

MAILBAG

RNAO WANTS TO HEAR YOUR COMMENTS AND OPINIONS ON WHAT YOU'VE READ OR WANT TO READ IN RNJ. WRITE TO LETTERS@RNAO.ORG

Debunking the myths of LTC

Re: Top 10 myths about long-term care nursing, September/October 2010



On behalf of the Gerontological Nursing Association (GNA), I would like to compliment Lesley Young for her comprehensive article addressing the assumptions of caring for our older persons in long-term care homes. She addressed the many challenges, along with the many rewards, for staff that choose to work in this specialized field. Her opening paragraphs reviewed the vital statistics setting the stage for the reader to appreciate and understand this population. Lesley noted that by 2026, one in five Canadians will be over the age of 65. This statistic is well documented, along with an associated increase in the need for dignified, expert, chronic disease management and care. GNA works diligently to enhance the positioning and image of nurses working in long-term care. Lesley's article contributed to our advocacy mandate and increased readers' understanding from various important perspectives. Thank you.

Susan Ward-Moser, RN
President, GNA

Misinformation a barrier to pain management

Re: The art of self care, November/December 2010
Thank you for a well done and timely article on promoting self-care. The vignette entitled *Exercising through the pain* illustrated the importance of exercise in pain management; however, I was concerned about the misinformation regarding narcotic pain medication. The myth that addiction follows appropriate narcotic use is a barrier to successful pain management in many people. Inappropriate use is another matter. As health professionals, we need to be careful that the information we convey is evidence-based.

Wendy Vlasic, RN
London, Ontario

EDITOR'S NOTE: RNJ would like to clarify that the RN featured in the above-noted story was speaking from his professional experience in mental health and corrections. This was edited out of the story and we apologize if it was unclear.

ONA speaks for injured, unionized RNs

Re: Injured on the job, November/December 2010
While the RNAO is right to shine a light on the preventable injuries that cause too much suffering to nurses, the researcher does not show the whole picture when she asserts that unions are an impediment to worker safety. We also need to

be very careful in suggesting that we should download responsibility for avoiding injury onto individual nurses' shoulders.

ONA has had to defend too many members with stories such as those you cited, where injured workers are driven by employers and the WSIB back to work. That results in additional physical harm and added psychological injury. Employers control our workplaces, and WSIB has power over injured workers' benefits. Too often, neither seems to understand their legal and moral obligations to protect injured workers from further harm. Both must be made to abide by occupational health and safety and human rights law, which require safe and dignified treatment of injured workers. Employers and supervisors must take the initiative and be made to understand their duty to take every precaution reasonable to prevent workers from being injured. Those who are hurt must be supported, compensated, and provided adequate treatment and time in order to heal. When they do return to work, they must be accommodated in dignified work that is safe for them to perform.

Ms. Clune is correct in her observation that WSIB presses injured workers back to work prematurely. It is often pressure from WSIB that causes employers to treat injured workers poorly. WSIB leaders long ago conceded that their staff was not trained to



understand occupational health and safety law and principles. ONA has spent considerable resources negotiating with WSIB to apply occupational health and safety law and require workplace parties to engage the Internal Responsibility System when encountering health and safety concerns in return-to-work situations. Four years later, WSIB is still not following this agreed-upon process.

Linda Haslam-Stroud
ONA President

Finding meaningful work for injured RNs

Re: Injured on the job, November/December 2010
I was disturbed by the statement by Laurie Clune that working in a unionized workplace worked against nurses needing accommodation. As the bargaining unit president for ONA at Women's College Hospital, I assure you ONA works very hard to find meaningful work for our injured nurses, including specifically waiving job postings when necessary. Women's College is an employer that is also interested in returning nurses to work and works with the union to make this happen. Some employers are more likely to pay lip service to the process, and of course, the bottom line always comes into play in these days of budget deficits.

Judie Surridge
ONA Local 80