SASKATCHEWAN
UNION OF NURSES

POSITION STATEMENTS

2026

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Bottled Water

Background

Access to a safe water source is a basic human need. Most municipal water systems provide safe potable water. In the United States, 17 million barrels of oil are needed to produce the plastic to meet annual bottled water demand. In addition, bottled water in the UK is at least 500 times more expensive than tap water.[1]

Bottled water can cause stress on water resources, including the degradation of springs and other aquifers. The use of tap water over bottled water conserves energy, reduces fossil fuel use, prevents waste, and saves money.[2]

Position

SUN will not endorse the sale or distribution of commercially bottled water, nor supply commercially bottled water, at SUN meetings or events where potable tap water is available. SUN will encourage members to choose potable tap water over bottled water.
SUN's objective in taking this position is to achieve the following:

- Eliminate the purchasing of bottled water where potable water is available.
- Support the supply of, and encourage the use of, safe and potable municipal water.
- Increase member and staff awareness of the economic and environmental costs of widespread use of commercially bottled water.

References:

[1] Grostern, Joey. 2021. 'Environmental impact of bottled water "up to 3,500 times greater than tap water," The Guardian, August 5.
Environmental impact of bottled water 'up to 3,500 times greater than tap water'" | Water | The Guardian

[2] Nield, David. 2021. 'Here's exactly how much drinking bottled water impacts the environment and our health,' Science Alert, July 31.
Here's Exactly How Much Drinking Bottled Water Impacts The Environment And Our Health : ScienceAlert

Created: April 2024
Reviewed: October 2024

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.

Created: prior to April 2007
Reviewed: November 2012
Reviewed: November 2016
Reviewed/Referred: October 2020
Amended: April 2022
Reviewed: October 2024

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
Reviewed: October 2024

Continuing Nursing Education

Background

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

Reviewed: October 2024

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.

Created: April 2008 (from previous policy)
Reviewed: November 2012
Reviewed: November 2016
Reviewed: October 2020
Reviewed: October 2024

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. The *Saskatchewan Human Rights Code* prohibits discrimination on the basis of race or perceived race, colour, ancestry, nationality, place of origin, or religion.

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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Reviewed: November 2012
Amended: April 2013
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Amended: April 2022
Amended: April 2024
Reviewed: October 2024

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 public health centres 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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Reviewed: November 2012
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Amended: April 2024
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Harassment

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 *Saskatchewan Employment Act* as any repeated or single serious occurrence of inappropriate conduct, comment, display, action or gesture by a person:

i) that either:

(A) is based on race, creed, religion, colour, sex, sexual orientation, marital status, family status, disability, physical size or weight, age, nationality, ancestry or place of origin; or is made on the basis of race, creed, religion, colour, sex, sexual orientation, gender identity, marital status, family status, disability, physical size or weight, age, nationality, ancestry, or place of origin; or
(B) adversely affects the worker's psychological or physical well-being and that the person knows or ought reasonably to know would cause a worker to be humiliated or intimidated; and

ii) that constitutes a threat to the health or safety of the worker;

The *Saskatchewan Employment Act* requires employers to ensure that workers are not exposed to harassment and to promote and maintain a working environment free from harassment. The *Saskatchewan Human Rights Code* prohibits discrimination and this extends to sexual harassment, which is unwarranted sexual conduct that is unsolicited or unwelcome.

Sexual harassment can take many forms, including but not limited to:

- sexual remarks
- "jokes" with sexual overtones
- a sexual advance or invitation
- displaying offensive pictures or photographs
- threats
- leering
- physical contact like touching, patting, pinching or brushing against
- sexual and physical assault.

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 Local.

   In addition to the requirements set out in the OHS Regulations in particular Section 36, the Union recommends that the Local and/or the SUN OHS Representative should ensure insofar as is reasonably possible 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 Ministry of Labour Relations and Workplace Safety, etc.

3. In a case where the alleged harasser is a SUN member, the Union and the Local will fairly represent the member.

4. The requirement under the *Saskatchewan Employment Act* and OHS 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 *Saskatchewan Employment Act* and OHS 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 OHS 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.

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Replaced with new: April 2024
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Harm Reduction in Healthcare Settings

Background

Harm reduction is a public health approach that aims to reduce the negative health, social and economic impacts of substance use without requiring individuals to abstain; rather the goal is to help individuals stay safe while using substances.[i] This approach recognizes that many harms originate from substance use and that other factors limit an individual's ability to adopt their own harm reduction practices. These factors include social norms, policies and laws targeting individuals who use substances.[ii]

Harm reduction practices include, but are not limited to, needle exchange programs; safe consumption spaces; and encouraging lower-risk alcohol and cannabis use.[iii] Evidence has shown that harm reduction initiatives have led to reductions in blood-borne illnesses and decreased rates of injury and death due to overdose, while also providing an accessible avenue for individuals to receive treatment in a stigma-free setting.[iv,v]

Position

SUN supports the implementation and expansion of harm reduction initiatives, such as needle exchange programs and safe consumption sites as part of a strategy to reduce blood-borne illnesses, reduce injury and deaths related to substance use, and provide an avenue for treatment.

Created: June 2024
Reviewed: October 2024

[i] Canadian Mental Health Association. (n.d.). Harm Reduction. Retrieved from: Harm Reduction (cmha.ca)

[ii] Canadian Nurses Association. (2018). Harm Reduction and Substance Use. Retrieved from: Joint Position Statement: Harm Reduction and Substance Use (hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com)

[iii] Ibid.

[iv] Puzhko, S., Eisenberg, M. J., Filion, K. B., Windle, S. B., Hébert-Losier, A., Gore, G., Paraskevopoulos, E., Martel, M. O., & Kudrina, I. (2022). Effectiveness of Interventions for Prevention of Common Infections Among Opioid Users: A Systematic Review of Systematic Reviews. *Frontiers in public health*, *10*, 749033. Retrieved from: Effectiveness of Interventions for Prevention of Common Infections Among Opioid Users: A Systematic Review of Systematic Reviews - PubMed (nih.gov)

[v] Campbell, E. M., Jia, H., Shankar, A., Hanson, D., Luo, W., Masciotra, S., Owen, S. M., Oster, A. M., Galang, R. R., Spiller, M. W., Blosser, S. J., Chapman, E., Roseberry, J. C., Gentry, J., Pontones, P., Duwve, J., Peyrani, P., Kagan, R. M., Whitcomb, J. M., Peters, P. J., … Switzer, W. M. (2017). Detailed Transmission Network Analysis of a Large Opiate-Driven Outbreak of HIV Infection in the United States. *The Journal of infectious diseases*, *216*(9), 1053–1062. https://doi.org/10.1093/infdis/jix307 . Retrieved from: Detailed Transmission Network Analysis of a Large Opiate-Driven Outbreak of HIV Infection in the United States - PMC (nih.gov)

Internationally Educated Nurses

Health human resources deficits and chronic shortages of registered nurses in Saskatchewan have led to a recurrent expectation of internationally educated professionals for supplementation in the healthcare workforce.

Buchan and Catton (2023) indicate the global nursing shortage could be as high as 30.6 million in 2019, with the COVID-19 pandemic acting "as a multiplier to the demands being made of the global nursing workforce" (p. 4). They state that international recruitment of nurses is not a 'quick fix' and is not an equitable solution. Resolution can be achieved for the nursing workforce through safe staffing, retention, adequate domestic training, and sustainable planning strategies (Buchan & Catton, 2023; International Council of Nurses, 2019, 2023). The Philippine Department of Health estimates a deficit of 350 000 nurses, with aggressive recruitment by countries like Canada that provide no sustainable contribution in return to their healthcare system (Pauls, 2023). Internationally educated nurses have made up 9-10% of RNs in Canada over the last five years, whereas in Saskatchewan they made up 8.4% RNs, 2.9% NPs, and 1.7% RPNs based on 2021 data (Canadian Institute for Health, 2022a, 2022b).

SUN is sensitive to the needs and support required for internationally educated nurses based on past international recruitment campaigns. 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.

The escalating health human resources crisis requires vigilance in monitoring and preparation for ongoing international recruitment. The International Council of Nurses (2019) has outlined the need for action related to international career mobility and ethical recruitment of internationally educated nurses. Central to their position is the adoption of foundational principles 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 (ICN, p. 2-4).

Position

SUN supports a multi-pronged approach to health human resources planning and management, prioritizing short- and long-term initiatives to create a stable and sustainable healthcare system.

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

SUN believes that upon accepting an offer of employment, internationally educated nurses are entitled to Union protection and representation subject to the 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 registered 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. Allowing an agent of the employer to charge a fee to the registered nurse constitutes interference in the matter of hiring.

SUN will provide enhanced Union orientation to ensure members are aware of their rights, focusing on areas that will impact employment, including but not limited to:

- hours of work,
- overtime,
- job postings,
- seniority,
- no discrimination/harassment,
- labour relations,
- nursing practice, and
- occupational health & safety.

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, workplace issues, and assist with integration into the Saskatchewan healthcare system.

References:
Buchan, J., & Catton, H. (2023). *Recover to rebuild: Investing in the nursing workforce for health system effectiveness*. International Council of Nurses. https://www.icn.ch/system/files/2023-03/ICN_Recover-to-Rebuild_report_EN.pdf
Canadian Institute for Health Information. (2022a, November 17). *Health workforce in Canada, 2021 – quick stats*. https://www.cihi.ca/en/health-workforce-in-canada-in-focus-including-nurses-and-physicians/go-in-depth-most-recent-data-on
Canadian Institute for Health Information. (2022b, November 17). *Registered nurses, 2021*. https://www.cihi.ca/en/registered-nurses
International Council of Nurses. (2019). *Position statement: International career mobility and ethical nurse recruitment*. https://www.icn.ch/system/files/documents/2019-11/PS_C_International%20career%20mobility%20and%20ethical%20nurse%20recruitment_En.pdf
International Council of Nurses. (2023, January 26). ICN voices its concern about high-income countries recruiting nurses from nations that can ill-afford to lose their precious staff. https://www.icn.ch/sites/default/files/inline-files/WS_04_UN%20press%20conference%20web%20story_v2_0.pdf
Pauls, K. (2023, March 3). 'Stop the bleeding', Philippines health official says about international recruiting of nurses. *CBC News*. https://www.cbc.ca/news/canada/manitoba/philippines-health-international-nurses-1.6764854

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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
Reviewed: October 2024

[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.

Mask Wearing in Healthcare Settings

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.

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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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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.

<u>Advanced Practice Nursing</u>

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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Preceptors

Within the context of SUN collective agreements, the term 'Preceptor' is a registered nurse who educates, supervises, assesses, and evaluates a student in a formal clinical practicum. In this situation, the registered nurse is not employed by the student's educational program and the student is not an employed unregulated care provider. SUN members who become preceptors assume the role and responsibilities of an instructor; namely, supervision of practice, assessment of skills and abilities, the legal responsibility for the student in the clinical environment, and often, written evaluation of the student's progress. Supervision requirements with students are contingent on effective communication, knowledge of the student, and expectations in the practice setting, and will vary to ensure safe patient care while respecting that students retain their accountabilities when practicing in their role (CNPS, 2012).

Preceptorship is an assignment by the employer to a registered nurse, who has expressed interest in being a preceptor and should involve active communication, education, and orientation for the registered nurse to fulfill the role and responsibilities. Nursing students are focused on the practical application of their theoretical knowledge and skills into practice settings to solidify their foundational practice, which includes application of skill development, problem-solving, critical thinking, organization, and time management (Thomas et al., 2018). Preceptors in these practice settings are critical to assist students in their practice and require orientation, education, and a supportive environment to be mutually beneficial and successful (Loughran & Koharchik, 2019). Support for both the Preceptor and student for a successful experience is important to promote safe practice, the transition to practice, and the development of future nursing colleagues, and can be achieved through the implementation of strategies for preceptors (Thomas et al., 2018). Integration of strategies for successful preceptorships require collaboration to implement steps that facilitate the following: "establish a working relationship; know the student's goals and course outcomes; create a respectful learning environment; establish learning styles; provide good feedback; be a resource and offer insight; communicate with course faculty; and, recognize not all preceptor/student personalities/relationships work" (p. 178). The Registered Nurses' Association of Ontario [RNAO] has prepared their guideline, Practice Education in Nursing (2016) that addresses recommendations for students, preceptors, faculty, curriculum, service agencies, and system/policy to foster and encourage experiences and environments that are supportive for preparation of nurses.

Position

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

SUN believes that preceptors must receive education in their role, function, and responsibilities before participating in any preceptorship program. We believe that this is the responsibility of the employer and should be paid per the collective bargaining agreement.

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

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

SUN believes that prior to commencement of preceptorship, the employer and the employee will discuss work assignment adjustments that may be required.

SUN believes that students should not be counted within the staffing complement on a shift, nor expected to fulfill any role other than as a learner, as they are unable to autonomously practice without the support and supervision of a registered nurse.

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Quality Work Environments

Quality work environments have been extensively reviewed, researched, and analyzed within the healthcare system. The Registered Nurses' Association of Ontario [RNAO] (2008) provides the following definition for a healthy work environment: "…a practice setting that maximizes the health and well-being of nurses, quality patient/client outcomes, organizational performance and societal outcomes" (p.71). Relationships have been identified in the literature between the work environment, health, safety, quality of care, patient outcomes, job satisfaction, retention of nurses, and organizational performance (American Association of Critical Nurses [ACCN], n.d.; Canadian Association of Critical Care Nurses [CACCN], 2018; Kowalksi et al., 2020; McGillis-Hall & Visekruna, 2020; RNAO, 2008 & 2017; Ulrich et al., 2019). ACCN (n.d.) states healthy work environments result in "better staffing and retention, lower moral distress and lower rates of workplace violence" (para 1), which allow for high-quality patient care to be provided and nursing satisfaction. A meta-analysis completed by Lake et al (2019) evaluated sixteen years of evidence that showed the strong relationship between work environment, nursing, and patient outcomes. What they term to be 'better work environments' were more likely to have increased patient satisfaction, better nurse outcomes, and increased nursing assessments of quality and safety within these work environments. Their analysis showed a decrease in nursing job dissatisfaction, burnout, and intent to leave employment, and a positive effect on patient adverse events or death.

Within the Canadian healthcare system, this has become significant as evidenced in Outlook on Nursing: A Snapshot from Canadian Nurses on Work Environments pre-COVID-19 (2020) conducted by McGillis-Hall & Visekruna for the Canadian Federation of Nurses Unions [CFNU]. This study was conducted on the leading edge of one of the greatest healthcare crises in Canada, and outcomes are anticipated to worsen as the pandemic progresses further exposing the breakdown of patient care, nurses, work environments, and the healthcare system. Results of their study highlighted: > 66% of respondents rated their work environments as fair or poor; ~ 60% intend to leave their jobs within the next year; >80% of nurses have faced physical violence at work with higher levels of verbal abuse in practice; and further highlighting the critical impact of an aging workforce, staffing, occupational health & safety, and the growing dissatisfaction within the healthcare system (McGillis-Hall & Visekruna, 2020).

The impacts and outcomes leading into the COVID-19 pandemic, and those that follow, require prioritization at the national and provincial levels. Inherent failures within our system need to be addressed to prevent the continuation

of a healthcare system that does not sufficiently prioritize the patients, communities, healthcare workers, and the necessity for healthy quality work environments. The research and literature provide the evidence needed to address work environments for an improved healthcare system.

The creation of healthy quality work environments has been advanced based upon the foundational elements of communication, collaboration, decision-making, staffing, recognition, safety, professional development, autonomy, and leadership for priority implementation (AACN, n.d.; CACCN, 2018; Kowalski et al., 2020; RNAO, 2008 & 2017; Ulrich et al., 2019). To support healthy work environments RNAO has created evidence-based best practice guidelines, to support nurses, nursing practice, and the healthcare system (see RNAO 'About Healthy Work Environments' https://rnao.ca/bpg/guidelines/hwe). Without the incorporation of evidence-based elements into work environments, we are unable to provide optimal nursing care, outcomes, or advancement within the healthcare system to meet growing demands. Ulrich et al. (2019) issued the following call to action: "It is time for bold, intentional, and relentless efforts to create and sustain HWEs [healthy work environments] that foster excellence in patient care and optimal outcomes for patients, nurses, and other members of the health care team" (p.83).

Position

SUN believes that it is a right of all SUN members to work in healthy quality work environments that provide all the necessary supports for the delivery of high-quality, accessible, and appropriate patient healthcare.

SUN will advocate for the development of healthy quality work environments that focus on communication, collaboration, autonomy, leadership, patient outcomes, patient safety, decision-making, safe staffing, and registered nurse health and well-being.

SUN will partner with registered nursing regulatory bodies, professional associations, employers, the Saskatchewan Association of Health Organizations, academic organizations, Ministries of Health and Advanced Education, and other stakeholders to achieve healthy quality work environments in the healthcare system.

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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.

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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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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.

Position

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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Safe Supply

Background

Saskatchewan is experiencing an overdose epidemic with the number of fatalities reaching a high of 404 in 2021. To date, the confirmed 2023 fatalities are confirmed at 367, with another 98 suspected – suggesting that the total fatalities due to drug overdose may exceed the 2021 numbers.[i]

Safe Supply is a strategy that regulates the distribution of substances that have been traditionally only obtainable through the illicit market. It has been shown to decrease substance-related deaths and injuries by ensuring the supply does not include contaminations[ii]. Not only does it help reduce the number of hospitalizations while helping to connect individuals who use substances with treatment options.[iii]

Position

SUN supports the use of safe supply as an effective harm reduction strategy as it reduces injuries and deaths related to contaminated substances; improves access to health services for substance users; and reduces hospital admissions.

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[i] Saskatchewan Coroners Service. (April 2024). Drug Toxicity Deaths. Retrieved from: Confirmed%2Band%2BSuspected%2BDrug%2BToxicity%2BDeaths%2BMay%2B1%2B2024.pdf
[ii] Community AIDS Treatment Information Exchange. (2021). Safe supply: What is it and what is happening in Canada? Safe supply: What is it and what is happening in Canada? | CATIE - Canada's source for HIV and hepatitis C information
[iii] Canadian Medical Association Journal. (2022). Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario. Retrieved from: Clinical outcomes and health care costs among people entering a safer opioid supply program in Ontario (cmaj.ca)

Social Programs/Political Action

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 a human rights framework which promotes 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 find ourselves facing conflicts 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.

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.

Social Policy

1. 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, Indigenous 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 earning 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 for 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
   Deficits 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. Economic recovery may depend on maintaining, or even increasing, social spending. Tax reform must be part of deficit reduction plans.

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 speak up and speak out and 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.

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Support for Newly Hired Nurses

'Newly hired nurses' can be recent graduates or registered nurses in a new practice setting, specialty, or position requiring orientation, training, mentorship, or preceptorship by the employer to successfully integrate into the work environment.

Nursing academic programs prepare graduate nurses to function at a novice level to meet the entry-level competencies outlined by registered nursing regulatory bodies. Academic nursing programs prepare new graduates for entry to practice and initial transition from a student to registered nurse role, however, they cannot prepare students for all situations in professional practice (Blevins, 2018). For success and retention within the work environment, the transitional period needs to focus on structure, support, and socialization (Africa 2017; Blevins, 2018). Established transitional programs have demonstrated "higher levels of competence, greater job satisfaction, and raised retention rates. Higher retention rates directly align with staffing stability in ensuring consistency and continuity, both contributing factors to attaining patient safety" (Africa, 2017, p. 179). The integration of new registered nurse graduates requires additional steps and programming to ensure their success, patient safety, and ability to grow their professional practice.

New graduates and registered nurses in new working environments require supports to solidify and advance professional practice for safe, competent, ethical patient care. Formal and informal programming in the work environment facilitates the integration of new knowledge, skills, and judgment to meet the needs of the registered nurse, patients, and the organization.

Orientation for newly hired registered nurses should be formalized for a specific period, individualized based on the registered nurse, practice setting, and environment, and followed by a period of supernumerary support and mentorship or preceptorship using a needs-based approach.

Role modeling to support the learning and professional growth of registered nurses is often utilized in two different forms: mentorship and preceptorship. A period of formal orientation precedes both forms of role modeling. Clarity is required to understand the differences between mentorship and preceptorship for application:

The purpose of mentorship is to “assist novice and experienced individuals to develop professionally while facilitating integration within the workplace, employee engagement, job satisfaction, networking and succession planning for both individuals” (Rohatinsky et al., 2018, p.324). Mentorship focuses on a collegial relationship and can be both formal and informal. The relationship can be both short-term and long-term depending on the needs of the mentee and the mentor’s assessment; ultimately, it should be mutually beneficial to both.

The purpose of preceptorship is to “assist novice individuals to adjust to and learn a new role, become acquainted with a new work environment, and develop clinical skills in order to produce a competent, functioning employee” (Rohatinsky et al., 2018, p.324). Preceptorship focuses on an evaluative relationship and is typically formal. The length of the relationship is usually predetermined and short-term, for the primary benefit of the preceptee (cited in College & Association of Registered Nurses of Alberta [CARNA], 2019, p.1).

Partnering newly hired registered nurses with those with greater experience in mentoring relationships allows for the sharing of knowledge, wisdom, and experience to foster a positive professional working environment. Mentoring incorporates a wide range of roles: advisor, teacher, coach, protector, sponsor, resource, sounding board, challenger, and role model (Dirks, 2021). A collaborative mentorship relationship has been shown to contribute to recruitment and retention, decreased turnover, professional growth and development, increased self-confidence and resiliency, psychosocial supports, patient safety, increased patient outcomes, development of clinical expertise, quality of care, and quality work environments (CARNA, 2019; Dirks, 2021).

Formal and informal programming within employment and professional practice supports the stabilization of the registered nursing workforce to create quality work environments for safe patient care, positive patient outcomes, and accessibility to healthcare services. Failure to ensure this stability can lead to negative consequences for the profession, damaging the province’s ability to retain experienced registered nurses, and to attract and retain new registered nurses to the profession in Saskatchewan.

<u>Position</u>

SUN believes newly hired registered nurses require a supportive practice environment and sufficient resources to ensure successful integration into nursing practice and employment to ensure safe, competent, and ethical patient care.

SUN believes that members who have returned to practice following an extended absence from the workplace, require the same level of support and opportunity as newly hired registered nurses, for re-integration to ensure safe, competent, and ethical patient care.

SUN believes there is a requirement for registered nurses providing mentorship or preceptorship to receive education on their role, function, and responsibilities. We believe that this is the responsibility of the employer and should be paid per the collective bargaining agreement.

SUN believes that the mentorship and preceptorship of registered nurses are voluntary roles available to members, and members have the right to refuse participation without recrimination when it is not a primary responsibility in their position.

SUN believes it is the employer's responsibility and accountability in the collective bargaining agreement, to provide orientation, training, in-services, professional development, and staff development for members in the workplace. Further, the employer has a responsibility to provide accessible, professional supports for continuing nursing education and lifelong learning to optimize nursing practice.

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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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Trauma Informed Care in Health Care Settings

Background

Trauma-Informed Care is a framework that recognizes trauma and seeks to appropriately respond to its effects on individuals, families, groups, and communities. It promotes physical, psychological, and emotional safety and fosters empowerment.[i]

Trauma-Informed Practice emphasizes the importance of creating a trusting and collaborative environment that empowers the patient to have a voice in their healthcare and is sensitive to their lived experience. Trauma-Informed practice is sensitive to cultural, historical, and gender issues and involves moving past stereotypes and biases.[ii]

Trauma-Informed Care seeks to avoid re-traumatization, build on the strengths and resilience of the survivor, and support empowerment, healing and recovery.[iii]

Research indicates that Trauma-Informed care leads to improved patient outcomes, including patient-staff relationships, patient satisfaction, patient comfort and reduced anxiety, improved patient safety, increased psychological readiness for disease management; increased collaboration with healthcare providers; reduced rates of traumatization; and enhanced engagement of marginalized populations.[vi]

Position

SUN understands the importance and necessity of Trauma-Informed Care in health care settings in reducing the stigma associated with mental health, addictions, and trauma. SUN encourages the adoption and implementation of Trauma-Informed Care approaches to improve therapeutic relationships and health outcomes and ensure that our patients and their families feel safe and supported accessing the care they need with dignity.

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[i] National Collaborating Centre for Aboriginal Health. (2015). *Addressing the Healing of Aboriginal Adults and Families Within a Community-Owned College Model.* Retrieved from: 2015-04-28-AguiarHalseth-RPT-IntergenHealingEducation-EN-Web.pdf (nccah-ccnsa.ca)
[ii] Government of Canada. (2018). Trauma and violence-informed approaches to policy and practice.
[iii] Chippewa Valley Technical College. (2022). *Open RN Nursing Mental Health and Community Concepts*. Retrieved from: 15.3 Trauma-Informed Care – Nursing: Mental Health and Community Concepts (uregina.ca)

[iv] Goldstein, E., Chokshi, B., Melendez-Torres, G. J., Rios, A., Jelley, M., & Lewis-O'Connor, A. (2024). Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systematic Review of Reviews and Realist Synthesis. *The Permanente journal*, *28*(1), 135–150. Retrieved from: Effectiveness of Trauma-Informed Care Implementation in Health Care Settings: Systematic Review of Reviews and Realist Synthesis - PMC (nih.gov)

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.[3]

Violence is prevalent and under-reported in health care environments and is a significant source of injury and distress for registered nurses.[4] Violence can have long-term impacts on the workplace and on registered nurses' physical and mental health and well-being.[5] Violence negatively affects outcomes for patients and families, registered nurses, and organizations.[6]

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.[7]

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.[8]

Every workplace must cultivate a culture of safety and respect based on the shared responsibility of all health care stakeholders, including employers,

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

patients and families, registered nurses and other employees, government 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.[9]

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