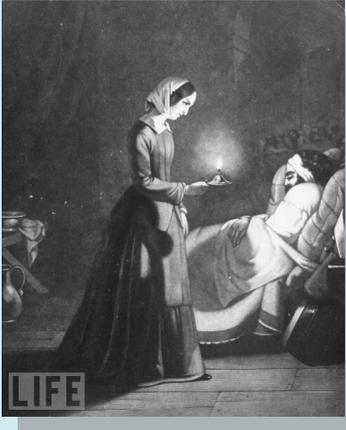


SUMMER NEWSLETTER 2013



VOLUME 1, NUMBER 2



It may seem a strange principle to enunciate, as the very first requirement in a hospital that it should do the sick no harm.

Florence Nightingale (1859)

*"Everyone thinks of changing the world, but no one thinks of changing himself."
Leo Tolstoy*

Find us at

www.snig.mao.ca

Welcome

Summer has arrived and nurses across Ontario are most likely looking forward to warmer weather and some well-deserved time off with family and friends, if, they are lucky enough to get summer vacation. For those who have to work relish in your time off and get some “me” time for balance. Sometimes a nice bubble bath, a glass of wine or a walk in the woods can be as rejuvenating to our spirit as a vacation.

The executive welcomes Mary Michkalski and Kirsten Bildfell to our team. Mary will be our student rep and Kirsten has agreed to help us with our social media. I am sure both will give new and fresh input to our ideas on how to move the interest group ahead.

I hope all members received their small thank you gift during Nursing Week. A big thank you to Christine Kent for packaging the items together with the help of the RNAO staff.

Our AGM was well attended and I think everyone present benefited from our guest speaker who gave us insight into the practice of Therapeutic Touch. Tell your friends about our website www.snig.mao.ca, our twitter account SNIG-RNAO, and our Facebook account at SNIG. *Have you read our blog on the Life of A Nurse found on our website?* We would love to hear your comments. Have a safe and Happy Summer and we will connect again in the fall.

Una Ferguson Chair



Recently I discovered a non-fiction writer **Andrew Solomon**. I first learned of him in an interview on CBC radio and was struck by his intelligence, insight, honesty and compassion.

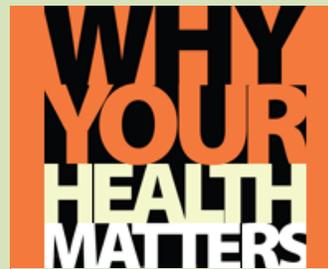
The book he was discussing was “Far from the Tree”. The title refers to families who have children who are not like themselves, who are “different”. Solomon spent ten years on this book and interviewed 300 families from various parts of the world. He organizes the book into chapters with titles of the difference such as Schizophrenia, Deafness, Dwarfism, Child born of Rape, Autism, Child, Criminal and many more.

There is a great deal of information and research about the various conditions and amazing stories of families. Most live tremendous challenges and difficulties yet many find the lived experience transformative, meaningful and spiritual. Parents face the conflict of whether to expend their energy in changing their children or to accept them as they are and love them unconditionally.

Woven throughout the book are Solomon’s own life stories. He is gay and never felt fully accepted by his own family, especially his mother. He was severely bullied in school and spent every lunch hour eating with the school secretary because he couldn’t face the taunting in the school cafeteria. He even tried to learn to be straight by visiting prostitutes as a teenager. As an adult he struggles with clinical depression. Solomon was so moved and impressed with the families he interviewed that he has become a midlife parent himself and his own family is quite unconventional.

Solomon’s preposition is that diversity is what unites us all and his work expands the definition of what it means to be human. Because the book is over 900 pages and it is in high demand at the library I did not read every chapter but have put another hold on it. He has also written an excellent book on the subject of depression “The Noonday Demon” which won the National Book Award. I think Solomon is one of the finest writers of our time.

Policy & Political Action Queen’s Park on the Road



In mid-October of 2012, Premier McGuinty resigned and prorogued the Ontario Legislature until February 2013. This resulted in the cancellation of RNAO’s Annual Queen’s Park Day scheduled for February 28, 2013. After consultation with RNAO’s Policy Executive Network Officers and Board of Directors, a decision was made to have RNAO members meet with MPPs in their ridings instead.

Queen’s Park on the Road (QPOR) was well received by MPPs and RNAO members alike; improving on RNAO’s previous record of engaging MPPs in political action. The platform brochure was strategically introduced at Queen’s Park ahead of all QPOR events. Most new RNAO participants thoroughly enjoyed the experience and are keen to be politically engaged again. Some MPPs participated because the event was in the riding and involved constituents. It is recommended that RNAO

- 1) Consider how it might incorporate aspects of Queen’s Park on the Road in future Queen’s Park events
- 2) Conduct an evaluation of MPPs to capture their experience and refine future Queen’s Park events with their feedback in mind.

QPOR meetings were coordinated with all three party leaders: Premier Kathleen Wynne, Tim Hudak and Andrea Horwath and eleven Cabinet Ministers also participated.

- 155 RNAO members participated. Over half were not RNAO Chapter Executive or Board members and had never met with an elected

SNIG READS:

Gone Girl: Gillian Flynn

The Five People You Meet In Heaven : Mitch Albom

The Last of the Crazy People: Timothy Findlay

The Silence of Bonaventure Arrow: Rita Leganski

Excuses Begone: Dr Wayne W. Dwyer

We began to realize that if we wanted to change the situation, we first had to change ourselves. And to change ourselves effectively, we first had to change our perceptions."
Stephen R. Covey, *The 7 Habits of Highly Effective People*

**LIFE ISN'T ABOUT
FINDING YOURSELF.
LIFE IS ABOUT
CREATING
YOURSELF.**

George Bernard Shaw



official before.

- 17 new QPOR participants subsequently helped organize an RNAO Take Your MPP To Work Event in 2013.
- 4 meetings were conducted via teleconference to mitigate extensive travel time and adverse weather conditions.

A great showing that nurses can and do make a difference and can have their voices heard!

Desrine Brown Political Action



Sharon Partridge,
President South Simcoe Chapter RNAO & Chief Nursing Officer of RVH Garfield Dunlop MPP Simcoe North and Carole Beals, Manager Systemic Therapy Department RVH



Tim Hudak at Rouge Valley Health System

COMMUNICATIONS

In the last few months I have attended the RNAO AGM and helped at the SNIG information booth. I also attended our SNIG AGM the same weekend and it was great, Nurses sharing their meaningful stories. I have participated in Twitter and Facebook communications and have sent out several SNIG NewsFlashes. These are short email communications to our membership. I plan to contribute book reports to our Newsletters as reading is one of my passions.

Brenda Kutton and Kirsten Bildfell Communications

MEMBERSHIP

A general mailing to celebrate Nursing Week was sent to all SNIG members in early May. Our interest group is up to 262 members and we are looking to grow our membership. The best recruitment tool is you, our members. Tell your coworkers about the Staff Nurse Interest Group. We are also looking to increase our student membership please tell nursing students at your workplace about SNIG. Share with other nurses our website, Twitter or Facebook information so that they can see who we are and what we represent. There are all sorts of specialty nursing groups out there, but only one is centered on the professional needs and support of the staff nurse, SNIG.

We want to hear from you. Letters to the newsletter, comments on our blog, Likes on Facebook, and Tweets are all welcome. Let us know what is on your mind. *Christine Kent Membership*

The Student Perspective: What It Means to Care *Mary Michalski Student Rep*

Reflecting on the completion of my first year of nursing studies at the University of Ontario Institute of Technology, I am in awe of the sheer amount of learning that has taken place over a span of 8 months. From memorizing all the normal vital sign ranges for every age group possible, or learning how to complete a thorough head-to-toe assessment, to even ensuring that your sterile forceps never touch *anything* that is not sterile, I feel that we as students are slowly growing into our future roles as competent and perceptive nurses. However, as the mid-semester bustle reaches full capacity, students quickly find themselves under pressure to maintain competitive GPAs, perform exceptional clinical care, while balancing additional stresses of work, life, and possibly that of supporting families. I can speak for many when I admit that at such moments, nursing school can be perceived much as a battle more than a meaningful journey, which potentially has the power to negatively alter one's perception of nursing. As a result, such challenges can cause students to lose sight of the very reason they entered nursing: to look beyond themselves and simply *care*, whether it be for



**Coming on November 1, 2014
New Policy on CNA fees as an optional benefit**

The Board of Directors of RNAO, after careful consideration of its fiduciary responsibilities, changed the policy about paying fees for membership in the Canadian Nurses Association (CNA).

For RNAO Members, CNA membership will change from an automatically included RNAO member benefit, to an optional member benefit.

The BODs considered the following:

- The factors of sustainability for RNAO
- Ensure RNAO is not exposed to financial and/or other risks that other organizations may face.
- RNAO believes in a strong national professional body – through CNA -- to represent the nursing profession, we will continue to encourage all RNAO members to belong to our national professional association.
- RNAO believe the ultimate decision to join CNA is for individual members to make a voluntary choice.

Do you have questions regarding the new RNAO/CNA fee structure for 2014?

FAQ questions are answered on the [RNAO website!](#)

What does Fiduciary mean?

Fiduciary means relating to or based on a trust, an agent entrusted to control property or to act on behalf of and for the benefit of another



a cause, a community, or as it is for most, another human being.

I believe it is never too early to introduce the concept of caring to nursing students. Through my experiences as a student nurse, I know that caring is central to our practice, and must be implemented not only within our patient interactions, but in the way in which we communicate amongst ourselves. As such, it makes sense to include such a valuable component in all nursing curriculum; that being said, I believe that it is essential for a nurse to incorporate caring into everything they do. There is more to nursing than the act of nursing itself, and if we are to truly impact another's life, nursing must be synonymous with the act of caring.

As I embark upon my second year of nursing, I am starting to realize that the very motive of caring is what empowered me to continue on through the multitude of essays, exams and overall stress that nursing school presented with. If I had any advice to give to my first year self or any nursing student or nurse for that matter, it would be to never forget your reason for becoming a nurse. It was never about the grades, the prestige, or even the money; you entered this profession to *care*. Therefore, start practicing that invaluable skill as a student: care for your patient, care for your peers and colleagues, care for your family, care for your dog, care for that essay that you've spent five all-nighters trying to perfect, and most of all, care for yourself. Make it your focus, and make it the reason behind everything you do. When you start to care in whatever situation you find yourself in, you will notice not only your perspective change, but that of those around you. Who knows, it may just be contagious.

Are dissatisfied nurses a sign of a failing health care system?

By Yahoo! Canada News | [Pulse of Canada](#) – Mon, 8 Apr, 2013

An anonymous poll of frontline workers can yield startling results – that is what happens when employees have a chance to vent without the fear of retribution.

In a recent [CBC News poll](#), Canadian nurses were offered just that opportunity. And a quarter of them



gave the thumbs down to their hospitals.

Twenty-four per cent of nurses polled said they would not recommend loved ones seek help at their place of business. One of the major concerns was that staff shortages were threatening quality of care.

The worst results were from Newfoundland and Labrador, Ontario and British Columbia. Ontario hospitals specifically have been hit with recent job losses and staff shortages.

"When they look around them and they realize that they couldn't recommend that facility, it tells me that they're recognizing how dire their practice is," an Ontario Nurses' Association vice-president told *CBC*.

The survey could be considered proof of what many have openly feared – that belt-tightening is threatening Canada's health care system. Those on the front line would have the best view as the system starves, and the impact it has on patients.

On the other hand, this could simply be a case of office griping gone public. It is possible that, given the chance at anonymity, 25 per cent of any workforce would complain about their conditions. *(Photo courtesy CBC)* **So what do you think? Is this a sign that Canada needs to improve the state of its health care system?**

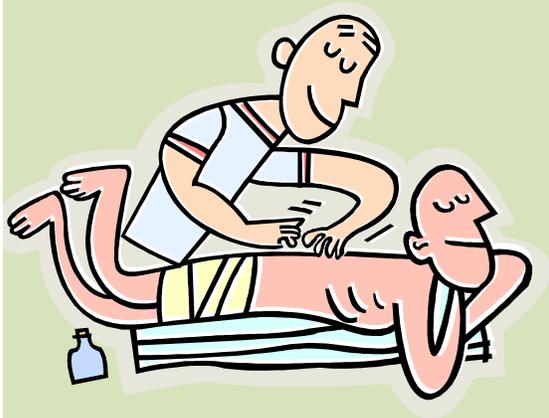
15 Great Ways to Relax at Work

Written by Chanpory of LifeClever.

Source: <http://blog.liferemix.net/15-great-ways-relax-work>



Let me guess, you're stressed out at work. Too much to do, too little time, yada, yada, yada. You already



know the one million reasons for all that anxiety, so let's get to the point.

Stress isn't a cancer with no cure. A few simple steps can reduce anxiety and promote tranquility. Here are 15 tips to help you relax at work:

1. **Eat breakfast:** Relaxation begins before you even step into the office. Start the day off with breakfast. Aside from being nutritious, eating breakfast forces you to slow down in the morning. Eat, pace yourself, and you'll get into work without rush-hour anxiety in your system.
2. **Go to work earlier:** After a delicious meal, avoid the morning stampede and go to work earlier than others. You'll get fewer traffic jams, phone calls, and interruptions. All this lets you get more done in a calmer environment. With this increased productivity in the morning, you can go home earlier. *(Ed note, unfortunately most staff nurses have to stay full shift if not beyond their shift)*
3. **Meditate:** Countless researchers in fancy white lab coats have shown how meditation relaxes both your mind and body. Luckily, you don't have to be dressed in an ugly leotard and sitting at a yoga studio to reap the benefits of meditation. Try mini-meditations. Short little deep breathing exercises that take you temporarily out of your work angst. Here's a technique to try now.
4. **Breathe deeply:** Deep breathing shouldn't be confined to meditation breaks. Every breath you take should be deep. Sadly, many of us, myself included, are unconscious shallow breathers. To kill this habit, practice deep breathing exercises often to train your body to take full breaths.
5. **Invest in an ergonomic chair:** You sit in front of a computer 8 hours a day. Isn't it worth investing in a comfortable chair to ease your body? My two favorites are the Aeron and Freedom Chair. Don't like these? There are alternatives.
6. **Eliminate clutter:** A cluttered desk distracts, creates visual pollution, and adds to your existing stress level. Each item on your desk, however small, is something you have to think about when you look at it. Don't make excuses, clear your desk (and virtual desktop) now. Tomorrow, it'll feel good to



come to a clean desk.

7. Wear headphones: In noisy work environments, headphones are vital to sanity. Even if you're not listening to music, put them on to block ambient noise. It'll also let others know not to bother you (*Hmm editor's note this tip may not fly in a clinical setting*).

8. Play music: Of course, listening to music with your headphones on also helps you to relax. Pick something you know will put you at ease. As much as I like postmodern electronic noise, cheesy ABBA songs work like a charm.

9. Take your full lunch hour: Make lunch sacred. This means not munching at your desk. Take your lunch outside and don't end your lunch hour early. Here are more ways to maximize your lunch hour (*Ed note: Leave your clinical area, avoid staying at nursing station, for a healthy work environment staff lounges are a necessity*).

10. Take a nap: Finish eating lunch a little early? Use the rest of your lunch hour to take a nap. While the dotcom days of nap rooms at the office are extinct, you've still got options: your car and, if you have a closed office, your chair. Pop in a pzizz track, set an alarm on your phone, and recharge your body.

11. Play: If you have a hard time napping in the middle day, use the rest of your lunch hour to play. Take a walk, sketch, write in your journal, twirl, play hopscotch. Anything pleasurable as long as it's not working and in front of the computer.

12. Turn off IM: Chatting is not working. It only distracts, divides your attention, and increases anxiety because of the strain of "multi-tasking." Fewer interruptions during the day means makes it easier to maximize flow, the state of being totally focused in what you're doing. Cut out IM and bring calmness back into your work life.

13. Turn off automatic email checking: Another culprit of stress is email. Instead of setting your email to check for new messages automatically, set it to manual. Check email only twice a day, and never ever when you first get into work. (*Ed. Note most nurses experience sensory overload with disruptions, interruptions, and high task loads humans do not*



multi-task well)

14. Laugh: Comic relief is a well-known technique for relieving dramatic tension in movies, plays, and novels. It's also handy during those high-anxiety moments at work. When you're taking yourself too seriously, pop-up your favorite silly YouTube video and have a laugh. My favorite is Shoes.

15. Get a new job: If none of the above works, maybe it's time to simply quit your job.

A lot of this is just common sense like your mama taught you. But hey, we all need reminders when we're too busy to remember.

What stress-relieving techniques do you use at work?

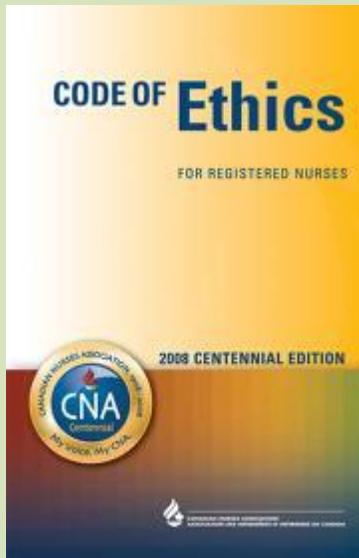
Professional Values of Nursing Similar or Different Then Our Public?

Paula Manuel RN MN

I found some interesting articles about professional values of nursing as Shaw and Degazon (2008) highlighted how nursing programs are going to be more diverse i.e. cultural, racial, age, gender etc. and this is the case because of the retiring workforce and high nursing turnover (US based). Their view was that a common nursing ideology and mission is needed so that bridges will be created among nurses of varied backgrounds. The process would involve modifying old personal and professional values and internalizing new ones. The core professional nursing values, not dissimilar from Canada, were adopted by the American Association of Colleges of Nursing in 1998.

The values were altruism, autonomy, human dignity, integrity and social justice. Reading this article I could see where nursing students would initially be consumers because the graduates identified that they had difficulties transitioning into professional settings, and some employers were not engaged in the process of socializing new nurses.

Altruism is a traditional value considered a primary motivation for entering the nursing profession, but



many contemporary students are focused on financial incentives, career mobility and stability. So Shaw and Degazon pointed out that altruism must be taught, learned, and integrated into practice, thereby a common understanding will emerge of the meaning and satisfaction of helping others.

Autonomy includes self-determination and being self-directed, and how nurses need to support patients in their decision-making especially when different from their own values. The skill of collaboration is needed with patients, families, and colleagues regarding sensitive topics i.e. end of life, and having awareness of the dilemmas encountered in professional practice when conflicting views and value-laden issues arise. Subjectively a nurse needs to know their own cultural values and consider the elements of truth telling, self-determination and individual options.

Human Dignity this value is the basis of respectful treatment to patients, families, and colleagues and interactions will be more therapeutic, productive, and professional. The caution by the authors was to be aware of the role assumptions may play in personal and professional endeavours, also known as biases, whereby you may not interact with an individual but instead use your assumptions about that individual.

Integrity is linked to the Code of Ethics and the principles of non-maleficence, beneficence, fidelity, veracity, and social justice. The focus on this value was how contemporary society has many examples of ethical standards and integrity lapses by government officials i.e. NY governor and call girls, business executives i.e. Enron, and clergy i.e. priests. The need for integrity by nurses in practice is how we merit public trust. Shaw and Degazon profiled how a number of immigrants admitted to bending the rules to cope with a complex immigration process and making things happen was considered a higher purpose. As nurses we can acknowledge a client/patient's perspective but we as nurses understand that knowledge and application of professional standards translates into accountability.

Social Justice is "the moral and ethical imperative to respect the basic rights of others" (Shaw & Degazon, 2008, p.49) and how collective action enhances the power of individuals to create change for individuals, families and communities. Within this value the





"Choose a job you love, and you will never have to work a day in your life."

[Confucius](#)

nurse's ability to recognize the impact of social policy, and to know about the rich legacy nurses have in activism to improve social and health opportunities and outcomes i.e. SARS, closing coal plants, equal rights for disabled persons, sexual orientation, bullying.

In terms of consumers Bowman (1997) outlined how bioethics has evolved from Western moral philosophy and Western biomedical perspectives. Our patients and families may have very different perceptions, experiences, and explanations of illness. Depending on their world-view our consumers could be Western or non-Western and this will affect cultural context, how illness is explained, and locus of control. So autonomy maybe a value for some of the consumers but others will value interdependence.

Bowman also highlighted how the Western perspective can be an either/or and a non-Western perspective maybe grounded in a dynamic equilibrium i.e. yin and yang. Truth-telling has a high value in the Western view seen as the patient's "right to know", and for the non-Western view it can range from believing the patient should not be told, to the family are given the information and they're expected to inform and support the patient. This article by Bowman illustrated how important it is to explore the "consumer's" cultural perspective, as professionals it would be safe to say there is value in clarifying their world view and we have to be open and receptive. Ideally our professional values will complement our consumers.

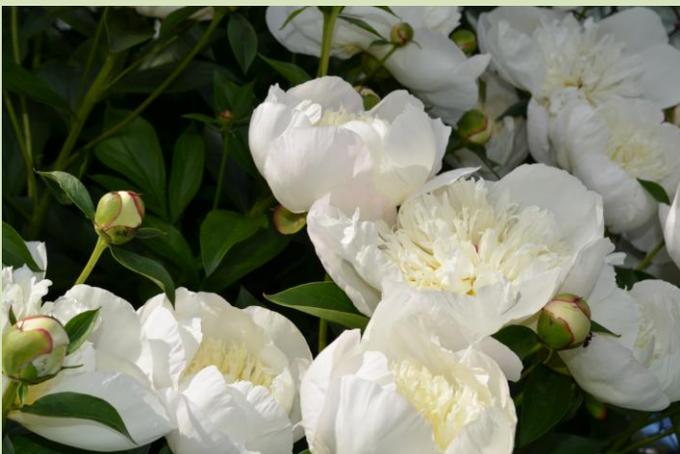
So to answer the question similar or different values in health services I would suggest the public would be on the same page as our professional values that I have included above, and the differences are related to the diversity of world views. Our health care services need to reflect cultural pluralism and here's the challenge how to effectively do that in the climate of limited resources, time pressure, and the high value placed on efficiency. Human beings are not tidy boxes, indeed we are not working on widgets but complex beings.

Cheers,
Paula

Sources:
Shaw, H.K., & Degazon, C. (2008). Integrating the



Let go of your attachment to being right, and suddenly your mind is more open. You're able to benefit from the unique viewpoints of others, without being crippled by your own judgment. – Ralph Marston



Peonies in June (Photo by Paula)

core professional values of nursing: A profession, not just a career. *Journal of Cultural Diversity*, (15)1, 44-50

Bowman, K. (1997). BIOETHICS AND CULTURAL PLURALISM. *Humane Health Care International*. Volume 13 (2), 31-34

Nursing Humor



Contact information

SNIG members can also reach the executive through e-mail at frontlinenurse@yahoo.com ,



Our Staff Nurse Interest Group is about

Caring: for the nurse and the patient/client

Advocating: for the nurse and the patient/client

Leadership: leading at the front line of care and policy

