

Registered Nurse

JOURNAL

MORE THAN JUST A JOB

Susan Sorrenti is one of many RNs who hope increased awareness, respect and excitement for the profession will remedy the nursing shortage.



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Cover photography: Paul Orenstein

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Editor's Note

Nurses inspire others at home office and beyond



During my seven years at RNAO, I've met two fellow staff members who started at the association without ambitions of becoming a nurse, but who left in pursuit of their BScN. Kate Melino, the policy department's 25-year-old research assistant, is the latest convert. She's decided to pursue international nursing; something she says she got a taste for when she completed her first degree in anthropology and did a three-month internship in South Africa in 2004.

When I asked Kate about the catalyst for her career shift, she told me it was RNAO. Working at the association not only made her realize the many opportunities available to nurses, it also solidified her resolve to do something important with her life. She said she's always talking to members who are proud of what they do, and she too wants to make a difference in people's lives.

Kate has been inspired by members. I have as well. I've probably interviewed hundreds of nurses in my time as writer for this magazine and I can confidently say that just about every conversation I've had at some point comes around to the passion and enthusiasm it takes to be an RN. I've been sufficiently inspired by so many nurses that, if not for my weak stomach and aversion to science (I've always been better at using the other side of my brain), I might have also been persuaded to consider a career shift – if not for the personal fulfillment, then most certainly to fill the need.

It's no secret RNs are in short supply in Ontario, and more people like Kate need to be persuaded to consider the profession. In this issue of the magazine, we introduce you to some of the nurses who are doing the persuading. We share some of their successes and explore the steps they say still need to be taken to boost nursing numbers. We talk to new grads who say more should be done to get teenagers thinking about nursing at a younger age. And we talk to administrators who haven't lost sight of the women and men who are already in the profession, and what it will take to convince them to stay longer.

With their continued efforts to raise awareness, demand respect and instill excitement for everything nursing has to offer, it's just a matter of time before Kate realizes how lucky she was to get in before the rush.

Kimberley Kearsley
Managing Editor

We want to hear from you

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or fax 416-599-1926. Please limit responses to 150-250 words and include
your name, credentials, hometown and telephone number.
RNAO reserves the right to edit letters for length and clarity.

Committed to raising an authentic voice that reflects our core values



It hardly seems possible that it is two months since our annual general meeting. As I write this first message, I am again mindful of the tremendous honour

and the humbling responsibility that I took on, in trust from each of you, that day in April. I am also conscious that I have big shoes to fill. As I have said to Mary, 'You are one tough act to follow.'

The leadership Mary has provided for all, the mentoring and friendship she has extended to me personally, and her continued presence, experience and wisdom, will serve us well as she embarks on her year as immediate past president. The extraordinary leadership that we all experience every day, and the close personal and positive working relationship that I have with our very

accomplished ED, Doris Grinspun, also speak to a smooth transition and our continued move forward as we influence not only nursing but also policy and health.

The issues that face us today — as an association and as individual nurses in every aspect of our shared profession — are enormous. Two particular issues will continue to be critical over the coming years: the sustained, ferocious attacks being made on the universality of publicly funded and not-for-profit delivered health care; and the escalating pressure to meet the increased need for nurses in the face of changing demographics.

To meet these challenges we will need to focus on sustainable solutions. We need to continue building and nurturing partnerships with those who share our concerns. We need to exercise 'voice' clearly and consistently as we speak out for nursing and for health.

Nursing has solutions. Those solutions include, but are not limited to, supporting all nurses to work at their full scope of practice and expanding that scope, and shifting the traditional power structures in our health system to more effectively serve the needs of our time. They also require both strong relationships and committed voice.

We are so much more effective in the company of others who share our core values and who are committed, as RNAO is, to passionately supporting those values, not only in words but in actions. To that end,

“Voice gives richness to our relationships, allowing both the renewal of existing and the development of new... Authentic voice arises from our most deep-seated values. Authentic relationships must also reflect that... Anything less will diminish our success in achieving the goals before us.”

the growth of those key relationships we already enjoy must be a high priority, as must be the development of new partnerships as we move forward.

And then there is voice. The exercise of authentic voice reflects our core values. It is truthful, thoughtful, courageous, and is our most effective means of influencing healthy public policy. I am committed to giving voice to those who, for whatever reason, are not able to speak out and challenge the wrongs they experience and see. I am committed to bringing voice to the ear of the public and government alike, for by influencing the first we influence the second.

Voice gives richness to our relationships, allowing both the renewal of existing and the development of new. But let me be clear; voice can never be sacrificed for the sake of relationship. Authentic voice arises

from our most deep-seated values. Authentic relationships must also reflect — and respect — those same values. Anything less will diminish our success in achieving the goals before us.

It is the tradition of our association that each president bring focus to an issue of personal interest. I find myself at a particular moment in time, where the intersection of a long history in hospital-based leadership and a still young career in nursing education have helped me recognize ever more clearly the critical bond between practice and education.

This is an area where I will use both relationship and voice, on behalf of nursing and the broader public we serve, to strengthen that bond.

The nursing students I am privileged to work with each and every day are impressive, thoughtful, challenging young men and women. They are the future of our profession and of society. They will not accept, as part of their professional lives, much that

seemed 'normal' when I first came to nursing. That is all to the good, for as we shift and improve our workplaces to meet the reasonable expectations of those who come after us, we will be strengthening the future for all — provider and patient alike.

These are all significant issues that require time, energy and commitment. And yet beyond these are challenges that have not yet crested the horizon. For you, my colleagues and friends, I commit to meet those new challenges with passion and with commitment to our shared values.

It is time to raise our voices together in the service of all that we hold dear. I invite you to walk — and sing — with us as we go forward together. **RN**

WENDY FUCILE, RN, BScN, MPA, CHE, IS
PRESIDENT OF RNAO.

Checking the pulse of nursing human resources: Where we are, and where we're going



Late last year, I decided that all of my visits to chapters and regions must include at least a couple of hours of clinical work. This decision was based on a yearning for direct

contact with patients. One of my first visits in 2008 was with Alison McCubbin, an outreach mental health nurse in Toronto. My day with Alison and her clients was inspiring beyond words.

My clinical journey continues. During Nursing Week, I experienced the frontlines of our profession in urban settings like Ottawa, and in rural communities like Listowel and Fergus, witnessing the impactful work RNs are doing across the province. The visits also gave me the chance to talk with nurses about the health system and nursing's progress. It's vital to know whether nurses in different roles, sectors and geographical locations think the profession is better off today than it was a decade ago. Also critical is to listen attentively to what you say needs to be done to strengthen the profession. This is the basis for RNAO's board and staff work. Indeed, connecting the dots between day-to-day nursing practice – whether clinical, administrative, or academic – and policy imperatives is the key to RNAO's success.

From where I sit at the provincial/policy level, nursing human resources have always been a priority concern. More full-time employment, and retention and recruitment initiatives that keep RNs working in Ontario (and bring more to the profession); these are the things that keep me up at night. A continued commitment to initiatives such as the nursing graduate guarantee, 80/20, and building the infrastructure and faculty to educate more nursing students is also vital, as is preventing illness and suffering in this province by eliminating poverty and reducing carcinogens and toxins.

I witnessed each of these macro chal-

lenges during the clinical days spent with you. They were visible on the faces of women I met at the shelter in Toronto, the inmates at Maplehurst Correctional Complex in Milton, and many of the children in the mental health unit in Ottawa.

Equally visible on RNs' faces was the urgency you feel on the frontlines. It's you

“ It is remarkably inspiring that RNs who live in the moment of day-to-day practice take the time to think about the future of this province, the profession, and the policy work that must be accomplished to strengthen both. ”

who deals — every day — with the results of social and economic policies, and it's you who is pressured by the 'in-time' necessities of the people you nurse and your work.

Nurses with whom I speak are consistently concerned about social and environmental determinants of health, Medicare, and the nursing shortage. You want to take the necessary steps to make it better. It is remarkably inspiring that RNs who live in the moment of day-to-day practice take the time to think about the future of this province, the profession and the policy work that must be accomplished to strengthen both. It is even more impressive that so many of you engage in taking action. For this, I thank you.

Your engagement delivers results because we are better off today than a decade ago. Nurses are involved now in decision making provincially, nationally and internationally; and our voices are being heard.

We've moved from 50 to 63 per cent full-time employment. We've seen a drop in the number of RNs working for multiple employers from 18 per cent in 1998 to nine per cent today. Fewer nurses are moving to other jurisdictions, and we have many more new graduates working full-time than we had a decade ago. We have new and exciting roles in nursing (RN first assist, RN endoscopist, NP anaesthesia). We've cemented the primary care NP role in legislation and we have an NP-led clinic serving the public.

Admittedly, we still have more to do on all fronts; from social and environmental determinants of health, to solving the nursing shortage and strengthening Medicare. But acknowledging the gains we've made is important to successfully fill the gaps that remain.

The changes we are seeing at the policy level are promising. And perhaps even more promising is the speed at which we are persuading government that more change is necessary. I attribute our success to our differing perspectives, yet unified voice. As Wendy Fucile, our president, so eloquently says in her column on page 5: "Voice can never be sacrificed... authentic voice arises from our most deep-seated values."

Nurses at the bedside, on the street, in homes, in the corridors of practice, on boards, and on the frontlines of protests each have unique and critical perspectives on what remains to be done to improve the lives of Ontarians and your own worklives. You know best what is needed to provide safe and quality health care. Your voices and your actions are indispensable. And as long as we keep pushing for solutions together, we can and we will solve all challenges ahead.

DORIS GRINSPUN, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO.

Camp nursing helps RN recharge

After 30 years, Cheryl Bernknopf hasn't lost sight of the fun to be found at summer camp – whether you're an adult or a child. BY JILL SCARROW

Cheryl Bernknopf has gone to camp every summer since she was five years old. As a child, she was a camper. As a teenager, she was a counselor. So it's not surprising that as an adult, Bernknopf looked for a career she could do at camp. Nursing gave her that opportunity. The 50-year-old says she had long known nursing would be a good fit for her. She was ill as a child, and says that even as an eight-year-old, she knew when she grew up she wanted to be just like the nurses who cared for her.

Today, Bernknopf is a 30-year veteran of camp nursing, and balances her role as the assistant director and senior nurse at Centauri Summer Arts Camp with her September-to-June jobs in pediatrics at York Central Hospital and as a clinical instructor at Seneca College. She says the chance to see kids outside having fun, instead of inside hospital walls, recharges her batteries. And she doesn't deny the pride she takes in knowing that, over the years, she's become an expert at building campfires and belting out meal-time songs in the dining hall.

"Camp helps me to de-stress from the rest of the year. It allows me to let my hair down and do other things aside from the functions of a nurse in a hospital or as a teacher in a college," she says.

Of course, there is still a lot of work to do during the summer. It's no small job ensuring campers and counsellors stay healthy. "You're on call 24/7. It's not like you do your shift and go home," she explains. "You can have a run of the flu go through the camp and you won't get any sleep for three days."

For the past 10 years, Bernknopf's summer homes have been dorms and trailers on Centauri's 67 hectares of forest and meadows near Niagara region's Welland River. The grounds where she works are



NAME: Cheryl Bernknopf
OCCUPATION: Camp Nurse
HOME TOWN: Toronto, Ontario

dotted with these dorms, a dance hall, and visual arts studios. The mother of three grown children says it hasn't been as hard as some might think to leave her family for the summer. That's because the Bernknopf love of camping is hereditary. When her kids were young, they often attended the camp where she worked. And her daughter is a counsellor at Centauri this summer. Even Bernknopf's husband has been found singing in the dining hall when he visits from time to time.

While camp is a nice break from her usual life in Toronto, it's hardly relaxing, especially once the first of Centauri's 140 campers – ranging in age from nine to 18 – begin arriving. Bernknopf works with another nurse who runs the camp clinic. Besides the usual potential for campfire injuries and bee stings, she says Centauri's arts-focus has other hazards. Sprained ankles among dancers aren't uncommon, and there's always a risk of injury when

kids are working with chemicals in photography labs.

Bernknopf says she has seen an increasing number of kids arrive at camp over the years with needs that can't simply be treated with rest and ice. But, many camps are now better able to accommodate children with physical disabilities. At Centauri, the kids are heavily involved in the arts, she says, and they can sometimes suffer from mental illness. Camp is one of the only places they can escape the pressures of a perfect performance.

In 2001, Bernknopf was approached by a camper who was trying to get vomit stains out of her shirt. She knew the girl hadn't been feeling well, and as they talked, realized the

questions about laundry were really a "cry for help" to address her bulimia. Bernknopf reached out to the girl's parents, who hadn't realized their daughter was suffering, and set the young camper up with community programs in her home town.

Fortunately, not all kids struggle with serious issues such as bulimia, she says. In most cases, campers may just need someone to talk to when they're homesick. Over the years, Bernknopf has met many kids who can't bear to be separated from their parents on the first day of camp. Before long, they make friends and have so much fun they have to be dragged away when their two-week visit is over. This life-long camper can certainly sympathize with the struggle to head back home. Nobody's tried to drag her away just yet. But if they did, they'd better be up for a fight.

"Camp nursing is always going to be part of my life," she says. "I can see myself doing this for at least another 10 or 20 years." **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

Nursing in the news

RNAO & RNs weigh in on . . .

New anti-pesticide legislation keeps children at forefront

At a press conference on Earth Day (April 22), Premier Dalton McGuinty announced his government's plan to table legislation banning the cosmetic use of chemical pesticides and herbicides. If passed, restrictions will come into effect next spring, and will make Ontario's new law among the toughest in North America. Executive Director **Doris Grinspun** attended the event as the voice for RNAO. She was also representing the association as part of a coalition of 15 health and environmental groups that support a ban, noting that children benefit most from outlawing poisons. In addition to attending the press conference in April, RNAO has continually advocated through letter writing. "The link between pesticides and health is very clear [and] according to the David Suzuki Foundation, there are 1,600 pesticide poisonings alone reported in Ontario per year, with over half being children under the age of six," Grinspun wrote in a letter to the *Simcoe Reformer*. "Children love to play and they don't know about the risks of pesticides... that's why governments have a duty to protect citizens, especially children." (May 12)



RNAO Executive Director Doris Grinspun speaks to reporters about the government's bill to ban the cosmetic use of pesticides.

Sault Ste. Marie the site for Ontario's second NP-led clinic

On April 17, Sault Ste. Marie Liberal MPP David Oraziotti announced that his community would be the second in Ontario to establish a nurse practitioner (NP)-led clinic with funding from the provincial government. The clinic, still in the initial planning phase, is expected to relieve the community's overburdened ER and walk-in clinics, and provide more people with access to primary care. It's also expected to ease some of the difficulties in recruiting health-care workers to the north. A minimum of four NPs and two on-call doctors will operate the site, which is slated to open by the end of the year.

"One year ago there were several nurse practitioners who were unable to find employment in this community," said RNAO member and NP **Debbie Graystone**. "So I don't think we'll anticipate a problem in finding NPs to fill our needs."

(April 18, *CHBX-TV*, Sault Ste. Marie)

NPs in Belleville are hopeful they're next in line for Ontario's third proposed NP-led clinic. On May 12, the city council in that community agreed to lend its voice in support of the nurses' application to the Ministry of Health. RNAO member and local NP **Elizabeth Edwards** proposed the clinic to council as a service to the city's thousands of orphaned patients. It will "...go a long way to easing the burden of access to primary health care in this city where, we know, over 20,000 people do not have access," she said. (May 13, *Belleville Intelligencer*)

New Act to allow health-care professionals to apologize

In April, a private member's bill calling for an *Apology Act* was introduced at Queen's Park. If passed, the new legislation will allow an individual or organization to apologize for an accident or wrongdoing without

having the statement used against them in civil court. The bill has special significance in health care, where professionals are generally advised not to apologize for errors because of liability issues. RNAO Executive Director **Doris Grinspun** said nurses go to work with the intention of providing safe patient care, but sometimes mistakes happen. "We believe it (the legislation) will be of great benefit," she said, adding "it is absolutely essential to protect nurses and employers." (April 15, *Canadian Press*, *Waterloo Region Record*, *Axiom News*)

Hospital administrators under pressure to balance books

In early April, threats of layoffs at Rouge Valley Health System left RNs wondering if they'd be shuffled to new units or required to take early retirements as administrators tried to balance the hospital's budget after years of running deficits. Rouge Valley wasn't the only health

For complete versions
of any of these stories, contact
staceyh@rnao.org.

organization feeling the heat to balance its books this spring. Windsor's Hotel Dieu Grace Hospital (HDGH) and Kingston General Hospital were also in the news, commenting on how they too were considering their budget positions carefully. RNAO board member **Marnie Dahl**, chief nursing executive for HDGH, said that as hospitals start amending their deficits, they must keep in mind "nursing losses won't be good for patient care and certainly not [good] for the morale of nurses." (April 11, *Kingston Whig-Standard*)

Nursing student becomes youngest to climb Mt. Everest

On May 27, nursing student **Laura Mallory** reached the world's tallest peak and became the youngest Canadian in history to accomplish the feat. The 20-year-old Fanshawe College student is

no stranger to testing her physical limits. She has also climbed Mt. Elbrus and Mt. Kilimanjaro. She reached Mount Everest's 8,850 metre peak just one day behind her father and two brothers (who went ahead while she recovered from a stomach bug). Mallory has also won the mixed *Canadian National Adventure Racing Championship* with her brother and dad, has experienced tandem sky diving with her mom, and has participated in various triathlons and multi-day hiking trips. "I did it," she told her mother when she called from a tent at the peak. (May 28, *Toronto Star*)

Ottawa launches fast-track program for students

In May, the University of Ottawa became one of 30 educational institutions in Canada to offer an accelerated nursing program that allows students who already

have a degree to fast-track through nursing school. Students with an undergraduate degree and six credits of human anatomy and physiology will see their nursing

*On April 17, RNAO President **Wendy Fucile** published a letter in the Toronto Star that outlined RNAO's support for the '25-in-5' strategy, calling for a reduction of poverty in Ontario by 25 per cent in five years.*

Time is running out for the poor

Letter to the editor

The *Toronto Star*

We appreciate that Children and Youth Services Minister Deb Matthews took the time to hear the stories of people who live in poverty. This week's forum at Queen's Park, with more than 500 people in attendance, provided many with the opportunity to describe what it's like to go through a day without adequate food, or wonder how they're going to pay next month's rent. The question now is: *Is the government listening?*

Nurses know the impact that poverty can have on people's health. That's why our organization is among those groups calling on the government to adopt the "25-in-5" strategy as an essential step to improve thousands of lives.

Matthews shouldn't be distracted by questions about how best to measure poverty. And suggestions that Ontario faces challenging economic times are not a reason to back away from a promise to help these citizens.

Quite the contrary, they are a reason to move forward.

Wendy Fucile,
President, RNAO

Fanshawe College nursing student Laura Mallory (right) and her adventurous father pose atop Mt. Elbrus in Russia. They set their sights this year on climbing Mount Everest in Nepal.



Nursing in the news

RNAO & RNs weigh in on . . .

training shortened from four years to two. The purpose of the fast-track program is to get nurses into the profession as quickly as possible. The Ontario government has committed \$800,000 to creating more fast-track programs in an effort to address a shortage nationwide. "In an environment where we're pressed to produce nurses, it doesn't make sense to put these people through the entire four years," said RNAO member and program director **Kirsten Woodend**. (April 22, *Ottawa Citizen*, *Windsor Star*, *CanWest News*)

Survey finds overworked nurses make more errors

On May 14, Statistics Canada released a survey showing nurses who routinely work overtime are more likely to make medication errors. Of the 19,000 nurses surveyed, one in five nurses working in hospitals acknowledged making errors

either occasionally or frequently. Lisa Little, Director of Public Policy for the Canadian Nurses Association, said the study clearly shows the correlation between errors and unhealthy work environments.

Irmajeon Bajnok, Director of RNAO's International Affairs and Best Practice Guidelines Programs, said it's also clear the errors are not related to nurses' experiences or level of education. "...These are system issues that need to be addressed," she said. "A lot of work needs to be done in the area of creating healthy work environments...it's very difficult to have clinical excellence unless the work environment is healthy." (May 15, *CKXT-TV*)

Family health teams are the future of health care

During an address on April 23 to the Quinte branch of the United Nations Association in Canada, RNAO member

Katherine Stansfield painted a picture of the future of health care with a focal point on family health teams. She told the national non-profit organization, which creates links between the work of the UN and the lives of Canadians, that multi-disciplinary teams of RNs, nurse practitioners, physicians, pharmacists, midwives, social workers, dietitians and others can work together to better meet the needs of the community. As chief nursing executive and vice-president of patient services at Quinte Health Care, Stansfield knows that with a shortage in just about every health-care field, teams of professionals are the only way to go. "The shortage of all health-care professionals will be mitigated by the collaborative, integrated care provided by a variety of professionals...all licensed to provide care within their scope," she said. (April 29, *Belleville Intelligencer*) **RN**

Out & About



On April 25, RNAO member and nurse practitioner Michelle Acorn was a special guest on CBC radio's *White Coat, Black Art* with Dr. Brian Goldman. She talked about her role at Lakeridge Health-Oshawa, and how she and fellow NPs partner with physicians to deliver care to patients in a chronic care hospital.



RNAO member Cindy McNairn (top right), president of the association's International Nursing Interest Group, met with a group of young women during a trip to India late last year. She was visiting an impoverished region near Old Delhi, where she taught the women about basic health concepts such as nutrition, first aid and infection control. She also volunteered at Mother Teresa's Home for the Destitute and Dying.



On Valentine's Day, third-year Ryerson University nursing students Heather Webb and Katie Bowler (second and third from right, respectively) joined an information picket outside MPP Mario Sergio's office. The students, in partnership with CUPE representative Antoni Shelton (speaking to the media), were calling for an increase in minimum standards of care to 3.5 hours per resident in long-term care homes across the province.

Finding solutions close to home

RNAO continues to push for an end to active international recruitment – a practice known as ‘poaching.’ Ethically sound and sustainable solutions to nursing shortages in Canada and abroad must come from within.

Nursing human resource challenges have prompted governments and health organizations across Canada to search for strategies that ensure a robust workforce in the midst of demographic shifts that put pressures on our health system. In Ontario, one thing is clear. The government has gone on record saying that any and all solutions must come from within provincial borders, and not from international neighbours.

“This is a position RNAO wholeheartedly supports,” says President Wendy Fucile, adding that it has been discussed and approved by the board of directors on numerous occasions. And the rationale is simple.

The exodus of skilled health professionals from communities that struggle with high unmet health needs has placed many countries at risk. One example is the African continent, the epicentre of the global health workforce crisis. Speaking to nurses at a conference in Fredericton in 2007, Stephen Lewis, former United Nations Special Envoy for HIV/AIDS in Africa, expressed deep concern about western countries recruiting nurses from developing countries, where they are needed to battle the pandemic.

Others have expressed similar sentiments. A 2006 editorial in *The Lancet*, described as the “independent and authoritative voice in global medicine,” urges the U.S. government to create ways of bolstering its own local workforce rather than poaching nurses from the developing world. It goes on to say that poaching is like applying a band-aid to a gaping wound, and it is a morally problematic and expensive temporary fix to a problem that is not new. The editorial also says the U.S. must create ways to fund and strengthen the nursing infrastructure in that country.

This is Ontario’s approach; and it’s showing results (see our feature on the next page and the Executive Director’s Dispatch on page 6).

RNAO has long opposed the human

RNAO’s position

RNAO’s provincial pre-election platform, released in May 2007, states:

- The Ontario government and those health organizations funded by the government will not engage in active international recruitment of nurses and other health professionals.
- Individual nurses who make Ontario their new home should face no systemic barriers to practice their profession.
- Establish permanent funding for existing upgrading and bridging programs for internationally educated nurses.

resource practice of mounting recruitment campaigns to actively seek health professionals from other countries. This is because the association is mindful of its responsibility not to contribute to global health inequities. It is also cognizant of the human and economic costs of stripping vulnerable populations of access to health care due to migrating health professionals.

“In addition to being morally wrong, we believe it’s an unsustainable practice because it doesn’t address the underlying reasons for our shortages,” says Executive Director Doris Grinspun.

RNAO has established a clear and sharp distinction between governments, employers and private agencies poaching nurses from abroad and the right of individual nurses to migrate and make Ontario their new home. The association has been publicly supportive of programs such as CARE (Creating Access to Regulated Employment) and its Centre for Internationally Educated Nurses. It is also supportive of bridging programs for nurses from other countries, particularly those at Mohawk College/McMaster University, Algonquin College/University of Ottawa, and York University. These programs, Fucile says, are essential to help internationally trained RNs more quickly meet entry-to-practice requirements in Ontario.

“It’s important to understand the distinction between poaching and these programs,” Grinspun adds. “The key question you have to ask yourself when seeking to understand the ethics of international nurse recruitment is ‘Whose interests are being served?’” **RN**

1 WHO has compiled information about the number of nurses and midwives (trained in sub-Saharan Africa) who are working in western countries:

- over 3,000 nurses and mid-wives trained in Zimbabwe – or 34 per cent of its workforce – are working in Canada and six other western countries
- almost 13,500 South African trained nurses and mid-wives – or seven per cent of the continent’s workforce – are working in western countries

2 Over a 10-year period (1994-2003), almost 85,000 nurses educated in the Philippines went overseas to work. About 250 hospitals in the Philippines have closed down, mainly because of the loss of doctors and nurses to jobs overseas.

3 Canada and the U.S. each have a nurse to population ratio of almost 10:1,000. This is markedly higher than some countries that are exporting nurses. In China and Iran, for example, the ratio is approximately 1:1,000. In India and Zimbabwe, it’s barely 1:1,000. In the Philippines and Nigeria, it’s almost 2:1,000. And in South Africa and Swaziland, it’s slightly higher at 4:1,000 and 6:1,000, respectively.

Sources: *The World Health Report – 2006 – Working Together for Health*; *Institute for Health Policy and Development Studies (the Philippines)*.



Susan Sorrenti thought about leaving the profession, but “stuck with it” for its personal and professional rewards.

MORE THAN JUST A JOB

RNs tell us how the nursing shortage can be remedied with equal parts awareness, respect and excitement for everything the profession has to offer.

Peterborough RN Susan Sorrenti had only been working in intensive care at Toronto's Mt. Sinai Hospital for five years when, in 2003, she got a call that threatened to end her nursing career. On the other end of the line was a colleague who told Sorrenti to put herself in quarantine, she had been exposed to a patient with SARS. Not long after that, Sorrenti took her temperature and discovered she had a fever – one of the first telltale signs she could be sick.

“I was petrified that in some way I had put my family at risk,” she says of her worry for her children, then aged 7 and 8. “My biggest concern was just removing myself from home and going to the hospital.”

Sorrenti spent the next three-and-a-half weeks as a patient in the hospital where she worked. She needed oxygen just to breathe comfortably, and was so weak it was a struggle to walk to the bathroom. But she says the physical pain was nothing compared to the emotional trauma of knowing she was afraid of her job.

“I thought I'd be better off to waitress again than put my life on the line and risk my family's (health) to do my job,” she says, recalling her experience taking orders and tending tables to supplement her income when she first graduated from nursing in 1993.

Sorrenti eventually recovered from the physical and emotional effects of SARS and returned to work in the ICU. She says she stuck it out because nursing gives her the chance to do something she wouldn't be able to do in many other professions: help patients and families, whether they're welcoming a baby into the world or nearing the end of a terminal illness. Any profession has its downside, she says, especially nursing which is one of

the most dangerous jobs out there. That's exactly why she believes health-care professionals need to stay focused on what brings them joy during each shift: “Most of the time, the things we do for patients aren't witnessed. It's just the gratification of knowing you've chosen to help people. It's not just a job.”

Still, Sorrenti says employers can do more to keep nurses from occasionally wondering if they should trade in their stethoscopes for a career without health hazards. She believes that when it comes to retaining nurses, it's about more than just health and safety. Respect and a simple thank you from managers, administrators and other colleagues also go a long way to ensuring RNs are around to fill in as nursing's aging demographic begins to retire.

RNAO President Wendy Fucile agrees that creating healthier workplaces is just one way to keep nurses on the job – and to convince young people to consider the profession when they're planning for a career. However, truly solving the nursing shortage, she says, will take efforts by health-care organizations, individual nurses, educators, the government, professional associations and nursing unions.

In March, the provincial government pledged \$500 million over the next three years to hire 9,000 additional nurses. That comes on the heels of several other government-led recruitment efforts that have been getting results, including guaranteed full-time employment for new grads, initiatives to reach 70 per cent full-time employment for all RNs, and the promise to establish an additional 25 nurse practitioner-led clinics modeled on the one set up in Sudbury last year. These

BY JILL SCARROW • PHOTOGRAPHY BY PAUL ORENSTEIN

RURAL COMMUNITY RNs RAISE AWARENESS OF NURSING SHORTAGE

Grace Harper lives the nursing shortage every day. “We’re expected to work extra days. We’re expected to give up our holidays to cover (shifts),” she explains. After 29 years in the profession, she has a keen sense of the challenges facing the system, and she’s no longer staying quiet about them. In fact, this Listowel RN has taken it upon herself to ensure these workplace realities with which nurses contend daily don’t remain a dirty little secret.

Harper is one of 12 RNs who have formed a group called *The Nursing Shortage and You* as a way to speak out about the difficulty of providing the best patient care when there just aren’t enough nurses. She says one of the most surprising things she’s learned is how little of the public really knows about the nursing shortage.

During last fall’s provincial election, Harper was part of a Perth chapter group that organized an all-candidates debate in Stratford. The candidates and audience had heard about the doctor shortage, but few knew much about the nursing shortage. She believes that may be because people have plenty of anecdotes about being on waiting lists or trying to find a family physician, but they’re generally able to see nurses when they need to.

“People haven’t seen the shortage yet, because nurses are still in hospitals,” she says, adding that when she tells people about the shortage they’re often surprised and alarmed.

Harper often encourages individual nurses to boost the profession’s profile in their local communities, especially in rural areas. For nine years, she worked in a small hospital in Listowel, a southwestern Ontario town with a population of 5,300. She says she practiced emergency nursing, obstetrical nursing, and just about everything in between. In fact, it wasn’t uncommon during a night shift to also act as a security guard or a mechanic if a boiler broke down. She remembers nursing students coming to Listowel to do their consolidations, but leaving immediately after they were done. It’s hard to convince them to stay, she says, because most want to go to larger cities to work in fast-paced acute-care environments.

Harper believes that if small hospitals across the province are concerned about shortages, they need to concentrate their efforts on retaining the RNs they’ve already got. In Listowel, many nurses have built up stores of knowledge after 20+ years in the profession. That can’t be replaced overnight, she says, and their knowledge has to be passed along to younger RNs. She also believes that those senior nurses who have been in the profession for years can learn from new grads whose heads are full of the latest nursing knowledge. Developing that respect between generations will help make nursing a profession where people want to be. “We need to be there for each other, so we’re there for the patient,” she says. **RN**

efforts will boost Ontario’s nursing numbers, Fucile says, and RNAO will be watching to make sure politicians continue with earmarked funding and hard timelines that ensure programs are successfully implemented in workplaces across the province.

For its part, RNAO is helping to boost nursing numbers by partnering with the Registered Practical Nurses Association of Ontario (RPNAO) and the Ministry of Health and Long-Term Care to promote nursing as a career with unlimited possibilities. In May, a poster campaign was launched on billboards, buses and trains across the province: “From public health to ER. From primary care to palliative care. Many career possibilities await you in the field of nursing.”

Although the campaign doesn’t focus on the nursing shortage specifically, people will likely read between the lines and realize the profession is in a crunch, especially given statistics that stretch back almost a decade.

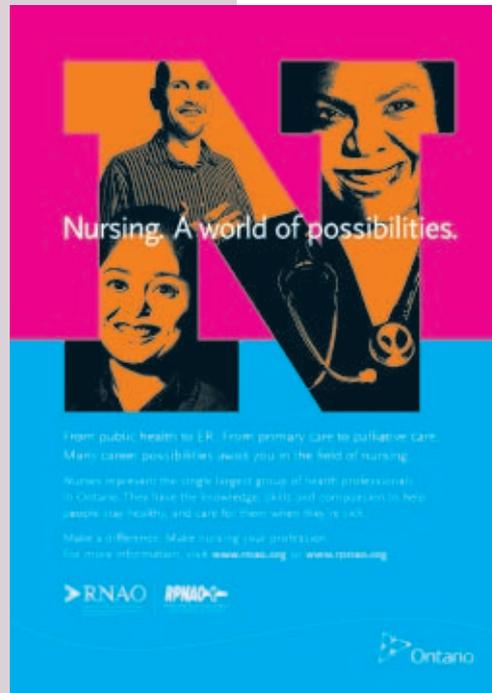
In 2000, RNAO released a document called *Ensuring the Care will be There*. It outlined the need to get between 60,000 and 90,000 new nurses working by 2011 to avoid a shortage. It also acknowledged that, like the population in general, the nursing workforce is aging. But a recession and hospital restructuring pushed nurses into part time and casual work during the 1990s, causing an already fragile workforce to crack. Like Sorrenti, many nurses couldn’t find full-time employment. Although Sorrenti stayed in Ontario and did agency work until a permanent job opened up, many of her colleagues left the province or the profession altogether.

Today, the cracks that started to form under nursing almost two decades ago are threatening to expand. According to

Creating a Healthier Society, a document RNAO released to the public and to all political parties prior to the 2007 provincial election, nearly a quarter of Ontario’s nurses are over 55 and eligible to retire. To ensure experienced nurses don’t leave the profession when they’re eligible to retire, RNAO recommended the 80/20 solution for nurses 55 and older, which provides nurses with an opportunity to spend 20 per cent of their time fulfilling professional development goals or doing research. And, to ensure that those who are retiring don’t leave a gap in their wake, all political parties were asked to commit to bringing 9,000 additional nurses into all health sectors.

“It all starts with preventing layoffs and displacements,” Fucile says, adding “nurses and the profession cannot endure another round of layoffs similar to those seen in the mid 90s.”

Building a strong nursing workforce is something Sorrenti sees as vital to the future of health care, and not just because it’ll make finding work easier for RNs. It’s also vital to providing the best patient care. Numerous studies show that when you have a full complement of nurses – and many of them working full time – continuity of patient care improves. Patients feel that nurses have time to get to know them, and are better able to provide care in a way that meets their individual needs. By boosting the numbers, there’s also hope some of the cracks in the profession will be filled. Last year, close to 110,000 nurses were



registered to practice in Ontario. Of these, almost 91,000 were actually working as RNs. Sixty-three per cent of these were working full time, including new grads who took advantage of the government promise to fund full-time work for the first seven months of their career. Eighty-six per cent of those new grads saw their positions turn into permanent, full-time employment. The numbers are promising, even when you look at the younger generation. Twelve per cent more high school students applied to nursing in 2008 than in 2007. In fact, according to the Ontario Universities' Application Centre, almost 10,000 high school students applied to nursing in 2008.

These statistics, although positive, do not suggest that we give up the fight for a stronger workforce, RNAO Executive Director Doris Grinspun says, particularly when, once again this spring, news of nursing cutbacks made headlines. Despite any progress on recruitment and retention fronts, she says, when even isolated cases of cutbacks make the news, it can scare people away from considering the career. That's bad news because if people don't think about nursing, patients will not get access to the expertise nurses bring to care, especially when it comes to best practices.

"We need to protect nursing positions," Grinspun says. "Nurses have lots of knowledge, but all the knowledge in the world won't help if they can't share it because they aren't at the bedside, street side or in the home. We can't afford layoffs and we can't afford attrition."

Kingston RNs Eleanor Rivoire and Colleen Cuddy agree. Rivoire, Senior Vice-President of Patient Care and Chief Nurse Executive at Kingston General Hospital (KGH), estimates the hospital needs to hire 250 nurses every year until 2011 to relieve its shortage. She admits that meeting such a big challenge means the hospital has to devote resources to a long-term solution.

In January 2007, they introduced the *100 Nurses in 100 Days* campaign to boost numbers. Cuddy works on KGH's recruitment and retention team, and says besides the usual job fairs and other hiring efforts, a big part of the 2007 campaign was to get staff to talk up the hospital to friends, family and colleagues who might be looking to relocate. Every staff member received a letter about the campaign, and tips on how they could help recruit others.

Rivoire says the campaign was timed to attract the attention of nursing students on the verge of graduating. It also targeted experienced RNs. By the time it ended last May, KGH found itself with 122 more nurses. Rivoire says the hospital was pleased with the results, and the initiative spawned subsequent recruitment efforts.

"Recruitment is part of retention," she explains, noting that more nurses mean reduced workloads, which make for a better work environment for everyone.

In northern Ontario, the need for nurses is no less crucial. RN Debbie Thomas is involved in recruitment efforts at North Bay General Hospital (NBGH). She says there are staff shortages on almost all the units. That's why the hospital is taking advantage of



RNAO Nurse Ambassador Ike Ejese (above middle) promotes nursing to prospective students while RNAO's Nursing Week poster campaign (opposite page) promotes it to the public at large.

the government's Nursing Graduate Guarantee initiative. Last year they hired 10 new grads in the program.

Jen Courchesne is one of those nurses. The North Bay native says she was happy to get a job close to home. She also believes that without the intensive preceptorship time the new grad initiative affords novice RNs, she wouldn't have been able to develop the skills and confidence to care for the traumas that come through the door each day. "In school, you learn all the theory," she says. "The new grad initiative let me apply everything I'd learned."

While bringing in new nurses is a crucial part of NBGH's recruitment strategy, VP Nancy Jacko says it's just as important to look at the other end of the age spectrum. The hospital can't ignore the importance of getting experienced RNs to stay on the job. The average age of nurses at NBGH is 47, and many don't work past 55. Jacko says that worries her because she's concerned about the knowledge they'll take with them into retirement. "That, to me, is the biggest fear – losing the professionalism, the experience," she says.

In an effort to keep all that know-how from walking out the door, the hospital has started to ask retiring nurses if they'd like to keep working, but with more flexible schedules. Late career RNs can work as many hours as they want, and as often as they'd like.

Betty Rowley officially retired from NBSGH five years ago, but she didn't want to stop using the vast store of knowledge she'd gained over a diverse career. Since taking the hospital up on its offer, she's worked in a variety of positions. Today, she's in the stroke prevention clinic and is filling in as the district stroke coordinator. She's nearly working full time and doesn't mind at all.

"I wasn't ready to quit...I love the mobility of nursing," she says, referencing the many career options available to young RNs that weren't offered to her when she was starting out. The nurse practitioner (NP) role, for example, didn't exist when she was younger.

Sudbury NP Marilyn Butcher knows first hand how this role can rekindle a career. Before setting up Canada's first nurse practitioner-led clinic last summer, a lack of local NP jobs had Butcher considering retirement for good.

"(The clinic) really brought me out of semi-retirement," she says. "If this hadn't happened, there's no way I would be working full time."

Butcher believes the government's commitment to 25 additional nurse practitioner-led clinics – including one the Minister of Health and Long-Term Care recently announced will open in Sault Ste. Marie – will give nurses the chance to continue serving the public in the middle and latter stages of their careers. "I think these clinics are a perfect way for nurses, especially those who have been around for a while...to participate at the decision-making level," she says.

Sioban Nelson, Dean of the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto, agrees that different roles can be rewarding. U of T offers NP programs and will soon offer training for the NP-anaesthesia role. She cautions, however, that there must still be focus on what all nurses need to ensure their careers are enriching.

"In nursing, it's very important that people feel they have the opportunity to develop their skills in different areas, whether that's in administration, education or clinical practice," she says.

Fucile agrees, and says that's why the association will continue to urge governments and employers to offer late-career options that give RNs a break from the physical demands of the job. One such option is the 80/20 initiative.

"Nursing is hard work," she says. "It's hard physically, it's hard emotionally. It's also wonderful work, but you do need to re-charge your batteries from time to time. I think this model has tremendous potential to keep people engaged."

In addition, 80/20 gives RNs time to mentor and support a new generation of nurses like 22-year-old Annie Woodman. In May, the University of Ottawa graduate started working at Ottawa General Hospital. She is being paired up with an experienced nurse to learn more about the role.

As the daughter of an RN, Woodman remembers thinking her mom's job (as a labour and delivery RN) was about cute babies and night shifts. Beyond that, she admits she didn't know much about the profession, and didn't do much to find out. She wanted to blaze a career path different from her mom's, and initially applied to the geography program at university. After hearing a representative from Ryerson University talk about nursing students who had landed employment before classes were even done, Woodman decided to check off the BScN box on her university application forms. When

her admission letters came in the mail, she found she was far more excited about the chance to become an RN.

"I feel really appreciated every time I go into a patient's room and see their face light up," she says four years later. "It's such a good feeling to know that you're making a difference in someone's life."

Woodman finds it frustrating that when she was in high school, teachers and guidance counsellors didn't tell students about those kinds of rewards. She says many of her friends outside of nursing now look enviously at her full-time position as they return to old summer jobs and ponder their post-graduate futures. In fact, Woodman says one of her close friends has decided to pursue nursing after earning a science degree.

York University student Ike Ejese agrees that more young people need to know that nursing is just as diverse as the communities it serves. As a 43-year-old from Nigeria who embarked on nursing after an IT career, Ejese is used to the surprised looks and questions he gets when he tells people he's studying to become an RN. He saw plenty of crinkled eyebrows and confused looks from students and parents at the Toronto elementary school where he did a health-promotion placement in early 2008.

While at the school, Ejese organized a health fair for students. In addition to helping them learn about healthy eating and exercise, he invited RNAO's recruitment and retention program to

set up a booth. He says several students approached him afterwards and told him they hadn't realized nursing was about more than just assisting doctors.

Ejese is now one of RNAO's 40 nurse ambassadors who visit local schools to talk about why nursing is a career choice students should consider. By this fall, the program hopes to have two ambassadors in each of RNAO's 39 chapters who can talk up the profession from Windsor to Wawa. Ejese, who wants to work in public health after graduating this year, is eager to share his passion for the profession. He says he's fallen in love with

nursing, particularly for its philosophy of caring for everyone, no matter who they are or where they live.

He's also convinced that if more people knew about nursing – and how it ignites an enthusiasm that goes beyond a paycheck – there wouldn't be a nursing shortage.

"If we help people understand who nurses are and what they do, we wouldn't be looking for people to be nurses," he says. "There would be competition for people to be nurses."

Grinspun agrees: "We're on the road to becoming the first province to conquer the nursing shortage."

To get to the end of that road, she says, will mean tapping into the energy nurses have to improve their profession, patient care, and the health-care system. That energy will be needed to fuel government and workplace retention and recruitment programs and help Ontario to find the nurses it needs to avert a shortage that could very easily overwhelm the province's health-care system. Full-time employment, late- and mid-career opportunities, and options for advancement and change will also play a role in making the profession appealing to people – at all ages and stages of their careers. **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

**"(THE CLINIC) REALLY BROUGHT ME OUT OF SEMI-RETIREMENT. IF THIS HADN'T HAPPENED, THERE'S NO WAY I WOULD BE WORKING FULL TIME."
–NP MARILYN BUTCHER**

Everyday Heroes at AGM include nurses and other dignitaries



PHOTO 1 Dr. Sheela Basur (centre), Ontario's former Chief Medical Officer of Health and a leader in managing the 2003 SARS outbreaks, was invested into the Order of Ontario after being nominated by RNAO. In a rare public appearance seven weeks before her death, Basur accepted Premier Dalton McGuinty's congratulations, and expressed gratitude not only for the nomination, but for the important work nurses do.

PHOTO 2 NDP Health Critic France Gélinas stepped to the podium at the AGM's opening ceremonies to bring greetings from her party, and to remind nurses of the continued support they can expect from NDP Leader Howard Hampton and his team.

PHOTO 3 Conservative Leader John Tory mingled with RNAO members at the opening ceremonies on April 10. Pictured (L to R): Men in Nursing Interest Group voting delegate Darrell Jutzi, Peel chapter voting delegate Noel Saraza, Tory, and newly elected RNAO board member Theresa Agnew.

Nurses from across the province gathered April 10 and 11 for RNAO's 83rd Annual General Meeting (AGM). The theme – *Nurses: Everyday Heroes* – set the tone for the event, but it wasn't just nurses who were being celebrated for their heroism. One of this year's most memorable moments was an appearance and touching address by Dr. Sheela Basur, Ontario's former Chief Medical Officer of Health. In February, Basur was nominated by RNAO for the Order of Ontario, and won the prestigious honour for her many contributions to public health, including her extraordinary leadership during the 2003 SARS crisis. Lt.-Gov. David Onley officially announced her investiture on April 10, and Basur appeared before RNs the following day to express her gratitude.

The 51-year-old, who passed away on June 2 after battling a rare form of cancer known as leiomyosarcoma, was invited to this year's event so members could formally thank her for everything she did for public health in the province. In her moving and humourous speech to a crowd of more than 500, Basur returned the thanks to nurses, commenting on everything RNs had done to support her through treatment for her disease. This was the second consecutive year Basur was publicly recognized by RNAO. In 2007, she received an honorary membership for her distinguished career in public health and her understanding of the role nurses play in health care.

"Expertise, humanity and courage...these are the words that best describe this formidable professional and exemplary citizen of Ontario," said RNAO Executive Director Doris Grinspun. Premier Dalton McGuinty and Health Minister George Smitherman were also on-hand at the AGM to share glowing praise for Basur's work while at Queen's Park.

"We came to adore her and we fell under her spell," McGuinty said before Basur stepped to the podium. "And don't be fooled by her size. She's tough when she needs to be – a regular Mighty Mouse." **RN**

AGM first timers talk about their experience

"It's my first meeting and I'm surprised about the passionate discussion that's happening... I'm actually very proud to be a member. I want to become more involved after attending the meeting and seeing everything that goes on behind the scenes."



Alexis MacDonald,
Region 6

"I feel overwhelmed because this is my first time. I've never (been part of) a professional organization here in Canada. Even in my country (Romania) they've just developed a (nursing) organization. I feel very, very impressed.."

Zorica Marcu,
student member from Newmarket

"I feel like I belong. I'm in my element now... so many people, so many different collaborations, new relationships. I absolutely love it."

Poonam Sharma,
student member
from Toronto



The new RNAO board

BOTTOM ROW (R to L): Anna Wilson, Region 2; Doris Grinspun, Executive Director; Wendy Fucile, President; Mary Ferguson-Paré, Immediate Past President
SECOND ROW (R to L): Sheryl Bernard, Member at Large, Nursing Practice; Julia Scott, Member at Large, Nursing Administration; Claudine Bennett, Region 4; Marlene Slepkov, Region 3; Nancy Watters, Region 10 (in beige, slightly forward); Theresa Agnew, Member at Large, Socio-Political Affairs
THIRD ROW (R to L): Kathleen White-Williams, Member at Large, Nursing Education (in blue, slightly forward); Marnie Dahl, Region 9 (in red); Carmen James-Henry, Region 7; Doris Cassan, Region 5; Nancy Purdy, Member at Large, Nursing Research
TOP ROW (R to L): Catherine Mayers, Region 6; Kathleen Fitzgerald, Region 12; David McNeil, Region 11
ABSENT: April Rietdyk, Region 1; Rhonda Seidman-Carlson, Region 8; Ruth Schofield, Interest Group Representative

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Peer recognition for outstanding RNs

HUB FELLOWSHIP

The *HUB Fellowship*, sponsored by the association's home and auto insurance provider, offers an RNAO member the opportunity to participate in a week-long, one-on-one placement with Executive Director Doris Grinspun. **Norma Nicholson**, president of the Peel chapter, was selected for this award because of



the way she demonstrates leadership potential and a commitment to the nursing profession. Nicholson displays these skills

by proactively developing relationships with local newspaper reporters and MPPs to ensure the public and decision makers are aware of the role of nurses and their importance in the health-care system. Nicholson is a life-long learner, continually attending conferences and workshops, and sharing the lessons learned with her colleagues. She hopes to be able to share her new skills as Hub fellow with hundreds of members in her area.

LEADERSHIP AWARD IN NURSING ADMINISTRATION

The *Leadership Award in Nursing Administration* honours a member who shows exemplary management skills and actively implements ground-breaking ideas that enhance patient care. In her two years at Arnprior and District Memorial Hospital, **Christene Ferguson** has earned a reputation for her commitment to safety. As director of patient/resident services and chief nursing executive, Ferguson has helped the hospital attain full accreditation for implementing all 21 required organizational practices for patient and resident safety.



Only 20 per cent of health-care organizations in all of Canada have done this. By using a systemic approach, including changes to the nursing model of care and adoption of best practice guidelines, Ferguson has ensured the fulfillment of strong safety measures. Her open door policy has strengthened her role as a mentor to staff and other managers.

LEADERSHIP AWARD IN NURSING EDUCATION (ACADEMIC)

The *Leadership Award in Nursing Education (Academic)* is awarded to a member who enhances the image of nursing within a college or university setting by encouraging critical thinking, innovation and debate about important nursing issues. For almost two decades, **Carol Fine** has maintained an incredible vision for nursing education as associate director of the



post diploma program at Ryerson University. Fine is committed to her students, and those students have a warm and

positive regard for Fine's mentorship, leadership and ability to treat everyone as an individual. Although changes in curricula and program delivery are not easy within academic institutions, Fine has challenged the status quo and has worked collaboratively with nurse educators and students to find solutions. Fine's unfailing optimism continues to catapult initiatives in support of education for nurses as well as career development and advancement for nurse educators.

LEADERSHIP AWARD IN NURSING RESEARCH

The *Leadership Award in Nursing Research* is presented to a member whose work supports the implementation of innovative and progressive nursing practice and leads to positive patient and nurse outcomes.

members tell us what they thought about ...

Ontario's political parties providing greetings at the opening ceremonies:

"It shows there's a lot of political savvy with RNAO. And I was amazed and very pleased to see...they had a lot of respect for RNAO. I knew it, and I read it, but to actually be here and see it is another thing."



Mona Burrows,
Seaway chapter

The resolution calling on RNAO to advocate for undergraduate nursing programs that include a clinical practicum in mental health nursing:

"For us to have passed that motion I think is a really great step forward and hopefully a very positive change."



Lily McGrattan,
Middlesex-Elgin chapter

members tell us what they thought about ...

The proposed bylaw changes creating "friends of RNAO" and "associate" categories of membership with the association:

"That people who are not nurses want to be part of RNAO is phenomenal. I just think it's great and these are two wonderful resolutions that I totally support. We're doing such wonderful work at RNAO that people are recognizing it around the world."



Monica Purdy,
Region 7

Wendy Fucile taking over as president of the association:

"I did my placement at RNAO, so I've had chances to meet with her and speak with her. I think she will be able to carry the torch – she'll hold it high."

Sheleza Latif,
Region 7

Lianne Jeffs, Director of Nursing/Clinical Research at Toronto's St. Michael's Hospital, has been selected for her exploration of the phenomenon of "near misses" in the health-care system. This work focuses on the need to identify processes and patterns of care that lead to adverse events. She is also studying safety and leadership in critical care, and facilitates a



University of Toronto multi-disciplinary academic team involved in several patient safety research projects. Jeffs is committed to the advancement of nursing science and scholarship in Ontario. She was instrumental in the launch of the St. Michael's *Research Advancing Practice (RAP)* program, a research course for staff nurses.

LEADERSHIP AWARD IN NURSING EDUCATION (STAFF DEVELOPMENT)

The *Leadership Award in Nursing Education (Staff Development)* is awarded to a member who enhances the image of nursing within a health-care organization by encouraging critical thinking, innovation and debate about important nursing issues. **Karen**



Breen-Reid has provided leadership and mentorship as a nurse educator at Toronto's Hospital for Sick Children for 20 years.

She takes great joy in training new nurses and embraces the concept of life-long learning. During her career, Breen-Reid has witnessed the role of educator develop from a clinical instructor position to an advanced practice role and has been an integral part of that development. She embodies the definition of the advanced practice nurse, continually pushing the boundaries of nursing practice. Over the years, Breen-Reid has led many organizational change initiatives with repeated success. And each time her goal is to support the learning nurse.

AWARD OF MERIT

The *Award of Merit* recognizes a member who has made outstanding contributions to the association and



to nursing across Ontario. Winners demonstrate responsibility for professional development, and are exemplary role models and mentors to peers. As director of professional practice at ParaMed Home Health Care, **Cheryl Reid-Haughian** ensures all staff members use evidence-based care and RNAO's best practice guidelines (BPG) in their work. She has been actively involved in the association's BPG program, participating on panels and reviewing all the healthy workplace guidelines. Reid-Haughian is a vocal advocate for community health and has been a member of RNAO's Community Health Nurses Initiatives Group executive for years. She was instrumental in developing a certification process for community health.

STUDENT OF DISTINCTION AWARD

The *Student of Distinction Award* is given to a nursing student who is a role model for professionalism, and contributes to the advancement of the Nursing Students of Ontario (NSO) within her/his nursing program. Ryerson University student **Jennifer**



Yoon has been selected for her leadership as vice president of NSO. In addition to coordinating various student activities throughout the year, and maintaining the NSO website, Yoon, in partnership with former NSO President Vincent Lee, coordinated Ryerson's first annual Model

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World Health Organization conference in Toronto. The event attracted students from across the province, and captured the attention of Health Minister George Smitherman. Yoon dedicates a tremendous amount of time, energy and spirit to NSO and RNAO, actively participating in policy and political activities and promoting awareness, interest and enthusiasm for the association and the interest group.

HONOURARY LIFE MEMBERSHIP

The *Honourary Life Membership* is conferred on long standing RNAO members who have made outstanding contributions to nursing practice, education, administration



or research at the provincial, national or international levels. This includes activities that promote RNAO among nursing col-

leagues, the government and other health-care partners. There are two recipients this year: **Shirlee Sharkey** and **Nancy Edwards**.

Shirlee Sharkey (above) was the president of RNAO from 2000 to 2002, and brings her passion for RNAO and nursing into every aspect of her career. For more than 15 years, she has been president and chief executive officer of Saint Elizabeth Health Care (SEHC) and is committed to creating a work environment where employees build on their ability to provide the best patient care. Sharkey's staff members engage in life-long learning through tuition assistance and by participating in clinical fellowships and RNAO conferences. Under her leadership, SEHC was named one of the 50 best places to work by *Report on Business Magazine* in 2007. In 2006, the organization won RNAO's *Employer of the Year Award*. Sharkey also received the *Award for Excellence in Nursing Leadership* from the Ontario Hospital Association in 2005.

Nancy Edwards (right), University of Ottawa professor and nursing researcher, has



published more than 100 peer-reviewed articles and has been honoured with the *National Award of Excellence in Nursing Research* from the Canadian Association of Schools of Nursing. She has studied the implementation of RNAO's best practice guidelines and is a co-principal investigator at the Nursing Best Practices Research Unit. Globally, her work with mothers and babies in China has resulted in a decrease in infant and neonatal mortality. Edwards' work also focuses on mentoring a new generation of nurse researchers. Each summer, she offers programs to help new researchers hone their skills to obtain grants and publish their work.

PROMOTION IN A NURSING PROGRAM AWARD

The *Promotion in a Nursing Program Award* recognizes an academic institution for its commitment to RNAO, and its dedication to promoting student involvement in association events and initiatives. The **University of New Brunswick (UNB)-Humber College** Collaborative Bachelor of Nursing Program has been selected for this year's award because of its support for membership initiatives that allow students to develop an appreciation for what pro-



UNB-Humber students and faculty accept their award on Apr. 10.

fessional membership means. Program faculty and students are actively involved in RNAO board meetings, the AGM, regional and chapter events, and conferences. The school's Nursing Society hosts RNAO-related events, including regular lunch-and-learn sessions to recruit and retain members. Students and faculty have also held leadership positions at RNAO, including former UNB-Humber student and Nursing Students of Ontario Past President James Chu. Several members of the faculty have also been members of the association for 25+ years.

members tell us what they thought about ...

Wendy Fucile's intention to focus efforts in the coming years on eliminating abusive behaviour in the profession:

"I think that's a huge issue right now... whether it's at a student level or it's an RN level or even NP... I think she'll do a great job to really bring that into the spotlight. Hopefully we can create some support there so that nursing abuse or nursing student abuse is something of the past."



Eric Rankin, Middlesex-Elgin chapter

Representation of male nurses at the AGM:

"I really don't think it makes any difference whether the voice comes from a male or a female. The fact is that if the voice moves the organization forward in a positive way, that's what matters. It's not a gender issue."

Doug Hook, Oxford chapter

Students excited, charged by discussions about global health

Ryerson University nursing students Vincent Lee and Jennifer Yoon spoke to fellow students at the AGM about the motivation behind their Model World Health Organization forum earlier this year.

Motion to adjourn. All those in favour...opposed...the motion passes. Session adjourned." These were the words that capped off our fantastic weekend at Harvard University in Boston in February 2007. After five days of debating critical global issues such as peacekeeping, human rights, humanitarian relief, economic development and education, we left the *Harvard National Model United Nations (UN)* excited and charged.

We met students representing different countries from around the world and discussed sustainable solutions to population growth and democratic vs. military states during emergency relief. Delegates – some from as far away as Venezuela, Germany and China – brought a mixture of social, economical, historical, and political ideologies, drawing from their educational backgrounds in art, history, politics, economics, and business administration.

Since most of the student's participating came to the event without a science or health background, this made it difficult for them to debate issues of policy and global change from a health perspective. Given our education in nursing and our backgrounds in science, we were able to bring factors such as social determinants

of health, community health and patient centred care into the debates. It was these perspectives that caught the attention of many delegates and changed the tone of discussions to include a well-rounded health focus.

With the experience of Harvard behind us, we started thinking about organizing a forum of our own – but one modeled on the work of the World Health Organization. We agreed it was important to share some of our experiences with fellow nursing students. We wanted to promote the inclusion and participation of all nursing students in the conference, engaging them in discussions of politics and policy on many different levels. As nursing students and future nurses, we work in a collaborative health-care environment that does its best to advocate for change and the betterment of health for patients and the system. With this collaboration in mind, we set out to mirror the *Model UN* experience to reflect nursing and health-care issues. We sent out a call to health and community health service program students, and the response was great.

Our first *Model WHO* forum took place in January 2008 at Ryerson University. It was quite a novel experience and very successful; student registrants

actively participated, continually improved their level of argument, and learned from their peers. We discussed issues of bioterrorism and the demilitarization of child soldiers, and gave students an opportunity to discuss how social, environmental, economic and political systems in each UN country play a role in how health is delivered to its citizens. In the end, we created a draft resolution calling on UN nations to implement financial and trade sanctions on countries unwilling to comply with WHO recommendations that address issues of bioterrorism and child soldiers.

Our guest speakers from the College of Nurses of Ontario, York University, *Médicins Sans Frontières/Doctors Without Borders*, and the Ministry of Health and Long-Term Care pushed students to think about ideas of integration, innovation and collaborative work. Our student delegates were ecstatic after the simulation ended. They told us that it helped them understand how the needs of different countries must be worked out multilaterally, and that change does not happen overnight. They were thrilled to have the Minister of Health observing discussions, motions, and the passing of the final draft resolution. They said they hoped to see more *Model WHO* forums in the future so all students can come to appreciate how being involved affects change around them.

We hope our leadership during this initiative has helped more students understand issues of global health, and the role they play in contributing to finding resolutions to health concerns that stretch beyond our own backyards. **RN**

Vincent Chapland Lee and Jennifer Yoon are past president and president's council (08-09), respectively, with RNAO's Nursing Students of Ontario (NSO) interest group.

New RNAO membership categories include 'associates' and 'friends'

After considerable debate and discussion, voting delegates at this year's AGM approved the creation of two new categories of membership with the association.

Effective November of this year, for \$80, RNs practising outside Ontario who are not registered with the College of Nurses of Ontario (including those practising interna-

tionally), may become 'associates.' For the same fee, any person who wishes to support the work of RNAO, but does not meet the criteria for 'member' or 'associate' (including nursing students studying outside Ontario) may become a 'friend of RNAO.'

These newest membership categories reflect RNAO's increased profile beyond provincial and national borders, and

provide the association with an opportunity to share its knowledge with individuals not previously eligible to join.

AGM 08

snapshots from the AGM



PHOTO 1 While waiting for the opening ceremonies to start, members watched a slideshow of colleagues sharing stories from the field. Enjoying the touching video were (R to L) Deb McAuslan, Pam Bushell, Andre Boisvert, Kathy Dawe, Rai Therrien, Dianne Martin, and Sue Matthews.



PHOTO 2 RN Nancy Graham was keynote speaker at this year's student luncheon. She shared stories about her six-month mission to Sierra Leone (West Africa) through Médecins Sans Frontières/Doctors without Borders.

PHOTO 3 Ontario's Provincial Chief Nursing Officer Vanessa Burkoski (left) chats with Region 6 voting delegate Olga Muir (centre) and RNAO board member Catherine Mayers.



PHOTO 4 RNAO board member Nancy Watters (second from left) shares a moment at the opening ceremonies with Honourary Life Members Marian McGee (left), Ginette Lemire Rodger (seated), and Joyce Shack.

PHOTO 5 Maude Barlow (second from right), National Chairperson of The Council of Canadians, was on hand as the Saturday keynote speaker, outlining for nurses how free trade agreements are a threat to Medicare, and describing a strategy to fight back. Pictured with Barlow (L to R) are RNAO Executive Director Doris Grinspun, Immediate Past President Mary Ferguson-Paré, and President Wendy Fucile.



PHOTO 6 RNAO's assembly met as a group on April 10, updating one another on local activities and initiatives and participating in communications activities such as a "speed networking" exercise. Sharon Partridge (right) and Sivajini Jegthewaran compare notes on how many fellow assembly members have been active with their local media.

PHOTO 7 RNAO Immediate Past President Mary Ferguson-Paré (right) passes the gavel to Incoming President Wendy Fucile before her first official address to association members.



PHOTO 8 Socializing at the AGM's opening ceremonies are (L to R) Lesreen Romain, Debra Churchill, Jackee Higgins, Janice Dusek, and Sheryl Bernard.

PHOTO 9 Members of RNAO's Peel chapter pose with Health Minister George Smitherman (centre, back row), who attended the AGM to offer his congratulations to Dr. Sheela Basrur for her investiture into the Order of Ontario.

RNs help shape the course of action for the future



RNAO encourages chapters, regions without chapters, interest groups, and individual members to submit resolutions for ratification at each annual general meeting (AGM). Resolutions are part of RNAO's democratic process, giving all members the opportunity to propose a course of action for the association. In the interest of democracy, the Provincial Resolutions Committee does not endorse or censor resolutions. All resolutions that have met the required format are distributed to RNAO members for consideration in advance of the AGM. In this issue of *Registered Nurse Journal*, we reveal voting delegates' decisions on each proposed resolution at the 2008 AGM.

RESOLUTION # 1

Submitted by RNAO's Board of Directors

THEREFORE BE IT RESOLVED that the annual fees for Associates, other than undergraduate nursing students, be set at \$80.00.

Status: CARRIED

RESOLUTION # 2

Submitted by RNAO's Board of Directors

THEREFORE BE IT RESOLVED that the annual fees for "Friends of RNAO" be set at \$80.00.

Status: CARRIED

RESOLUTION # 3

Submitted on behalf of Hamilton chapter in collaboration with the Nursing Students of Ontario (NSO)

THEREFORE BE IT RESOLVED that RNAO revise its current policy relative to the calculation of the total years of membership, to include the years of student associate status.

Status: CARRIED

THEREFORE BE IT FURTHER RESOLVED that all past years of student associate status be subject to retroactive re-calculation based upon a process of application by the member.

Status: DEFEATED

RESOLUTION # 4

Submitted by the committee for the Mental Health Nurses Interest Group (MHNIG): Patricia Patterson, Elisabeth Jensen, Pat Nashef, Brenda Fuhrman, Naomi Mudachi

THEREFORE BE IT RESOLVED that RNAO collaborate with and lobby all relevant sectors of the education and health care system to advocate for undergraduate nursing programs which include a clinical practicum in psychiatric/mental health nursing, as well as advocate for the development of a consistent minimum level of competency and content teaching about 'mental illnesses' in all basic nursing programs in Ontario.

Status: CARRIED

RESOLUTION # 5

Submitted by Lynn Budgell, Jannine Bolton and Norma Nicholson, on behalf of Peel and Halton Chapters of RNAO

THEREFORE BE IT RESOLVED that RNAO lobby the Provincial Government to quickly develop and implement the *Health Based Allocation Model* (even on a partial basis) to distribute new health services funding to LHINs, ensuring that the model is truly population-needs-based, is guided by provincial policies that encourage local access to health care services and address the large and growing variation in the funding of health care services across LHINs.

Status: DEFEATED

RESOLUTION # 6

Submitted by Essex chapter of RNAO

THEREFORE BE IT RESOLVED that the RNAO lobby the Ontario Government to press for the passage and implementation of the key recommendations, specifically recommendation #10 of the Dupont/Daniels Coroner's inquest report of December 11, 2007, within one year of the published date.

Status: Referred to RNAO's Board of Directors

RESOLUTION # 7

Submitted by Durham Northumberland Chapter

THEREFORE BE IT RESOLVED that the RNAO lobby the provincial government to review the booster seat provisions of the *Highway Traffic Act* with a view towards raising the age criterion.

Status: Referred to RNAO's Board of Directors

RESOLUTION # 8

Submitted by Julie Curitti RN, BHScN and Angela Shaw RN, BHScN and endorsed by Peel chapter

THEREFORE BE IT RESOLVED that the RNAO develop strategic partnerships and lobby the provincial government to invest in sustainable solutions to alleviate hunger among Ontarians; and **THEREFORE BE IT FURTHER RESOLVED** that these solutions incorporate a variety of approaches that contribute to a sustainable food security plan.

Status: Referred to RNAO's Board of Directors

AGM 08

POLICY AT WORK

RNAO meets with labour minister

ON April 3, Mary Ferguson-Paré, then RNAO President, President-Elect Wendy Fucile and Executive Director Doris Grinspun met with Labour Minister Brad Duguid. The minister requested the meeting to talk about any concerns the association has related to the labour portfolio. Much of the meeting focused on violence in the workplace arising out of the death of Windsor RN Lori Dupont at the hands of her former boyfriend Dr. Marc Daniel.

Grinspun told the minister RNAO wants the government to adopt key recommendations from the Dupont inquest, which were released on Dec. 11, 2007. In particular, RNAO is urging the government to review the *Public Hospitals Act* and the relationship between



Labour Minister Brad Duguid meets with RNAO to discuss RNs' concerns related to his portfolio. From right: Then President-Elect Wendy Fucile, Executive Director Doris Grinspun, and then President Mary Ferguson-Paré.

physicians and hospitals. It is also recommending the government replace Medical Advisory Committees (governed by physicians) with Interprofessional Advisory Committees (representing all health profes-

sionals). Fucile talked about the need to improve working conditions in health settings across the province, noting that such measures are one way to keep working nurses from leaving the profession. **RN**

RNAO advocates with others to reduce poverty

RNAO continues its advocacy work on the need for Ontario to adopt a comprehensive poverty reduction strategy. The association is part of a coalition known as 25 in 5, a network that is calling on the government to set a goal of reducing poverty by 25 per cent in the next five years.

Although the group is pleased with the Liberal government's decision to form a cabinet committee on poverty reduction, it says concrete targets are necessary if the government is serious about eliminating poverty. On April 14, the group hosted a day-long forum at Queen's Park. Hilda Swisky, RNAO's former member-at-large for socio-political affairs, Executive Director Doris Grinspun, and nursing policy analyst Lynn Anne Mulrooney represented RNAO.

More than 500 people attended the forum, including representatives from various poverty groups, registered nurses, social workers, dietitians, community health

workers, and members of the public. During the morning session, Deb Matthews, the minister in charge of the government's poverty committee, took time to hear the stories of people who live in poverty. They described what it's like to go through a day without adequate food, and how it feels to wonder how you're going to pay next month's rent. During the afternoon session, Mulrooney and fellow RN Anne Egger of Health Providers Against Poverty led one of several workshops that explained the health impacts of poverty and the way organizations and government can work together to achieve the network's goal.

RNAO was disappointed with Matthews' subsequent decision to hold a series of consultations behind closed doors, and urged the government to reconsider its decision. To learn more about the association's role in the coalition, visit www.rnao.org or www.25in5.ca **RN**

Protecting patient care and nursing

RNAO members responded to news on April 8 that Rouge Valley Health System was planning to cut nursing positions as part of a deficit elimination plan.

A record 1,269 members responded to RNAO's action alert citing concerns such cuts could have a negative impact on patient care and on the nursing profession as a whole. In letters addressed to both the Premier and the Minister of Health, members said they understood hospitals are under pressure to balance their budgets, but cutting nursing staff is not the solution. Others described the plan as detrimental to patient care. One member pointedly asked "how are we to encourage highly intelligent motivated nurses to stay in the profession, let alone recruit new nurses with...decreasing nursing opportunities in Ontario?" **RN**

NEWS to You to Use

RNAO member Amy Morrow, a collaborative nursing student at the Thames Campus of St. Clair College, recently received educational funding from Bob Boughner, a local *Chatham Daily Press* reporter who created an annual grant for nursing students in memory of his wife. He said he wanted to give something back to the profession because his wife – who succumbed to cancer last fall – received “such great care in the palliative care unit at the Chatham-Kent Health Alliance.”

Ottawa Public Health is partnering with 23 elementary schools this year to tailor healthy eating and physical activity programs that help prevent chronic diseases such as obesity and diabetes in children. The schools have become part of the Healthy Active Schools Program, which began with five schools in 2005 and has since grown to 58. Beginning this year, the Healthy Active School Team, consisting of the principal, a lead teacher, a parent, and a public health nurse, will create programs that show students how easy it is to make healthy choices.



Bowmanville municipal council recently approved a proposal to rename one of its city streets *Mabel Bruce Way* after a local First World War nursing sister (left) who received a Royal Red Cross Medal from Buckingham Palace. The royal honour, bestowed on only five per cent of health-care staff involved in the war, is recognition of her devotion to duty and bravery. The street is just steps away from the old Bowmanville Hospital, where Bruce was the first superintendent when it opened in 1913.

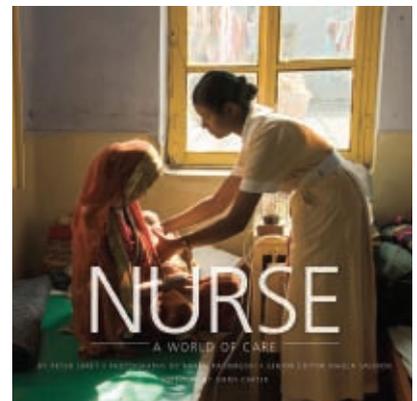
Beginning in April, nurses across Ontario were asked to support *ColonCancerCheck*, Canada's first provincial colorectal cancer screening program that recommends all average risk adults 50 and older be screened every two years. Nurses practising in primary care settings have been asked to dispense *ColonCancerCheck* kits and teach patients how to collect the samples.

To find out more about the initiative, and nurses' role in promoting awareness, visit www.ColonCancerCheck.ca or call 1-866-662-9233.

The Hawkesbury Family Health Group, a collaborative care pilot program that partners nurses, physicians and other health-care professionals together to provide care to as many as 18,000 Eastern Ontario patients, received a *2008 Celebrating Innovations in Health Care Award* this spring from Ontario's LHINs and the Ministry of Health.

The team counts itself among 18 recipients of the honour, which is presented in recognition of outstanding innovation. To find out more about this year's winners, chosen from over 400 submissions, visit www.health.gov.on.ca.

The Honor Society of Nursing, Sigma Theta Tau International has begun distributing *NURSE: A World of Care*, a book of powerful photography and compelling narrative that depicts the role of nurses in communities across the globe. From the nurse midwives who walk long distances to deliver basic health care in remote villages of Bangladesh, to the public health nurse in Alaska who lives out of a sleeping bag to reach her patients, the book is being touted as a wake-up call to the dangers of the nursing shortage and the critical role nurses play in community health and stability. To find out more, visit www2.nursingsociety.org/Nurse/.



Calendar

August

August 10-15

Creating Healthy Work
Environments Summer
Institute
Delta Pinestone Resort
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Unless otherwise noted,
please contact
Victoria van Veen at
RNAO's Centre for Professional
Nursing Excellence at
vvanveen@rnao.org or
416-599-1925 / 1-800-268-7199.
ext.227 for further information.

September

September 16

Critical Incident Debriefing:
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Health-Care Professionals
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September 25-26

7th Annual
International Elder Care
Conference: Older People
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Markham Conference Centre
Markham, Ontario

October

October 16

Thriving in the Work
Environment: Leadership for
New Grads Regional
Workshop
RNAO home office
Toronto, Ontario

October 29-30

4th International Conference:
Education for the Future of
Nursing: Building Capacity
Through Innovation
Hilton Suites Toronto/
Markham Conference Centre
Markham, Ontario

DIRECTOR OF HEALTH & NURSING POLICY

Since 1925, RNAO has lobbied for healthy public policy, promoting excellence in nursing practice, increasing nurses' contribution to shaping the health-care system, and influencing decisions that affect nurses and the public they serve.

RNAO is seeking an outstanding professional to join its senior management team as Director of Health and Nursing Policy. Reporting to the Executive Director, you will proactively identify critical issues in health care and nursing that impact the health of the public and the role of nurses. You are able to conduct and supervise research, and analyze quantitative and qualitative data to develop policy and position statements. Your ability to identify issues and articulate ideas and arguments will contribute to the formulation of association strategies that are congruent with our mission. An understanding of the political process as it relates to policy development is essential to the position. You are experienced working with a range of stakeholders in the health-care sector, including nurses, the public, health-care providers and government. You have a proven ability to communicate and promote strategic objectives.

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