Soins infirmiers
et cardiorespiratoires

FSSS CSN

Report of the Ad Hoc Committee on the Ordre des Infirmières et infirmiers du Québec's Review of the System for Acquiring Nursing Licenses

Presented to:

Sectoral Federal Council for the class
of nursing and cardio-respiratory care personnel

February 20, 2009
Laval

Objectives of the committee

Following up on a mandate arising from the work plan presented at the November 2007 Federal Sectoral Council, an Ad Hoc Committee began the job of assessing a proposal from the Ordre des infirmières et infirmiers du Québec (OIIQ) to revisit the criteria for acquiring a nursing license in certain sectors of activity.

Composition of Committee:

- Sylvie Guertin, nurse clinician, CSSS de Memphrémagog
- Jean-François Arcand, nurse clinician, GMF du CSSS de Bordeaux-Cartierville
- Line Arseneault, nurse, CSSS des Sommets
- Nadine Lambert, nurse, CHU Ste-Justine and vice-president in charge of the FSSS-CSN class of nursing and cardio-respiratory care personnel

Objectives of Committee:

1. evaluate the scope of the OIIQ proposal;
2. describe the present and future situation of the nursing profession;
3. ensure the promotion of the nursing profession with the future in mind;
4. foster recognition of nurses' expertise and work experience;
5. study ways of meeting the real needs of the current and future job markets in light of workforce shortages;
6. develop an approach for fostering cooperation and coalition-building with other unions and the OIIQ with a view to pressuring the MSSS and the Office des professions.

Background

At its 2007 annual convention, the OIIQ adopted a brief comprising a number of resolutions. Later on, during the winter of 2008, the document was tabled before the Table nationale de concertation de la pénurie de main-d'œuvre en soins infirmiers (National Task Force on the Workforce Shortage in Nursing Care).

The brief outlined the causes, consequences and concerns regarding the current state of the nursing profession within a healthcare system affected by a demographic decline, the ageing of the population, a generalized workforce shortage in the health and social services sector and a problem of discrepancies between the training of nurses who graduated from CEGEPs after 2003 and the ever-changing needs of the system. The brief endorsed resolutions aimed at improving the capacity of nurses' contribution towards providing quality care in the public healthcare system notwithstanding of the unavoidable challenges ahead.

After the OIIQ' Board adopted the brief in October 2007, a number of nurses began to question how realistic one of the resolutions actually was. The resolution in question pertained mainly to a new nursing license granted on the basis of higher academic requirements for practicing in certain activity sectors such as critical care, primary care and mental health care.

The OIIQ proposal: [1]

With a view to managing the development of nursing personnel by levels of education, that is, in accordance with anticipated roles, it has become urgent to:

1. *deliver a nurse clinician license to all nurses having a bachelor of science in nursing as well as to nurses having two years or more of experience in one or more of the following fields: critical care, primary care in the community and mental health care;*

[1] Excerpt from the brief : l'Ordre des infirmières et infirmiers du Québec, *Une nouvelle approche de planification des effectifs : des choix à faire de toute urgence!*, approved by the Board of the l'OIIQ, October 26, 2007, Bibliothèque et Archives nationales du Québec 2007.

2. *make it a requirement to have a license to practice in these fields;*
3. *reclassify, in the nurse clinician job title stipulated in collective agreements, all nurses who have obtained the license and are practicing their profession in these fields;*
4. *plan a transition period of three to five years and make university credits accessible for nurses who have fewer than two years of experience in these three fields;*
5. *provide, during this period, transition measures, including specific training, with a view to enabling nurses working in other fields and who do not meet the hiring requirements to meet the requirements if they so wish.*

Following much negative reaction to this resolution, the OIIQ asked to meet with the FSSS-CSN with a view to explaining its real intentions and to see if the our union was open to exploring ways of meeting the current needs of the healthcare system, which is undergoing a major change, while acknowledging the efforts of the very people, such as nurse clinicians, who are keeping the system afloat.

We agreed to work together to examine the best way of achieving the following objective: That nurses of the future be in a position to live up to new challenges and realities and meet the needs of the workplace from the moment they start their careers.

Analysis of the situation

The needs of healthcare settings and the nursing care job market have changed in recent years. A great deal more is now being demanded of young graduates and yet we are unable to lend them the support they need using traditional means. We need to face the fact that some nurses are quitting the profession within the first few years of beginning their practice.

The reasons for this are manifold, but some of them are a serious concern in terms of safeguarding the profession. The lack of support and lack of knowledge and training are issues we need to address. The experienced nurses who in the past took the less experienced nurses under their wing to convey to them the knowledge they needed to meet

the real needs of the workplace are no longer sufficiently numerous and furthermore they are overwhelmed by the growing needs, excess workload and heavy case loads.

We should not lend a deaf ear to the OIIQ's appeal because we've realized that since 1996 our healthcare system has undergone a profound transformation. To ensure access to quality health care, at this time of major changes, we must give thought to new ways of fully developing nurses' professional potential in different activity sectors.

Before sharing our thoughts to date on this issue, it's essential that we present the many factors that tie in with it, our own observations, as well as the ministerial policy directions in regard to health and social services. (See table 1)

Observations, interrelated factors and ministerial policies have led us to the common understanding that initial training, subsequent to CEGEP reforms, no longer meets the needs in activity sectors such as intensive care, emergency care, major burns care, neonatal care and primary care. We've understood that if we are to meet the new challenges for enhancing the nursing profession stipulated in Bill 90, adjustments will be needed in the area of training.

Moreover, if we are going to continue to make the claim that we are competent professionals in terms of providing complete healthcare, adjustments in that regard are also needed.

We want to make clear that here we are not talking about, nor judging, the competencies of nurses in the network who work relentlessly to maintain healthcare services for the Quebec population and who go to extraordinary lengths, in spite of obvious overwork, to provide as best they can support for the new nurses entering the system.

However, young nurses do not feel equipped to cope with the workload, the stress and the additional knowledge needed to work in these fields. The more experienced nurses are diminishing in numbers, and busy dealing on a daily basis with excess workload and overtime, which makes it impossible for them to assist the less experienced nurses in

acquiring the knowledge that would enable them to develop their potential with a view to working safely and in conditions with acceptable stress levels.

We should also keep in mind that the workforce shortage in nursing care is more acute in critical care sectors.

Also, there is a more serious shortage on evening and night shifts which translates into fewer experienced nurses or sometimes none at all! This reality scares off nurses who show an interest in working in these activity sectors and, as a result, the quality of the care, the safety of patients and the professional practice are affected.

In other sectors of activity such as CHSLDs, the present and future are no more attractive. In CHSLDs, nurses already take on, and will continue to take on, more of a role of coordinating the care, coordinating the needs of beneficiaries and their families, as well as the role of teaching.

In this sector, there are fewer and fewer nurses and nursing assistants and more and more beneficiary attendants. This reality confirms the need to improve the level of knowledge of future nurses.

All these problems cannot be resolved simply by increasing the number of nurses because in 2020 there will still be the same number of nurses there is today. The number of nurses registering for the profession is currently at a maximum and, regardless, new nurses entering the profession are just not keeping up with those leaving it.

The solution to the workforce shortage mainly rests with the reorganization of care, the reorganization of work, and a better balance between competencies and needs. Nurses need to think differently; we have to say goodbye to what has always been our model in terms of nurse as care-giver. Traditions change as the profession evolves.

Because the needs in nursing care are inevitably and rapidly shifting towards more complex care, either critical care or primary care, and because other professionals are in step with

the trend of playing a bigger and bigger role thanks to the enhancements in their fields of practice legislated by Bill 90, it is urgent for nurses to give thought to what will enable them to continue to be first-rate professionals and the essential and principal mainstay for providing care to patients in all fields of activity. Nurses must continue to be competent professionals in assessing the physical and mental condition of a symptomatic person and this assertion can only be justified by the qualifications of the nurses performing this job.

The committee has agreed on four essential objectives in response to the issues at hand. It believes that a consultation of delegates to the Federal Sectoral Council is necessary before the committee pursues its work and our union contributes its position regarding the work already accomplished to date by the OIIQ, the FIQ and the CSQ.

Based on these observations, the committee proposes to:

1- ensure that the experience and expertise of nurses currently working in the network is recognized;

2- ensure that nursing personnel is available to work after three years of CEGEP-level studies;

3- ensure that transition measures are in place with a view to avoiding any one being excluded;

4- ensure that the new provisions do not worsen the workforce shortage;

5- ensure that educational institutions put in place transition measures to enable nurses, whose experience in the three activity sectors is not recognized, to quickly and easily acquire the knowledge through, for example, 15 credits in critical care.

SUMMARY OF IDEAS UNDER CONSIDERATION REGARDING THE LINK BETWEEN TRAINING AND NUSING PRACTICE

I Application in the fields of critical care, primary care in the community and mental health care

FIELDS OF PRACTICE	JOB REQUIREMENTS AS OF 2009		
	DEC before 2003	**DEC between 2003 and 2008**	**New graduates (2009)**
CRITICAL CARE	♦ Experience in any of the fields of practice and standard six-week integration internship	♦ Two or more years of experience in critical care ♦ Other fields and fewer than two years of experience in critical care : 15 credits DEC-BAC critical care	♦ 2009 to 2013 : 15 credits in DEC-BAC critical care ♦ 2014 : mandatory bachelor's degree
PRIMARY CARE IN THE COMMUNITY	♦ Keep in their positions all nurses who are already in this field of practice (without additional requirements) ♦ Mandatory bachelor's degree for all other nurses		
MENTAL HEALTH CARE	♦ Keep in their positions all nurses who are already in this field of practice (without additional requirements) ♦ Mandatory bachelor's degree for all other nurses (for psychiatric nurses in hospitals: to be determined)		

OBERVATIONS	MSSS POLICY ORIENTATIONS	INFLUENCING FACTORS	CHALLENGES AND EXPECTATIONS
• ↓ Demographic trends • Retirement • ↑ Heavier patient case loads • ↑ More complex care • ↑ Recurrent workforce shortage which will reach critical threshold in 2013 • ↑ Care provided in community with a view to continuum of care • ↑ Needs for training mainly in the fields of intensive care, emergency care, major burns care, mental health care and primary care • ↑ Employers' inability to assume responsibility for meeting training needs because of increase in complexity of care and shrinking human resources • Enhanced role of nurses due to Bill 90 • Enhanced responsibilities of nurses due to Bill 90 • ↑ Work load • ↑ Overtime • ↑ Independent personnel	• Continuum of ambulatory care, home-care and community-based care • Mission of public health-care institutions **CHU –** Tertiary and quaternary health care **CH –** Secondary care and hospitalization **CHA –** Tertiary care according to specialty, secondary care and hospitalization **CLSC – GMF** Care in the community, primary care and home care **CHSLD –** Residential care for a clientele needing a minimum of 3.5 hours of care • Bill 90 – nursing treatment plan • Diminish impacts of nursing care workforce shortage in terms of accessing services • Increase accessibility to familiy physician • Use of intermediary ressources	• Nurses future retirements (45% of operating room nurses within 4 years) • Shift to ambulatory care • Homecare, continuum of care in the community • Technological changes • Interdisciplinarity • ↓ In hospitalisation time • Coordination of care • Changes and enhancements in fields of practice of several professions • ↑ In patient case load • Increase in life expectancy despite complex diseases • New health issues • Family Medecine Groups • Shortage of doctors and specialists • Discrepancy between needs in care settings and initial training in nursing care	• Maintain optimal levels in QUALITY OF CARE • Safeguard the future of the nursing profession given the broadening scope of other professionals' fields of practice • Supply professionals who adequately meet the real needs of the job market as of the beginning of their careers in sectors that specifically need nurses (intensive care, emergency care) • Standardize training • Recognize experience and expertise acquired on the job; nurses who got their training and licenses to practice prior to 2002 • Modulate recognition of expertise and experience of nurses who got their training and licenses to practice as of 2003 • Find ways to prevent employers' arbitrariness regarding requirements for job

• ↓ Quantity and quality of services provided to population • Shift in initial training in nursing care to a DEC-BAC continuum			

Your Committee:

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