Success Stories

This section describes past successful lobbying efforts led by registered nurses, and profiles some of our most prominent activists. We hope that these stories will inspire you in your advocacy efforts.
Issue: Full-Time Employment

Background
In 2000, RNAO began actively advocating for 70 per cent full-time employment for RNs in the province of Ontario. This work was informed by several research studies which demonstrated that increasing full-time RN employment results in:

- Improved patient/client outcomes \(^1\ 2\ 3\ 4\ 5\)
- Efficient RN utilization and system cost-effectiveness \(^6\ 7\ 8\ 9\ 10\)
- Improved RN-physician collaboration and team work \(^11\ 12\ 13\ 14\)
- Enhanced organizational commitment \(^15\ 16\ 17\ 18\)
- Successful recruitment and retention of RNs \(^19\ 20\ 21\ 22\ 23\ 24\)
- Sustainability of the nursing profession \(^25\ 26\ 27\ 28\)
- Economic savings \(^29\ 30\ 31\)

RNAO’s reports *Earning the Return: When & Why RNs Left and What Will Bring Them Back* (2001), *Survey of Casual and Part-time Nurses* (2003), and *The 70 Per Cent Solution* (2005) have all cited 70 per cent full-time employment as a key strategy in maintaining quality care for patients, and as crucial in ensuring healthy work environments for registered nurses.

Other organizations have also recommended moving to 70 per cent full time as a minimum target. For example, the Canadian Nursing Advisory Committee’s (CNAC) 2002 report *Our Health, Our Future: Creating Quality Workplaces for Canadian Nurses* recommended: “Governments, employers and unions should collaborate to increase the proportion of nurses working full-time to at least 70 per cent of the workforce in all healthcare settings by April 2004, with an improvement of at least 10 per cent to be completed by January 2003.”

Strategy for Action
RNAO worked closely with other organizations in lobbying the government to adopt the 70 per cent solution.
Outcome
As part of their 2003 provincial campaign, the Ontario Liberal party committed to increasing full-time RN employment to 70 percent, creating 8000 new full-time nursing positions. In their first two years in office, the government has created 3000 new full-time positions for RNs, bringing the ratio of RNs employed full time to 60 percent. The government has also released conditional, targeted funding to hospitals to increase their full-time nursing workforce. While in support of this funding, RNAO continues to urge the government to release targeted, conditional funding to increase the number of full-time RNs across all sectors.
**Issue: Nurse Practitioners**

**Background**
Nurse practitioners were first employed in Ontario during the 1960s, in response to a physician shortage, particularly in rural areas, as well as a shortage in primary health care providers. In the 1980s, however, the nurse practitioner initiative ended due to a perceived oversupply of physicians, lack of public awareness of the role, and lack of support from medicine and nursing. In 1983, Ontario’s last education program for nurse practitioners closed.

**Strategy for Action**
Knowing that nurse practitioners serve an important role in the Ontario health-care system, the Nurse Practitioners’ Association of Ontario (NPAO) in strong partnership with RNAO actively lobbied for the reinstatement of educational programs in the province for more than a decade, making repeated submissions and recommendations to government. RNAO and NPAO also worked intensely to create public awareness and increase political pressure about the NP role by working closely with the media to create opportunities to profile the role.

**Outcome**
In 1995, a new program for primary health care nurse practitioners in Ontario was introduced. The Expanded Nursing Services for Patients Act (1997) created the legislated authority for nurse practitioners to independently perform a number of controlled acts without a medical directive or doctor’s orders. In 1998, the College of Nurses of Ontario approved a new class of registration, Extended Class, for which nurse practitioners are eligible to apply. CNO is also considering the inclusion of acute care nurse practitioners in the Extended Class.
Cathy is a street nurse in downtown Toronto, where she began working with the homeless more than 15 years ago. She points out that at that time there were only four or five street nurses in Toronto, perhaps even Canada, compared to about 100 now across the country. That in itself makes a powerful statement about the extent of homelessness in our country.

Cathy and her nursing colleagues have been instrumental in putting housing back on the public agenda. In addition to her work as a street nurse, Cathy has co-founded several advocacy organizations, including Nurses for Social Responsibility, the Toronto Coalition Against Homelessness, and the Toronto Disaster Relief Committee (TDRC), which declared homelessness a National Disaster. The disaster campaign is a three-level campaign targeting federal, provincial and municipal solutions to the homeless disaster and housing crisis. Its signature 1% slogan refers to the demand that all levels of government commit an additional 1% of their budgets to an affordable, social housing program. Cathy publishes a monthly newsletter on homelessness and housing issues, available at www.tdrc.net.

A documentary film on Cathy’s work, titled ‘Street Nurse’, was directed by Emmy and Gemini winner Shelley Saywell and aired on the Women’s Television Network in 2002. In October 2003, Cathy received an International Nursing Ethics Award in Amsterdam, and was awarded the Atkinson Charitable Foundation’s Economic Justice Award the following year. Cathy is now based at Toronto’s Sherbourne Health Centre.
Registered Nurses and LHINs

Pat Mandy - CEO, Hamilton Niagara Haldimand Brant LHIN

Pat is a registered nurse and former Vice President of Patient Services, HHS and Site Administrator at McMaster University Medical Centre. She has extensive linkages to the community - as Past Chair of the Hamilton-Wentworth District Health Council; a past President of the College of Nurses of Ontario; a Board member of Urban Native Homes, and Board Chair of De dwa da dehs nye’s Aboriginal Health Centre. Pat is a member of the Mississaugas of the Credit First Nation.

Pat holds a clinical appointment in the Faculty of Health Sciences (Nursing) at McMaster University as an Assistant Clinical Professor and is an Associate Member of Graduate Faculty, Clinical Health Sciences (Nursing) Graduate Programme, McMaster University, Faculty of Health Sciences.

Kim Stasiak – Board Member, Hamilton Niagara Haldimand Brant LHIN

Kim Stasiak is a registered nurse who works in the emergency unit of the Niagara Health System and Prompt Care Center in St. Catharines. She has been employed at Hotel Dieu Hospital in St. Catharines since 1980, and has also worked in the urology unit at the Hospital for Sick Children in Toronto. Kim’s community involvement includes serving as the Vice President (Health) of the Provincial Council of Women and volunteering with the Niagara Healthcare Advocates and the St. Catharines and District Council of Women. She also conducts public speaking and public awareness sessions on health care issues.
Profile: Sylvia Scott

Although Sylvia lives and practices as a registered nurse in Ontario, she is equally dedicated to addressing poverty and HIV/AIDS in Kenya’s Nyanza province, where she was raised as a child. Sylvia has dedicated her life to helping the people of Matangwe, where she, her husband Stephen, and a team of volunteers travel at least once a year to provide health care. Their first goal was to create a place for the community to access health care services. With the support of Kenyan and Canadian volunteers, Matangwe’s first health centre opened in 2002.

Sylvia describes the health centre as the springboard for everything she and Stephen hope to accomplish through their Matangwe Community Health and Development Project. With assistance from a charitable non-profit organization called Caring Partners International (CPI), which the Scotts created in 1998, Sylvia and Stephen work with volunteer boards in Canada and Matangwe to build infrastructure for sustainable projects in the community. The vision that began as a health centre has expanded to address the social determinants of health by supporting local agriculture, schools, and small business development.

Sylvia is a member of RNAO’s International Nursing Interest Group and Corporate Director for Practice and Strategic Initiatives at Kitchener’s Grand River Hospital. She will graduate with a Master’s degree from McMaster University in April 2006.
REFERENCES


