



**SASKATCHEWAN
UNION OF NURSES**

Healthy Members, Healthy Communities, Healthy Union

2019

POSITION

STATEMENTS

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Advanced Nursing Practice

It is the position of the Saskatchewan Union of Nurses (SUN) that advanced nursing practice (ANP) roles for registered nurses be created, implemented and given the authority to practice fully within the knowledge and expertise of the role. SUN believes that all individuals and communities have the same right of access to health care. ANP roles for registered nurses are able to provide this access and are needed within all settings of health care (Sullivan-Marx, McGivern, Fairman & Greenberg, 2010).

The definition of advanced nursing practice varies widely from one country to another. Currently, in Canada, the Canadian Nurses Association (CNA) recognizes two advanced nursing practice roles: the clinical nurse specialist and the registered nurse, nurse practitioner (CNA, 2008). SUN recognizes and supports the enactment of these two roles within the healthcare environment and promotes the development of additional ANP roles as the optimization of RNs/RPNs/RN(NP)s continues to evolve.

A clear understanding of ANP is vital to the sustainability and success of these roles. Advanced nursing practice contributes significantly to patient satisfaction and positive patient outcomes including reduced length of stay, lower re-admission rates, and more effective health teaching and promotion (Jennings, et al., 2008; Sidani, et al., 2006). SUN promotes advanced nursing practice and encourages policy makers, employers, other members of the health care team, educators, and decision-makers to explore utilization of ANP roles within their jurisdictions. SUN emphasizes that role enactment must enable full utilization of the ANP role as authorized in legislation, professional bylaws and education curriculums, in order to achieve the goals of affordable, accessible, timely health care to alleviate the strain on health care resources.

SUN is committed to working with health care partners and stakeholders to develop and promote opportunities for advanced nursing practice and to ensure equal access to such opportunities. In addition, SUN will work with partners to promote educational opportunities for SUN members that will provide them access to ANP education, financially supported.

SUN supports the optimization of all registered nurses including current and future ANP roles, through the creation and implementation of new approaches to health care delivery. Advanced nursing practice roles contribute to a health-care system that is safe, accessible, and affordable and cannot be overlooked as a solution to effective, efficient health care delivery.

Created: April 2012

Reviewed: November 2012

Reviewed: November 2016

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Building a Representative Workforce

An inclusive, diverse workforce is a hallmark of a fair society, one in which each person is “able to reach his or her 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:

- Aboriginal people,
- people with disabilities,
- visible minorities, and
- women and men 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.

SUN believes that representative workforce strategies promote generic access and opens doors to all job opportunities in all classifications and all levels, based solely on hiring criteria in respective Collective Agreements or if a new hire, based solely on qualifications.

Created: prior to April 2007

Reviewed: November 2012

Reviewed: November 2016

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

Continuing Nursing Education

The Saskatchewan Union of Nurses (SUN) recognizes the necessity of continuing nursing education. Registered nursing is a scientifically rigorous discipline that is practiced in a complex health care environment. As such, registered nurses require access to continuing nursing education on a regular basis in order to maintain current knowledge and skills, and obtain and integrate new knowledge into nursing practice.

Registered nursing practice is dynamic and ever changing and knowledge can quickly become obsolete (LeCroy, 2010). Therefore, the value and importance of continuing nursing education cannot be underestimated for patients, registered nurses and employers. 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” (CNA, 2004). Evidence shows that access to continuing nursing education improves job satisfaction, morale, and retention of staff, which results in an increase in quality of care, and patient outcomes and satisfaction (Perry, 2008; Nolan, Grant, Melhuish & Maguire, 1993).

SUN believes that access to continuing nursing education, supported and made available by employers, is vital to safe, competent registered nurse practice.

This can be achieved through self-directed learning, workshops, conferences, by individual pursuits of information focused on a particular specialty of interest, and through a variety of formal education opportunities.

SUN is committed to working with the Saskatchewan Polytechnic School of Nursing, the University of Saskatchewan College of Nursing, the University of Regina Faculty of Nursing, the Saskatchewan Registered Nurses Association, the Registered Psychiatric Nurses Association of Saskatchewan, Saskatchewan Association of Health Organizations, employers and the Government Ministries of Health and Advanced Education, to ensure educational opportunities are available to SUN members in their workplaces and in their communities. SUN promotes and emphasizes the need for optimization of registered nurse practice. Continuing nursing education is an effective and efficient way of addressing and achieving optimization.

SUN is committed to ensuring continuing nursing education is available to all SUN members. Through collective bargaining and registered nurse retention initiatives, SUN will strive to establish more opportunities for SUN members to access educational opportunities supported and funded by employers.

Created: April 2012

Reviewed: November 2012

Reviewed: November 2016

References:

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- Perry, B. (2008). Shine on: Achieving career satisfaction as a registered nurse. *The Journal of Continuing Education in Nursing*, 39(1), 17-25.

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

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 level. 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 aboriginal people, people with disabilities and diversity of race, culture, religion and sexual orientation.
- ◆ 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.

Employment Equity

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, aboriginal 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.

Component 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.

Created: prior to April 2007
Reviewed: November 2012
Amended: April 2013
Reviewed: November 2016

Essential Service Workers

On March 20, 2012, the five Saskatchewan Healthcare Unions submitted a framework for consultation to the provincial government on new essential services legislation that includes an outline of key essential service principles. The goal is to partner with the government to ensure that any new legislation developed will protect both the health and safety of the public.

Legislation Consultation Framework and Essential Service Principles

Health care unions recognize that our members provide services that protect the health and safety of the public and that those services should not be withdrawn unnecessarily. We look forward to substantive and meaningful consultations with the Saskatchewan government, with a view to developing new essential services legislation that protects both the health and safety of the public and collective bargaining rights.

We believe the following are the hallmarks of an effective consultation process:

- Consultation takes place prior to the tabling of new or amended legislation and before decisions are firmly made;
- The parties to essential services consultation are the government, unionized employers and unions whose members' interests may be affected;
- The parties are allowed sufficient time to prepare and participate and their submissions are given fair, reasonable and good faith consideration with a view to building consensus before the tabling of amendments or legislation;
- All parties have access to all relevant information, including written submissions and documents presented in the course of consultations including draft amendments or legislation;
- The government takes submissions seriously and discusses them in full with a view to reaching a suitable compromise and/or demonstrably integrating submissions in the final outcome.

If there is to be essential services legislation, we regard the consultation process as critical to ensuring that new essential services legislation is built upon principles developed in a consensus-driven dialogue between the Government of Saskatchewan and other parties who have a role and responsibility in the delivery of health services. As unions representing health care workers, we have a significant role to play.

We support the inclusion of the following principles:

- The definition of essential services must be limited to where interruption would endanger the life, personal safety or health of the whole or part of the public;
- During a work stoppage, the full range of services normally provided by the employer will not continue;

- Essential services legislation should not create barriers to collective bargaining such as requiring the parties to conclude essential services agreements where there is no indication of a potential work stoppage;
- Essential services legislation should provide for acceptable alternative means of resolving collective agreements;
- Essential services legislation should provide for an independent third party dispute resolution for any issues in dispute arising from negotiation of essential services agreements, including what constitutes an essential service;
- Essential services legislation should incorporate dispute resolution and administrative processes that are reasonable, efficient, transparent and independent;
- Unions must have meaningful input into determining which employees will provide essential services;
- The legislation should be compliant with international law regarding the freedom of association.

These statements are made without prejudice to any legal action or positions taken with respect to SFL et al and Province of Saskatchewan.

Created: prior to April 2007
Reviewed: November 2012
Amended: May 2014
Reviewed: November 2016

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 health consumers would be central, and 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 long-term 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. Elected regional health authority boards with responsibility for providing coordinated health care services in the region.
6. Expansion of community clinics and the preservation of existing health facilities as community health centers which deliver a full range of community based services.
7. An expanded role for registered nurses in the delivery of health care.
8. 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.
9. 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.
10. Implementation of practical human resource strategies that will provide experienced, trained personnel performing appropriate functions.
11. Alliances with other organizations who support progressive health reform.

12. A reformed health care system would have primary health care at the centre, providing access to acute, emergency, long-term 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.

Created: prior to April 2007
Reviewed: November 2012
Amended: April 2016
Reviewed: November 2016

Immunization

The Saskatchewan Union of Nurses encourages immunization of health care employees, while respecting the right of individuals to choose not to be immunized for medical, religious or personal reasons.

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

In the event that employers develop policies that require mandatory immunization during outbreaks of flu or other viruses, employees unable to be immunized for medical or religious reasons should have the option of taking antiviral drugs, being reassigned to another part of the agency if possible, or accessing sick leave credits if reassignment is not possible.

Employees who, for personal reasons, are unwilling to be immunized or are unwilling to take antiviral drugs during an outbreak, may access vacation or leave without pay.

Created: April 2008

Reviewed: November 2012

Reviewed: November 2016

Internationally Educated Nurses

In an attempt to address the chronic shortage of registered nurses in Saskatchewan, the provincial government and regional health authorities have embarked on an aggressive international recruitment campaign.

Upon arriving in Canada, a growing number of these nurses find themselves in strange and inhospitable 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 or demanding their rights or seeking the assistance of the Union.

The Saskatchewan Union of Nurses is committed to representing these nurses.

Pursuant to the SUN-SAHO Collective Agreement, it is SUN's position that upon acceptance of an offer of employment, internationally-educated nurses are entitled to the protection of the collective agreement and to representation by the Union.

The SUN-SAHO Collective Agreement requires the employer to have a newly-hired employee sign a Union dues "Authorization for Check-Off" form and will provide them with a Union membership form at the time of hiring. SUN's position is that the time of hiring is when the offer of employment is made and accepted, and not, as the employer states, upon commencement of the first working shift.

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.

Further, 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
- Facilitating contact so that internationally educated nurses are assisted in establishing a community.

Additionally, 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 employment interference in the matter of hiring.

Since many of these nurses have never been unionized, SUN will provide enhanced/expanded union orientation, focusing on areas which initially affect their employment, such as hours of work, overtime, no discrimination/harassment, etc. to ensure that they are aware of their rights.

As with all new SUN members, they will be provided contact information for union representatives who will provide advocacy and support for workplace issues.

Created: April 2008

Reviewed: November 2012

Reviewed: November 2016

Midwifery

1. SUN endorses the right of childbearing women to have the birth attendant of their choice as set out by the International Definition of Midwifery (see definitions).
2. SUN considers Midwives “allied personnel” under Article 3.01 of SUN’s constitution.
3. SUN supports the Saskatchewan College of Midwives as based in Saskatchewan Legislation, 2008.
4. SUN supports the Saskatchewan College of Midwives in their pursuit of a midwifery education program in Saskatchewan. .
5. SUN is committed to the development of employer-funded educational opportunities for the nurses who may be affected by the changes in health care delivery.
6. SUN is also committed to the promotion, development and representation of licensed midwives, whether direct entry or nurse midwife, in the provision of midwifery services that are safe and responsive to the needs of childbearing families in Saskatchewan.
7. SUN believes midwives should be salaried as opposed to engaging in a fee for service system of billing.
8. SUN supports the collegial approach to care of the childbearing family.
9. SUN encourages the implementation of midwife services across all regional health authorities within Saskatchewan.

NOTE: Currently the Saskatchewan College of Midwives is solely responsible for regulation. They have no advocacy role. That belongs to the Midwives Association of Saskatchewan – which is strictly a volunteer group.

Midwifery, International Definition of,

A midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM *Essential Competencies for Basic Midwifery Practice* and the framework of the ICM *Global Standards for Midwifery Education*; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.

Scope of Practice

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

(Revised and adopted by ICM Council June 15, 2011)

References:

International Confederation of Midwives. (2011). ICM International Definition of the Midwife. Retrieved September 13, 2013 from <http://www.internationalmidwives.org/assets/uploads/documents/Definition%20of%20the%20Midwife%20-%202011.pdf>

Created: prior to April 2007

Reviewed: November 2012

Amended: May 2014

Reviewed: November 2016

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.

Created: April 2008 (from previous policy)

Reviewed: November 2012

Amended: April 2016

Reviewed: November 2016

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.

Created: prior to April 2007

Reviewed: November 2012

Reviewed: November 2016

Nurse/Patient Ratios

Registered nurse Safe Staffing Levels

SUN endorses the concept of registered nurse safe staffing levels to improve patient care and patient outcomes.

SUN will:

- Work with regulatory bodies to identify needs for registered nurse safe staffing levels.
- Develop a strategy to pursue registered nurse safe staffing levels through collective bargaining.
- Press for the use of workload tools to assess patient acuity and complexity in order to determine safe staffing levels for registered nurses.
- Call for the use of evidence and research to guide decision making regarding models of care and registered nurse staffing levels.

Created: prior to April 2007

Reviewed: November 2012

Amended: May 2014

Reviewed: November 2016

Optimizing the Practice of Nursing

The Saskatchewan Union of Nurses promotes optimizing the practice roles of RNs, RPNs and RN(NP)s. Optimization can be defined as the implementation and enactment of the knowledge and skills acquired through education within the parameters defined by legislation, experience, competence and contextual factors (Besner, 2008). SUN believes that optimization of RN/RPN/RN(NP) practice is key to health care reform and enhancement of health care delivery. Full utilization of registered nursing personnel is vital to patient well being and the delivery of cost effective health care (Bisognano, 2010; White et al., 2009; Romanow, 2002).

SUN believes optimized RN/RPN/RN(NP) practice can be achieved in several ways. First, advances in curriculum development are an important and necessary way to achieve optimization. Through inclusion of new knowledge and competencies in basic nursing education programs, including nurse practitioner programs, nursing practice can be optimized. This is a key strategy in preparing the newly graduated RN/RPN/RN(NP) to enter the nursing profession prepared to contribute to the complex health care environment of today. Secondly, focused continuing nursing education, for already practicing members' is required. Education aimed at optimizing RN/RPN/RN(NP) practice ensures all members are practicing from the same knowledge base and able to provide consistent care. Lastly, a clear role definition and a role redesign of nursing practice that highlights the crucial responsibilities RNs/RPNs/RN(NP)s are able to provide is required. This includes the elimination of non-registered nursing work.

SUN is dedicated to creating educational opportunities that optimize RN/RPN/RN(NP) roles. SUN is committed to working with nursing education programs, professional regulatory associations, Saskatchewan Association of Health Organizations, employers, and the Ministries of Health and Advanced Education, Employment and Immigration, to ensure that opportunities exist to optimize RN/RPN/RN(NP) practice. This education will focus on enabling members to practice in a variety of settings and to the full ability of their knowledge.

SUN recognizes that an important part of optimization is the opportunity for SUN members to have prior knowledge and abilities recognized. To this end, SUN will work with pertinent stakeholders to develop a prior learning assessment recognition program (PLAR). This includes the opportunity for SUN members to challenge classes in post-basic nursing education programs, and previous areas of practice now requiring acquisition of skills as per professional regulatory standards.

Through collective bargaining and RN/RPN/RN(NP) recruitment and retention initiatives, SUN will strive to have optimized practice recognized and implemented for all SUN members in all health care settings. RNs/RPNs/RN(NP)s are ideally positioned to provide comprehensive assessments, treatments, health promotion and disease prevention. Optimization of RN/RPN/RN(NP) roles is a sound means of enhancing patient access to care.

Created: April 2012
Reviewed: November 2012
Amended: May 2014
Reviewed: November 2016

References:

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Overcapacity Protocols

Background

The Saskatchewan Union of Nurses is principally and fundamentally opposed to work environments which can endanger both patients and registered nurses. Overcapacity protocols, were perceived and introduced as interim solutions to emergency department and facility overcrowding, and have become standard business practice in Saskatchewan hospitals.

This practice places patients and families at risk; creates professional, ethical and moral distress for nurses; and must be stopped. Investment in system reform should replace investment in overcapacity protocols.

SUN believes that complex system issues are at the root of overcrowding in emergency departments and in hospitals and that such issues are leading to the use of overcapacity protocols. 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.

All of these issues are having a negative impact on the health of Canadians. ¹

Overcapacity

Overcapacity creates challenges that affect the safety of patients, families and nurses. Overcapacity also affects the integrity of nursing practice and results in the following:

- Admissions to unstaffed patient care beds;
- Inadequacy of staffing to meet patient needs;
- Compromise of therapeutic relationships between nurses and patients;
- Increase in the number and severity of adverse events;
- Increase in violence and tension;
- Inability to provide, facilitate, advocate and promote the best possible care for clients; and
- Inability to practice consistent with professional standards, guidelines and legislation.

¹ (Bond et al, 2007; Canadian Association of Emergency Physicians & National Emergency Nurses Affiliation [CAEP & NENA], 2001; Rowe et al, 2006)

Hallway Nursing

Hallway Nursing is another critical effect of overcapacity resulting in the lack of privacy, physical space, proper supplies, equipment and nurse staffing which negatively affects patient safety and health outcomes

The terms Hallway Nursing and Overcapacity are not inter-changeable although the issues are similar resulting from overcrowding in emergency departments and hospitals.

Both overcapacity and hallway nursing result in the following negative effects:

1. Public Safety risk because of poor patient outcomes
2. Prolonged pain and suffering
3. Dissatisfied patients
4. Ambulance diversions
5. Decreased physician productivity
6. Violence
7. Negative effect on teaching missions in academic medical centers

Nurses and nurses alone are responsible and accountable for their own actions. No other individual, either within or outside the profession of registered nursing, can absolve a registered nurse of fulfilling their professional standards and accountabilities.

Every registered nurse:

- Is accountable and accepts responsibility for his/her own actions and decisions.
- Advocates and intervenes as needed to ensure client safety.
- Promotes healthy, culturally safe environments.
- Consistently intervenes in the client's best interest.
- Recognizes, reports and takes action in a timely manner, in unsafe situations when client/staff safety and/or well-being is potentially or actually compromised.
- Challenges and takes action as necessary, on questionable orders, decisions or actions made by other health team members, to safeguard the client.
- Exercises professional judgment when using agency policies and procedures or when practicing in the absence of agency policies and procedures.²

SUN believes that complex system issues are at the root of overcrowding in emergency departments and in hospitals and solutions to the problems can be achieved through system reforms including:

- Increased participation of nurse practitioners in primary and tertiary care.
- Investment in publicly funded, administered and delivered community non-urgent care.
- Investment in home care, long-term care and hospitals to meet the current realities of patient demographics.
- Aggressive recruitment and retention of registered nurses.

² SRNA STANDARDS AND FOUNDATION COMPETENCIES FOR THE PRACTICE OF REGISTERED NURSES, 2007

- Nursing supervisor on-site 24/7 in tertiary care facilities to coordinate patient flow from emergency department to the appropriate units/facilities/agencies.
- Staff up on in-patient units so patients can be accepted over census.
- Commitment to discharge planning upon admission. Person/team in charge of this to have authority to expedite discharges in times of overcrowding.
- Nurses have a greater role of decision making at the point of care.

Created: April 2010

Reviewed: November 2012

Reviewed: November 2016

Patient- and Family-Centred Care

Background

The Government of Saskatchewan conducted a Patient First Review, the results of which were released on October 15, 2009 providing a new framework for the future of Health Care in Saskatchewan.

The report made 16 recommendations of a *“more patient-centered system that delivers better value to taxpayers.”* The aim is to *“make the Patient First philosophy a reality in every workplace.”*

Through various levels of stakeholder involvement, including Nursing council, etc., consensus to adopt a definition that most organizations can work from has been reached.

This definition comes from the Institute for Patient- and Family-Centred Care where it has been proven that this collaborative approach to planning and delivering care has positive results for patients and providers.

Position

SUN believes the following definition of Patient- and Family-Centred Care will guide the work that needs to occur to move in this direction:

Patient- and family-centred care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among healthcare providers, patients, and families. It re-defines the relationships in healthcare.

Patient- and family-centred practitioners recognize the vital role that families play in ensuring the health and well-being of infants, children, adolescents, and family members of all ages. They acknowledge that emotional, social, and developmental supports are integral components of health care. They promote the health and well-being of individuals and families and restore dignity and control them.

Patient- and family-centred care is an approach to health care that shapes policies, programs, facility design, and staff day to day interactions. It leads to better health outcomes and wiser allocation of resources and greater patient and family satisfaction.

Created: April 2011

Reviewed: November 2012

Reviewed: November 2016

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

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

Amended: April 2016

Reviewed: November 2016

Remuneration for Work of the Union

Background

SUN has historically acknowledged the importance of remuneration for SUN 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 district councils to adopt policy relative to their organization.

Position

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

Created: April 2008 (from previous policy)

Reviewed: November 2012

Reviewed: November 2016

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 SRNA 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.

Created: prior to April 2007

Reviewed: November 2012

Amended: May 2014

Reviewed: November 2016

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, precepting 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

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.

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.)

Orientation and Training

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.

Created: April 2008

Reviewed: November 2012

Amended: April 2016

Reviewed: November 2016

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.

Created: prior to April 2007

Reviewed: November 2012

Amended: April 2016

Reviewed: November 2016

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

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)

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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Created: prior to April 2007

Reviewed: November 2012

Reviewed: November 2016

Revised: April 2018

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

Workplace Issues

24 Hour Nursing Coverage

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.

Alternate Dispute Resolution Mechanisms

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.

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 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.

Mandatory Drug Testing

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.

Privatization

SUN opposes the privatization of any government agencies that may detrimentally impact on health care in Saskatchewan.

Quality Work Environments

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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