

The Committee on Care :

**the preferred
structure for
intervention**

The Committee on
Care



This brochure is intended for FIQ local teams. It has been created by the Communication-Information Service in collaboration with the Task and Organization of Work Sector.

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Since its creation, the Federation has not ceased to promote and support local interventions in organization of work. Since the beginning of this third millennium, the various contexts (political, legal, economical, societal, etc.) have posed new issues and challenges which impact on the job market and working conditions. Organization of work is greatly affected by this change; there is good reason to believe that local interventions in organization of work will be needed even more and occur more frequently.

More specifically, the members of the Federation have, since the beginning of the 1990's, clearly demonstrated their desire to make the Committee on Care the place of preference to intervene and discuss everything that affects organization of work locally, a place for exchanges, discussions and negotiations on organization of work.

In order to conserve and enhance the gains in organization of work, the Federation believes that a certain number of key attitudes may be useful in conducting the local interventions in organization of work. These keys are:

- a willingness to act;
- a capacity to act;
- a preferred structure;
- roles and responsibilities to carry out.

A quick look at the Committee on Care

Main reasons to exist

- A local parity committee.
- A committee that can make decisions and is part of the collective agreement (article 13 of the collective agreement).
- A committee whose purpose is to study employees' complaints about their workload.
- A committee that can also study any issue directly related to care which raises or could raise problems linked to organization of work and care.
- A committee allowing the parties to discuss factors that affect the role and the place of care professionals, to clarify and exchange on the respective expectations of employees and management as regards the daily management of care.

Essential and priority structure

Because the employees' representatives are not, or are minimally involved in the decision-making process on issues which concern them, with the exception of the mechanisms provided in the collective agreement, it is vitally important to primarily use the Committee on Care:

- to improve the conditions for practice for care professionals;
- to make advances in their respective professions;
- to allow them to fully assume their role with the clientele which requires their services and their care;
- to insure that their working conditions are satisfactory.

A willingness to act

To act on ongoing changes in order to consolidate, enlarge and enhance the role and place of care professionals in their respective work environments requires the choice of appropriate means of intervention. However, any steps in this direction remain wishful thinking and ineffective if, first, there is no groundwork laid for action whose main ingredient is, without doubt, the willingness to act: individual willingness to act, collective willingness to act and management willingness to act.

Individual willingness to act

It is up to care professionals to re-define their role, to determine the place they want and must occupy and how they intend to proceed in order to achieve this. Taking an active part in ongoing changes then becomes urgent and this cannot be done without clear individual intentions to question, get involved and invest their energy in order to shape the current and future changes according to individual, professional and union concerns. To be open to change, to initiate instead of to put up with, to dare, to have confidence, to have confidence in her knowledge, her creativity, her experience, her expertise, to be involved, to participate, these are the attitudes and behaviour that care professionals must adopt in order to have better control over their organization of work.

Collective willingness to act

Involvement in organization of work supported by the union is essential. Although the general objective of these management/union discussions on organization of work or its re-organization is to come to mutual decisions without having to resort to conflict strategy, to deal with organization of work remains a strategic process which requires reasoning, negotiations and making compromises. This process requires constant searching for balance between bargaining leverage and participation. This collective involvement is fundamental in order that care professionals have a safe workplace that

is rewarding, stimulating and with good conditions so that they can fully assume their role with the clientele, offer quality services, improve their work situation and their quality of life.

Management willingness to act

The majority of contributors appear to be rallying around the need to recreate a climate of confidence between the administrators and the personnel in the network, to get past the never-ending scenario of confrontation, to work together locally, to build new labour relations. To do this, these administrators must create an organizational climate which encourages the proper use of care professionals' full potential, the updating and development of their skills, career path and the leeway for the autonomy needed to practice their profession.

These types of concrete actions still remain too often rare and fragile up against dogmatic management rights by some employer counterparts. Such being the case, the creation of a healthy work environment allowing better performance of their roles, tasks, duties and responsibilities relies mainly on the willingness of administrators to contribute to a better re-distribution of power at the local level.

Basic prerequisites

The Federation remains convinced that the coexistence of individual, collective and management willingness to act is of primary importance for care professionals to better carry out their respective roles and consolidate their place in the health and social services sector. The absence of this willingness on the part of one or another of the parties can reduce or undermine their capacity to intervene to improve this role and this place.

A capacity to act

All local actions and interventions in organization of work must be carried out respecting the orientations and demands of the Federation. Concerned with consistency and in order to increase its power of influence, union action must be reinforced with integrated, concerted and supported interventions.

To do this, interventions must be systematized, giving ourselves the means to better intervene at all levels of power and influence that are likely to deflect the decisions concerning the organization of work of care professionals, the organization of services and the organization of care: these decisions certainly shape the role and place of care professionals as well as their working conditions.

It is always possible to try and locally influence the decisions concerning care professionals and to participate in seeking solutions. Certain locations, structures and mechanisms of influence both formal and informal may be used to consolidate, develop, add to and enhance their role and place in their workplace. These include :

- the centres of activities ;
- the Council of Nurses ;
- the Nursing Assistants Committee ;
- the Multidisciplinary Council ;
- the Committee on Care.

For example, care professionals can get together in their centre of activities in order to discuss the problems they experience on a daily basis, explore and suggest solutions with their unit head. They remain the first-line contributors who provide the crucial factors that lead to actions that are best suited to their needs.

A preferred structure

Determining if the issues related to the roles, tasks, duties and responsibilities of care professionals need to be given to the Council of Nurses, the Nursing Assistants Committee, the Multidisciplinary Committee or to the Committee on Care often raises questions. Care and caution are vital since only the Committee on Care has the power to make decisions and is included in the collective agreement. Although the Council of Nurses, the Nursing Assistants Committee and the Multidisciplinary Council arise from Bill 120 (An Act respecting health services and social services) and, except for the conditions that are stipulated, are mandatory since May 1993, these structures only participate in management on a strictly consultative nature.

Sometimes certain issues related to organization of work may be discussed at the Council of Nurses or at the Committee on Care. In the case where such issues are sent directly to the Council of Nurses when the Committee on Care or the local union executive are of the opinion that these may come under the responsibility of the Committee on Care, the Committee needs to request that it be convened to discuss them. Two-way exchanges between these two structures must be found for the well-being of the clientele and care professionals.

The Committee on Care appears to be undeniably the preferred structure for intervention among all these places of influence, in order to improve the conditions that impact on the quality of care, the work and the quality of life at work of care professionals.

Roles and responsibilities to fulfill

Individual and collective responsibilities

To act to prevent or resolve a problem related to organization of work is both an individual and collective responsibility. With the support of their labour relations union consultant, the care professionals as well as the union representatives sitting on the Committee on Care, the grievance agent, the local team and the general assembly in an institution have an interest in putting together their respective expertise in order to pursue a file dealing with organization of work or care. All these people have roles to fulfill and responsibilities to assume in order to settle such a file.

The care professionals involved

The care professionals are the key contributors in the progress and resolution of the files at the Committee on Care. This is why they must:

- provide the essential factors that lead to the elaboration of a file concerning their situation;
- participate and collaborate in the development of the arguments needed to defend the file and negotiate the solutions;
- be constantly and steadily involved in order to insure the success of all phases of the process.

The labour relations union consultant

At the FIQ, each labour relations union consultant is responsible for a certain number of institutions where care professionals work. This consultant must be informed when an organization of work problem arises and that she be involved to varying degrees depending on the nature of the problem. The labour relations union consultant can provide valued support because of her experience in organization of work, her expertise and knowledge in this field. For example, in the case of a workload complaint, she can offer her support:

- to evaluate the merits of the complaint;
- to determine the objectives of the process;
- to establish the inquiry strategy;
- to oversee the gathering of facts;
- to analyze the results of the inquiry;
- to propose avenues of solution and to examine an order of priority;
- to write up recommendations for discussion at the Committee on Care;
- to insure the follow-up of the decisions taken in the settlement of the file;
- etc.

The union representatives sitting on the Committee on Care

According to article 13.02 of the collective agreement, “the Committee on Care is composed of three (3) people appointed by the Union, at least two (2) of which work for the Employer and three (3) people appointed by the Employer. The third (3rd) person named by the Union may be an external representative of the said Union.” The people appointed by the union to sit on this parity committee play a central role in the elaboration, treatment and resolution of all files treated by the Committee on Care. As such, they must perform roles and assume responsibilities such as :

- draw up a portrait of the situation experienced by the care professionals on the unit, department or in the programme where the problem situation exists;
- make the care professionals involved aware of the importance of their involvement in the pursuit of their file at the Committee on Care and to insure their collaboration;
- lead the inquiry and supply the necessary proof for the settlement of the files they have by using different methods of gathering the data;
- insure a regular follow-up of the file with the individuals involved;
- present the file, once completed, to the Committee on Care for discussion;
- propose and defend avenues of solution;
- prepare and evaluate the Committee on Care meetings;
- insure the application and follow-up of the decisions taken by the Committee on Care;
- verify with the grievance agent if the contents of a proposed agree-

ment with the employer conforms with the various articles in the collective agreement, if need be;

- work together with the grievance agent and the labour relations union consultant for the institution to prepare the workload complaints which will be taken before a resource person and to arbitration, if need be;
- present the file(s) to the members in a general assembly to insure that they take an informed decision;
- work closely with the local team and most notably the grievance agent;
- maintain ties with the union representatives on the various committees provided in the collective agreement in order to exchange information, coordinate actions and insure that the problems identified are sent to and dealt with in the appropriate place.

The grievance agent

Without a doubt the grievance agent is the person most closely and frequently associated with the work of the Committee on Care. She intervenes to insure the respect and defence of the care professionals' working conditions provided in the collective agreement. However, it could happen that one or more solutions to a problem belonging to the Committee on Care involve the application of one or more provisions of the collective agreement. It is the grievance agent's responsibility to:

- see that the solution likely to rally the members of the Committee on Care conforms to the collective agreement.

The local team

Being the official representative of the union, the primary role of the local team is to have an overall view of what is happening in the institution. It is important that they are also aware of the situations and files at the Committee on Care. If there is not a member of the local team on the Committee on Care, it will be necessary to establish a method of functioning that allows the local team to receive regular reports on the problems discussed at the Committee, on the preparation or progress of an inquiry, on the difficulties encountered, on the results of meetings with the employer, in short, on the progress of the file. This collaboration will allow the local team to provide adequate support for the Committee on Care. Thus the local team must, in particular, see to :

- gathering the point of view of the care professionals involved and obtaining their agreement before taking any disputed issue to the general assembly, as need be.
- developing the reasons for convincing the management party of the soundness of the proposed avenues of solution ;
- suggesting the means to inform and mobilize the members ;
- preparing and holding of the general assemblies of members ;
- assuring relief and recruitment of new members ;
- filling vacancies on the Committee on Care.

The general assembly

On the union side, the general assembly is the ultimate local decision-making body. Some of the subjects discussed at the Committee on Care may require seeking mandates from the general assembly or the mobilization of members. This greatly reinforces the union party's position with the employer and influences his decisions. The general assembly has, in particular, the following responsibilities:

- to regularly receive information,
- to take decisions on any issue concerning the institution,
- to create a plan of action, if need be.

All of these resources, individually and collectively, through the labour relations consultant assigned to their institution, may, as needed, call upon the support of the various sectors and services at the FIQ (Task and Organization of Work Sector, Negotiation Sector, Occupational Health and Safety Sector, Status of Women Sector, Education-Animation Service, Sociopolitical Sector, etc.) to find a solution for an issue or problem in organization of work. It is imperative that each and everyone, to varying degrees, get involved in this process and that they put their heart into it.





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