

Special issue on negotiations



Wednesday morning was devoted to the issue of the classification of nurse positions, the last aspect of the preliminary draft agreement. Lina Bonamie, 4th Vice-President in charge of negotiations, and Sylvie Savard, associate officer in charge of negotiations, accompanied by Thérèse Laforest, consultant for the Task and Organization of Work Sector, Richard Beaulé and Linda Perron, members of the Negotiating Coordinating Committee, stressed the crucial importance of this issue.

THE CHALLENGES that lie ahead are many; we must ensure that the draft collective agreement reflects the hopes and aspirations of all nurses without distinction and without exclusion, pointed out Line Bonamie, 4th Vice-President, in charge of negotiations, at the opening of the session to discuss the issue of the classification of nursing positions.

“From the very first step of the consultation process to renew the collective agreement, she stated, we have insisted on the importance of maintaining and developing the competencies of nurses and we have even made this one of the six priorities of the next bargaining round.” In this regard, we will remember that recommendations on access to training and the implementation of a human resources development plan were the object of specific demands in the first draft of the collective agreement tabled in July 2003. However, according to Line Bonamie, before formulating demands related to the recognition of the value of experience and expertise, a broader discussion was necessary.

The fourth Vice-President then drew attention to the concerns behind the recommendations presented for debate: Access to continuous training, the formal implementation of a structured and integrated human resources development plan and the recognition of the value of the experience and expertise of nurses guided our thinking on job classification, she stated.

The practice of certain employers is such, continued Lina Bonamie, that it is necessary de remove the boundaries between various centres of activities, to iron out the difficulties encountered in accessing certain job titles. It is imperative to structure the conditions for classification in order to keep restrictions on nurses’ professional choices down to a minimum and to put forward a coherent career development plan, that corresponds to the reality of the workplace and that responds to nurses’ concerns as well as to the needs of the profession.

“Last February, she recalled, we reviewed nursing practice which is indisputably at the crossroads. In order to propose solutions to the problems related to the recognition of the value of experience and proficiency of nurses in granting positions, it was necessary to analyze the current criteria for access to positions, draw out the trends on this matter among employers and evaluate the pertinence of requirements on posted positions. This work was carried out by the Task and Organization of Work Sector and the Negotiation Coordinating team.

Today, and on behalf of all those who worked on this, we — Sylvie Savard, associate officer in charge of Negotiations and myself — are proud to present to you the orientation that the Executive Committee wishes to give to the practice. Based on an in-depth study of the reality in the workplace, the proposals we submit for consultation present a clinical career development plan that will ensure, for nurses, a nursing practice rich in possibilities and challenges.



Surrounding Richard Beaulé, spokesperson and member of the Negotiation Coordinating team, on his left, Thérèse Laforest, consultant for the Task and Organization of Work Sector, on his immediate right, Lina Bonamie, 4th Vice-President in charge of Negotiations, in the centre, Sylvie Savard, associate officer in charge of negotiations and, on his far right, Linda Perron, consultant and member of the Negotiation Coordinating team. These are the members of the team that worked on the issue of job classification.

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Competencies, a current concern

Job posting requirements are at the core of the issue of access to positions. These requirements refer to competencies that are composed of the mastery of knowledge, skills and attitudes required to achieve the expected performance in a position.

Three competency profiles are at the centre of job requirements. The first profile is knowledge. It encompasses all scientific, technical, technological, computer and legal knowledge necessary to deal with and adjust to the reality of the care environments. This knowledge is acquired by basic training, continuing education and specialty training.

The second profile is that of *know-how*. It refers to the *ability to establish a helping relationship, clinical judgment and the ability to update one's knowledge, analyze and interpret clinical situations, perform clinical and physical examinations, coordinate service and intervention plans, manage cases and projects, ensure liaison with the other practitioners of the network, communities and families, and develop a community approach.*¹ This know-how is acquired through the experience and expertise that nurses acquire mainly in their daily practice.

Finally the third profile is that of *savvy*. It refers to the personal and professional qualities which a nurse demonstrates in the performance of her duties. Thus, having inter-personal and communication skills, having a sense of responsibility or good adaptability are examples of *savvy*, aptitudes and attitudes often required by the employer.

Competency is the result of the combination of these factors. It is acquired through a dynamic and on-going process based on training, experience, proficiency and the integration in practice of appropriate attitudes and aptitudes.

A PRACTICE UNDER INFLUENCE

Many upheavals have had and will continue to have impacts on the competencies nurses will be expected to have, on the qualifications required by employer and on the training needed for nursing practice today. Indeed, institutional changes such as the restructuring of the network at the beginning of the 1990s, the shift to ambulatory care and the creation soon of local health and social services networks have a direct effect on the delivery of health care by nurses. The same applies for technological change that generates new diagnostic and treatment methods that have influenced and continue to influence, in various ways, the roles, duties and responsibilities of nurses, regardless of the type of institution where they practice.

From an organizational viewpoint, the introduction of new care models, which are essentially models for the management of care episodes, focused on results rather than on objectives and on the care processes, also caused considerable upheaval in the delivery of care.

Finally, nursing practice is itself undergoing change with the adoption of Bill 90, a bill which creates a new universe for the delivery of nursing care. In the new legislative framework, nurses are granted an expanded role in the field of health and greater professional autonomy. These changes in the nursing environment necessarily have direct consequences on nursing practice and its requirements, and consequently, on the requirements for access to various positions.

GENERAL NURSE

Nurse

- CEGEP degree

Nurse team leader

- CEGEP degree

Outpost/ northern clinic nurse

- CEGEP degree

Assistant to the immediate superior

- Bachelor's degree
- Evaluation grid

Care counsellor nurse

- Bachelor's degree
- Two years experience
- Experience equivalence

Clinical counsellor nurse

- Bachelor's degree
- Four years experience

First surgical assistant nurse

- Bachelor's degree and certification in peri-operation care
- 3 years experience in O.R., including one year in the surgical field in point

THE BACKDROP: NEW STAKES, NEW CHALLENGES

- the nursing shortage which is continuing to grow has an influence on the orientations regarding basic training in nursing
- the desire to improve their knowledge and competencies leads a growing number of nurses to acquire more specialized knowledge by way of additional academic training
- the threat of differentiation of nursing practice based on the level of the degree obtained, that would limit the access of nurses with CEGEP-level training to certain institutions or fields of activity
- inadequate in-service training which does not allow nurses to improve their competency and update their knowledge
- the underutilization of nurses' competencies which prevents them from acquiring new competencies and reduces the opportunities for these nurses to enrich their knowledge and develop professionally
- the non-recognition of nursing competencies which undermines opportunities for professional advancement, and which, causing nurses to feel devalued, compromises retention of nurses on the job market
- the review of the field of practice which enriches and expands nursing practice

New career prospects

The questions examined with regard to the classification of jobs, namely the requirements for various positions, the revision of the job titles and the equation between the duties and the training acquired are inter-related and have a direct influence on nurses' clinical career development, and consequently on the recognition of nursing competency.

For the members of the Executive Committee and the Coordinating team, it is therefore crucial to question and debate collectively the avenues of solution that should be upheld to redress the problems related to the issue of the classification of nursing jobs and access to positions. This issue of *FIIQ en Action* is an invitation to this.

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¹ Comité-conseil sur la formation infirmière, *Projet de Rapport du Comité-conseil sur la formation infirmière*, Québec, 1999, p. 12.

SPECIALTY NURSE

Specialty nurse clinician

- Master's degree

Specialty nurse practitioner

- Master's degree

The objectives of the clinical career path model:

- adequate use of nurses' full potential
- the recognition of the value of knowledge, know-how and savvy
- the preponderance of seniority
- appropriate remuneration

A RENEWED nursing practice



To reach the objectives of our clinical career path model, the definition and pertinence of each of the job titles currently prescribed in the collective agreement have been examined as well as employer practices with regard to the granting of positions. Thus, the Executive Committee recommends that the definition of job titles be updated and that new job titles be introduced that more adequately reflect nurses' professional reality, identifying the level of academic training required for each.

Regarding appropriate remuneration, the model proposed does not establish the salary demand. Indeed, the salary for the revised and newly-introduced job titles will have to be determined by means of a job evaluation plan still under discussion between the *Conseil du trésor* and the *Intersyndicale Équité*. Finally, since the Executive Committee proposes that the level of academic training required be integrated in the definition of each of the job titles, it was necessary to stipulate that, for certain job categories, the absence of academic training could be compensated by pertinent experience. As an application of this principle, the salary provided for job titles for which a Bachelor's degree is necessary would therefore be established, on the basis of this level of education, regardless of whether the employee holds the degree or has experience equivalence.

The Executive Committee recommends that the job titles be divided into two families: GENERALIST NURSE and SPECIALTY NURSE. This classification is based on the firm determination not to exclude any nurse from the specialized and ultra-specialized care units, regardless of the level of the degree she holds.

Generalist nurse

→ **Nurse**

Bill 90 creates a new universe for the delivery of nursing care and health services. The expanded role which nurses are asked to play, in the new legislative framework, calls for a redefinition of this job title. Thus, nurses' responsibilities with regard to the nursing therapeutic plan, and the nursing care and treatment plan, and their linkage with the inter-disciplinary intervention plan would now be included in the definition of this job title.

→ **Nurse team leader**

The use of this job title by employers has greatly varied over the years. While just a few years ago, many believed that the team system was bound to disappear, the work load and the shortage pushed several employers to review the organization of work and add personnel from other job categories (nursing assistants, beneficiary attendants, etc.). This job title will therefore be maintained but its definition will be revised.

Granting of nurse and nurse team leader positions

The positions in these job titles should be granted to the employee who possesses the most seniority and who is able to perform the duties and functions of the position. Moreover, if the employer requires specific training, (e.g.: arrhythmia), the employee who obtains the position

should be given the time to acquire such training. Finally, a four-week training period would be offered to an employee who would otherwise not be able to perform immediately all the duties and functions of a position.

→ **Outpost/
Northern clinic Nurse**

In the wake of the letter of understanding in the collective agreement, it is recommended to formally introduce this job title in the collective agreement, especially considering that since April 1999, these nurses already receive a salary supplement. These positions should be granted by seniority.

→ **Nurse Assistant
to the Immediate Superior**

The job titles of Assistant Head Nurse, Nurse Assistant to the Immediate Superior, Baccalaureate Assistant Head Nurse and Baccalaureate Assistant to the Immediate Superior would become a single job title, that of Nurse Assistant to the Immediate Superior. The similarity between the roles, duties and functions of employees in these different job titles is the main reason for this consolidation.

The different roles that the Assistant must play require that she have competency that is of the type acquired during a Bachelor of Nursing programme. However, pertinent professional experience can also make it possible to acquire such competency. Having a Bachelor in Nursing should therefore not be the only discriminating criterion in granting these positions: the combination of knowledge, know-how and savvy should be considered.



Specialty Nurse

Specialty Nurse Clinician and Specialty Nurse Practitioner

With the adoption of Bill 90, new career opportunities arose for nurses, whether in the field of nursing practice or of other professions. It is therefore important to plan, right away, for appropriate job titles for these nurses.

The Specialty Nurse Clinician would be called upon to work in advanced practice in the nursing field of practice. As for the Specialty Nurse Practitioner, she would be called upon to perform acts that are traditionally part of medical practice. The practice of these nurses would involve a high level of autonomy, independence and accountability and they should have, at least, a Master's degree.

Additional remuneration

The principle which the FIIQ has always upheld is that any academic education should be remunerated. This principle is once again reflected in the preliminary draft collective agreement. Thus, for the job titles of Nurse, Nurse team Leader or Outpost/Northern Clinic Nurse, we should maintain two salary scales: one for nurses who have a CEGEP-degree and one for those who have a Bachelor's degree.

This proposal is essentially designed to standardize throughout Quebec the rule that the vast majority of employers apply, that is to remunerate in a distinct salary scale nurses who hold a Bachelor's degree.

As for other academic education that nurses acquire and hold, they should give right to accelerated echelon advancement and additional remuneration (decapping), regardless of whether the training is required by the employer or not.

Rules of integration

The preliminary draft agreement submitted for consultation also stipulates that all employees should either be confirmed in their job title or should be reclassified in one or the other of the job titles when the collective agreement comes into effect. Such a mechanism is of prime importance since the job titles of Baccalaureate Nurse and Nurse Instructor would no longer exist. In the case of disagreement regarding the job title attributed to an employee, the latter could contest and be heard in arbitration.

A committee on job titles

The current situation where employers can create, as they see fit, new job appellations in order to remove employees from the jurisdiction of the union certification should be inverted. The employer should no longer be allowed to post a position in a job title that is not included in the collective agreement, without the prior authorization of the Committee on Job Titles.

To come

The recommendations contained in this preliminary draft agreement should make it possible to adapt the collective agreement to the new reality of nursing practice. The debates that these recommendations will undoubtedly spark are the badge of a democratic process during which members determine what they would like to obtain on the matter of job classification and access to positions.

Once adopted on October 19 and 20 coming by the Federal Council, which will be the outcome of the consultation that is beginning now, the recommendations will be drafted in the form of collective agreement clauses and presented to the *Comité patronal de négociation du secteur de la santé et des services sociaux (CPNSSS)*. Remember that, to date, the CPNSSS has still not responded to our draft agreements we tabled on July 2003 and March 2004. This can probably be explained by the major changes introduced by the government in the bargaining system. The members of the Negotiation Coordinating team are presently busy trying to evaluate how the decentralisation of a series of matters to the local level will modify the draft collective agreement already tabled.

To ensure a fair and equitable evaluation of the candidates, a mechanism for the granting of Assistant positions had been introduced, by way of a letter of understanding, in the last collective agreement. This mechanism should henceforth have a permanent character.

Care Counsellor Nurse

The introduction of this job title responds to an important need expressed by nurses in centres of activities: clinical support. The employee holding such a position would play a crucial role for her colleagues in the centre of activities.

Here too, the competency required to act as Care Counsellor Nurse is of the type acquired during a Bachelor in Nursing programme. However, we must recognize that a nurse who has a combination of at least 30 credits of university education and pertinent professional experience could also qualify for a Care Counsellor Nurse position.

Clinical Counsellor Nurse

The characteristic of this nurse is the preponderant role that would be entrusted to her in her specific clinical field. This job title is designed to cover functions such as the prevention of infections, case management, the development of the quality of care, etc. Over the past few years, employers confirmed that such a job title had its place in the job structure by multiplying the number of job postings of this nature. Often, unfortunately, nurses interested in these positions, had to abandon their status as unionized employee since employers claimed that these duties were not covered by the certification.

As an expert and counsellor in a specific field or area, the Clinical Counsellor Nurse should have a Bachelor's degree in order to be able to fully perform the duties of this job title.

First Surgical Assistant Nurse

The role of the First Surgical Assistant Nurse is gradually developing in Quebec. These nurses are authorized, by professional regulations, to perform acts which would otherwise be reserved for residents and physicians. The regulation prescribes the prior training and experience required to practice such functions. It also stipulates that the First Surgical Assistant Nurse cannot cumulate these duties and those of a scrub nurse. The recommendations proposed by the Executive Committee take up the essential elements of this regulation.

Baccalaureate Nurse and Instructor

Employees currently in the Baccalaureate Nurse job title will have to be reclassified either in the job title of Nurse, Care Counsellor Nurse or Clinical Counsellor Nurse, according to their roles, duties and responsibilities. The Baccalaureate Nurse job title would therefore be withdrawn from the collective agreement

As for instructors, the number of employees who hold this job title has dropped substantially since the introduction of the Baccalaureate Nurse job title in 1989. Those who remain will have to be reclassified either as Care Counsellor Nurse or Clinical Counsellor Nurse. The Nurse Instructor job title would therefore be withdrawn from the collective agreement.