knowledge, critical thinking, and practice occurs with participation in continuing nursing education to advance professional practice and the profession of registered nursing.

Wilson (2015) cites the following quote attributed to Florence Nightingale: "Let us never consider ourselves finished nurses. We must be learning all of our lives" (p. 56). Participation in continuing nursing education is "essential to professional nursing practice because it contributes to the quality of patient outcomes and to the evidence base for nursing practice" and can enhance the registered nurses' competencies in practice through varied opportunities (CNA, 2004). Continuing learning contributes to the imperative for nurses to adapt to maintain relevance as essential healthcare providers and contributes to participation in front-line leadership. (Wilson, 2015). Continuing nursing education can be obtained through various methods, formal or informal, including but not limited to webinars, courses, workshops, conferences, events, certification, simulation, computer-based learning, independent learning, professional affiliations, and academic programs (Ontario Nurses Association [ONA], 2020; Price & Reichert, 2017; Wilson, 2015).

Research conducted by Pollara Strategic Insights for the Canadian Nurses Association identified that barriers existed to sustain professional learning and providing safe care due to “staff shortages, overtime, exhaustion and perceived lack of managerial support” (p.8), meanwhile, nurses remain intent on advancing their knowledge and skills regardless of additional barriers arising from access, time and financial support (New Research Offers Insight, 2018). These barriers need to be addressed for maximum impact and benefit to the healthcare system. Pollara Strategic Insights’ survey identified that professional development remained of importance as a part of a nursing professional career, primarily focused on direct practice, education skills, and leadership. Price and Reichert (2017) reinforced the need and expectation for professional development within nurses’ career transitions, namely for competency and quality care, and was supported as an indicator of a healthy work environment. Investment in professional development has benefits for nurses, patients, and employers and is linked to career satisfaction (Price & Reichert, 2017).

Position

SUN acknowledges the regulatory requirements for lifelong learning and mandatory participation in continuing competence programs by registered nurses.

SUN believes access to continuing nursing education, supported and available by employers, is vital to safe, competent, ethical, and quality care by registered nurses.

SUN is committed to working with academic educational institutions, nursing regulatory bodies, professional associations, employers, Ministries of Health and Advanced Education, and traditional/non-traditional organizations to ensure continuing nursing education opportunities are available to registered nurses.

SUN is committed to ensuring continuing nursing education is available and accessible to all SUN members through collective bargaining, registered nurse retention and initiatives, and advocacy to establish more opportunities for access to continuing nursing education.

Created: April 2012
Reviewed: November 2012
Reviewed: November 2016
Reviewed/Referred: October 2020
Amended: April 2022

References:

Canadian Nurses Association. (2004). *Joint position statement: promoting continuing competence for registered nurses*. https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/promoting-continuing-competence-for-registered-nurses_position-statement.pdf?la=en&hash=E4DE277D222F143D777089D0E1730263F43F0688

Canadian Nurses Association. (n.d). *Professional development: Why do nurses need to ensure their knowledge is current?* Retrieved February 2, 2021, from https://www.cna-aiic.ca/en/professional-development

New research offers insight into professional development. (2018). *Canadian Nurse, 114*(2), 16. https://www.canadian-nurse.com/en/articles/issues/2018/march-april-2018/new-research-offers-insight-into-professional-development

Ontario Nurses' Association. (2020). *Position statement: continuing education*. https://www.ona.org/wp-content/uploads/ona_positionstatment_continuingeducation_202009.pdf

Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: Meeting the needs of novice to mid-to late-career nurses throughout their career span. *Administrative Sciences, 7*(2), 1-13. https://doi.org/10.3390/admsci7020017

Schneider, M., & Good, S. (2018). Meeting the challenges of nursing staff education. *Nursing 2018, 48*(8), 16-17. https://doi.org/10.1097/01.NURSE.0000541402.97845.2f

Wilson, C. (2015). The role of nursing professional development in the future of nursing. *Journal for Nurses in Professional Development, 31*(1), 56-57. https://doi.org/10.1097/NND.0000000000000144

Contracting Out

Background

In a unionized workforce the integrity of a bargaining unit is an important principle to be maintained. The certification order issued by the Labour Relations Board describes the group of employees within the bargaining unit.

Position

It is the position of the Saskatchewan Union of Nurses that there should be no contracting out of work normally performed by members of the bargaining unit.

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Reviewed: November 2012
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Reviewed: October 2020

Discrimination, Racism and Employment Equity

The Saskatchewan Union of Nurses believes that it is the right of all its members to work in an environment that promotes dignity and respect for everyone. SUN opposes the act of racism which may be defined as a set of practices that subordinates people because of their color, physical features or ethnic background.

To practice racism, one group must have social, economic or political power over another group. This power is used to exclude or restrict the other group's access to housing, jobs, education, participation in an organization, or respect. SUN is committed to working towards the goal of having all workplaces free of harassment and discrimination with a zero tolerance approach. This will be achieved by:

- A commitment to provide a positive and inclusive environment for all constituents within the membership. The Union will work to promote respect for Indigenous people, people with disabilities and diversity of race, culture, religion, sexual orientation, and gender identity.

- Assisting in the prevention and resolution of incidents of discrimination and racism through support and information to identify and effectively resolve incidents of racism and discrimination.

- Policies, activities and structures that reflect its commitment to equality for all members, including employment equity programs.

<u>Employment Equity</u>
Employment Equity is a program designed to achieve a work force which represents, at all levels, the diverse population it serves. This initiative seeks to develop a workplace that is fair to all and supportive of diversity among staff. It will provide for examination and removal of all types of barriers to employment and advancement opportunities to ensure that no one is denied employment or advancement opportunities for reasons unrelated to their ability to do the job. An Employment Equity strategy will help to meet the needs of a diverse population and better represent the public it serves by increasing access to the different talents and skills throughout the province.

Women, visible minorities, Indigenous people, and persons with disabilities have been under-represented or disproportionately represented in the labour force, and therefore these four groups have been designated for Employment Equity programs. While many employment equity initiatives have been designed specifically to benefit these four groups, employment equity

programs and related changes will have positive results for everyone, ensuring equal access to employment and advancement opportunities for all individuals in the future.

Components of employment equity will include efforts to:

- at all levels, represent and reflect the diverse population the organization serves;
- value diversity and be free from adverse discrimination; identify and remove barriers which restrict or inhibit members of designated groups from being employed, advanced or educated in the organization;
- act to redress existing employment imbalances and disadvantages.

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Genuine Health Reform

SUN supports genuine health reform, which would be characterized by:

1. A health care system based on health promotion, disease prevention, and primary care. In such a system, the needs of patients and families would come first, and would be best met in community health centers, which would provide community-based primary care, and refer patients to special health and social services as required, including mental health, addictions, long-term care, public health, home care and acute care services.
2. A real commitment to the basic principles of Medicare, in particular the stabilization of health-care funding at the federal and provincial level to permit long-term planning of health delivery.
3. A reallocation of resources away from “sickness treatment” and towards primary health and preventative services.
4. Reduction of over-treatment and inappropriate treatment by eliminating fee-for-service as the dominant method of reimbursement for physicians.
5. Expansion of community clinics and the preservation of existing health facilities as community health centers which deliver a full range of community-based services.
6. An expanded role for registered nurses in the delivery of health care.
7. Expanded health research and evaluation of the benefits and costs of all health delivery, services and procedures to ensure that treatments are producing desired outcomes.
8. The establishment of provincial health goals, guidelines and targets to address the social and economic factors affecting health. Social and economic factors are the most important determinant of health, not health care. Goals would include education towards promotion of wellness.
9. Implementation of practical human resource strategies that will provide experienced, trained personnel performing appropriate functions.
10. Alliances with other organizations who support progressive health reform.
11. A reformed health care system would have primary health care at the centre, providing access to acute, emergency, long-term care, public health, home care and other health and social services essential to good health.

Primary health care can be defined as

- essential health care which includes health promotion, illness prevention, curative, rehabilitative and supportive programs;
- based on practical, scientifically sound and socially acceptable methods and technology employed at a cost that the community can afford;
- the first element of a continuing health care process;
- universally accessible to all persons in the community and available where the health needs of the individual can be most appropriately met;
- a service which makes health a high priority in the overall process of development of the community and the country;
- a service which ensures and requires the full participation of individuals and groups fostering a spirit of self-reliance and self-determination with regard to health.

Primary health care includes at least the following eight essential elements:

1. Education of people to understand the causes of ill health, methods of preventing and controlling them, and promoting their own health care needs.
2. Ensuring an adequate, affordable food supply and a balanced diet.
3. Providing an adequate supply of safe water and basic sanitation.
4. Providing maternal and child health care, including family planning.
5. Ensuring immunization against the major infectious diseases.
6. Preventing and controlling Locally endemic diseases.
7. Appropriate treatment of common diseases and injuries.
8. Providing essential drugs.

SUN supports the CFNU's call for the federal government to take action on:

- A national health human resources plan;
- A national prescription drug program;
- A safe seniors strategy; and,
- Defending public funding and delivery of health care.

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Internationally Educated Nurses

To address the chronic shortage of registered nurses in Saskatchewan, the provincial government and regional health authorities previously embarked on an aggressive international recruitment campaign. As a result of the recruitment campaign, SUN is sensitive to the needs and supports required for internationally educated nurses. Upon arriving in Canada, a growing number of internationally educated nurses find themselves in unknown circumstances, alone, and are provided minimal community support. SUN has observed these nurses express an exaggerated obligation to the employer, which sometimes prevents them from expressing their concerns, demanding their rights, or seeking assistance from the Union as many have never worked in unionized environments.

Current state statistics from the Canadian Institute for Health Information [CIHI] (2020) identified that internationally educated nurses represented 8.9% of the nurses licensed to practice in 2019 in Canada, and more specifically made up the following proportion of the nursing workforce supply: Registered Nurses 9.4%; Nurse Practitioners 4.2%; and Registered Psychiatric Nurses 4.5%.

While there has been a decrease in international recruitment campaigns within Saskatchewan, the risk of anticipated and actual nursing shortages require vigilance in monitoring and preparation for a resurgence in international recruitment in the future. The International Council of Nurses (2019) has outlined the need for mindfulness and action related to international career mobility and ethical recruitment of internationally educated nurses. Central to their position is the adoption of foundational principles by stakeholders that will contribute to "regulated, ethical, and cost-effective recruitment processes" (p. 2). The principles outlined are inclusive of:

- Comprehensive and effective regulation
- Access to full and flexible employment opportunities
- Freedom of movement
- Freedom from discrimination
- Good faith contracting
- Equal pay for work of equal value
- Access to grievance processes
- Safe work environment
- Effective orientation/mentoring/supervision
- Freedom of association
- Regulation of recruitment
- National self-sustainability (p. 2-4).

Position

SUN is committed to representing internationally educated registered nurses and supports the ethical recruitment recommendations and principles outlined in the International Council of Nurses (ICN) position statement - *International career mobility and ethical nurse recruitment, 2019*.

SUN believes upon acceptance of an offer of employment, internationally educated nurses are entitled to Union protection and representation subject to the respective collective bargaining agreement. SUN believes that all contracts between employers or their agents and internationally educated nurses should be reviewed by SUN in advance of the offer of employment.

SUN believes the employer must demonstrate accountability for third parties contracted to recruit nurses, including the following items:

- Appropriate accommodations,
- Relocation allowances,
- Demonstrated sensitivity and attention to cultural issues faced by both internationally educated nurses and their Saskatchewan co-workers, and
- Facilitating contact so that internationally educated nurses are assisted in establishing a community.

SUN believes the employer must ensure that any recruitment initiatives do not create additional fees or barriers to internationally educated nurses obtaining employment in the bargaining unit. To allow an agent of the employer to charge a fee to the nurse constitutes interference in the matter of hiring.

SUN will provide enhanced Union orientation, focusing on areas that will affect employment, that include but are not limited to: hours of work, overtime, job postings, seniority, no discrimination/harassment, occupational health & safety, labour relations, and nursing practice to ensure members are aware of their rights.

SUN will ensure that internationally educated nurses will be provided with contact information for their Local union representatives who will provide advocacy and support for professional practice and workplace issues.

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Immunization

The Saskatchewan Union of Nurses supports the immunization of health care employees, for the safety of themselves, their families and colleagues, and vulnerable patients/residents/clients, while respecting the right of individuals not to be immunized for medical or religious reasons.[1]

Vaccination policies must be based on scientific evidence and supported by public health officials.

Employees who are encouraged by the Employer to be immunized shall suffer no loss of pay or reduction of sick leave credits.

In the event that an Employer encourages immunization during outbreaks of flu or other viruses/pandemic situations, employees unable to be immunized for medical or religious reasons or are unwilling to be immunized, should have access to the following options:

- regular antigen testing;
- continued appropriate PPE; [2]
- antiviral drugs, as relevant;
- being reassigned to another position where possible.

We will continue to defend members' interests and ensure that Employers respect the terms and conditions of collective agreements and the Human Rights Code.

Created: October 2021
Amended: April 2022

[1] See: Recommendations on the use of COVID-19 vaccines - Canada.ca
[2] On masking and appropriate PPE see: The Science of Masking to Control COVID-19 (cdc.gov) and Personal protective equipment (PPE) and infection among healthcare workers - What is the evidence? - PubMed (nih.gov); on the importance of early case detection through testing see: SARS-CoV-2, SARS-CoV, and MERS-CoV viral load dynamics, duration of viral shedding, and infectiousness: a systematic review and meta-analysis - ScienceDirect

Masking

Masks are an important part of a multi-pronged approach to infection control and prevention in the context of viral respiratory diseases such as COVID-19. Masks can serve as both personal protective equipment (PPE) to guard against infection, and as a form of source control to prevent transmission from people who are already infected, whether they are aware of their status or not.

Our collective knowledge about COVID-19 is growing and changing continuously as the global pandemic unfolds. COVID-19 is principally a respiratory disease and infection can present on a spectrum from very mild symptoms to severe acute respiratory illness and death. Many people who become infected with the virus, and who have and will spread it to others, have not reported any symptoms at all.

Current evidence suggests that COVID-19 is primarily transmitted by respiratory droplets when people are in close proximity to one another. The virus can also be transmitted through contaminated surfaces or objects. Airborne transmission is likely when certain procedures that generate aerosols (referred to as Aerosol-Generating Medical Procedures or AGMPs) are performed. Experts are currently studying and discussing evidence on the extent to which COVID-19 can be spread by airborne aerosols in the absence of AGMPs. There are knowledge and research gaps related to AGMPs and airborne transmission of COVID-19 and these should be frankly acknowledged.[1]

What does seem clear is that the primary vector of transmission of COVID-19 is via respiratory droplets transferred between people in close proximity to one another in the absence of appropriate infection source control and personal protection equipment.

<u>Mask Wearing in Healthcare Settings</u>
Based on what is known about COVID-19 transmission, the Saskatchewan Union of Nurse's (SUN) position on the use of masks in healthcare settings in reflected in the Joint Statement of Principles signed by the Ministry of Health, the Saskatchewan Health Authority, SUN, and other unions representing healthcare workers on May 15, 2020. [2] It states that, at a minimum, contact and droplet precautions – must be used by anyone coming into close contact with a confirmed or suspected case, and that fit-tested NIOSH-approved N95 respirators or approved equivalent or better protection must be used by anyone in a room where AGMPs are being performed, are frequent or

probable, or with any intubated patients, and by anyone who enters a room before the prescribed settle time has elapsed.

The Saskatchewan Health Authority has also adopted a policy of continuous masking for all patientfacing healthcare providers to limit the chances of spreading COVID-19 in healthcare settings, and SUN supports this precaution.[3]

Mask Wearing in Community Settings

A growing number of public health authorities, governments at various levels, and other public and private institutions and organizations have developed policies that encourage or require the wearing of non-medical masks in non-healthcare settings. [4]

The strategy of mass mask wearing by members of the public has been met with concerns regarding improper or inconsistent use, and the false sense of security that may lead to lax observation of other public measures such as hand and respiratory hygiene, and physical distancing. These are valid concerns and it must be emphasized that wearing a non-medical mask is not a substitute for other public health measures, including hand and respiratory hygiene and practicing physical distancing.

Others have pointed to the limited or contradictory scientific evidence – notably the lack of unequivocal evidence from randomized control trials (the medical gold standard) – regarding the effectiveness of non-medical mask wearing by the public. There are methodological challenges in evaluating the effectiveness of large-scale public health interventions such as respiratory and hand hygiene, social distancing, and widespread masking in public settings, particularly when adherence is inconsistent or unknown.

However, when dealing with a new virus about which evidence and understanding is rapidly evolving, it is appropriate to consider a wide range of sources of evidence – including not just controlled trials, but also observational studies, mechanical reasoning, and common sense – and to employ the precautionary principle when lives are at stake.

There is good evidence that mask wearing – particularly in closed settings – can be effective at infection source control: wearers are less likely to spread the virus to others. There are also good mechanical and common sense reasons to believe that it may provide some limited measure of personal protection. Since COVID-19 mostly spreads when droplets make it from one person's respiratory system into another person's respiratory system, the use of physical barriers such as a mask over the mouth and nose can help to make that less likely and less frequent at the community level. There is no

single intervention that can offer 100% infection control and protection and all available measures known to be effective can and should be applied in combination. [5]

Position

It is SUN's position that the time has come to make the public health recommendation encouraging mask wearing in public settings when physical distancing cannot be maintained a mandatory public health precaution.

All public health measures depend for their effectiveness on broad and consistent adherence, and the best way to achieve this is with clear mandatory guidelines accompanied by clear communication and public education. Exceptions should be carefully considered, based on factors such as age (e.g. very young children), ability, and other factors. Efforts must also be made to ensure that members of the public have equitable access to the information and equipment they need.

The clearest benefit from public mask wearing is in reducing the likelihood of the wearer spreading the virus to others. Mask wearing is a public health measure that can benefit us all by flattening the curve of infection and providing community health protection. It is also a gesture and symbol of mutual respect and regard for one another. I wear a mask to protect you; you wear a mask to protect me. Making this additional precaution mandatory when physical distancing is not possible or unpredictable will help to reinforce this mutual respect and regard and ensure clarity and consistency.

As registered nurses and advocates for the health and safety of patients, families, and communities, SUN members know that re-opening is not the same thing as returning to "normal" and that we all have a responsibility to abide by public health measures and to take the simple steps we know can help to slow or stop the spread of the virus.

Created: October 2021

1 See for example: World Health Organization. 2020 (Updated July 9, 2020). Q & A: How is COVID-19 transmitted? Available at: https://www.who.int/news-room/q-a-detail/q-a-how-is-covid-19-transmitted
2 See the Joint Statement of Principles here: https://www.saskatchewan.ca/-/media/files/coronavirus/info-forhealth-care-providers/ppe/joint-statement-principles-for-protecting-health-and-safety/joint-statement-principlesfor-protecting-health-and-safety-with-signing-sheet-signed.pdf

3 See Saskatchewan Health Authority. 2020 (April 17). 'Continuous Masking Principles and Guidelines.' Available at: https://www.saskatchewan.ca/-/media/files/coronavirus/info-for-health-care-providers/ppe/sha-continuousmasking-principles-and-guidelines.pdf
4 See for example: Public Health Agency of Canada. 2020. 'Non-medical masks and face coverings: About.' Available at: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/preventionrisks/about-non-medical-masks-face-coverings.html; and Centers for Disease Control. 2020 (updated August 7, 2020). 'Considerations for Wearing Masks.' Available at: https://www.cdc.gov/coronavirus/2019-ncov/preventgetting-sick/cloth-face-cover-guidance.html
5 Derek K. Chu, Elie A. Akl, Stephanie Duda, Karla Solo, Sally Yaacoub, Holger J. Schünemann, on behalf of the COVID-19 Systematic Urgent Review Group Effort (SURGE) study authors. 2020. 'Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis,' Lancet, 2020; 395: 1973-87. Available at: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31142-9.pd

Moral, Political and Religious Issues

Background
SUN members, as all members of society, have distinct views with respect to moral, religious and political issues. These views are often attained from life experience and influenced by family and community.

Position
It is the position of the Saskatchewan Union of Nurses that SUN members have the right to make their own decisions regarding moral, political and religious issues.

Conclusion
SUN will not make position statements for its members with respect to moral or religious issues.

SUN will abstain from affiliating with any political party.

SUN will not distribute the communications of political parties to members, except when information is vital or important to the interests of members or health care, or when comparing and contrasting the positions of major political parties.

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Multi-Skilling/Generic Health Workers and Personnel Substitution

1) SUN supports the role of RN/RPNs as a member of the multi-disciplinary health care team (i.e. the collaborative process).

2) SUN supports RN/RPNs obtaining concurrent licensure with other professional bodies (i.e. RN who takes a physiotherapy program and is duly registered therefore as an RN/RPN/PT).

3) The concept of a "multi-skilled" worker is a health care provider who is cross-trained to perform procedures and functions in two or more disciplines. (p. 7 Raymond Pong, a conference background paper Toward Developing A Flexible Health Care Work Force, 1996, Laurentian University, Sudbury, Ontario). SUN disagrees with the above concept unless all of the following criteria are met:

    a) There must be licensure to ensure competency from the current professional body;
    b There must be research-based evidence to show that multi-skilling improves patient/client outcome. Implementation of multi-skilling will be evaluated with consistent measurement criteria;
    c) No RN/RPN position will be lost as a result of implementation of “multi-skilled” workers.

4) SUN disagrees with the use of unlicensed generic health care workers to perform patient/client care functions which are within the scope of practice of RN/RPNs. RN/RPNs shall not be expected to take responsibility for the care provided by generic workers.

5) SUN disagrees with personnel substitution by a worker with lesser education and skills that will negatively impact on client/patient care.

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Reviewed: October 2020

Optimizing the Practice of Nursing

The healthcare system and stakeholders identify the need to address multiple perspectives, needs, demands, and expectations that are both internal and external influences "to provide better health, better health care (person and family centred) and better value" (Canadian Nurses Association [CNA], 2019, p. 5), and to support sustainability and equitable access within the system (Principal Nursing Advisors Task Force [PNATF], 2020). Optimizing the practice of nursing is required to address this evolving healthcare system, as leaders, who have historically retained the highest levels of trust from the public and represent the largest group of healthcare professionals in Canada (PNATF, 2020). The Principal Nursing Advisors Task Force (PNATF) (2020) published their report on developing a vision of nursing in Canada, and they identified three primary areas for optimization and sustainability. The three primary areas addressing all categories of nurses are: "a pan-Canadian regulatory framework, integrated entry-level nursing education and, optimal nursing scope of practice" (p. 11). Collaboration and consultation will continue to address recommendations for the future of Nursing in Canada.

Within Saskatchewan, registered nurses are the nursing providers with the broadest breadth and depth of foundational knowledge and practice within the healthcare system. Individual registered nurses, the organizations that represent them within the profession (regulatory, labour, and professional), employers, government, and the public intersect on nursing scope of practice (International Council of Nurses [ICN], 2013). Nurses and scopes of practice must remain resilient and responsive to the changes needed for optimal nursing practice (ICN, 2013). The optimization of practice and roles will require legislation, regulation, education, and practice environments to recognize the unique and shared contributions of each category of nursing provider in a collaborative team and within the continuum of care (CNA, 2019; ICN, 2013; Lankshear & Martin, 2019). Refocusing nursing practice from the completion of tasks, functions, or skills, and reorienting towards the contribution of foundational nursing knowledge, judgment and practice can remove practice limits or confusion allowing registered nurses to make a greater contribution within healthcare and the healthcare system (ICN, 2013; Lankshear & Martin, 2019). Central to the optimization of nursing practice and roles is the requirement for continuing nursing education and lifelong learning for all registered nurses to adapt and grow their professional practice throughout their careers.

Advanced Practice Nursing

Advanced practice nursing (APN) is an inclusive term representative of nursing practice by registered nurses' with advanced clinical expertise, who

meet client needs across the continuum of care for individuals up to and including the population level (Canadian Nurses Association [CNA], 2019). There are two recognized advanced practice nursing roles in Canada, the Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP). Neither role currently has title protection under *The Registered Nurses' Act, 1988* or *The Registered Psychiatric Nurses' Act, 1993*. Nurse practitioners are defined as a separate category of practice, designation, and scope of practice as outlined in the Saskatchewan Registered Nurses Association [SRNA] Bylaws (current).

Further, there are requirements for education, licensure, practice requirements, and regulatory obligations to support expanded legislative authority within their professional practice and environments. Both CNSs and NPs have recognized positions and contributions to be made within the Saskatchewan healthcare system.

The Canadian Nurses' Association (2019) cites the following definitions for Clinical Nurse Specialist and Nurse Practitioner:

> *Clinical Nurse Specialist: A registered nurse with advanced nursing knowledge and skills in making complex decisions who holds a master's or doctoral degree in nursing with expertise in a clinical nursing specialty. The CNS role reflects and demonstrates the characteristics and competencies of APN within an RN scope of practice (p. 47).*
>
> *Nurse Practitioner: A registered nurse with additional educational preparation and experience who possesses and demonstrates the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their scope of practice (p. 48).*

The recognition and contribution of the CNS and NP within varied health-care settings has been illustrated in systemic reviews and meta-synthesis, including primary care, long-term care, cancer care, and transitional models of care (CNA, 2019). The Canadian Nurses Association, 2019 states: "A key finding is that the positive impact of the CNS and NP roles may be most prominent for high-risk, high-cost, high-volume client populations requiring complex acute and chronic disease management care" (p. 9). Further, the integration and advancement of these roles in Canada are noted to "achieve better care for individuals, improve the health status of Canadians and contribute to lower health-care costs" (p. 45), and can be realized through the utility of expanded roles in an evolving healthcare system that is sustainable, efficient and effective.

Position
SUN promotes optimizing the practice and roles of RNs, RPNs, and NPs.

SUN believes that the optimization of RN, RPN, and NP practice and roles are key to the advancement of the healthcare system to achieve high-quality, safe, effective, accessible, and appropriate healthcare.

Advanced practice nursing roles in Saskatchewan must be identified, implemented, utilized, and authorized to practice to the breadth and depth of the regulated and professional scopes of practice.

SUN is committed to working with employers, registered nurse regulatory bodies, educational institutions, stakeholders, and the public to develop and promote advanced practice nursing and to ensure broad access.

SUN will work to promote education opportunities for SUN members that will provide access to advanced practice nursing education, financial supports, and professional advancement.

SUN recognizes and supports the consistent enactment and utilization of the Clinical Nurse Specialist and Nurse Practitioner roles within the healthcare system to achieve the goals of safe, accessible, affordable, and high-quality care that is timely and appropriate as a solution for healthcare delivery across the healthcare system.

SUN believes optimized RN, RPN, and NP professional practice can be achieved in several ways:

- Advances in curriculum development are an important and necessary way to achieve optimization. Through the inclusion of new knowledge and competencies in basic nursing education programs, including nurse practitioner programs, the nursing practice can be optimized. This is a key strategy in preparing newly graduated RNs, RPNs, and NPs to enter the nursing profession prepared to contribute to the complex healthcare environment.
- Focused continuing nursing education and lifelong learning for practicing members are required. Education aimed at optimizing RN, RPN, and NP practice and roles ensures all members are practicing from the same knowledge base and can provide consistent care.
- A clear role definition and a role redesign of registered nursing practice that highlights the crucial responsibilities and contribution of RNs, RPNs, and NPs are required.
- SUN is committed to working with nursing education programs, professional associations, registered nursing regulatory bodies,

Saskatchewan Association of Health Organizations, employers, and the Ministries of Health, Advanced Education, Employment and Immigration, and other stakeholders to ensure that opportunities exist to optimize RN, RPN, and NP practice and roles to meet the needs of the Saskatchewan healthcare system now and in the future.

- SUN is dedicated to supporting continuing nursing education and lifelong learning for all members that optimizes RN, RPN, and NP practice and roles for optimal scope implementation in the healthcare system.
- Through collective bargaining and registered nursing recruitment and retention initiatives, SUN will strive to have optimized practice and roles recognized and implemented in all healthcare settings. RNs, RPNs, and NPs are ideally positioned to provide comprehensive assessments, treatments, health promotion, and disease prevention.

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Amended: May 2014
Reviewed: November 2016
Reviewed/Referred: October 2020
Amended: April 2022 (new merged with old Advanced Practice Nursing)

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Preceptors

The Oxford English Dictionary defines a preceptor as a teacher or instructor. In Saskatchewan, preceptors assume an active role in orientation or clinical experience for students in basic or refresher educational programs.

SUN members who became preceptors assume the role and responsibilities of a teacher; namely, supervision of practice, assessment of skills and abilities, legal responsibility for the learner in the clinical environment and often, written evaluation of the student's progress.

SUN believes that preceptorship is a voluntary role available to all members, but that members have the right to refuse participation without recrimination.

SUN believes that compensation for the preceptor is a collective bargaining issue and must be dealt with in the provincial bargaining context.

SUN believes that preceptors must receive education in their roles, functions and responsibilities prior to participation in any such program. We believe this is a responsibility of management and should be paid in accordance with the collective agreement.

SUN believes that employees who agree to act as preceptors must be advised in writing, by their employer, in advance, of their legal obligations and liability when acting as a preceptor.

SUN believes that members should not be assigned client responsibilities while acting in the role of a preceptor.

Created: prior to April 2007
Reviewed: November 2012
Reviewed: November 2016
Reviewed/Referred: October 2020

Raiding of Other Unions

Background
SUN respects other unions' existing jurisdictions and the rights of their members. SUN is affiliated to the Saskatchewan Federation of Labour and the Canadian Labour Congress and is bound by their constitutions.

Position
It is the position of the Saskatchewan Union of Nurses that other unions' efforts to expand their membership through raiding, encroachment on bargaining unit work and/or scope creep is not supported or condoned. SUN will not participate in any form of raiding or soliciting of other unions' membership.

Conclusion
It is our goal to organize all eligible non-unionized nurses in the province of Saskatchewan and to actively seek out and increase the membership to its highest potential.

Created: April 2008 (from previous policy)
Reviewed: November 2012
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Reviewed: November 2016
Reviewed: October 2020

Remuneration for Work of the Union

Background

SUN has historically acknowledged the importance of remuneration for members involved in the work of the Union. This is evidenced by ongoing policy development with respect to payment for time spent doing the work of the Union and the expenses associated with same.

SUN recognizes the autonomy of Locals and SUN Network Councils to adopt policy relative to their organization.

Position

It is the position of the Saskatchewan Union of Nurses that SUN Network Councils and Locals provide remuneration to SUN Network Council and Local Officers to facilitate the work of the Union and administration of affairs in the SUN Network Council or Local.

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Amended: October 2022

Safe Nurse Staffing

Nurse staffing within the healthcare system has been extensively studied, reported, and analyzed in the literature, where it has been identified as an ongoing issue that has yet to be resolved. Various methods have been identified to find solutions, and in some cases mandated through legislation, to support optimal care and patient outcomes.

Safe nurse staffing links patients, nurses, the practice environment, and the healthcare organization to best support high-quality care in all practice settings, which can limit risk for negative outcomes, harm, or death (International Council of Nurses [ICN], 2018; Registered Nurses' Association of Ontario [RNAO], 2017). The Agency for Healthcare Research and Quality [AHRQ] (2019) reinforces the relationship between nursing, staffing, and patient safety, and highlights that front-line nurses are central to the identification, recognition, and application of processes for safe quality care that benefits both the patient and nurses. They further cite that when the assignment of patients exceeds the abilities to provide care or workload is excessive, that the impact on patient care exists and staffing requires real-time coordination to prevent negative outcomes.

Nurse staffing directly impacts patient safety, patient outcomes, and the ability of registered nurses to meet regulatory and employment requirements and is linked to professional satisfaction. The Registered Nurses' Association of Ontario (2017) states that safe staffing and workload strategies are foundational to healthy work environments, and "can improve nurses' well-being and retention, improve the quality of patient care, and yield financial benefits for organizations" (p. 24). Thomas-Hawkins et al. (2020) found that patient safety outcomes could be positively impacted with sufficient registered nurse staffing, reasonable workloads, and appropriate organization for essential care to be completed with the right amount of time and resources.

The International Council of Nurses (2018) outlines the following elements for evidence-based nurse staffing:

- real-time patient needs assessment,
- local assessment of nurse staffing requirements to provide a service,
- nursing and interdisciplinary care delivery models that enable nurses to work to their optimal scope of practice,
- good human resource practices to recruit and retain nurses,
- healthy work environments and occupational health and safety policies and services that support high quality professional practice,
- workforce planning systems to ensure that the supply of staff meets patient needs,
- tools to support workload measurement and its management,
- rostering to ensure scheduling meets anticipated fluctuations in workload,
- metrics to assess the impact of nurse staffing on patient care and policies that guide and support best practice across all of these (p.1).

The role of the registered nurse is critical to the determination of safe nurse staffing to meet the individual and collective needs of patients within practice settings and organizations. Key organizational recommendations for staffing and workload need to focus on creating the culture, structure, and environment through collaboration that include:

- workforce planning for safe, competent, culturally sensitive and ethical care and patient outcomes;
- staffing determinations at the unit/operational level with nursing staff;
- collaborative multi-level organizational development of models/staffing with sufficient appropriate providers;
- financial responsibility for appropriate staffing;
- effective communication strategies for emerging staffing needs;
- use of tools for staffing, patient care needs and workload; and,
- decision-making based on evidence (RNAO, 2017).

At the individual level, nurses need to be knowledgeable and engaged in decision-making for staffing that incorporates the patient(s), team members, professional practice, and the organization (RNAO, 2017). Reporting and documentation need to be completed to address unsafe staffing and this requires recognition, identification, and participation to find solutions (ICN, 2018; RNAO, 2017). Regulatory, union, and employment resources exist for registered nurses to use when confronted with the inability to meet their professional responsibilities and accountabilities. Decision-making and escalation of concerns are rooted in registered nursing foundational knowledge, judgment, critical thinking, nursing process, and problem-solving strategies to ensure safe, competent, and ethical professional practice.

<u>Position</u>
SUN endorses registered nurse safe staffing levels that assure high-quality, safe, competent, ethical care to achieve optimal patient, nursing, and organizational outcomes.

SUN will develop a strategy to pursue registered nurse safe staffing levels through collective bargaining.

SUN will advocate for registered nurse safe staffing that is compliant with regulatory and professional responsibilities and accountabilities, consistent with evidence and research-based practice to guide decision-making and support the implementation of models of care that ensure safe, competent, ethical, and high-quality registered nursing practice.

SUN will advocate for needs assessments for registered nurse safe staffing levels, use of nursing workload tools, and integration of solutions that reflect the patient, nurse, organizational and environmental factors for optimal care.

SUN believes that when safe staffing does not occur, the full extent of the collective bargaining agreement, and consultation with registered nursing regulatory bodies,

should be used to address the inability to uphold professional responsibilities and accountabilities as required in standards, competencies, code of ethics, and scope of practice in the best interest of patients, organizations and the healthcare system.

Management strategies – including overcapacity protocols and efforts to optimize internal resources and processes – can mitigate but cannot resolve the core problems (CAEP/NENA, 2014).

SUN believes that complex system issues are at the root of overcrowding and overcapacity in emergency departments and in hospitals. These system issues include but are not limited to:

- lack of community resources and long-term care alternatives;
- lack of available hospital beds;
- shortage of nurses, physicians and other health-care providers;
- lack of alternatives to the use of emergency departments for urgent or ambulatory care; and
- need for improved strategies for health promotion and disease prevention.

SUN is fundamentally opposed to working environments that endanger patients and registered nurses as a result of overcapacity, hallway nursing, and overcrowding due to organizational decision-making that does not respond and address system needs for healthcare services. These decisions do not support the ability of registered nurses to uphold their legislated, regulatory, and employment responsibilities and accountabilities leading to jeopardizing patient safety and placing patients at increased risk for negative health outcomes.

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Reviewed: November 2016
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Amended: April 2022 (new created from old Nurse/Patient Ratios and old Overcapacity Protocols)

References:
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Social Programs/Political Action

Child Care Expense
SUN endorses the concept of recognizing child care as an expense for SUN members on union leave.

International Social Framework
The Saskatchewan Union of Nurses will:

1. Work to promote:
   - world peace
   - an end to all terrorism
   - food, shelter, clothing, education and health for all people
   - the eradication of poverty and ignorance
   - democracy
   - truth, honesty and respect for people everywhere
   - an end to racism
   - proper working conditions globally
   - the protection of the earth's environment

2. Urge governments to include women in the peacemaking process.

3. Call for national and international policies based on democratic principles and human rights framework, which promote women's equality.

Rationale:

- we oppose all personal and national acts of violence and acts of terrorism in any and all forms;
- we understand that workers are always on the front lines of all conflicts and disasters;
- we now find ourselves facing a conflict that may involve us, and our children, in a never ending war;
- women are usually the first victims of fundamentalism, war, and injustice, and women are often the first to develop alternatives to violence;
- true peacemaking must include women and their respective organizations in the process of finding solutions to international terrorism and war.

Elected Regional Health Authorities
SUN will lobby for elected regional health authority boards and approach CRNS to work together in this effort.

Medicare

SUN endorses the five principles of Medicare and the provisions of *THE CANADA HEALTH ACT:*

1) accessibility
2) comprehensiveness
3) universality
4) portability
5) public administration.

Employment Insurance

The Employment Insurance program must be there in tough times for those who paid into it. Laid-off workers need adequate benefits to support themselves and their families while they search for a new job. Too many workers who lose their jobs fall through the cracks of the EI system.

Since the mid-1990s, the government has built up a huge surplus from EI premiums, the result of deep cuts in benefits paid to unemployed workers and rules that prevent most unemployed workers from qualifying for benefits at all. As examples of this change:

- In 1996, the maximum weekly benefit was $604. Today's maximum is only $435, and the average benefit is just $335 per week.
- In 2006-07, only four in ten unemployed workers, and even fewer women, qualified for EI. Those who do qualify are eligible, on average, for just 32 weeks of benefits. Some who do qualify are only eligible for a maximum of 14 weeks of benefits.

The federal government must:

- Provide regular benefits on the basis of reasonable hours of work, no matter where workers live and work in Canada.
- Raise benefits immediately.
- Increase the period for which benefits can be collected.
- Invest part of the EI surplus on better training and labour adjustment programs.
- Expand support and funding for work-sharing arrangements under EI to reduce layoffs, and build links between work-sharing and training programs.

Social Policy

1. The Purpose of Social Programs

   Social programs should be used to help build communities and contribute to equality of opportunity and living standards for all members of society.

Social programs should make a positive contribution to the ongoing struggles for equality and independence of women, aboriginal people, people with disabilities and visible minorities.

Social programs should provide real security to all working people and protect them from the avoidable harshness of the market-based economy by providing non-market income and services.

2. Employment
   Social security should be based on:
   - Good job opportunities for all;
   - Strong comprehensive pay equity legislation;
   - Strong employment equity legislation;
   - Effective labour standards with adequate minimum wage laws;
   - Strong trade union membership and collective bargaining rights.

3. Training and Education
   Opportunities for education and training should be a matter of right. Learning has both intrinsic and economic value, and contributes to equality of living standards and opportunity.

   Education and training should not be used to punish the recipients of income security.

4. Our Social Security System Should:
   Provide strong, universal earnings replacement for working people when their earnings are interrupted through unemployment, retirement, maternity and parental leave, sickness and disability;

   Include a guaranteed annual income to all Canadians in a manner that respects the dignity of the people receiving benefits;

   Guarantee access to essential health and educational services and other services needed to participate fully in the economic, social and political life of the country.

5. Women's Rights
   We advocate strong employment equity laws that include equal pay for work of equal value; and

   Employment standards legislation that would increase minimum wages and provide paid maternity and necessary leave for family responsibilities.

6. Child Care
   A national child care system should be established. Quality child care is an important environment for the social and intellectual development of children.

7. The Deficit, Taxation and Social Spending
   Deficit should be tackled by reducing unnecessary spending, eliminating tax loopholes, eliminating the capital gains, and inheritance exemptions, reducing the upper level RRSP deductions, increasing corporate taxes, and acting to create lower interest rates and create employment. Canada's economic recovery may depend on maintaining, or even increasing social spending. Tax reform must be part of deficit reduction.

8. Coalitions With Other Groups/Political Action
   The Union must work to effect change that will improve opportunities for our children and for ourselves to live healthy and productive lives. Our ability to do so will depend on organized political action. Saskatchewan nurses are well-placed to be key players in coalitions. We will act on and create as many opportunities for united action with other groups and individuals that share SUN's vision for a healthier society.

   The Saskatchewan Union of Nurses endorses the establishment of comprehensive pay equity legislation for all peoples of Saskatchewan and will continue to work with the Saskatchewan Federation of Labour and the Pay Equity Coalition to achieve this.

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Support for Newly Hired Nurses

Background

A stable registered nursing workforce is critical to safe patient care, positive patient outcomes, and public access to needed services. Failure to ensure this stability also has negative consequences for the profession, damaging the province's ability to retain experienced nurses, and to attract and retain new nurses to the profession and to the province.

Definitions

Role modeling to support the learning and professional growth of nurses is often utilized in two different forms, preceptoring and mentoring. A period of formal orientation precedes both forms of role modeling in most circumstances.

Orientation: Orientation for newly hired nurses should be formalized for a specific time period, individualized based on the need of the individual, and followed by a specified period of supernumerary support and a formal preceptorship relationship.

Preceptorship: A frequently employed teaching and learning method using nurses as clinical role models. It is a formal one-to-one relationship of pre-determined length, between an experienced nurse (preceptor) and a novice nurse (preceptee) designed to assist the novice in successfully adjusting to and performing a new role. Preceptorship usually involves acquiring a basic level of knowledge, skills and personal attributes as well as being socialized into the profession or domain of practice. The novice may be a student or a practicing nurse moving into a new role, domain, or setting.[3]

Mentorship: Mentoring involves a voluntary, mutually beneficial and usually long-term professional relationship. In this relationship, one person is an experienced and knowledgeable leader (mentor) who supports the maturation of a less-experienced person with leadership potential (mentee or protégé). The relationship differs from preceptorship as it is less instructional, focuses less on supervision and assessment of performance and more on positively influencing through role modeling and guidance.[4]

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[3] (C.N.A. Achieving Excellence in Professional Practice-A Guide to Preceptorship and Mentoring.) October 2004.)

[4] (C.N.A. Achieving Excellence in Professional Practice-A Guide to Preceptorship and Mentoring.) October 2004.)

Note: Since these definitions are not uniformly applied in health care agencies, the principles outlined in this position statement shall apply to both preceptorship and mentorship arrangements.

<u>Orientation and Training</u>

Nursing, like most other occupations, requires orientation and training to work in specific areas and for specific employers.

Prior to a two year diploma nursing program, there existed a three year diploma training program which acknowledged the need for extensive clinical experiences prior to entering the workforce.

When the change was made to create two year diploma programs, an assumption was made, that employers would "fill the gaps" with enhanced orientation and training programs. Unions such as ours were forced to negotiate access to orientation and training in order for new hires, including new graduates, to do their job.

The nursing shortage coupled with a change to a lengthier degree program for nursing education, has compounded the issues around orientation and training. New graduates have a longer education program so assumptions have been made by employers, experienced nurses and the union that existing orientation programs would be adequate.

However, changes in the nursing education program do not prepare a registered nurse to enter the workforce as an independent practitioner to deliver health services in most areas.

The nursing shortage has put increasing pressure on education institutions to increase enrollment and accelerate the graduation of nurses. To accomplish this, clinical experiences are not as accessible and new graduates are being left short-changed.

Orientation and training programs are not designed to meet this need. There must be a change in our thinking and most importantly, there must be dedicated resources to facilitate the transition from the education system to the workforce through a needs based approach.

Research (and most importantly our new graduates) articulate their needs very clearly. Orientation programs must be altered and resourced to accommodate individual practitioner learning needs. Workloads for experienced nurses must be adjusted to allow them to teach through preceptorship and mentorship programs.

Partnering new knowledge with the wisdom of experience will create an excellent environment to retain nurses.

Preceptorship Program Objectives

- To provide a supportive environment for newly hired nurses to deal with the realities of a high stress workplace, drawing on the expertise of more seasoned nurses.
- To recognize the valuable experience of nurses assuming the role of preceptors and ensure they have an opportunity to develop new skills and competencies.
- To improve retention rates
- To develop new skills and competencies of both new and experienced nurses
- To increase professional development opportunities for all nurses

Preceptorship Program Requirements

- Preceptorship may be implemented in various circumstances such as new graduates, new hires to a unit; a nurse returning from a leave of absence (including sick leave or long term disability).
- Newly hired nurses (preceptees) will be employed as permanent full time employees, but will be employed on a supernumerary basis for a period of six months or longer.
- Upon completion of the supernumerary period, preceptees will be free to apply for other permanent positions with their employer.
- Nurses willing to act as preceptors would be funded for not less than 6 shifts of 11.78 hrs per preceptee; allowing them to be absent from clinical activities for professional development programs and workshops/seminars focused on soft skills required for preceptorship and other professional development activities of their choice.
- Both preceptees and preceptors will be funded and released from duty to attend at least 2 days of education regarding the preceptorship process. Formal workshops will be supplemented by resource materials.
- The preceptee/preceptor process shall be subject to evaluation in a process agreed to between the union and the employer, including interviews, focus groups and surveys.

- Preceptees will share the schedule and assignment of the preceptor for the period they are supernumerary.
- Preceptors shall receive a premium for the duration of their preceptorship experience.
- Implementation and administration of the preceptorship program, including criteria and process of selection of preceptors shall be subject to continued collaboration and agreement between SUN, the local union and the employer.

Mentorship Program Objectives

- To provide a supportive environment for newly hired nurses to deal with the realities of a high stress workplace, drawing on the expertise of more seasoned nurses.
- To recognize the valuable experience of nurses assuming the role of mentors and ensure they have an opportunity to develop new skills and competencies.
- To improve retention rates.
- To develop new skills and competencies of both new and experienced nurses.
- To increase professional development opportunities for all nurses.

Mentorship Program Requirements

- Mentorship may be preceded by a formal period of preceptorship and extend for a period of time agreed upon between the parties.
- Mentoring may be implemented in various circumstances such as new graduates, new hires to a unit; a nurse returning from a leave of absence (including sick leave or long term disability).
- Both mentors and protégés will be funded and released from duty to attend at least 2 days of education regarding the mentorship process. Formal workshops will be supplemented by resource materials.
- Nurses willing to act as Mentors would also be funded for not less than 1 shift of 11.78 hours per month; allowing them to be absent from clinical activities for professional development programs and workshops/seminars focused on soft skills required for mentoring and other professional development activities of their choice.

- The protégé/mentorship process shall be subject to evaluation in a process agreed to between the union and the employer, including interviews, focus groups and surveys.
- Mentors shall receive a premium for the duration of their mentorship experience.
- Implementation and administration of the mentorship program, including criteria and process of selection of mentors shall be subject to continued collaboration and agreement between SUN, the local union and the employer.

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Trade Agreements

The Saskatchewan Union of Nurses supports the Saskatchewan Federation of Labour as it calls upon the Saskatchewan government to aggressively oppose the inclusion of any existing government services at the World Trade Organization (WTO) summit talks and boycott any negotiations which further undermine Canadian sovereignty over Medicare and the system of universal public education.

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Violence

Violence means the attempted, threatened or actual conduct of a person that causes or is likely to cause injury. Workplace violence includes any physical or sexual assault from a patient, client, resident, volunteer, supervisor, manager, member of the public, or co-worker. Verbal abuse and threatening language or behaviour are also forms of violence.[5]

Violence is prevalent and under-reported in health care environments and is a significant source of injury and distress for registered nurses.[6] Violence can have long-term impacts on the workplace and on registered nurses' physical and mental health and well-being.[7] Violence negatively affects outcomes for patients and families, registered nurses, and organizations.[8]

By law, employers must develop, implement, and review at least every 3 years, a comprehensive written policy statement and prevention plan to deal with potentially violent situations, in consultation with occupational health and safety committees, union representatives, and workers themselves.[9]

Violence policies and plans must include:

- The employer's commitment to minimize or eliminate risk;
- The identification of worksites and staff positions for which there is a history or risk of violence;
- The actions the employer will take to minimize or eliminate the risk of violence;
- The procedures to be followed to document, report and investigate violent incidents; and
- A commitment to provide a training program for workers to recognize potentially violent situations and to follow the procedures, work practices, administrative arrangements and controls that have been developed to minimize or eliminate risk.[10]

Every workplace must cultivate a culture of safety and respect based on the shared responsibility of all health care stakeholders, including employers, patients and families, registered nurses and other employees, government

[5] (Government of Saskatchewan, 2012)
[6] (Kvas & Seljak, 2014)
[7] (Stevenson, Jack, O'Mara, & LeGris, 2015)
[8] (Roche, Diers, Duffield, & Catling-Paull, 2010)
[9] (Sask. Reg. 75/2012, s. 3)
[10] (Sask. Reg. 75/2012, s. 3)

and community agencies, and nursing professional, regulatory, labour, and accreditation organizations.

By documenting and reporting violent incidents, SUN members can contribute to raising awareness about the scale of workplace violence, help identify strategies to reduce risk and make workplaces safe, and to contribute to a workplace and professional environment that refuses to normalize violence.

Registered nurses have the right to work and practice in an environment that is free from any form of violence and where violence is not tolerated as a part of their job.[11]

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[11] (RNAO, 2008; Canada Labour Code, 1985; CNA and CFNU, n.d.)

Workplace Issues

<u>24 Hour Nursing Coverage</u>
SUN believes that:

Where client care needs require the knowledge, assessment and judgment of an RN/RPN, 24 hour RN/RPN coverage is imperative. Clients require the knowledge and skills of an RN/RPN to maintain their health; to promote self-care and self-reliance in meeting personal care needs; to assess health care problems and facilitate early intervention to prevent deterioration in health status.
The RN/RPN is responsible for the nursing assessment and resultant clinical decision making which cannot be delegated.
Responsibility for a function such as assessment, decision making or planning does not mean that others do not contribute to that function, but that the RN/RPN is the person responsible for making the decision or assessment.

(*Adapted from SRNA's the Registered Nurse Scope of Practice: Guidelines for Decision-Making & Delegation and the SRNA's Position Statement on 24hr Coverage*)

Special care homes require 24-hour on-site coverage by an RN/RPN, with appropriate staffing ratios to ensure direct supervision of clients/residents.

When a client in a Wellness/Health Centre requires 24-hour observation, this will be provided by an RN/RPN.

<u>Alternate Dispute Resolution Mechanisms</u>
Recognizing that some of the new management theories like win-win, Total Quality Management and interest based bargaining were created as a method of undermining the effectiveness of organized labour:

- SUN does not endorse the "win-win" management style nor the interest based bargaining model.
- SUN believes that the grievance/arbitration process and traditional collective bargaining are the best vehicles to protect and advance our members' rights and privileges.

This policy does not preclude SUN using a consensual approach to dispute resolution on a voluntary basis when, in SUN's opinion, the circumstances warrant.

Employee and Family Assistance Programs
SUN recognizes that in facing the challenges of day-to-day life many employees and their families will experience serious personal or emotional difficulties. When these difficulties go unresolved, they will often affect personal happiness, family relations, performance at work and even personal health. Most of these difficulties can be successfully resolved, especially when they are identified in their early stages and when referral is made to the appropriate kind of care. SUN wishes to assist employees and their families in times of personal need through supporting a joint Union-Management Employee and Family Assistance Programs.

The Employee and Family Assistance Program (EFAP) is an employee benefit program, supported and administered by both Union and Management. The EFAPs provide employees and their families confidential, professional assistance to help them resolve personal difficulties.

Employees and their families are able to seek assistance through the EFAP for a variety of personal and interpersonal problems: marital/relationship conflict; parent/child conflict; psychological concern (e.g. stress, burnout, depression, grief, etc.); financial and legal concerns and problems associated with the use of alcohol and other drugs.

The EFAP promotes early identification of these potentially serious problems and is designed to allow employees and their families to seek help on their own at the earliest possible opportunity.

SUN believes that client confidentiality is the single most important aspect of an EFAP and that the development of mutual trust will be the only foundation upon which Union and Management will succeed in building an effective joint EFAP.

SUN follows these guidelines in administering the joint union/Management EFAP:

Process:

- A provincial governance structure exists, composed of employer representatives, SUN representatives and representatives of other health care unions.
- A joint regional EFAP committee exists in each region, also consisting of representatives from the employer, SUN, and other health care unions. The terms of reference for regional committees are established by the provincial governance structure.

Policy Guidelines:

a) SUN believes the EFAPs must be jointly undertaken by Union and Management from inception throughout operation. A joint EFAP committee, with equal representation from Union and Management, must develop the program and administer it on an ongoing basis.

b) SUN endorses the concept that the EFAP should cover all employees, Union and Management, active, retired and their dependent family members. The program shall include counseling services including but not limited to: substance abuse/dependency, employment/workplace-related concerns, and emotional, legal, financial or marital problems.

c) The EFAP provincial committee will be responsible for the development of ongoing education, training and communication activities to cover all employees and their families, which can be implemented by regional committees.

d) The EFAP shall have written policies about the program description, program responsibilities, and referral procedures

e) SUN strongly opposes any internal institution-based EFAP client assessment, counseling/referral and follow-up service. A professional "Assessment and Referral Service" (ARS) should be established with privacy away from the workplace. The ARS shall provide confidential assessment, short-term counseling, referral and follow-up service to all EFAP clients who choose to use it. The ARS will be directly responsible to EFAP committee for delivery of services.

f) SUN endorses the concept of trained EFAP representatives in each joint program. These representatives do not counsel clients. They would be trained as information givers regarding: the services of the EFAP and the ARS, what benefit coverage is available and how to access the programs.

g) The costs incurred in designing, implementing and maintaining the EFAP is the responsibility of Management.

h) An individual's decision to participate in the EFAP and the ARS shall always be voluntary, thereby always maintaining the dignity of choice and respecting individual confidentiality.

i) SUN strongly opposes any form of mandatory referral of employees by Management. Any potential disciplinary action by Management shall be separate from the EFAP as such actions are absolutely not a part of the program's functions or responsibilities.

j) SUN endorses the ability for any concerned employee, Union or Management, to informally encourage other employees to consider the value of using the EFAP and ARS.

k) Access to the EFAP should be available as an initial point of entry, but must not curtail access for employees and their families to their regular health and extended health benefits while participating in the program. Employees must have access to their sick leave credits when appropriate. SUN will advocate that work related illnesses are referred to the WCB process.

l) SUN advocates that employers provide a non-specific payroll advance and travel compensation when employees are required to travel for the purposes of accessing the EFAP.

m) The focus of the EFAP must be centered upon the provision of personal assistance to employees and their families and be kept outside of any adversarial issues between Union and Management.

n) SUN is opposed to any form of random or mandatory drug testing of employees and would not support any suggested relationship with the EFAP.

o) Nothing in the EFAP assumes precedence over the Collective Agreement. The Union shall maintain its right to represent any member who is disciplined.

<u>Harassment</u>

The Saskatchewan Union of Nurses believes that every worker is entitled to employment free of harassment where everyone is treated with dignity and respect.

Harassment is defined in *The Occupational Health and Safety Act* as any objectionable conduct, comment or display by a person that:

- is directed at a worker;
- is made on the basis of race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry, or place of origin; and

- constitutes a threat to the health or safety of the worker.

This type of harassment is prohibited in the *Occupational Health and Safety Act, 1993, Section 2 (1) (l)* and the *Saskatchewan Human Rights Code*.

It also extends to sexual harassment, which is conduct, comment, gesture or contact of a sexual nature that is offensive, unsolicited or unwelcome.

Sexual harassment may include:

- a threat of reprisal for refusing to comply with a sexually orientated request, the threat could be expressed directly or implied;
- unwelcome remarks, jokes, innuendoes, propositions, or taunting about a person's body, attire, sex or sexual orientation;
- displaying pornographic or sexually explicit pictures or material;
- unwelcome physical contact;
- unwelcome invitations or requests, direct or indirect, to engage in behaviour of a sexual nature; and
- refusing to work with or have contact with workers on-the-job because of their sex, gender or sexual orientation.

This also extends to personal harassment which is unwelcome comments or actions directed at a worker, which is not necessarily based on race, creed or one of the other prohibited grounds described above, but are abusive and humiliating and interferes with a person's work performance, health safety or well being.

Personal harassment may include:

- practical jokes which may cause embarrassment, endanger safety or affect work performance negatively;
- vandalism of personal property;
- verbal abuse or threats;
- insulting, derogatory or degrading comments, jokes or gestures;
- refusing to work or cooperate with others; and
- unwelcome physical contact.

1. SUN is committed to working towards the goal of harassment free workplaces and a harassment free union.

2. The Saskatchewan Union of Nurses encourages SUN members to participate in the development of Harassment policies through their involvement on the Occupational Health and Safety Committee in their workplace and in their District. In addition to the requirements set out in

the OH&S Regulations in particular Section 36 and the Code of Practice, the Union recommends that the Local and/or the SUN OH&S Rep should ensure that the policy:

- gives both the alleged harassed and the alleged harasser their right to natural justice and fairness and does not violate their rights under the collective agreement;
- does not conflict in any way with the collective agreement;
- includes a statement outlining the right of workers to union representation;
- includes a statement outlining the right of workers to access Worker's Compensation if time away from work is required due to the harassment and/or counselling sessions.
- does not include discipline or disciplinary penalties;
- contains a commitment and plan to educate the workers in the workplace on harassment and the policy;
- contains the statement that the Harassment Policy is not intended to discourage or prevent the complainant from exercising any other legal rights under the law such as filing a complaint under *The Saskatchewan Human Rights Code,* filing a grievance under the collective agreement, contacting the OH&S Branch, etc.

3. In a case where the alleged harasser is a SUN member the Union and the Local will fairly represent the member (Section 25.1 of *The Trade Union Act).*

4. The requirement under the OH&S Act and Regulations does not deal with personal harassment for reasons other than those listed above. If harassment is occurring to a member not attributed to those listed (i.e. union activity) the Union will consider the appropriate course of action, if any, to deal with this. Other actions include complaints under the general health and safety provisions of the OH&S Act and Regulations, filing of grievances, filing of an Unfair Labour Practice, Joint Union Management Meetings, etc.

5. The Saskatchewan Union of Nurses as an employer will ensure, insofar as is reasonably practicable, that the employer's workers are not exposed to harassment at the place of employment. The employer, in consultation with the OH&S Committee, will develop a policy to prevent harassment.

6. The Saskatchewan Union of Nurses will endeavor to have union meetings and union activities with a zero tolerance for harassment and discrimination.

<u>Mandatory Drug Testing</u>

SUN strongly opposes mandatory drug testing.

Merit Based Pay Systems – Clinical Ladders

SUN opposes the creation of merit based pay systems in the work place. Merit based pay systems are subjective and employer controlled. Additionally, merit based pay systems do not recognize the principles of equity and protection of collective rights.

Pay represents a very important element of the employment relationship and is of equal interest to the employee, employer and government.

Traditional pay systems focus on job requirements, complexity of tasks, span of responsibility and other factors to determine levels of pay. Regular pay increases are usually related to negotiation processes or cost of living. Individuals do not have to apply and receive employer approval to receive a pay increase.

The title "Clinical Ladders" is commonly used within health care to describe a merit based pay system whereby employees receive their financial compensation through pay for individual performance.

Merit based pay systems may be found throughout all sectors of the economy and focus on rewarding employees for obtaining skills and performing related tasks that the employer determines are valuable. In health care it is most common for these employees participating in clinical ladder payment systems to obtain the skills away from the workplace and at no cost to the employer. Additionally, employees must perform the tasks beyond an artificial threshold determined by the employer.

Merit based pay systems are attractive to employers because the system reduces or eliminates education and training costs, encourages multi-skilling, a flexible work force, job rotation, increased productivity, performance improvement and off loading of management responsibilities to employees.

Pay increases occur when the employee self evaluates their worth relative to a series of weighted subjective performance criteria established and deemed valuable by the employer. Such criteria may include elements such as self and peer performance review, institutional goals like customer relations based on the mission and philosophy of the organization and professional activities including such activities as publishing articles, professional awards, continuing education and cross-training. The employer must concur with the employee's self-evaluation and assessment of the subjective criteria before pay increase occurs.

Employees participating in merit based pay systems do not receive substantially more money than those participating in traditional pay systems. Employees move along the merit based pay system at the discretion of the employer. Merit based pay systems have controls built in to avoid “pay drift”. Pay drift occurs when too many employees are paid at a higher rate of pay.

SUN supports pay systems that are determined through the collective bargaining process and include the principles of fairness, equity, objectivity and collective rights.

Nurse Abuse

The Saskatchewan Union of Nurses (SUN) believes that all workers have the right to a safe and healthy work environment free from verbal, physical and sexual abuse and that risks to workers' health must be prevented.

SUN identifies nurse abuse as any act of aggression towards a nurse that causes physical or emotional harm through verbal, physical, sexual or psychological means. The abuse could occur either in or outside the work place from present or former patients/clients, patient/client's family members or visitors, other staff members, physicians or management. Such abuse may include, but is not limited to: assault and battery, including kicking, pinching, biting, scratching, hitting; sexual harassment including sexist jokes, leering, demands or gestures of a sexual nature, unnecessary/unwelcome physical contact such as touching or brushing against the person; verbal harassment such as threats, intimidation, yelling, demeaning remarks, throwing objects, etc.

SUN believes each nurse may perceive abuse towards themselves and to others differently. A gesture, word or action that is found to be offensive, unwelcome or inappropriate to the affected nurse would constitute nurse abuse.

SUN members, employers, OH&S Committees, employer's agents, unions and professional organizations shall work together to prevent and deal with abuse in the workplace.

Nursing Documentation/Charting

RN/RPN standards for nursing practice include the use of the nursing process.

This involves the nurse: collecting data; analyzing data to determine client needs/diagnoses; identifying expected outcomes; developing a plan to attain outcomes; implementing the plan; evaluating the client's progress; and revising the plan as needed.

The nursing process is documented through the use of nursing care plans and client charts.

Nursing documentation is used as a method of communication with other health care professionals, as a means of providing continuity of care, and to demonstrate professional accountability.

It is the responsibility of the agency/facility to develop charting policies which ensure that legal and professional standards are being met. It is essential that all nursing personnel be given adequate orientation and ongoing support related to the charting/documentation system (including computerization) used in their agency/facility.

Staffing quotas and client assignment must ensure adequate time for nurses to chart.

<u>Privatization</u>
SUN opposes the privatization of any government agencies that may detrimentally impact on health care in Saskatchewan.

<u>Quality Work Environments</u>
SUN believes that it is a right of all SUN members to work in quality work environments. Quality work environments facilitate professional practice, allow Registered Nurses and Registered Psychiatric Nurses to practice according to professional standards, and provide all the necessary supports for delivery of quality client services.

SUN believes that these work environments contain certain attributes that must be present to create and maintain quality practice setting. The attributes include:

1. Care delivery processes
    - Care delivery processes support the delivery of autonomous nursing practice and includes such supports as RN/RPN rich staffing ratios, staff mix that allows for professional practice and adherence to professional standards.

2. Communication systems
    - Communication systems support the sharing of information and decisions regarding health programs and client care. These systems should encompass such elements as communication between staff and clients and families, between professionals and across programs. The communication systems must include systems for documentation and information technology.

3. Facilities and equipment
    - The physical environment and equipment must support efficient and effective provision of client care. For example, in order to meet client needs, a quality work environment ensures appropriate equipment and supplies are regularly maintained and always accessible. The environment ensures that all staff are properly oriented and trained, on a regular and ongoing basis, in the use of all equipment and supplies.

4. Leadership
    - A quality work environment invites and encourages nurse's participation in decision making relating to delivery of care, promotion of professional practice and may involve participation at all levels of decision making within the organization. The organization must incorporate this participatory leadership model into the philosophy, mission and organizational structure.

5. Organizational supports
    - A quality work environment articulates a philosophy that supports professional practice and standards in the provision of quality client care. This philosophy is incorporated into policies, procedures, programs, and recruitment and retention strategies. A quality environment provides timely responses to labour relations matters, including support of the collective bargaining process and collective agreement compliance and administration.

6. Professional development systems
    - A quality work environment encourages professional development through the provision of financial support of, and programming for, professional development. This programming includes, among other activities, adequate orientation, ongoing preceptorship, continuing education programs, training and professional practice activities.

7. Response systems to external demands
   - A quality work environment provides timely responses to legislative mandates, regulations and/or changes and client and community needs.

SUN supports working in partnership with the Saskatchewan Registered Nurses Association, the Registered Psychiatric Nurses Association of Saskatchewan, the College of Nursing and others to achieve quality work environments for all SUN members.

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