

Registered Nurse

JOURNAL



GROWING PAINS

Child poverty is on the rise



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Registered Nurse

JOURNAL

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RNAO

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**The journal of the
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438 University Avenue, Suite 1600,
Toronto ON M5G 2K8
Phone: 416-599-1925 Toll-Free: 1-800-268-7199
Fax: 416-599-1926
Web site: <http://www.rnao.org>
E-mail: info@rnao.org
Letters to the editor: letters@rnao.org

EDITORIAL STAFF

Sine MacKinnon, Publisher
Lesley Frey, Managing Editor
Kimberly Kearsey, Writer
Jill Shaw, Editorial Assistant

EDITORIAL ADVISORY COMMITTEE

Patricia Stiles, Chair
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Sylvia Rodgers

DESIGN, ART DIRECTION, PRODUCTION

Tammy Hunter/Ireland+Associates

ADVERTISING

Registered Nurses' Association of Ontario
Phone: 416-599-1925, ext. 211
Fax: 416-599-1926

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Joan Lesmond, RN, BScN, MSN
President ext. 204

Adeline Falk-Rafael, RN, PhD
Immediate Past President ext. 202

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Executive Director

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Editor's Note

Shaping nursing and health care



In this issue we recognize the wide reach and range of nurses' responsibilities as well as their expertise, influence and compassion. We showcase a motivated group of volunteers who are recruiting the next generation of registered nurses, we introduce you to new liaison nurses who provide a vital communications link between anxious families and a loved one in the OR, and we reveal nurses' efforts to counter the effect that cuts to nursing

services will have on nursing and patient care.

In our cover feature, we look at the growing incidence of child poverty in Ontario and how nurses work with families in crisis, while tackling the root causes of their condition. Fifteen years after an all-party resolution to eliminate child poverty, 373,000 Ontario children still live in poverty. Many nurses believe this reality is one of the country's national disgraces, and are setting their sights on establishing a sufficient supply of affordable housing, creating accessible early learning and child-care programs, and ultimately, reducing the rate of child poverty in Canada. Indeed, they believe it is their professional and moral obligation.

Just as the pages of the last issue of *Registered Nurse Journal* were packed with stories of the care, inspiration and knowledge nurses offer vulnerable populations around the world, this issue looks at nurses' response to the tragic tsunami that devastated South Asia on Dec. 26. In the early days of 2005, more than 100 nurses stepped up to the plate and registered with RNAO's VIANurse initiative for possible deployment to the region, hoping to help victims cope with the stress and grief of the disaster and reduce the potential for public health crises.

RNs must continue to inform and influence very public debates about the future of nursing, health care and patient care. The solutions to these challenges – child poverty, quality patient care, nursing cuts – are neither simple nor one shot, but as the nurses throughout this issue demonstrate, RNs are committed to securing significant and lasting change, one shift, one speech, one interview, at a time.

Lesley Frey
Managing Editor

Nursing layoffs a serious setback to patient care and profession's future



The beginning of a new year is an opportunity to reflect on the accomplishments of the past year and to anticipate the advances in nursing we can make this year. I think most members will agree that 2004 was a year of steady progress and continued recovery for registered nurses and the health-care system we uphold.

There were provincial investments in full-time nursing positions in the community and hospital sectors, funding for new graduates, support for graduate nursing studies, and mentorship and preceptorship assistance. There was a significant infusion of federal funds for health care following the fall Health Summit, and a belief that barriers to reform were falling away. The provincial government set out an ambitious agenda to create local health networks, wrestle with wait lists, establish family health teams, overhaul long-term care legislation, and review competitive bidding for home-care services.

But only weeks into the new year, on Jan. 17, that momentum stalled as Health Minister George Smitherman acknowledged that despite his announcement of an additional \$200 million to help Ontario hospitals balance their budgets, "jobs will be lost." He projected a loss of 757 nursing full-time equivalents, adding that he hoped reductions could come from early retirements, attrition and cutting overtime – leading inevitably to cuts in nursing services.

The minister made this decision despite the fact he is trying to retain – not release – senior nurses; despite the fact that Ontario has the second oldest RN workforce and third worst nurse-to-population ratio in Canada; and despite the fact that almost 10,000 Ontario RNs are projected to retire by 2006.

With a wearying sense of *deja vu*, we are

forced to look backward – not forward – as we explain once again how nursing layoffs will hurt patient care, jeopardize RN recruitment and retention, and cost the system more.

As you probably read and heard, RNAO reacted swiftly and strongly to the announcement. What you may not know, however, is how well your colleagues responded, talking to reporters, participating in RNAO's Annual Day at Queen's Park, and writing substantive letters to local MPPs and the health minister.

I thank those members, and share part of a particularly cogent letter from RNAO member Tolleen Parkin:

I am curious to know how you plan to hire and fire nurses simultaneously?

I am curious to know how spending millions of dollars in severance packages, only to hire the same nurses back again, is advantageous to Ontario taxpayers?

I am curious to know how you plan to recruit and retain nurses into the Ontario health-care system (when the average age of a nurse is 45) if you provide no stability?

...I am curious to know how you can reduce overtime when there aren't enough nurses to do the job now, let alone during a layoff? I am curious to know how you can reduce sick time in the current climate of an overworked, understaffed, demoralized workforce? ...

Nurses are vital to any health-care arena and initiative. If you provide the stability, Mr. Smitherman, the benefits in terms of costs and patient outcomes will follow.

If the government were in tune with nurses like Tolleen, it would understand the damage that layoffs – real or rumored – cause. The massive layoffs of the 1990s led to havoc in health care, foolhardy expenditures on expensive severance packages, followed by

high recruitment costs. Not to mention the suffering endured by patients, their families and nurses themselves. We must not repeat those mistakes, or nursing will never recover.

And if the government were in tune with the public, it would know what patients and families already understand – and what evidence shows: the number of RNs has a direct link to patient health. Nurse-patient ratios directly affect, for instance, the rate of patient infections, pneumonia, and length of stay. Without enough nurses,

punishing workloads will continue to burn out staff and compromise patient care. That the public understands these connections is clear from a recent poll conducted by SES Research. Nearly three-quarters of those polled, 72 per cent, said the Ontario government should spend new health-care dollars on hiring nurses.

RNAO supports government plans to reform health care, but we've told the Minister and the Premier they can't do that without enough nurses. We need a strong signal from the government – no later than in the spring budget – that they will bring stability and security to nursing in Ontario. We need more funding for full-time RN positions, resources for late-career RNs, and better conditions for community nursing. Nursing students must be reassured they haven't made the wrong choice. Working RNs need to know they are valued, or they'll leave the province, the country, or the profession.

We look forward to receiving those signals soon so we can focus on rebuilding the profession and improving the health of Ontarians.

Nursing layoffs will hurt patient care and jeopardize RN recruitment and retention.

JOAN LESMOND, RN, BScN, MSN, IS
PRESIDENT OF RNAO.

Mailbag



to become passive, but empower them to speak out and share their voice as the future leaders of tomorrow.

If an academic institution chooses to make a generous donation toward professional association membership for nursing students, that is its discretion. However, NSO recognizes that this is a luxury not all schools can afford, and fully supports including professional association fees in nursing students' ancillary fees, provided the process is transparent and accountable as per the legislation mandated by the government.

NSO recognizes and appreciates the outstanding support provided to students by RNAO chapters and interest groups. However, being respectful of the financial constraints some groups may face, we, as undergraduate nursing students, wish to alleviate any burden this may cause, and work with our nursing colleagues to find new ways to promote student membership in RNAO.

Nursing Students of Ontario (NSO)

Wear RN pin proudly

Re: New perks with a 2005 membership, Sept/Oct 2004

I would like to compliment the RNAO on the RN pins included with the new 2005 membership cards.

As registered nurses rarely do we speak out and identify ourselves. A walk through any Ontario hospital or long-term care facility will prove that patients, visitors and even hospital staff are unable to identify

registered nurses. We blend into that homogenized mix of lab coats and scrubs. In the community setting our identity crisis continues; no one can determine if we are the RN, RPN, physiotherapist or personal support worker.

As registered nurses we recognize that we are an integral part of the foundation of Ontario's health-care system. Nurses are good at reminding other nurses of how vital our role is to our patients' good health. Yet, we fall short in reminding the public, politicians and other stakeholders of this pivotal role.

It is important that we display our identity and become a proactive voice as ambassadors for our profession. This RN pin is a good way to start; I encourage all RNAO members to wear it proudly!



Teri Cordes, RN
Toronto, Ontario

WE WANT TO HEAR FROM YOU.

Please e-mail letters to letters@rnao.org or fax 416-599-1926.

RNs gear up for graduate studies

Too few nurses are pursuing graduate studies with an aim to teach; nursing faculty positions stand empty, and a severe shortage of educators looms.

Graduate education builds confidence

Dr. Tracy and her colleagues are... (text continues in columns)

RN dreams of graduate studies

Re: RNs gear up for graduate studies, Nov/Dec 2004

As a diploma grad, I've always had a keen interest in continuing education. I've been working on my BScN part-time and when completed, it will have taken me seven years. The process has been long and sometimes discouraging, but I've always wanted my degree and look forward to the day that I graduate. I'd love to pursue a master's and PhD, but graduate work has been pushed to the back of my mind given that it seems like it would take forever (if you can measure that in any time frame). I applaud those who have had the courage and strength to prevail. I won't completely erase it from my mind: a faint glimmer of hope that someday I too will hold a master's degree and PhD in nursing will always shine.

Yvonne Bauer, RN, ENC(C)
Windsor, Ontario

Students support recruitment efforts

Re: Rethink recruitment strategies, Nov/Dec 2004

As nursing students we truly believe in the essence of RNAO and the power of voluntary association. But nursing students need financial support and encouragement to join their professional association. Undergraduate nursing students who belong to their professional association build political capacity and develop a positive relationship with RNAO. Subsidized memberships do not lead students

Undergraduate nursing students who belong to their professional association build political capacity and develop a positive relationship with RNAO.

Mark your calendar • National Nursing Week • May 9-15, 2005
Watch www.rnao.org for more details.

RN boosts breastfeeding success rate

Why Nursing?

Attie Sandink is a trusted ally for new mothers struggling to breastfeed. A lactation consultant in the Breastfeeding Clinic at Burlington's Joseph Brant Memorial Hospital, Sandink helps new moms breastfeed so they can help their babies gain weight, develop stronger immune systems, and bond and cuddle with their moms.

Sandink became an International Board Certified Lactation Consultant (IBCLC) in 1991, after providing private prenatal classes for nearly 20 years. Anyone from midwives to lawyers can become an IBCLC, provided they have completed the required 5,000 hours caring for mothers and babies, attended workshops and courses, and passed a day-long exam administered by the International Board of Lactation Consultant Examiners (IBLCE). After seeing first-hand how few resources were available to new mothers, Sandink decided to become an IBCLC and formally enrich her nursing experience.

As a child, Sandink was attracted to nursing after hearing her aunts' stories about the profession's rewards. After graduating from the Brantford General Hospital School of Nursing in 1971, she worked at London's Victoria Hospital and in community health nursing.

Responsibilities:

As a new IBCLC, Sandink approached Joseph Brant with a proposal to develop a breastfeeding clinic to complement assistance mothers experiencing severe breastfeeding difficulties receive from peri-natal and public health nurses.

"When I was in private practice, I'd have to charge people and I felt that it (breastfeeding assistance) was a service that should be in a hospital setting," Sandink says. The hospital was hesitant at first, but the clinic opened in 1995 and helps more than 20 women every day.

Sandink says approximately 90 per cent of mothers are eager to breastfeed, but some have problems, including difficulty latching the baby, sore nipples, engorgement or poor milk supply. The clinic helps these women by changing babies' positions or providing mothers with a breast pumping program to ensure adequate milk supply.

Sandink supplies all maternal and infant care areas of the hospital with the latest scientific data on breastfeeding including RNAO's *Breastfeeding Best Practice Guideline for Nurses* and the clinic's own material. The clinic's efforts help the hospital adhere to the World

Health Organization's (WHO) and UNICEF's Baby Friendly Hospital Initiative, which encourages exclusive breastfeeding for the first six months of life.

Memories of a job well done:

Without the Breastfeeding Clinic's support, many mothers tell Sandink they would have given up. Identifying problems earlier makes them easier to fix, but the clinic also helps formula-fed babies to breastfeed. Sandink says it's gratifying to help women access breastfeeding's advantages for themselves and their infants.

"It's not only about the volume of milk ... and the calories that babies get; it's emotionally tied as well."

The clinic also improves the quality of life for premature babies who are able to begin breastfeeding. With support, premature babies can now be discharged from the hospital earlier, returning to the clinic for checkups until they can be fully breastfed. This not only helps moms and babies bond, but it also saves limited hospital resources.

Challenges:

Early hospital discharges for mothers of full-term babies can be difficult for women with breastfeeding problems. Sandink says some women are discharged with instructions to seek breastfeeding support within 24 hours, but they may not have access to physicians or public health nurses, so clinic staff follows up with them to ensure the baby is hydrated and gaining weight.

While women having difficulty breastfeeding often express concerns to their health-care providers, doctors and nurses must also learn to recognize problems. Sandink also teaches health-care professionals to look for signs – including sore nipples and engorgement – that a mother is having problems breastfeeding.

Future plans:

Sandink recently shared her expertise abroad. Last December, she visited South Africa as part of a delegation examining ways to increase breastfeeding rates despite the country's high incidence of HIV.

Sandink says HIV-positive mothers can breastfeed if the milk is heated, sealed in a sterile container for 30 minutes, and then refrigerated.

Sandink also used the trip to learn about Kangaroo Mother Care from Dr. Nils Bergman, a leading South African researcher in the field. Sandink says Kangaroo Mother Care emphasizes keeping mother and baby together after birth, and is a return to natural birth processes that stabilize the infant's temperature, heart rate and metabolism. It also increases the mother's hormonal levels, making it easier to begin breastfeeding.

"We need to go back to the basics," she says. "This is just one part of the equation of bringing breastfeeding back into the norm." **RN**

JILL SHAW IS EDITORIAL ASSISTANT AT RNAO.



Name: Attie Sandink
Occupation: RN and Lactation Consultant, Joseph Brant Memorial Hospital
Home Town: Carlisle, Ontario

Nursing in the news

R N A O & R N s

w e i g h i n o n . . .

The Sault Star, Feb. 2, 2005, Letter to the Editor

Stand by election promise and hire nurses

BY LORRAINE GRAVELLE, *Policy/Political Action, RNAO Algoma Chapter*

Since hospitals are proposing to reduce nursing services in a balanced-budget plan, have they considered other options, discussed it with their chief nursing officers, and engaged with nursing staff to try to maintain stability of employment?

Millions of tax dollars is going toward paying out severance packages for laid-off nurses and other hospital staff. Does this make sense in a system that is already strained by shortages in nursing and other health-care services?

I say to the premier and Minister of Health and Long-Term Care George Smitherman: walk a month in a hospital nurse's shoes to experience her responsibilities and shift-work schedule. Nurses are the foundation of the health-care delivery system. Don't compromise or reduce health-care services and workers as a means to balance hospital budgets.

If nursing and other support staff cutbacks are the future of what hospitals have to offer, I speculate patient satisfaction will be non-existent, patient safety and care will be compromised, errors in patient care delivery will rise and early patient discharge will increase.

Is this what we have to look forward to?

Source: Sault Star

Squeezing nurses out of hospital budgets

RNAO and RNs across the province launched a full court press in the fight to protect jobs and patient care after learning that the Health Minister awarded \$200 million to hospitals to help them balance their budgets – while acknowledging that 757 full-time nursing positions would be cut.

• “How can you protect patient care by laying off almost 1,000 nurses?” acting executive director **Irmajean Bajnok** asked. “This sends a chill through the nursing profession and is not the message we want nurses and potential nurses to hear.” (*Toronto Star, Ottawa Citizen*, Jan. 18)

• **Cynthia Barrett** told the *Toronto Star* (Jan. 22) she feels that chill. She faces the possibility of her third layoff in five years, and said she will leave nursing if she loses her job. “Not a very nice prospect after 28 years in the profession.”

• RNAO executive director **Doris Grinspun** called the government's proposal to spend nearly half of the \$200 million on severance pay “ridiculous.” “I am not aware of any hospital that has said to me, ‘We have a surplus of nurses.’ All of a sudden we do? ...we're cutting services.” (*Toronto Star*, Jan. 20)

• RNAO member **Caron Campbell** provided front-line reaction to the news,

both in the *Toronto Sun* and on *Global TV's* influential political news program, *Focus Ontario*. “Haven't they learned you can't run a hospital with a skeleton staff?” she told the *Sun*. Meanwhile, RNAO members **Paul-André Gauthier**, **Linda Assad-Butcher**, **Heather Whittle**, **Glenda Hubley**, **Kevin Armstrong** and **Karen Bartlett** offered their perspectives to *CBC French Radio* (Sudbury and Toronto), *CFPL TV* (London), the *Sault Star* and *Woodstock Sentinel-Review*.

• Nursing students also weighed in on *CBC Radio's* (Toronto) *Metro Morning*. RNAO members and fourth-year Ryerson students **Elizabeth McMurray** and **Laura Istanbulian** said they are committed to working in Canada and fighting for nursing, but added that layoff announcements make the battle harder. “It does unfortunately suggest to the public that we're not as needed as we really are,” McMurray said. Istanbulian encouraged Health Minister George Smitherman to preserve health care in Ontario by working with RNs. “Continue to listen to the RNAO, because we can all work together.”

• At the same time, RNAO executive and members' voices filled the airwaves, being heard on *CFPL TV* (London), *CBC French Radio* (Sudbury and Toronto), *TFO*, *CBC Radio* (Toronto) *CKTB AM* (St. Catharines), *Rogers Cable* (Peel Region) and *Focus Ontario* (Global Television), where RNAO executive director **Doris Grinspun** explained why nurses need to be hired, not fired. “To now cut nursing hours – nursing positions – in the hospital sector is the wrong thing if you want at the same time to decrease overtime and decrease agency time,” she said. “You can't decrease overtime and agency time at the same time as you say less bodies. ...if you don't have enough nurses, you will have more complications.”

RNAO member **Caron Campbell** agreed. “You are going to cause detriment

For complete versions of any of these stories, contact Jill Shaw at jshaw@rnao.org.

to patient care and patient safety.... It's implying that the sector that I'm in is overstaffed. I don't know any area in the hospital system that can stand up and say, 'we're overstaffed.'..."

Between Jan. 17 and Jan. 25, RNAO and RNAO members spilled onto the pages of nearly 20 newspapers across the province, including national newspapers and the national newswire.

RNAO Day at Queen's Park

RNAO's message to the minister of health to stop layoffs received widespread coverage from multiple media outlets during RNAO's 6th Annual Day at Queen's Park on Jan. 28.

- "Until the shortage is addressed, any reduction in RN services will compromise quality patient care," RNAO president **Joan Lesmond** told *Canadian Press* in a story that was covered in the *Orillia Packet and Times* and *Chatham Daily Press* (Jan. 27).
- Meanwhile, RNAO student member

Lesley Insang shared her hopes for nursing's future with *OMNI 2 TV* – Toronto, while RNAO executive director **Doris Grinspun** told *CKTB AM* – St. Catharines, that nurses are tired of being treated like "ping-pong balls" between the government and hospitals. Radio coverage was also heard on *CHML AM* – Hamilton, *CBC Radio One* – Toronto and Sudbury, *CFRB AM* – Toronto, *CFLY FM* – Kingston, *CKRU AM* – Peterborough, *CKKW AM* – Waterloo, *CFRA AM* – Ottawa, *Global TV* – Toronto, *CFTO TV* – Toronto, *CFPL TV* – London, *CHCH TV* – Hamilton, *CHRO TV* – Ottawa, *CBC TV* – Toronto, *CFMX FM* – Toronto and *CKPC FM* – Brantford (Jan. 28).

Nursing numbers

In response to the latest nursing workforce statistics from the Canadian Institute for Health Information (CIHI) that found one-third of nurses are over the age of 50, and less than one in 10 are under 30, RNAO member **Ginette Rodger** told the *Ottawa Citizen* that Canada needs at least

12,000 new nurses per year to replace retiring nurses and meet patient-care demands (Dec. 20), and **Laura Gusba** said many nurses work without enough support from other staff, causing injuries and stress. "We're the second-oldest workforce in the country." (*Windsor Star*, Dec. 15)

Funding for new grads

In early December, Minister of Health George Smitherman rolled out \$29 million of the government's \$50 million nursing strategy to support new temporary positions and mentoring programs for nurses in public health, long-term care and home care.

- RNAO president **Joan Lesmond's** support for the funding was covered by the *Kitchener-Waterloo Record*, *CBC Radio One* – Sudbury, Toronto, Thunder Bay and Windsor, *680 News* – Toronto and *CBC French Radio* – Toronto (Dec. 8 & 9).
- **Kate Kincaid** and **Wendy Fucile** agreed the money would help provide better care for Ontarians. "It appears to be a very positive move in terms of creating more stability in the nursing work force



Queen's University nursing students, Allison Millen (right) and Sarah Aardema, returned to their hometown of Peterborough, Ontario during the holidays and raised more than \$26,000 for the Red Cross' tsunami relief effort.



On Thursday, Jan. 27, RNAO's board of directors heard from Dr. Paul Hamel, Faculty of Medicine, University of Toronto, who explained why health-care providers should oppose the U.S. missile defense system, which shifts resources from social to military programs.

and improving patient outcomes,” Kincaid told the *Peterborough Examiner* (Dec. 9).

The lingering effects of SARS

Simin Faridani said the joint pain and fatigue she continued to suffer months after surviving SARS were alleviated by a St. John’s Rehabilitation Hospital program specifically for SARS patients. “People are amazed – they have no idea what we went through, what we’re still going through ...

The stigma of SARS is going to be with us for a long time.” (*Toronto Star*, Nov. 16)

Surviving on the streets

In response to a report that found older homeless people suffer from more health concerns than their well-off counterparts, RNAO member **Cathy Crowe** said despite the stereotype that the homeless are young, many seniors will die on the street (*Toronto Star*, Jan. 12).

• In a column in the *Toronto Star*, RNAO member **Kathy Hardill** said overcrowding in Toronto’s homeless shelters must be eased to curb the spread of tuberculosis before it reaches epidemic or pandemic proportions (Dec. 3).

Helping refugees

Lois Lacroix assured Niagara-area residents that an influx of refugees temporarily housed in a former nursing home would not spread infectious diseases through the community. “You have a greater chance of getting sick at an arena watching a hockey game than you do from the people at Sunset Haven,” she told a public meeting. The newcomers were awaiting refugee status in Canada before Dec. 29, when new regulations came into effect that forced refugees to make claims in the country where they first land, often the United States (*Welland Tribune*, Dec. 16).

• RNAO members **Joanne Menchions** and **Barb Pizzingrill** welcomed a new program at Hamilton’s St. Joseph’s Healthcare to help health-care professionals understand some of the mental-health issues newcomers can experience after fleeing dangerous circumstances at home. “I should be in tune with the fact this person may have post-traumatic stress disorder. Being able to identify it helps determine the appropriate treatment,” Pizzingrill said (*Hamilton Spectator* Dec. 2).

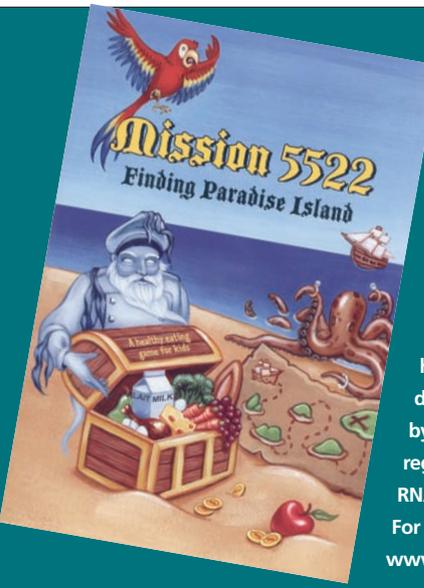
The Toronto Star, Jan. 14, 2005, Letter to the Editor

For-profit health care is not the answer

Instead of proselytizing across the provinces about the beauty of blended health-care systems, Alberta Premier Ralph Klein should go home, review his notes and do his homework. We are sure that registered nurses across the country would be pleased to help him with it. Like other outdated prescriptions past their expiry date, Klein’s proffering of for-profit health-care services is dangerous to public health and should be thrown out.

The premier doesn’t like to describe privately-delivered health care as “evil.” Fine. Try expensive, exclusionary, wasteful or inefficient - adjectives borne out by research showing that for-profit health care costs more and delivers less...

Joan Lesmond, President, Registered Nurses’ Association of Ontario, Toronto



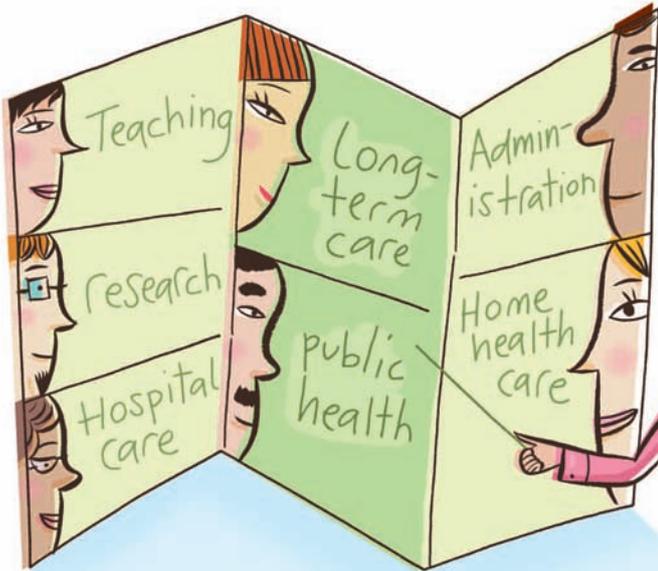
Dairy Farmers of Canada-Ontario and Breakfast for Learning, Canadian Living Foundation recently released *Mission 5522: Finding Paradise Island*, an innovative nutrition game that empowers kids to make healthy food choices every day. The game was reviewed by educators, dietitians and registered nurses, including RNAO member Marilyn Evans. For more information, visit www.nutritionthatworks.org.



Tony Clement, a former minister of health with the Progressive Conservative Party, shared his perspective on why nurses should be politically active in between elections with assembly members on Saturday, Jan. 29.



Ambassadors target future RNs



Publicizing the value of nursing as a viable career option has never been as crucial as it is right now, especially given nurses' concerns that news of layoffs will deter young women and men from applying to nursing programs. For the past decade, these same young women and men have been the focus of public awareness campaigns and recruitment programs supported by all levels of government desperate to attract them to the profession.

Bunny Alexander, an RN and senior consultant at Niagara Health System (NHS), is one of those concerned nurses. A nurse for 36 years, she admits the layoffs of the '90s left her with a unique perspective on how RNs handle negative stereotypes about nursing, and why the profession must recognize the importance of image when targeting young people.

"We need to stabilize our health-care environment so we can develop a more positive image of nursing," she says.

Every day, Alexander does just that in her volunteer role as a nurse ambassador for RNAO's recruitment and retention program supported by the Ministry of Health and Long-Term Care. One of 53 RNs who visit elementary and secondary schools across Ontario, she offers personal stories about why nursing is a great career choice.

"There's the typical impression of a nurse at the bedside providing care...but there are so many (other) opportunities," Alexander tells students. With their eyes open to the possibilities, students start to seriously consider nursing. "We continue...to encourage that thinking," she says. "When NHS had its career fair, for example, we had occupational nurses, clinic nurses, med-surg nurses, bedside nurses. It helps (students) realize how much there is to nursing."

Using RNAO's *Team up with Nursing* video (produced in

2001), *RN Profiles* (a CD created in 2004), and a career counselling resource package fashioned for the launch of the program last January, nurse ambassadors talk to students about the rewards of nursing, the educational requirements for becoming an RN, and the exceptional variety of options nurses have when determining their career direction.

As a nurse ambassador, Alexander collaborated last year with the Business Education Council, the Niagara Training and Adjustment Board, and the local college, university and secondary school boards to organize five student recruitment and public awareness initiatives, including a speaker's bureau of 12 nurses available for presentations at local schools and a *Take Our Kids to Work Day* that generated interest from 150 students in 2004.

All nurse ambassadors – from Ottawa to Windsor, and from Toronto to Sudbury – demonstrate initiative and enthusiasm as they advocate on behalf of the profession.

Carole Gill and Maureen Colledge, nurse ambassadors for Windsor, are planning to tap into elementary and secondary schools in their catchment area by sending personalized letters to an extensive list of guidance counsellors in Essex-area schools. The letter will highlight the role of the nurse ambassador, and the benefit of having nurses visit and present to students. Gill and Colledge will also offer to participate in career days and panel discussions the schools expect to host in 2005.

Gill, a seasoned RN with 33 years experience across a range of health-care sectors, and Colledge, a new graduate who is working part-time after finishing her BScN at the University of Windsor, admit establishing themselves as contacts with the schools is difficult, but it's a worthwhile challenge.

"Maureen and I got together and started talking about some of the things we can do to promote the ambassador role," Gill says. The letter seemed the most effective approach. "You wish you could get all the guidance counsellors together in a room and spell out the role of the nurse ambassador for them. That's what we're hoping to do in our letter."

Another formidable challenge for the ambassador program is pulling together nurses from all sectors. At present, the majority of volunteers are in acute care or education. Nurses are needed from long-term care, palliative care, the community, public health, emergency and the many other sectors to which students might gravitate once they know what RNs in those roles do.

When asked why she thinks nurses need to come forward and volunteer, Alexander offers this assessment: "The shortage in nursing is only going to become more acute over the next few years. If we don't encourage more young people to consider a career in nursing, we're going to be in trouble."

To volunteer, contact Sarah Milanes, recruitment and retention project assistant, (416) 907-7964 or smilanes@rnao.org. **RN**

KIMBERLEY KEARSEY IS COMMUNICATIONS OFFICER/WRITER AT RNAO.

growing PAINS

One million Canadian children
struggle through childhood
knowing they're not as
fortunate as most
of their classmates –
hungry for more than
just food.

ends meet when three out of five family members require ongoing medication. Suffering from depression and Attention Deficit Hyperactive Disorder (ADHD), Karen's eldest son requires two different types of medication. Her fiancé and youngest son both suffer from epilepsy.

Karen's family situation and the resulting financial woes are not unique. And while report after report has identified the conditions and solutions needed to ease these hardships and improve the health of these children, governments have not yet taken the necessary steps or found sufficient political will to make it happen.

In its November report, Campaign 2000 insists that tackling child poverty requires long-term planning and investments in national affordable housing programs, accessible early learning and child-care programs, the creation of effective child benefit systems, good jobs, income security, and comprehensive unemployment benefits.

As a Campaign 2000 partner, RNAO recognizes the fundamental link between

IN Ontario, 373,000 children live in poverty. The same number of children could fill the classrooms of almost 1,000 elementary schools across this province.

Staggering and unnecessarily high, these statistics were released in November as part of an annual report card produced by Campaign 2000, an advocacy group comprised of more than 90 health- and child-care organizations across Canada, including RNAO. The group was formed after former NDP leader Ed Broadbent introduced a resolution "to seek to eliminate poverty among Canadian children by the year 2000." It was passed unanimously in the House of Commons on Nov. 24, 1989.

Fifteen years later, Canada's child poverty rate is still troubling. In fact, Campaign 2000 reports an increase in the rate for the first time in six years, now exceeding the rate that captured politicians' attention when they voted in favour of the resolution in 1989. Now sitting at 15.6 per cent, this statistic is described by social activists, policy

makers and health-care professionals as one of the country's national disgraces.

Hamilton resident Karen (whose name has been changed to protect her identity), her fiancé Mark (also a pseudonym), and their three children will agree without reservation that the new millennium did not mark the end of their struggles on social assistance. In fact, they're among hundreds of Ontario families still waiting anxiously for more government recognition that child poverty is a fundamental health concern.

Karen says her biggest challenge is ensuring her fiancé and her 13-year-old and 7-year-old sons receive their medications on time. Although the family receives some funding for medications through the Ontario Disability Support Program (ODSP), it's still hard to make





a healthy start in life and overcoming the hurdles to healthy development created by poverty. In fact, many registered nurses believe advocating for healthy public policy that eliminates child poverty is a professional and moral obligation.

RNs have read – indeed written – the research and know that one in six children in Canada will enter the health-care system with a host of negative health consequences as a result of their socio-economic situation. These include complications from premature birth or low birth weight, emotional development issues, impaired physical and psychological growth, injuries from child abuse or neglect, depression, suicide, or underachievement in school.

“It’s vital that we build alliances to combat poverty,” RNAO president Joan Lesmond says. “We must all be involved – families, communities, social groups, health-care providers. This is an issue that affects all of us.”

For decades, individual RNAO members, chapters and interest groups have



Many nurses believe advocating for healthy public policy that eliminates child poverty is a professional and moral obligation.

drawn attention to the health consequences of child poverty, submitting resolutions to RNAO about the need to lobby for better social structures and programs that impact family health. It’s clear nurses are concerned about the plight of these young Ontarians, and are anxious to do whatever they can to help.

“Nurses are really trusted and believed when they talk about something...so if a nurse describes...why breakfast programs should continue in a community, she’s listened to,” says Cathy Crowe, an RN based at the Sherbourne Health Centre and a vocal advocate for the homeless through the Toronto Disaster Relief Committee (TDRC). “Nurses can do a lot to save and promote programs. And when they’re given the permission and ability to speak out about what they’re seeing, I think it has a huge impact on things.”

Karen credits registered nurses as key to helping her access health promotion and social programs for her children. She also says nurses are vital to managing her family’s medications, and are an invaluable resource for other health-care needs. Nurses have helped her find orthopedic shoes for her children, and even assisted in getting a beeper system for her youngest son to overcome bedwetting.

Advocacy and support can come from nurses who practise in any sector of the health-care system, whether it’s the community, a hospital or the halls of academia.

Frances Lankin, a founding member of the Ontario Coalition for Better Child Care and a former Ontario MPP (1990-2001) and Minister of Health (1991-1993), believes “nurses are uniquely positioned to demand governments embrace a wide definition of health that encompasses all determinants, including poverty.”

Speaking to nurses at the RNAO Centre for Professional Nursing Excellence policy institute in December, Lankin, now president and CEO of the United Way of Greater Toronto, issued a challenge to RNs to become the public’s ‘sharp elbows.’ The term, used to describe people who have the connections, confidence and power to demand high quality services and care for themselves and the community at large, is fitting for a profession that has built a reputation on strong advocacy work, particularly with respect to public and population health.

Student inspired by families’ resilience

AS part of the third-year nursing program at the University of Western Ontario, I spent one term doing a clinical practicum working with families in crisis. The two single-mother families that I worked with experienced many challenges, including safety within the neighbourhood, lack of access to a family physician, and month-to-month survival on social assistance.

Despite multiple challenges, the families’ collective strengths and the mothers’ strong motivation to provide a safe, nurturing environment played an integral role in the families’ well-being. One family worked collaboratively to seek creative solutions to problems; they nurtured a true sense of cohesiveness and openness with one another. The children demonstrated an astounding degree of resilience and had positive experiences with social supports and community organizations on a weekly basis. The mothers were proactive advocates for their families who sought information and accessed appropriate community resources.

My clinical partner and I supported both of these families in several ways. We observed and identified their strengths, their motivations, and their contacts with

community resources. We worked with one mother to develop a time management tool, and we helped her when she expressed her desire to move out of her apartment with her two young children. We provided the other mother, whose child needed help, with information and resources on mental health issues. She was then empowered to contact the appropriate community organizations to set up appointments for her child. We supported both of these women as they identified their frustrations, concerns, and needs.

The social, environmental, psychological, and physical burden that poverty places on children and families is profound and has lasting consequences. While working with both of these families I was inspired by the inner power, resilience, and dignity that they demonstrated in the face of hardship. Nurses can truly play a positive role in the lives of families in crisis by supporting them as they nourished their own strengths and reached out to community supports.

MARIEKA STAM IS A THIRD-YEAR NURSING STUDENT AT THE UNIVERSITY OF WESTERN ONTARIO.

Lankin believes all nurses must use their range of skills – from acute care right through to community care and public health – to draw connections between social issues (i.e. the lack of affordable housing, access to food, and access to services) and health.

“I’ve never seen such a response around the housing question and around advocating for increasing social assistance rates than right now,” Crowe says. “I think that across the board, nurses are seeing the need.”

Lankin finished her presentation at the policy institute by urging nurses to remain vocal advocates at decision-making tables, educating people about the effects of strong and healthy communities on children’s health. She asked all nurses to strengthen partnerships between the institutions within which they work and the community supports that keep people healthy.

According to RN Claudine Bennett, co-chair of RNAO’s Peel Chapter and a public health nurse working in the Child Health Program at the Region of Peel, this is no small task, but it’s one area she believes nurses must heed. “Poverty is linked to so many other things,” she says. “When it comes up, people almost avoid it because it’s so daunting and complex.”

Kathryn Miller, a pediatric nurse who has worked with this low-income population for 30 years in Toronto, says nurses’ feelings of helplessness when tackling the complexities of poverty shouldn’t get in the way of helping.

“You have to remember to keep a view on what you’re immediately working with, and then do what you can outside of your immediate community,” she says, adding that she avoids getting discouraged by advocating for the individual standing in front of her at any given moment. She does what she can with that person, not looking beyond that individual’s problem or concentrating on big-picture problems that may seem too daunting. Once you’ve helped that individual, you can open your mind to bigger issues, she suggests. “Lobby for areas that are weak, like housing.”

RNAO member and University of Western Ontario (UWO) nurse researcher Cheryl Forchuk has done considerable research on housing – one of the most significant barriers to low-income families being able to feed the children.

“From 1993 to 2000, after housing was downloaded from the federal to the

Grassroots programs offer immediate resources, opportunities

Last year marked the 20th anniversary of the first federal announcement of a national strategy for child care. Three governments (1986, 1995 and 2004) have announced similar strategies in the two decades since – strategies that the Canadian Council on Social Development says are still being discussed but have yet to be implemented. Indeed, the latest attempt at achieving a national agreement on child care failed. While we await, innovative programs like *Pathways to Education*, *Pay the Rent And Feed the Kids*, and *Better Beginnings, Better Futures* exist at the community level and offer resources families can rely on.

Pathways to Education, a Toronto program launched in 2001 by RNAO member Carolyn Acker, offers all high school students in Regent Park the resources to get to school, stay in school, graduate, and

move on to post-secondary programs. Its aim: to mitigate or eliminate the risk factors associated with living in one of the city’s oldest and largest public housing projects – a community where the median family income is \$18,000 and more than half the households are headed by single parents.

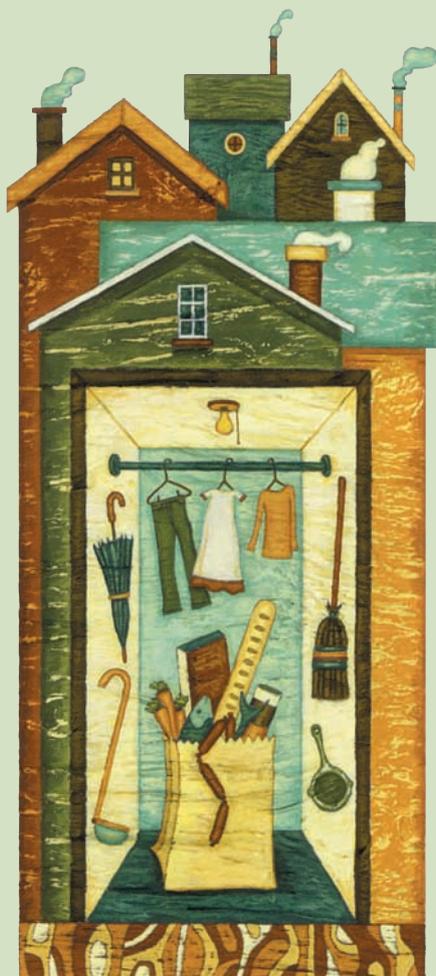
Administered through the Regent Park Community Health Centre, the program strives to help an entire cohort graduate from high school each year.

Pay the Rent And Feed the Kids and *Better Beginnings, Better Futures* are provincial initiatives that empower families struggling with poverty. *Pay the Rent And Feed the Kids* offers low-income families a venue to share experiences and advocate on their own behalf. In Kitchener, for example, eight or more advocacy group members – all of whom live on low incomes – meet monthly at the Downtown Community Health Centre. They have successfully built a relationship with their local MPP, met with the parliamentary assistant to the Minister of Community and Social Services, and presented a long list of recommendations on how legislation needs to change.

Better Beginnings, Better Futures, administered by the Ontario Ministry of Community and Social Services, was launched in 1991 and offers services to children and families living in disadvantaged communities. Guelph, Kingston, Toronto, Ottawa, Walpole Island (First Nation), Cornwall, Etobicoke and Sudbury were selected by the ministry to develop local prevention and health promotion projects.

The Better Beginnings, Better Futures Community Centre in Sudbury, for example, offers breakfast, after-school and summer programs for local children. It also replenishes a community closet with donated clothing and household goods.

Nurses’ involvement in health promotion programs at the community level is vital. For more information, visit the Ontario Ministry of Community and Social Services at <http://www.cfcs.gov.on.ca>.



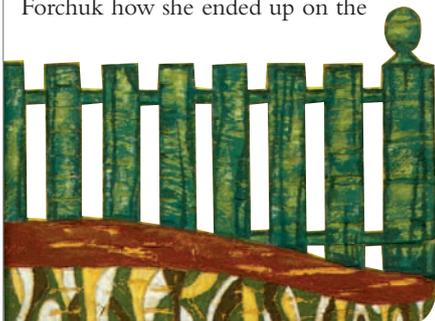
provincial government, fewer than 1,000 units of social housing were created per year in all of Canada,” Forchuk says. In contrast, 25,000 housing units were created in 1980 alone, a peak year for development. “What it means on the ground is that there simply isn’t the affordable housing being built,” she says. “It’s one of the reasons we’re seeing all of these problems with homelessness and poverty.”

In 2003, Forchuk, in partnership with other executive of the Brant-Haldimand-Norfolk chapter of RNAO, submitted a resolution to RNAO’s annual general meeting requesting it lobby the government to raise housing allowances. That resolution was followed by a 2004 resolution from Region 6, urging RNAO to lobby for increased funding for homeless shelters, funding for affordable housing, and increased social assistance. Both were passed unanimously, leading to RNAO’s policy statement on homelessness, released in October 2004 (go to www.rnao.org).

Forchuk’s work on behalf of the homeless continues today. Thanks to a five-year grant through the Social Sciences and Humanities Research Council (SSHRC), she’s involved in a Community University Research Alliance (CURA) on Housing and Mental Health. Forchuk and her team conducted several focus groups confirming the detrimental health and social effects of scarce housing on children.

“Waiting lists for subsidized housing can be years. In London, there’s a list for each housing unit. The better housing units in safe neighbourhoods have waiting lists (that go on) forever. You have other places where things are not terribly safe but you can move in fairly quickly,” Forchuk says. “One mother said she managed to get into one of these housing units but ‘had the sex trade on her front door and the drug trade on her back door.’ How on earth do you keep your kids safe in that kind of situation?”

One woman with two infants told Forchuk how she ended up on the



Nurses’ feelings of helplessness when tackling the complexities of poverty shouldn’t get in the way of helping.

fourth floor of a building with no elevator. “Even when these families can get into subsidized and affordable housing, it may not be ideal,” Forchuk says.

Miller and Crowe agree that housing is perhaps the most fundamental challenge for families. “I think it’s always the first priority,” Miller says, adding that her wish list would also include better after-school programs and more support for children’s mental health (for example, more access for parents to participate in programming that makes them more sensitive to their children’s needs).

“The biggest growing portion (of the homeless) is families,” Crowe notes from first-hand experience. “I hear that in Windsor and Sudbury and Toronto...I hear it everywhere I go. What that means is that people end up in shelters where the impact on children is really severe.”

Working with a largely immigrant population in Toronto, Miller says some ethnic communities offer low-income families

other housing options outside the shelter system. “Families hide it a lot too,” she says, adding that some communities consider it a weakness to admit to poverty.

Maintaining the family honour and remaining anonymous amidst a sea of people in large urban areas like Toronto may be possible for some, but that’s certainly not an option for families struggling to survive in Ontario’s expansive suburban communities. Case in point: York Region, and news earlier this year that a housing development for homeless may be abandoned if funding from the government does not come through.

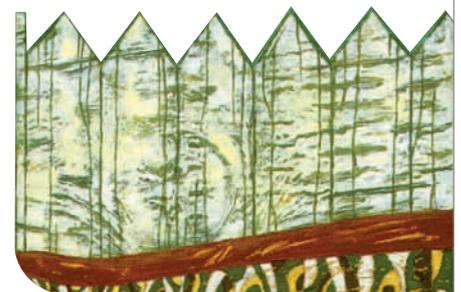
According to Monica Auerbach, executive director of Transitional and Supportive Housing Services of York Region, there’s really nowhere else for families to go in York Region. Many find themselves living in cars, vans, and in the summer, camping out in campgrounds and abandoned barns.

Funding is always the biggest obstacle to alleviating the pain of child poverty. The provincial and federal governments have started to undo some of the damage resulting from social service cuts in the mid to late 90s: welfare rates were raised three per cent last spring; the federal and provincial governments announced a \$5 billion early learning and child-care plan; the Canada-Ontario Affordable Housing Program announced \$56 million to create 2,300 new affordable housing units; and minimum wage has been increased from \$6.85 to \$7.45/hour.

Campaign 2000, in the meantime, has set its sights on a new goal for combatting child poverty in Canada: reduce the rate to five per cent over the next 10 years, one per cent a year. With the right kind of advocacy, a vocal group of supporters, political will, and a federal government surplus, it would be a shame – and shameful – if we didn’t reach it.

To take action in your community, visit www.campaign2000.ca. **RN**

KIMBERLEY KEARSEY IS COMMUNICATIONS OFFICER/WRITER AT RNAO.



Required reading

- **Public health responds to the challenge to reduce poverty and enhance resiliency in children and youth**, Ontario Public Health Association, 2004, www.opha.on.ca/ppres/2004-05_pp.pdf
- **Homelessness**, RNAO policy statement, 2004, www.rnao.org and click on Health and Nursing Policy > Policy Statements
- **Child poverty in Ontario**, RNAO policy statement, 1998, www.rnao.org and click on Health and Nursing Policy > Policy Statements
- **Reversing the real brain drain: Early years study**, Ontario Ministry of Children and Youth Services (co-chaired by Hon. Margaret Norrie McCain & J. Fraser Mustard), 1999, www.children.gov.on.ca and click on Early Years Initiatives

Student recruitment drive gets results

The Nursing Students of Ontario (NSO), an interest group of RNAO, launched a membership campaign last fall with one simple goal: to increase NSO's and RNAO's presence on campus. They soon discovered that when students, faculty and local chapter executive combine their efforts, they get results. Recruitment efforts at schools from Sault Ste. Marie to south-western Ontario combined with subsidized memberships for all full-time BScN students at Humber College resulted in a 55 per cent increase in student membership over 2004, bringing the number of NSO members to 1,900.

Michael Garreau, NSO president and a second-year student in the Ryerson University, Centennial College and George Brown College collaborative nursing degree program, says NSO launched the campaign after an informal telephone survey revealed that many of RNAO's student members didn't even realize they were NSO members, and many students confuse NSO with the Canadian Nursing Students' Association (CNSA).

At Queen's University, third-year student Don Wildfong and his colleagues set out to eliminate that confusion, and along the way they recruited more than 60 students through a panel presentation about nursing's diverse career paths, in-class presentations, and an RNAO corner on the Nursing Society's Web site.

"It's your duty to belong to your professional association," he says. "The new nurses are really going to have to step it up by continuing to demand respectful treatment of nurses and the profession. We need to take our rightful place at the table."

University of Windsor student Aric Rankin agrees. "It's not just all about book work and reading. It's also a matter of getting an idea of what's going on with RNAO so when you do graduate, you're more well-rounded, and a better nurse," he says.

During the first week of school, Rankin, the NSO student liaison, promoted RNAO membership through class presentations at both the University of Windsor and St. Clair College. In

October, he invited students to an Essex chapter event to hear RNAO member Barb Mildon talk about workplace safety. But it was the final membership push at a campus pub that produced the best results. Nearly 30 students signed up at the November event that included pizza and raffles for RNAO's popular *Just a Nurse* posters or \$10 membership gift certificates.

Fourth-year University of Windsor student Shanon Bunagan signed up that night, and says that while she was no stranger to RNAO – her father is a member – attending the pub night was the final push she needed to join. Bunagan plans to use RNAO resources as she studies for her RN exam and begins her job search.

For Algoma Chapter president Pierrette Brown, recruiting students like Bunagan is key to the chapter's success.

"We recognize that our chapter's future is with the students," she says. "They energize you ... it's contagious."

Last fall, Brown helped recruit more Sault College students when she spoke at the college's membership recruitment party. Organized by NSO policy and political action officer Sue Rogers, the evening combined NSO and CNSA recruitment efforts with a chance for students to get acquainted with each other. A member since her first year in nursing school, Rogers says promoting the event as a social occasion attracted more interest than setting up a table near the cafeteria. Rogers says nearly 50 new and returning members submitted applications that night, including many first-year students.

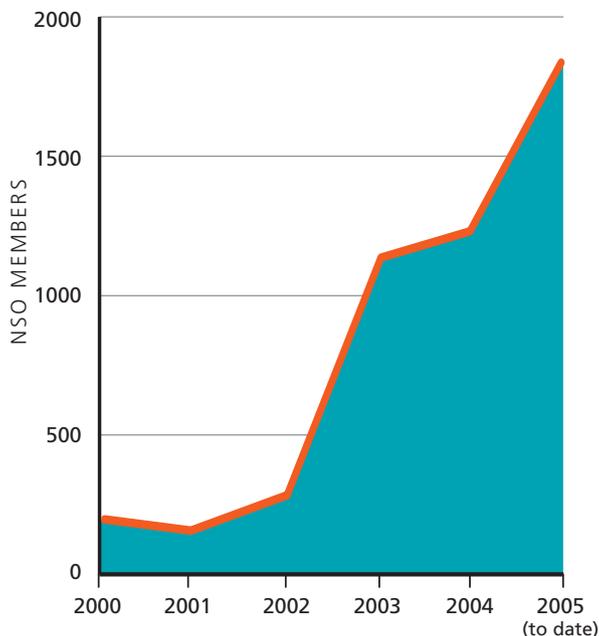
Reaching out to students often wouldn't be possible without the assistance of those with direct influence on students – faculty. NSO communications and public relations officer Amy Labadie is a student in Fanshawe College's and the University of Western Ontario's collaborative nursing program. She enlisted the support of Janice Elliott and Patricia Patterson to organize Fanshawe's pizza and karaoke party.

Patterson, a former workplace liaison and an RNAO member since she was a student, has promoted RNAO in the classroom for the last 15 years. She says having faculty involved in RNAO is important because it increases RNAO's visibility year round.

Garreau says that kind of visibility will be needed to keep NSO in students' minds long after the pizza parties and pub nights end, and the real work of advocating for Ontario's future nurses begins. "We look forward to working with our new members to ensure their voices are heard," he says. **RN**

JILL SHAW IS EDITORIAL ASSISTANT AT RNAO.

NSO membership on the rise



ON Dec. 26, an earthquake hundreds of miles below the Indian Ocean shook the sea's floor and sent tidal waves, also known as a tsunami, towards Asia's island and coastal communities, killing more than 200,000 people and leaving more than five million in need of basic services.

This unprecedented natural disaster is perhaps the most devastating ever recorded, generating unparalleled offers of humanitarian relief from governments, health-care professionals and individuals around the globe.

On Jan. 5, the Ministry of Health and Long-Term Care (MOHLTC) asked RNAO to compile and maintain a list of nurses willing to volunteer. To do that, RNAO relied on its Voluntarily Immediately Available Nurse (VIANurse) program, launched in partnership with the Registered Practical Nurses Association of Ontario (RPNAO) and funded by the government following the 2003 SARS outbreak.

"The VIANurse registry is a great vehicle to help nurses respond swiftly to emergency situations like the tsunami," says RNAO president Joan Lesmond. "Those who are volunteering for this program demonstrate once again that nurses are willing to do what it takes to help people around the world."

One week after news of the disaster broke, RN Jennifer Marshman, a cardiology nurse at St. Mary's Hospital in Kitchener, contacted RNAO to express her willingness to "go wherever necessary – at my own expense – to help in any way I can."

"That underlying motivation to help is there, of course, but it's more than that," she says with a pause. "I don't really know how to explain it."

Marshman is certainly not alone in her grief for the people in Indonesia, and her eagerness to offer nursing expertise. In fact, more than 100 nurses volunteered through VIANurse for possible deployment to the devastated region, hoping to help victims struggling not only with the need to repair structural damage to their communities and homes, but also to cope with the stress and grief of the disaster, and to reduce the potential for public health crises resulting from unsanitary conditions.

The tsunami, which killed seven Canadians, prompted many nurses to think about the skills and training they can offer the people and communities most affected by the disaster.

Raging waters

The tragic tsunami
that hit South Asia
released an unprecedented
outpouring
of support and
offers of relief
from nurses
worldwide.

"It's hard for me to even imagine what's needed there and I've heard pretty much everyone say 'oh, I'd love to go over, and I'd love to help.' But I think certain professions are more prepared psychologically for what they might see," Marshman says. "A lot of nurses have had to deal with trauma and injury so I think, as nurses, we're better prepared for something like that."

Wendy Kielly, an RN with the Grey-Bruce VON for the past 15 years, plans to retire in three years. She's been exploring her options for volunteer work once she's

no longer tied to a day job.

"I was thinking of applying to MSF (Médecins Sans Frontières or Doctors Without Borders) when I retired but... because of the tsunami and all of the devastation, I was prompted to start doing some exploratory stuff now," she says. "The thing about nurses is that if somebody is badly injured...nurses have the skills and knowledge to do something about it...dressing wounds is really important. We see some pretty horrendous wounds even in the community."

Reflecting on the magnitude of the



Photography: AP/Wide World Photos

damage, Kielly speculates it could take relief workers a long time to see any real change as a result of their work. "To be able to sustain the help, they (relief agencies) will probably require a pool of volunteers who can go for a short time, come back and then other people will go," she predicts.

Despite the federal government's recent announcement that the services of nurses and other health-care providers are not needed at this time, VIANurse coordinator Tracey Skov says she is very pleased the government asked RNAO to use this project to

take the lead in collecting data on RNs and RPNs. "I didn't think VIANurse would go international this quickly because it's still a very new project," she says. "I thought it would move quickly within Ontario and perhaps to other provinces, but not internationally. It's very exciting."

Skov's excitement reflects nurses' commitment to respond swiftly to emergency situations, which was evident in the profession's response to RNAO's call for help.

The first day back to work after the holidays, RNAO's policy department issued its

first Action Alert notifying nurses of the Canadian Nurses Association's (CNA) efforts to identify and assist with plans for a national nursing response. Sheila O'Reilly, a pediatric nurse at Oakville Trafalgar Hospital, received the Action Alert and responded almost immediately.

"I don't know if I'm prepared at this exact moment to go, but, you know what, there's something in me that just says I should," O'Reilly commented. "I was saying to my

Are you interested in volunteering?

RNs and RPNs interested in volunteering for redeployment during an emergency situation should register with VIANurse at www.rnao.org/vianurse.asp.

husband before Christmas that...the climate out there has been (changing). I'm happy to hear people saying 'we don't need to keep up with the Jones'. I was saying to him that in a few years, when our daughter is older, I'd love to just give up Christmas and go somewhere and do work. And then this hit.

"Nurses are an amazing group," O'Reilly says. "And you often think 'how many other professions can boast they have the training (to do this)?"

According to calls for humanitarian aid from a number of relief agencies, the skills needed on the ground in Indonesia are more than just health related: fluency in languages specific to the regions affected is essential. As for health-care volunteers, experience in infection control and outbreak management, and knowledge of public health and education is an invaluable resource for a population battling the strong possibility of disease.

Although CNA commended the compassion of Canadian nurses responding to the disaster in its Canadian Nursing Strategy (released Jan. 5), it advised all nurses against travelling to affected areas on their own. In an open letter to nurses, CNA president Deborah Tamlyn and CNA executive director said: "Canadian nurses interested in volunteering should register directly with the disaster relief agencies. Relief efforts must be part of a coordinated plan to ensure the appropriate number of properly prepared health professionals are deployed."

A group of 15 nursing students from the University of Western Ontario (UWO)

Advocates worry that tsunami relief may overshadow other needs

Children in Indonesia have emerged from December's tsunami as the most vulnerable victims of the disaster. At last count, 50,000 were believed to have been orphaned. It's a tragic situation to which other countries around the world can relate. According to UNICEF, 11 million children have been orphaned by HIV/AIDS in Africa.

Given the outpouring of financial support to tsunami victims, some advocates for humanitarian aid around the world worry that funding for the crisis may overshadow the needs of other countries.

Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, has shared his hopes and fears for that troubled population with RAO members. His advocacy work continues, but is shrouded – like many others – by stories of death, injury and devastation that strike a chord with Canadians who have ties to Asian and Indian communities bordering the Indian Ocean.

Comparisons have been drawn and frustrations voiced about government donations, resources and debt relief for Indonesia as compared to monies and resources raised for other countries confronting political, economic and human rights tragedies. And although

those frustrations are prefaced with words of support and compassion for the people of Indonesia, they stem from a worry that other populations may fall through the cracks without reminders that they too need help.

In a statement released at the United Nations in New York on Jan. 18, Lewis said: "It is hugely worthy of applause that the governments of the world...have pledged, in a mere three weeks, some \$5.5 to \$6 billion. However, it is bracing to note that in more than three years, they have summoned, in pledges, almost exactly the same amount – \$5.9 billion – for the Global Fund to fight the pandemic of HIV/AIDS.

"Without the slightest invidious intent, it is important to recall that there are...six million people dying of AIDS, 4.1 million of them in Africa. I don't begrudge a penny to South-East Asia. But what does it say about the world that we can tolerate the slow and unnecessary death of millions, whose lives would be rescued with treatment?

"The tsunami must be seen to be the turning-point. The publics of the world have shown their desperate concern for the human condition: how long will it take for governments to do the same?"



sprang into action in the days following the disaster and began discussing a well-intentioned plan to travel to the devastated regions.

After considerable discussion at a Jan. 5 meeting, they agreed that nursing students could provide more help from home, raising money and participating in the university's blue ribbon campaign.

According to CNA, the Indonesian National Nurses Association (INNA), with whom it has collaborated in a leadership and capacity-building project for more than five years, has increased its membership and is in a position to mobilize nurses in response to this disaster. Through INNA, nurse leaders have been deployed to affected regions to assess needs and identify priorities. With CNA's \$10,000 donation to INNA on behalf of Canadian nurses, the people in need of help will receive it first and foremost from nursing professionals in their own communities. Deployment strategies will be left up to relief agencies such as the Canadian Red Cross, World Vision Canada, MSF, Oxfam Canada, CARE Canada, UNICEF Canada, and Save the Children.

In the meantime, RAO and VIANurse will continue to collect the names of nurses eager to answer any call for help – whether that help is needed tomorrow, next week, next month or next year. **RN**

A Thai nurse leaves a rose at "The Wall of Love" – photos of missing tsunami victims.

KIMBERLEY KEARSEY IS COMMUNICATIONS OFFICER/WRITER AT RAO.

Photography: AP/Wide World Photos

Ontario Ministry of Health and Long-Term Care

February 1, 2005

Dear VIANurse volunteer,
We would like to take this opportunity to thank you for volunteering to assist with relief efforts in Southeast Asia following the tsunami on December 26, 2004. Nurses in Ontario volunteered in large numbers and we are proud of their commitment to the humanitarian efforts in other parts of the world.

In discussions with the federal government, aid agencies and Ontario experts who have recently returned from Southeast Asia, it has been determined that at this time, the services of nurses and other health-care providers are not needed. We acknowledge your commitment to others and express our deep gratitude for your offer of assistance.

It is a source of comfort to us all to know that, in an emergency, there are health-care professionals willing to step forward and help others.

In addition, we would like to express our appreciation to the Registered Nurses Association of Ontario for maintaining the VIANurse roster on behalf of the Ministry of Health and Long-Term Care.

Sincerely,
Sue Matthews
Provincial Chief Nursing Officer,
Nursing Secretariat

Allison Stuart
Director,
Emergency Management Unit

The missing link

Kingston General Hospital is one of only four Ontario facilities to ease the agony of waiting for news of a loved one's condition in the OR.

RNAO member Lorraine Osborne, peri-operative clinical educator at Kingston General Hospital (KGH), says she did more walking in mid-January than she's ever done in her 18-year nursing career.

That's because she's the first of only five full-time KGH liaison nurses in the hospital's newest pilot project, a three-month initiative that offers the families of surgery patients an hourly, face-to-face update on the condition of their loved ones.

Launching the project on Jan. 10, Osborne spent two weeks paying hourly visits to KGH's 10 operating rooms, gathering information about the status of patients, and heading back to the family waiting rooms to update anxious family and friends.

On average, she made the long and often emotionally draining trip through the OR six times a day, five days a week.

"Our hospital foundation's motto is 'people caring for people.' That's all this is," Osborne says of the pilot project. "It's just an overwhelmingly simple thing. I like to say it's exquisite in its simplicity."

In fact, it's so simple and so necessary, most family members participating in the KGH pilot program consistently commented that they couldn't believe it was "only just starting now."

Finding its roots in the philosophy that a patient's family is part of the surgical team, the liaison nurse role already exists in at least three other Ontario hospitals. Trillium Health Centre launched its nurse liaison program in September 2004; Barrie's Royal Victoria Hospital and Toronto General have each been offering the service to families for at least a year.

Osborne's motivation to advocate for the program at KGH dates back to the fall of 2001 when she did a project on the program for the final course of her BN degree at Athabasca University.

Four years after beginning work on that project, and at least two or more years manoeuvring through the practice traditions ingrained at KGH, Osborne was finally in a position to launch the program for Kingston families.

"We've got a patient and family base that's in crisis," she says. "By virtue of being a nurse, we've been educated on how to talk

to people, counsel them and help them with anticipatory grieving. We're allowing these people to begin the grieving. And it's not (grieving over) a loss of life necessarily. It's a loss of anything."

Osborne agreed to take on the role for the first two weeks of the pilot because she's done the research and can answer any questions. "All the research and reading I've done regarding intra-operative progress reports reveal the same: people fear the same things and all they want is for someone to talk to them."

Osborne used the RNAO best practice guideline *Supporting and Strengthening Families Through Expected and Unexpected Life Events* to convince KGH's operations committee that a liaison program is vital to patient care, and is supported by the nursing profession and the Ministry of Health and Long-Term Care (MOHLTC).

In fact, the program eventually received financial support from MOHLTC in an effort to keep senior nurses in nursing longer. That's why older nurses are being offered the role first.

Although the liaison nurse does a lot of walking, the role itself is not as strenuous or draining (physically) as front-line nursing. That's not to say, of course, that it's for every nurse. "The role itself is absolutely precious," Osborne tells RNs thinking about becoming a liaison nurse. "It's not for everyone, but try it and see what you think. Whether you participate in it personally or not, at least support it, that's the important thing."

"It physically lowers blood pressure, lowers heart rates, lowers stress and anxiety scales and therefore (families) are more receptive to the information the surgeon is going to give them," Osborne says.

As for the patients, research shows the liaison nurse's presence in the

OR has a positive effect, allowing patients peace of mind knowing their families are informed. As a result, they tend to respond better to anesthetic and recover faster after surgery.

Although no specific training is required, Osborne says liaison nurses must be peri-operative nurses. "It's really important that you have an understanding of a surgical procedure, an understanding of aseptic technique," she says.

"The families are overwhelmed by it in a positive sense and once the whole stack of evaluations start to roll out, the hospital's going to see that it's very positive," Osborne says with confidence.

At least three other Ontario hospitals have asked her to share the results of the pilot. Hospitals in New Brunswick, Saskatchewan and Winnipeg are also thinking about it.

For more information, contact Osborne at osbornel@kgh.kari.net. **RN**

KIMBERLEY KEARSEY IS COMMUNICATIONS OFFICER/WRITER AT RNAO.



RNs take aim at layoffs at 6th Annual Day at Queen's Park

On Jan. 28, more than 130 RNAO members – board of directors, assembly representatives, policy/political action officers, and nursing students – converged on Queen's Park to educate and lobby for better health policies with representatives from the Liberal, Progressive Conservative and New Democratic parties.

Just 10 days after Health Minister George Smitherman announced that the equivalent of 757 full-time RNs will be cut from Ontario hospitals, registered nurses and nursing students from across Ontario came to RNAO's 6th Annual Day at Queen's Park to ask the government to help repair the damage done to the profession and patient care – before it's too late.

In addition to hearing first-hand where Ontario's elected officials stand on the critical issues facing nursing and health care, RNAO members raised key issues such as:

- The need to send a strong signal to nurses and nursing students that Ontario wants and respects its nurses
- The need to protect our publicly funded, not-for-profit health-care system and stop creeping privatization
- The need to integrate RNs and nurse practitioners into all initiatives, including family health teams
- The need for racial equity in nursing and health care

During their busy morning, RNAO members heard from Health and Long-Term Care Minister George Smitherman, Progressive Conservative Leader John Tory, and NDP

Leader Howard Hampton and his health critic MPP Shelley Martel.

Minister Smitherman focused on the hospital balanced-budget process, the effect it will have on nursing, and the government's health-care reform agenda. "We have set out quite deliberately to enlist your help and your participation in changing the health-care system for the better...But to get there, we will also sometimes require your patience. And I'm asking for it now."

He reminded nurses of his government's promises – 8,000 new nursing positions by the end of their mandate, 70 per cent full-time employment, mentorship for student and new nurses – and indicated that hospitals are expected to reduce nursing hours in large part through reductions in overtime,

agency hours and voluntary retirements.

On behalf of members, RNAO executive director Doris Grinspun recognized the significant health-care reforms – including a shift in resources from hospital to community care – the government is undertaking, but said, "We will not accept when any sector, including hospitals, tells nurses to walk out the door, while shortages remain. Any reduction in RN services will compromise quality patient care."

In response to members' questions about the message layoffs will send to future nurses, Minister Smitherman said, "I want to send a strong message that Ontario strives to be a place where the nursing career is a good career, where there are stable opportunities. Obviously in an environment of transformation...there are some challenges



and we're confronting one of those now."

Newcomer John Tory, who won the Progressive Conservative leadership race Sept. 18, 2004, said he was disappointed and confused by the news of layoffs. "Bottom line is even one takes away from what we need to do – which is increase the number of nurses. There were large commitments made by the present government before they got elected as to what they were going to do in this and other areas," he said. "That is why I think the layoffs are confusing, not only to you, but also to the people across the province who are the customers, the clients of the health-care system."

On the issue of privatization, Tory indicated that this is an area where RNAO and his party may have to agree to disagree. "I want to be absolutely clear about something. While I may believe in finding and looking for almost any kind of creative way in which to deliver services to people – including non-traditional methods – I strongly maintain that your Ontario health card, and only

your Ontario health card, has to be the passport to pay for that...I don't think we can afford to rule out options within a single-tier health-care system, which could help to bring new money, new ideas, new ways of doing things and a more business like approach to the health-care system."

Tory did acknowledge that he does not have all the answers needed to fix the health-care system, and invited nurses, regardless of political affiliation, to share ideas and help shape the policy platform his party is preparing for the 2007 election.

NDP Leader Howard Hampton challenged Tory's stance on privatization: "You can organize your health-care system so that

there's a lot of private delivery or some private delivery, but it will cost you more. At the end of the day, we the people will pay. You can pay through your credit card, or you can pay through your OHIP card and your taxes. Let me tell you, paying through your credit card will cost you more."

Hampton went on to criticize the home health care competitive bidding process, which he has dubbed "cut-throat bidding," currently under review. "The idea is profit-driven companies come in and they artificially cut costs in order to drive out public, not-for-profit providers...In the process, nurses will be stripped of wages, nurses will be stripped of benefits, nurses will be stripped of job security, and nurses will be stripped of the dignity of the job. And the quality of the health care we give will be lower. And I know that many nurses will leave the system."

Health Critic Shelley Martel focused her remarks on job cuts and broken promises. "I heard the Liberal government say they were going to hire 8,000 new nurses in the province of Ontario over four years. And then I watched this government put money into hospitals big and small to move some of those part-time positions into full. And I watched this government put some money into positions so that mentoring could occur in the hospitals. And I tell you with the loss of 757 jobs, and it's going to be more than that, you might as well throw it [that money] out the window, because that's going to be the level of the job loss we experience."

Martel echoed Hampton's disapproval of competitive bidding, and said Ontarians should be aware that this same system will be used in the government's Local Health Integrated Networks (LHIN). "We should be throwing out competitive bidding and we should be putting in a home-care process that supports families only, not for-profit agencies," she said.

At the end of the day, the politicians thanked RNAO and its members for their hard work, tenacity and positive contribution to the public policy debate on behalf of nursing, health care and the public.

LESLEY FREY IS MANAGING EDITOR/COMMUNICATIONS PROJECT MANAGER AT RNAO.

MPPs host round table meetings with RNs

In addition to the formal presentations at Queen's Park, groups of RNAO members met with ministers, parliamentary assistants and opposition MPPs to discuss not-for-profit delivery of health care and the consequences of cuts to the nursing profession.

Meeting participants:

- Garfield Dunlop, *PC Critic, Community Safety & Correctional Services*
- Peter Fonseca, *Parliamentary Assistant to the Minister of Health & Long-Term Care*
- Andrea Horwath, *NDP Critic, Pensions, Economic Development and Trade*
- Linda Jeffrey, *Liberal MPP Brampton Centre*
- Cam Jackson, *PC Critic, Community and Social Services*
- Gerard Kennedy, *Minister of Education*
- Shelley Martel, *NDP Critic, Health & Long-Term Care, Children's Issues, Seniors' Issues*
- Lou Rinaldi, *Parliamentary Assistant to the Minister of Public Infrastructure Renewal*
- Laurie Scott, *PC Critic, Training, Colleges and Universities*

CLOCKWISE FROM TOP LEFT:

- 1. Minister of Health and Long-Term Care George Smitherman focused on the balanced-budget process and the effect it will have on nursing. He also announced that his government is investing \$150,000 to fund the Best Practices Institute as proposed by RNAO and the University of Ottawa.**
- 2. Progressive Conservative Leader John Tory talked about his interest in bringing a more "business-like approach" to health delivery, and invited nurses, regardless of political affiliation, to help shape the policy platform his party is preparing for the 2007 election.**
- 3. NDP Leader Howard Hampton insisted that not-for-profit, publicly funded health care is the fairest and most financially sound approach to providing health care to Ontarians, and criticized the competitive bidding process, which he has dubbed "cut-throat bidding," currently under review.**
- 4. NDP Health Critic Shelley Martel called on the government to hire – not fire – nurses.**

RNs rewarded for excellence

RNAO handed out three of its annual Recognition Awards at the *6th Annual Day at Queen's Park*, and Health Minister George Smitherman awarded the second Nursing Best Practice Guidelines PhD fellowship.

Interest Group of the Year

RNAO's Interest Group of the Year award is presented to the interest group that demonstrates commitment to RNAO's mission and initiatives, clearly communicates to relevant individuals or groups, and influences, persuades or convinces others to adopt a certain perspective.

This year's recipient, the **Nursing Leadership Network of Ontario** (NLN.ON), hosts an annual two-day conference that provides educational and political action opportunities for members. The conference frequently receives media coverage as a result of presentations on political topics and remarks from the provincial Minister of Health. Members of NLN.ON also advocate for nursing by actively communicating with officials at the Ministry of Health and in the Premier's office.

NLN.ON actively supports and mentors its members through regional workshops



From Left to Right: Lynda Bobinski, Susan Pilatzke, Colleen McKey, Barb Paul, Kristine Rogers, Carolyn Kennelly, Sylvia Cashmore, Sue McCutcheon.

Chapter of the Year

The RNAO Chapter of the Year demonstrates the greatest advancement of RNAO's goals through political action, media activity, and professional development. The chapter is responsive to members' needs as well as to RNAO officers, regional representatives or the provincial office for input and accountability.

Over the past year, membership in RNAO's **Essex Chapter** increased to 440 from 280, including 30 new student members. Chapter executive and members actively recruited members by establishing new workplace liaison programs at several large employers, staffing an RNAO booth at an employer's local education fair, and inviting students to membership information events. Members stay current with chapter events through e-mail newsletters and

RNAO bulletin boards at local hospitals and nursing schools.

The chapter is also politically active. Chapter members personally visited local MPPs to express concern about the nursing shortage and in 2004, all four local MPPs participated in *Take Your MPP to Work Day* during Nursing Week, generating media coverage from local radio stations and newspapers.



From Left to Right: Lynda Monik, Maureen Colledge, Marty Gagne, Patricia McKay, Carole Gill.

and a quarterly newsletter for current and potential nurse leaders. These efforts paid off with a membership increase of 22 per cent in 2003-2004.

RNAO Leadership Award in Political Action

The RNAO Leadership Award in Political Action is presented to an individual who initiates and participates in political action that benefits the health of individuals, groups or populations of clients or positively profiles or positions the nursing profession.

A University of Toronto nursing professor, **Rebecca Hagey** has dedicated much of her 40-year career to the elimination of racism in nursing. She is a founding member of the Centre for Equity in Health and Society (CEHS), where she continues to be an advisor. Hagey promotes equality in

nursing by lobbying MPs and MPPs. And she recommended that the Romanow Commission ensure the Health Council of Canada aim to achieve equity in nursing.

Hagey earned her BScN and her PhD in anthropology from Case Western Reserve University in Ohio. She uses her academic



experience to promote diversity in nursing to the public by writing letters to the editor and speaking with multicultural media outlets across Toronto. She encourages nurses to join RNAO and add their voices to

the call for a strong, diverse profession. She is a member of the International Nurses' Interest Group and the Nursing Leadership Network of Ontario.

BPG PhD Fellowship

The Nursing Best Practice Guidelines PhD fellowship is an RNAO initiative in partnership with the Government of Ontario. The award aims to develop research capacity in the evaluation of clinical, financial and system outcomes resulting from the implementation of RNAO's nursing best practice guidelines. The second fellowship was awarded to **Tazim Virani**.

Virani has more than 20 years of experience in the nursing and health-care sector. Her undergraduate nursing degree is from



the University of Toronto and she holds a post-graduate Masters of Science in Nursing from the University of Western Ontario in the administration stream. Since graduating in 1983, Virani has worked as a staff nurse,

nurse manager, program manager, and in quality management. She is now a consultant and is currently managing two projects with the RNAO – the Nursing Best Practice Guidelines project and the Advanced Clinical Practice Fellowship project.

With this fellowship, Virani will use RNAO's guideline on *Prevention of Falls and Fall Injuries in the Older Adult* to examine how organizations implement the guideline and if differences in implementation explain the variance in institutional fall rates in the elderly. This information will help health-care providers improve guideline implementation and improve care for a vulnerable patient population. It will also provide RNAO and other guideline developers with greater insight into the organizational factors that affect guideline implementation.

RNs condemn cuts

Members responded swiftly and strongly to RNAO's action alert (Jan. 19) urging them to write to Health Minister George Smitherman about hospital funding, nursing, and patient care. Here are excerpts of what your colleagues had to say:

...it frightens me to think that you are willing to compromise quality patient care, once again. It is obvious that you do not understand the increased acuity of our patients in 2005 and the need for increased staffing to provide safe and quality care. **Dorothy McParland, RN, Etobicoke**

Investing in nurses and providing us with full-time work as opposed to cutting when we know that a shortage looms near should be considered as an investment in the future. Front-end loading will pay dividends in the next few years. Please take some time to reconsider and invest in the future of a healthy health-care system for Ontarians. **Pierrette M. Brown, RN, President, Algoma Chapter**

I know that myself and many of my fellow nursing students have always resisted the idea of leaving Canada to pursue our careers. However, if our province is not going to be loyal to us, then leaving for other provinces or other countries seems inevitable...I hope you are prepared for a new generation of nurses who are...determined to be heard. **Eva Gluchowski, Third-year nursing student, Ryerson University**

I have worked in many different sectors of the health-care industry over the 15 plus years I have been an RN, and I can tell you that yes, there are many ways to cut expenditures, and decrease expenses; however,

cutting front line nursing staff is not one of those wise or prudent decisions. **Sandra Desbois, RN, Holland Landing**

The idea that hospital nurses can find work in the community or nursing homes gives me the impression that the government knows precious little about the value of the actual work that nurses do. A nurse who works in intensive care would not be effective in a nursing home and vice versa...sit down with the nurses and build a health-care system based on inside knowledge of what health care is all about. Instead of looking from the top down, consider the scene from another perspective. **Janet Partanen, RN, Toronto**

Nurses need the time to provide clients the support and resources that they need, beyond just medication, beyond just wound care, beyond the basics. The personal connection and emotional support that clients get from nurses has a big impact on how quickly they recover and on the experience that they have in our hospitals. **Kathryn Britton, RN, Scarborough**

If your leader thinks that senior nurses laid off from hospitals will jump at the chance to work in the community, he is sorely mistaken. Community nurses earn considerably less than hospital nurses thanks to the current "managed competition" system introduced by the Tories in the mid-1990s. Basically it is a tendering process which has negatively affected the provision of care to those in need. Funding for home care has also been curtailed in recent years and community nursing is a "feast or famine" career. **Jane Janssen, RN, London**

Our existing nurses, who are already challenged with heavy workloads would be saddled with further stress with an undoubtedly poor outcome all round if this plan were put into action. **Anne Paré RN, Uxbridge**

Policy institute creates change agents



Last fall, RNAO member Judeline Innocent joined 25 nursing colleagues at RNAO's inaugural policy institute, *Understanding policy: Power, agendas and players* (Nov. 28 - Dec. 3), to learn how policy is made and more importantly, how to influence policies that affect nurses and the patients they serve. In the following reflection, Innocent shares her experience with Registered Nurse Journal.

Have you ever wondered how and why a policy had been implemented and wished you could change it?

I often did before I went to the RNAO policy institute, *Understanding policy: Power, agendas and players*. I am the manager of health-care services at the newest publicly run super-jail in Ontario. I decided to attend the policy institute to better understand policy development and implementation. I wanted to know how to influence policy makers and advance critical issues that would warrant exploration and analysis during the policy development process.

I did not know what to expect, but I was looking forward to learning new skills that would enhance my political acuity. Fatigued from the daily operational pressures of a demanding position, I welcomed the opportunity to change pace and focus on one specific and strategic issue – a policy change at my workplace with the goal of improved health care and medication delivery. The results were outstanding.

I arrived at the Nottawasaga Inn ready to learn. The location provided the perfect blend of efficiency and serenity. I was greeted by a group of stellar policy makers and shakers who guided me every step of the way. Each day was carefully planned with specific workshops to help me understand and influence the policy development process. I received expert advice, mentoring and support – including individualized coaching

– in reviewing case studies, developing action plans, and in role play. Every aspect of policy development was addressed. At the end, I understood clearly who were the major contributors to the policies that most directly affected my institution, and the formal and informal strategies needed to influence them. I also understood the potential impact of policy (corporate or operational) on human resources, recruitment and retention strategies, and patient safety.

As nurses, we are often faced with outdated policies; knowing how to influence change is paramount. It did not matter that the policy change that was preoccupying me at my institution was not as all-encompassing as others. My colleagues at the conference shared their knowledge with great enthusiasm and worked with me to create a policy change proposal. I not only learned about the policy development process, but I also gained the confidence needed to draft a foolproof proposal for policy change. This conference gave me the tools required to fully analyze the policies I currently use and the expertise to advocate for improvements.

In this day of unsettling economics and ever-changing political agendas, it is imperative to seize opportunities to frame our needs appropriately to bring our issues to the forefront. Nursing has evolved and with this change, some nurses have moved away from bedside care to influence new policies that ultimately improve patient care.

We owe it to ourselves to become activists for change. We owe it to ourselves to understand how and why policies are created and to ensure these policies continue to reflect the best outcomes

for patient care. Like the human brain, policies govern the way we do business. Policies are at the heart of health care. Become informed and learn how to present a proposal to improve, change or create a policy and in so doing, improve health care.

The week-long seminar was amazing; what I learned will serve me for a lifetime. Next time you look at a policy, think about its origin, think about its relevance, decide if it is outdated, and learn how to influence its improvement.

I truly thank the conference organizers for such an enriching experience, and the guest speakers for sharing their knowledge and expertise. **RN**

JUDELINE INNOCENT, RN, IS MANAGER HEALTH-CARE SERVICES AT CENTRAL EAST CORRECTIONAL CENTRE, FOR THE MINISTRY OF COMMUNITY SAFETY & CORRECTIONAL SERVICES IN LINDSAY, ONTARIO.

Policy institute highlights

RNAO's inaugural policy institute exposed nurses to the importance of participating in policy development, analysis and implementation.

Participants focused on a policy issue that they wanted to influence, applying the theories presented at the institute and developing a course of action to implement afterward. Highlights include:

- Individual coaching from Sioban Nelson, head of the School of Nursing, University of Melbourne, who has extensive experience shaping health, education and nursing policy in Australia.
- Closing keynote address from Frances Lankin, president and CEO of the United Way of Greater Toronto and a former NDP minister of health, who challenged RNs to lead the discussion about the social determinants of health – to be the “sharp elbows” – at a systemic level and demand that governments embrace a wide definition of health.
- Panel presentations, learning stations, formal and informal opportunities to learn from health-care, policy and communications experts.

Calendar

March

March 21

BARIATRIC ERGONOMICS
FEATURING MICHAEL
DIONNE AS SPEAKER.
Lambton Chapter event
Contact Gwen Harris for
more information
gcharris@ebtech.net.

March 23

POWERPOINT FOR NURSES
Michener Institute for
Applied Health Sciences,
Toronto

April

April 7

PRECEPTORSHIP FOR NURSES
Regional Workshop
RNAO Home Office,
Toronto

April 7-8, 11-13

HOW TO DESIGN EFFECTIVE
EDUCATION PROGRAMS
RNAO/OHA joint program
RNAO Home Office,
Toronto

April 21-23

RNAO ANNUAL
GENERAL MEETING
Hilton Suites
Toronto/Markham
Conference Centre and Spa
Markham, Ontario

May

May 12

RNAO HEALTHCARE
EXPOSITION 2005
89 Chestnut Residence, Toronto

June

June 2, 3

NURSING BEST PRACTICE
GUIDELINES: THE KEY
TO KNOWLEDGE
PRACTICE SYNERGY
*3RD BIENNIAL INTERNATIONAL
CONFERENCE ON NURSING
BEST PRACTICE GUIDELINES*

Hilton Suites
Toronto/Markham
Conference Centre and Spa

June 7

DISCOVERING THE
LEADER WITHIN YOU
RNAO Home Office,
Toronto

August

August 7-12

BEST PRACTICE GUIDELINES
INSTITUTE 2005
Nottawasaga Inn Convention
Centre and Golf Resort
Alliston, Ontario

Unless otherwise noted, please contact Vanessa Mooney at the RNAO Centre for Professional Nursing Excellence at vmooney@rnao.org or 416-599-1925/ 1-800-268-7199, ext. 227 for further information.



2005 ANNUAL GENERAL MEETING

AGM REGISTRATION FORM

Please download this form from RNAO's Web site at www.rnao.org or call Bertha Rodrigues at 416-599-1925 ext. 212 for a copy.

Deadline for AGM pre-registration: April 11, 2005.

HOTEL RESERVATION FORM

RNAO has reserved a block of rooms at the Hilton Suites Toronto/Markham at \$155 per night. **This rate is guaranteed until March 15, 2005.**

The reservation form is available at www.rnao.org or call David McChesney 416-599-1925 ext. 208 for a copy.

CLASSIFIEDS

SIXTH ANNUAL OPTIONS FOR DIABETES CONFERENCE.

WHEN: Friday, April 15 to Saturday, April 16, 2005. **WHERE:** Holiday Inn, Kingston, Ontario. **WHO SHOULD ATTEND:** Health-care professionals interested in increasing their knowledge about diabetes. **KEYNOTE SPEAKERS:** Dr. William Polonsky, University of California at San Diego, "Diabetes and Functional Health Literacy" and Dr. Heather Dean, University of Manitoba, "Screening for Diabetes in Children." Other presentations and workshops to include: Ontario Aboriginal Diabetes Strategy, diabetes prevention, women's issues, renal disease, education strategies, nutrition, research, foot care. For more information, contact: Margaret Little at 613-547-3438 or hartwork@kingston.net or Joan Ferguson at 416-239-0551.

OLYMPIA SPORTS CAMP near Huntsville needs RNs or nursing grads waiting for registration. July and/or August. Family

lodging and meals provided plus salary. Your children attend camp for free. Full use of all recreational facilities and equipment. Nightly social gathering in coaches' lounge. Health Centre Team includes one doctor, four RNs, and four athletic therapists caring for a lively community of 575 campers, staff, coaches and their families. Spend your summer with us in the heart of beautiful Muskoka. Call collect 905-479-9388.

ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS (OANHSS). Annual Meeting & Convention "People First." March 8-10, 2005. Sheraton Centre Hotel, Toronto. Excellent learning and networking opportunity for nurses in long-term care. Visit www.oanhss.org for details. This program may qualify under the RNAO Nursing Education Initiative. Contact: Karen Elliott, OANHSS Conference Planner, 905-727-1537, karenelliott@oanhss.org.

ONTARIO ASSOCIATION OF NON-PROFIT HOMES AND SERVICES FOR SENIORS ADMINISTRATOR CERTIFICATION PROGRAM. April 3-8, 2005. Sutton Place Hotel, Toronto. An outstanding program for nurses seeking the certified administrator designation in long-term care. This program is recognized by the Ministry of Health and Long-Term Care and qualifies under the RNAO Nursing Education Initiative. Contact: Karen Elliott, Conference Planner, 905-727-1537, karenelliott@oanhss.org.

APARTMENT FOR RENT. Regal Heights Neighbourhood. St. Clair Ave. West/Dufferin St. South. Large, bright, newly renovated one-bedroom basement apartment in five-plex. Modern interior, new kitchen, lots of closet space, windows in each room, laundry, storage and backyard. Just steps to shopping and services on both main streets and close to two subway stations. Heat, hydro and water included in rent. Available immediately. \$750 inclusive. Cats are OK. Please call 416-305-6860.

LEAD BY EXAMPLE



Ms. WENDY NICKLIN
Executive nurse
Executive Director, Canadian Council on Health Services Accreditation (CCHSA) (Ontario)

Executive Training for Research Application (EXTRA) is a challenging and rewarding two-year fellowship program that combines residency seminars, e-learning, mentorship and networking components with intervention projects undertaken in fellows' home institutions. Delivered by an expert faculty drawn from both Canada and abroad, EXTRA is an exceptional professional development opportunity available in your choice of French or English.

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Executive nurse
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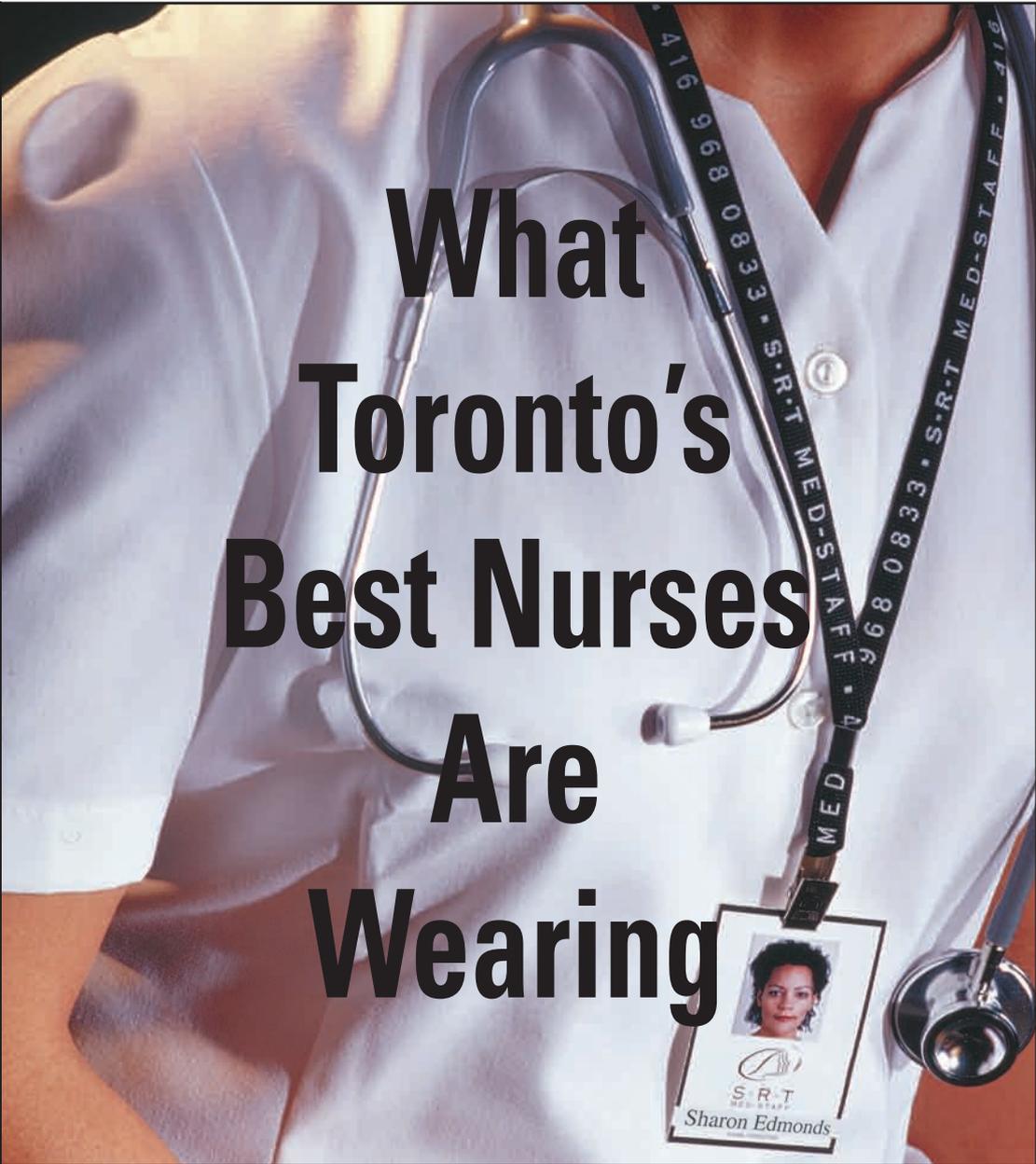
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