“Once upon a time there was a nurse who held her hand out to others, changed the atmosphere within the team and modified relations in the department . . . thus improving the quality of life of the patients.”

We are presently at the dawn of important changes in our profession, centered around Bill 90 and the therapeutic nursing plan. The reform has created quite the uproar but above all, we must take into consideration that the clear recognition of the roles of all the players at the various levels, must be viewed in a positive way by all caregivers regardless of which group they belong to.

In order to better understand the situation, let us look more closely at the apparent advantages and difficulties which might arise as a result of this reorganization for each of the levels in our profession.1

From the nurse’s viewpoint

In this reformation, the nurse acquires more leadership in the team, the basic unit of work. Her role of supervision, evaluation of the state of health of the patient and the source of therapeutic and diagnostic measures (in accordance with the medical prescription) places her in a position to give directives to her colleagues, auxiliary nurses and orderlies.1

Activities reserved to nurses (1)

- Assessing the physical and mental condition of a symptomatic person.
- Providing clinical monitoring of the condition of persons whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan.
- Initiating diagnostic and therapeutic measures, according to a prescription.
- Initiating diagnostic measures for the purposes of a screening operation under the Public Health Act (2001, chapter 60).
- Performing invasive examinations and diagnostic tests according to a prescription.
- Providing and adjusting medical treatments according to a prescription.
- Determining the treatment plan for wounds and alterations of the skin and teguments and providing the required care and treatment.

New challenges

Thus the nurse finds herself faced with important organizational changes and a demanding role; she has greater responsibilities within the work team. On the personal level, she must assume a new leadership for which she has not necessarily been prepared and which she is perhaps not ready to exercise. The situation will be particularly difficult for young nurses when they integrate the work force.2

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2. OIIQ. Foire aux questions concernant le plan thérapeutique infirmier (PTI). 3- Application de la norme de documentation du PTI : http://www.oiiq.org/infirmieres/plan/faq03.asp#3_1
On the other hand, one must recognize that the introduction of the therapeutic nursing plan enables her to work according to her level of training, to really play the role of a nursing professional with all that that implies of responsibilities, the need to progress, to dare to assert herself . . . Freed from certain tasks which do not need advanced nursing knowledge, she can perhaps consecrate more time to patients and put in place interventions other than those of a strictly medical nature.

Thus, we can hope that the time is over when the nurse had a certain number of patients to care for, and nursing assistants and orderlies divided up what remained. Everyone did more or less the same job, and one often found oneself faced with an astonishing aberration which begged the question, "What is the point of being a nurse if all the others could do more or less the same job?"

**Negative perceptions**

In addition, some nurses perceive this new role with apprehension: they do not see themselves “giving orders” to their colleagues, the auxiliary nurses and orderlies, who might not accept them willingly, thus creating an atmosphere of opposition in the work teams. Others ask themselves how this system can be implemented in their workplace where there are few nurses and where the majority of care is done by nursing assistants such as in the CHSLD and the CSSS. In such a context, how can the nurse evaluate the situation herself, as recommended in Bill 90 and as is implied in the therapeutic nursing plan?\(^3\)

However, the real question lies on the level of the present lack of nurses in all the regions of Quebec. How can nurses, being fewer and fewer in number, assume the extra work involved in the writing up of the therapeutic nursing plan as well as the increased responsibilities that are involved?

**From the point of view of the nursing assistant**

With this change in our profession, nursing assistants also see their role as important members of the health care team officially recognized. Their capabilities to exercise more and more activities are clearly recognized, for example, to do a venous puncture. The description of authorized acts should at the same time standardise their role in the various institutions across the province. The description of the actions that they can administer becomes public knowledge and is legally contained in the therapeutic nursing plan in the form of directives.

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\(^3\) L.R.Q. c 1-8, art 36, 2002 c.33 art 12
that the nurse writes up. The nursing assistant is and becomes even more an important link in the health care chain, capable of supporting the nurse in the face of important tasks by a different division of labour.4

The disadvantages

One would think that for nursing assistants, this increase in the prestige of their role would be seen as a professional advancement, but apparently for many, this is not true. On the contrary, several see this change as limiting their actions. One must understand that depending on the region and the institution, the role of nursing assistants varied a lot. Their activities in some places were limited whereas in others, they exercised greater freedom even so far as making decisions normally reserved to nurses.

Activities reserved to nursing assistants (1)

- Participate in the assessment of a person’s state of health and the carrying out of a care plan, provide nursing and medical care and treatment to maintain or restore health and prevent illness, and provide palliative care.
- Take specimens according to a prescription.
- Introduce an instrument or a finger, according to a prescription, beyond the nasal vestibule, labia majora, urinary meatus, anal margin or into an artificial opening in the human body.
- Providing a training certificate has been issued, introduce an instrument, according to a prescription, into a peripheral vein in order to take a specimen.
- Providing for the care and treatment of wounds and alterations of the skin and teguments, according to a prescription or the nursing plan.

Activities reserved to nursing assistants (2)

- Apply invasive measures for the maintenance of therapeutic equipment.
- Provide care and treatment for wounds and alterations of the skin and teguments, according to a prescription or a nursing plan.
- Administer, other than by intravenous, medication or other prescribed substances.
- Participate in vaccinations as part of a vaccination operation under the Public Health Act (2001, chapter 60).
- Observe the state of consciousness of a person and monitor neurological signs.
- Mix substances to complete the preparation of a medication, according to a prescription.

With this new organization of the team, nursing assistants must refer to the nurse for many acts which for them had become habitual, thus creating a certain frustration, for many among them have many years of experience. This announced change has even led some to say, “It is as if we have suddenly been lobotomized”. They allege that before, they were considered as competent and responsible, and now, suddenly they have become inapt to pose acts that they mastered and performed well. Their adaptation to this new system thus risks being difficult and it will require much diplomacy on the part of nurses to institute an atmosphere of harmony in the team.

From the point of view of the orderlies

As far as orderlies are concerned, their participation in the health team has, for the first time, been truly recognized. Their functions are defined in the work plan (WP) determined by the nurse, where they are now legally recognized.2 Previously their role was vague, depending on

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4. WP : work plan destined for orderlies.
the institutions where they worked, it varied from being a messenger, a helper and even to executing various acts. This recognition will enable us to wisely use the dynamism of persons who we hope will be better trained and who will take an active part in the health care team. They can help the patient in the satisfaction of certain of their needs and thus relieve the nurse of a multitude of tasks that do not necessarily require advanced scientific or technical knowledge. But there again, the success of this new organisation will repose on the quality of leadership of the nurse.

The present work organization

The present method of organization of the tasks of the team come from studies, done in the 60’s, on the dynamics of small groups. Hospitals saw in this method a means of countering the lack of nursing personnel and adopted this mode of organization and since, teams have been formed in most health care institutions. Moreover it coincided with the arrival of a new category of health care workers, the nursing assistants, which one had to integrate in the departments. This type of group, the team, has become one of the pillars of the organization of work in health care institutions.

The distribution of tasks, once put in place willingly, is often a simple juxtaposition of workers and not a real organization imbued with a particular dynamic with which it should be invested. Born out of chaos, teams are still formed according to the needs of the moment and the situation. This habit still perdures and teams are still formed according to the persons available and those who need to be replaced, as if the dynamic that ought to animate them had no importance.5

Could this change be a unique opportunity to evolve?

As we have seen the application of Bill 90 and the therapeutic nursing plan (TNP) risks creating difficult relational situations within our work teams which will probably find a harmonious issue with time. But it would be a shame to miss this occasion to endow our work teams with the dynamism that should have been theirs from the very beginning. It is perhaps time to rethink this organization of work in order to give it a real identity and to exploit its possibilities to the maximum. The actual situation is in a way at a crossroads. Our teams can become places of opposition and rivalry or places of collaboration and good will. It is up to us to decide what we want as professionals; up to us to see if we would like to take advantage of this moment to evolve and to see our work in a team become animated with its own special philosophy. It would be a shame to miss this chance.

What kind of form can this renewal take?

In the present distribution of the work team with its tasks and responsibilities divided among several persons, each member of the team has a particular role, but ideally, the dynamic which unites them should possess some novel characteristics. One must understand that in the spirit of this type of organization, the participants must share a common goal and that it is the convergence and synergy of their efforts which gives meaning and coherence to their work. A sense of belonging must unite them; akin to the players in a sports club they must all bear the responsibility for the success or failure of their actions.

What kind of team do we want to create?

According to its cohesion, a team takes on a specific character. It can be:

- **non structured**: several persons work together irregularly without a common permanent objective;
- **semi-structured**: members are linked together by a task, but do not form a cohesive whole;
- **well structured**: each person contributes; members stick together and feel an engagement to the group, they cooperate and strive towards a common goal. Work is an occasion for personal and professional growth. This type of team creates a warm, stable, sound climate where people are happy to work. It is resilient to changes in the tasks and the composition of the team members;
- **conflictual**: cohesion and collaboration are absent. Tension is the rule, members just barely agree and emotions seethe. Absenteeism and a lack of motivation become manifest.

The distribution of tasks according to the competency and the capacities of each one is a guarantee of the efficiency and the quality of work as a whole. It also guarantees the respect of the potential of everyone. It is this that makes the team. In such a group, the participants possess various capabilities. For example, those who have more experience or knowledge in specific fields could work with those who are younger or less experienced, thus enabling each one to give their best and to enrich the team.

Putting into practice enlightened leadership

But this goes much further. The team should be a place of cooperation, of mutual support and even a place of fulfillment. The many hours spent working together could thus become rewarding occasions due to the sharing of experiences and knowledge amongst the participants.6

It would be a shame not to make use of the present reorganization to bring new qualities to our nursing care teams. We have at this moment a unique chance to use this reform in our profession to enable the nurse to exercise enlightened leadership going beyond the simple directives of the therapeutic nursing plan.

Leadership: definition

- State or quality of a person who is placed in a position of dominance and who, in a group or organization, exercises influence as a result of their professional role, their ideas, their conduct, their charisma or their capacity to influence others to follow. Their actions enable the group to attain its objectives in an efficient manner.

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It is not idealistic to think that the nurse’s influence could be much more influential and that her training and role may enable her to become a resource person, a bit like a group facilitator and the creator of an atmosphere of comprehension and support. But for that to happen, we must first of all ask ourselves if we really want to modify the character of our teams, then ask ourselves how to equip nurses for this role and how to support them in this difficult undertaking. Without a climate of communication and cooperation between the caregivers in a team, work loses its coherence and the more the atmosphere degrades in controversy and conflictual relationships, the more the work becomes burdensome.

Harmony within a group

The success of such an organization is first of all linked to the role of leadership of the nurse who explains to her co-workers the “why” of things, warns them of difficulties, makes recommendations, suggests how to do things and how to act, encourages, congratulates and solicits everyone’s collaboration. But it also reposes on the concurrence of each person.

Nursing assistants and orderlies are often the eyes and ears of the nurse, they inform her of what is not working well and requires a rapid reaction in order to avoid serious complications. And, without harmonious human relationships in the teams, this synergy, which is essential to quality work, becomes impossible.

In order to do this, the nurse must communicate easily with the team members and listen to others with regard to their respective competency. This new dynamic within the team can turn out to be profitable as far as the quality of care is concerned and even more so for the quality of life of the caregivers who are continually subject to the burden of the tasks and the contact with pain and death.7

Some concrete measures

In the present state of things, the management of such teams may seem utopian, but nurses are better trained and more and more conscious of the risk of professional burnout and their responsibilities as concerns the quality of care. In order to be able to carry out this reform, setting up common work objectives as well as foreseeing the criteria of the evaluation of the quality of work can be useful means. It may also be pertinent to put in place a process of analysis of professional practices.

This procedure is simple, convivial and very effective. It allows us to consider questions pertaining to group functioning, the quality of its climate and the efficiency of its work. During informal meetings, various subjects relative to health care or teamwork, the subject that particularly interests us here, can be examined. For example, how do we welcome a new person to the team? What can we do better? How do we help someone who is experiencing personal or professional problems? How can we create a friendlier atmosphere in the team? How can we better coordinate our work so that it is more efficient? If there is a problem, what is it that is not working from the point of view of human relations or the work? Do certain members require additional knowledge or training?

For each of these meetings, a different person acts as chairperson, and only one subject is treated per meeting. Each of the themes studied must be thoroughly analysed by getting everyone’s opinion, without discrimination as regards the level of training or education. Solutions are sought, to everyone’s satisfaction. The questions, which are realistic with regards to the context of work, will often give rise to telling difficulties which risk undermining the climate of the functioning of the
team and which often can be easy to deal with. It suffices at times to stop and think together as to what can create an atmosphere of openness and goodwill that is beneficial.

Advantages and implications

A harmonious work climate constitutes an important element to prevent absenteeism, demotivation and professional burnout. All of which are presently major problems in our health care institutions. Appreciation and mutual support, as well as the recognition of the work done are determining factors of prevention, as is self-esteem and the resulting reduction of stress.

It is thus of the greatest importance that we succeed in traversing this passage from being an efficient doer to becoming a resource person in a nursing care team. This situation concerns not only caregivers but also teachers who must put in a lot of effort to train enlightening leaders who can respond to the challenge of the reorganization of the work teams. Above all it concerns the institutions that must also invest in order to put in place the appropriate supporting resources. Change will not occur without upheaval, without compromises . . .!

References

2. OIIQ. Foire aux questions concernant le plan thérapeutique infirmier (PTI) - 3. Application de la norme de documentation du PTI : http://www.oiiq.org/infirmieres/plan/faq03.asp#3_1
3. WP : work plan destined for orderlies. L.R.Q. c 1-8, art 36, 2002 c.33 art 12