

Volunteers

see equal parts 'give' and 'get' on executive network

Emily Monaco, Joyce Tsui, Christina Moldovan and Cathie Gernaey are RNAO executive network officers (ENO) for their chapters or interest groups. They are among the more than 300 members who, as ENOs, play an instrumental role in advancing nursing and health issues at the local and specialty level. Becoming an ENO is just one of the many ways members can become more involved in RNAO. Discover what led these four RNs to the role, what they've learned, and the lessons they've applied to their working lives.

Emily Monaco

POLICY AND POLITICAL ACTION OFFICER, SIOUX LOOKOUT CHAPTER

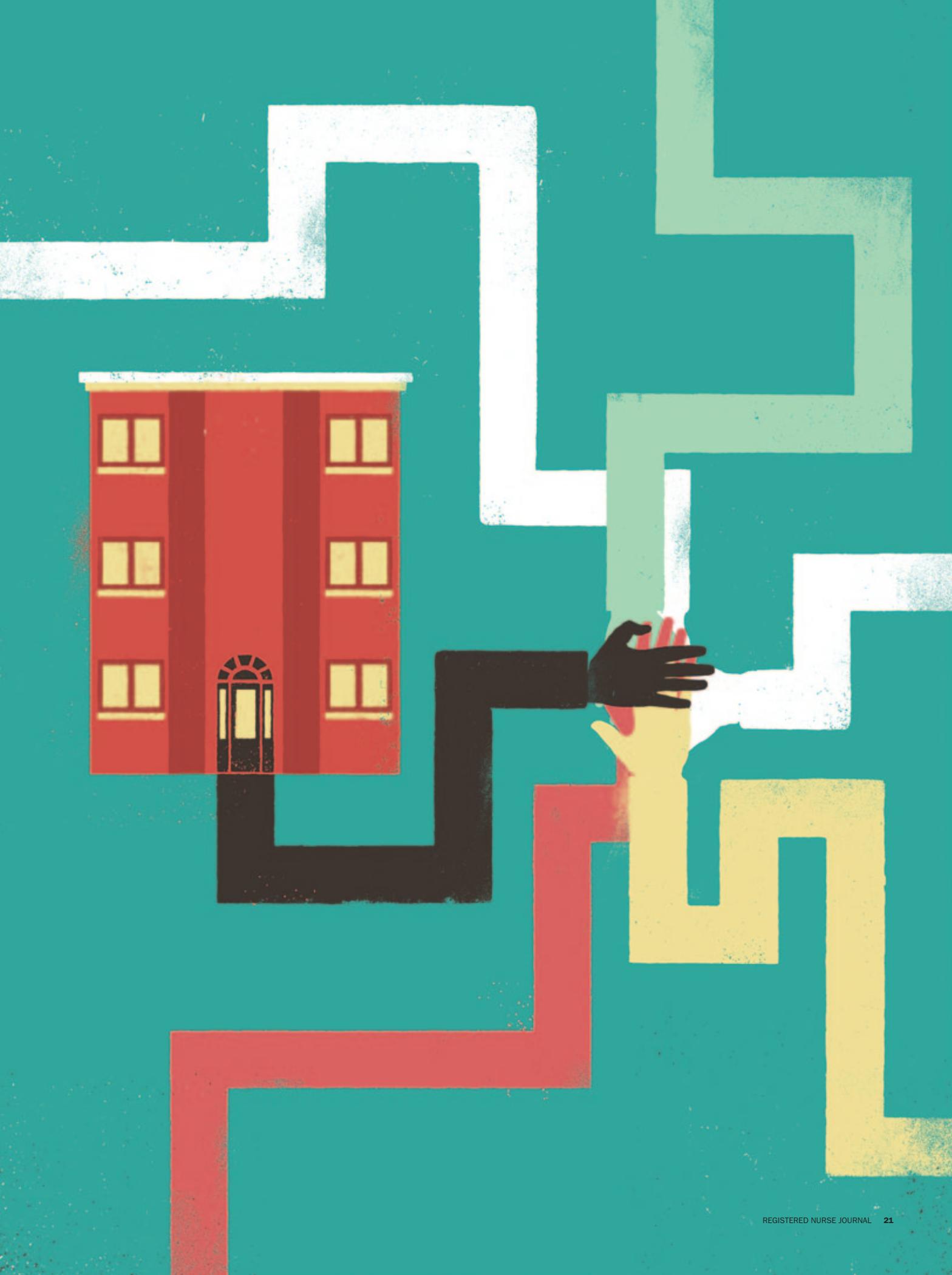
After reading RNAO's action alerts that highlight issues of importance, such as cuts to the federal government's refugee health program, or efforts to privatize health services, Emily Monaco became more aware of the association's advocacy work. Reading about these issues, and efforts to enhance RNs' scope of practice through political change, Monaco decided to become more politically active herself.

The obstetrics RN at the Meno Ya Win Health Centre applied to become policy and political action officer (PPAO) for the association's Sioux Lookout

chapter about a year ago. "Seeing...a force like RNAO and how much (it) does and can do in terms of health advocacy...motivated me," she explains. "(It seemed like) a pretty good learning opportunity...especially given our location (in the north). There are a lot of issues we see that don't always get recognized in the provincial spectrum," including poverty, food insecurity, housing and mental health concerns, she says. "It's harder to get issues brought forward and recognized as priorities" due to geographic distances, smaller population sizes and diverse needs.

ILLUSTRATION: SÉBASTIEN THIBAUT

BY MELISSA DI COSTANZO



A year into the role, Monaco admits to some initial hesitancy. She says she was intimidated at first because of her limited familiarity with politics, but has since gained valuable insight into what an MPP's job entails, and how to build a rapport with politicians. She now knows how to prepare for meetings with decision-makers, and the value of rooting out relevant statistics to back-up arguments at meetings.

Two of RNAO's signature political advocacy events, *Queen's Park on the Road* and *Take Your MPP to Work*, helped to cultivate Monaco's political savvy over the past year. She was involved in both events with Kenora-Rainy River MPP Sarah Campbell. "It was a privilege to get (Campbell's) insight on the issues we presented, and it gave us a sense of what she was doing on her end to address issues such as affordable housing," Monaco says.

The experiences have even inspired her to apply what she's learned as an ENO elsewhere. Monaco joined forces last winter

ENOs give strength to RNAO

About 15 years ago, RNAO's board of directors and staff contemplated a recurring question: "How can we enhance the role of chapters, regions without chapters and interest groups?" At the time, presidents and chairs were the only existing positions within each.

The answer to this query came in the late 1990s, marking the beginning of the association's executive network structure (ENS), so-called because of its framework. The model consists of local and specialty executives in six positions, an increase from the one position – president or chair – that existed in the past. Each of these positions mirrors a department at home office.

Today, the chapter and interest group ENS includes executive network officers (ENOs) who focus their attention on: finance; policy and political action; communications; membership and services (including the workplace liaison program); students (these ENOs came on board in 2003); and information management and technology (added in 2008, and also sometimes responsible for social media activities).

Each chapter and interest group selects one (or two) representative(s) to assume the role of ENO for a two-year term.

"ENOs support a broader nursing voice into issues that impact the profession and Ontarians," says RNAO President Rhonda Seidman-Carlson. "These roles are perfect entry points into leadership opportunities, especially for members who want to become more involved with the association, but who aren't quite ready to serve as chair or president."

The goal of the ENS has always been to foster communication and education between home office and its 35 chapters and regions without chapters, and 31 interest groups. It also ensures responsibilities are distributed among executives and encourages recruitment, member involvement and mentorship opportunities. ENOs are directly linked with the assigned staff within the corresponding department at home office, and receive ongoing support and resources directly from that individual.

- For more information about RNAO's chapters, please visit chapters.RNAO.ca
- Learn more about the association's interest groups by visiting RNAO.ca/connect/
- To become an ENO, **contact your chapter president** or interest group chair.

with another RN and an RPN and together, the trio spoke to teenagers at a local high school about parenting (there are many young mothers in the area, Monaco explains). They addressed sexual and reproductive health and newborn care. Finding opportunities to join forces and create and foster connections with other health-care providers and organizations was something she learned as a PPAO.

"We thought it'd be a great way to share our knowledge," she says. "There's a lot of potential to form new relationships and collaborate. Being an ENO has given me more motivation and more confidence to promote health and nursing within my community."

Monaco encourages new grads at her workplace to participate in professional activities, touting her own experience at RNAO as a positive example of how fulfilling it can be to "use your knowledge in other ways, not just in the clinical setting." She helped to spearhead a workplace committee that is trying to provide a collective voice for front-line nurses at the health centre. The group's focus is on professional practice issues, such as nurse retention and support, and education. "Being an ENO...has given me more confidence in nurses' ability to have a positive impact on health and healthy work environments," she says.

Monaco's next goal as an ENO is to help draft a resolution for a future RNAO annual general meeting. Though unsure of the topic, she wants to focus on a rural health issue, something that is "near and dear to many of (the executive's) hearts."

When it comes to volunteering with the chapter and getting involved, Monaco says "just do it if you feel any inclination. There's a lot of support," from chapter members and RNAO home office. And it's not as daunting when you have access to resources such as the *Take Your MPP to Work Toolkit*. More nurses speaking out means "we can be unstoppable, in terms of a force for positive change for nursing and for health."

Joyce Tsui and Christina Moldovan

MEMBERSHIP OFFICERS, NURSING RESEARCH INTEREST GROUP

Joyce Tsui and Christina Moldovan were classmates at Toronto's Ryerson University. They both had the same goal: a master's degree in nursing. Now, the pair have found themselves pursuing another objective together, except this time, the focus is on recruitment of RNAO members.

Tsui and Moldovan are membership ENOs for RNAO's Nursing Research Interest Group (NRIG). They've shared the role for two years. By day, Tsui is an interprofessional educator at Toronto's Baycrest Centre for Learning, Research and Innovation. Moldovan is a casual RN in inpatient surgery at Oakville Trafalgar Hospital and a clinical instructor at Toronto's Humber College. When they leave those roles and come together to promote RNAO, they are a dynamic duo. Together, they have created postcards to attract new nurses to the group, called lapsed members, and spearheaded a campaign to honour long-standing NRIG RNs.

The partnership works because Tsui and Moldovan have agreed to split duties and collaborate on certain initiatives. Other chapters and interest groups have similar arrangements, encouraging more than one member to assume the same ENS position to ensure the workload is evenly distributed, and to offer more opportunity to participate, grow and contribute. For this pairing, Moldovan typically handles website updates, while Tsui tends to focus more on designing items such as postcards.

Both say they took on the role because they want to give back to their professional association, which they say has made a mark in terms of policy advancements and best practices. “All of the great benefits and learning we gain (through RNAO) inspires (us) to get others involved,” says Moldovan. “Without our professional association, we would not be where we are today,” Tsui adds. “As a member, you are contributing to that growth and development within the nursing profession. If we want to have a stronger profession, we really need to support our professional association.”

The pair has said they’ve met equally ardent nurses at networking events such as RNAO’s annual general meeting. “It’s so empowering to be able to share the passion of nursing,” Moldovan says, adding the role has helped her develop her communication and leadership skills. Tsui says it has forced her to come out of her shell. “I’m a shy person, so this helps me open up. I’ve learned how to connect with people,” she says.

“You have to be passionate...to bring others’ passion forward,” Moldovan suggests, adding that working with an enthusiastic and encouraging executive team has also been rewarding. Both Tsui and Moldovan were mentored by Nancy Purdy and Veronique Boscart, chair and past chair of NRIG, respectively. “Great role models make me want to do this work, be involved and make a difference,” says Tsui.

If you’re interested in becoming a membership ENO, “do it,” they tell colleagues. “I’ve gained so much through RNAO, so it’s just a tiny way for me to give back,” says Tsui. “It’s an amazing experience.”

Cathie Germaey

COMMUNICATIONS OFFICER, MIDDLESEX-ELGIN CHAPTER

Twenty years ago, there were very few nursing jobs in Ontario, so Cathie Germaey began applying for work south of the border. She eventually landed a position in Michigan, and spent over a decade practising in acute care for an American hospital. It was an experience that gave her “great appreciation for Canadian nurses and Canadian nursing.” Here at home, registered nurses begin their careers with more advanced assessment skills, and are well-regarded because of their education, she explains.

Germaey returned to practise in Canada in 2004. At that time, she made it a personal goal to ensure everyone knows just how much value registered nurses add to the health-care system. She defends nurses when a negative news story surfaces, has gone to elementary schools to discuss nursing roles and responsibilities, and has two friends who are nurses, thanks, in part, to Germaey’s influence.

In addition to being branch manager for London’s Revera Home Health, Germaey is communications officer for RNAO’s Middlesex-Elgin chapter. It’s a role she says allows her to promote the value of the profession and to learn more about RNs’ different levels of

expertise. “(Communications) is an area I’ve never really delved into,” she explains. “I do a lot of speaking, lecturing...(but) I’ve never really done anything (like) press releases.” She decided to take on the role because she “...thought it would be a challenge to see what kind of opportunities are out there for spreading the word.”

Germaey drafts the chapter’s newsletter and drums up media interest when the group hosts events. She writes media releases and advisories about the events, and pitches story ideas to local journalists.

Fostering relationships with the media, she admits, isn’t always

easy. In fact, cultivating a rapport with the press can be tough at times, especially considering tight deadlines and an ever-changing news cycle. Still, she persists and, last fall, the chapter generated media coverage of its *Putting a Face to Poverty* panel discussion at London Public Library.

Poverty is a “big problem...but it’s one of those things that gets shuffled under the rug,” Germaey says. She was thrilled the event generated interest and hopes to draw more attention to this and other social determinants of health that affect peoples’ wellbeing. “(So much is needed) for people to truly thrive in their environment,” she tells reporters. “I think we really need to expose...what the social determinants of health are, and how they truly do affect people.”

Germaey’s participation as a communications ENO has led to other volunteer positions with RNAO. In 2012, she became a *Media Awards* judge, reading and scoring journalists’ submissions to the competition from across the province. She says it was an experience that helped open her eyes to a range of health and nursing stories. As an ENO, she’s also been able to keep colleagues informed about exciting activities

they might not otherwise hear about. Earlier this year, when the chapter took part in a Habitat for Humanity build, Germaey told colleagues and, on build day, four of her co-workers showed up to construct a home and raise awareness of the need for a national housing strategy. “If I hadn’t been promoting it ...they might not have heard about it or paid attention,” she says.

Germaey’s advice for anyone considering stepping into the communications ENO role is to persevere, despite the challenges of relationship building with journalists and the uncertainty of coverage of stories in print or on radio/television. She suggests would-be communications ENOs promote the different sectors in which nurses work, and the range of skills and experience they bring to communities. And, above all, have fun and “keep your mind open.” **RN**

MELISSA DI COSTANZO IS STAFF WRITER AT RNAO.



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—Joyce Tsui

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