IN HARM’S WAY
Employers take action to protect RNs from on-the-job risks.
Now I know why thousands of nurses have chosen HUB!

I used to think insurance was insurance and never gave much thought to where I bought it – I assumed it was the same everywhere and all that mattered was finding the best price. Was I ever wrong! I heard about HUB Personal Insurance from a colleague at work. She mentioned that HUB offers RNAO members great rates on home and auto insurance, but it was her comment on the outstanding service that made me decide to find out for myself.

When I contacted HUB, I spoke to an insurance advisor immediately – no pushing a million buttons or leaving a voicemail message. The advisor assessed my insurance needs and gave me a no-obligation quotation on the spot. The savings were significant and I really appreciated the great additional benefits HUB offers. I switched to the HUB plan for RNAO members right away!

The HUB representative also asked whether I had upgraded or added on to my home. Now, my home has been undergoing extensive renovations for some time, but it had never occurred to me that those upgrades could affect my insurance policy, or more specifically, any claim I may have while these changes are taking place. HUB brought me up to speed on what to include on my homeowners policy immediately and made further recommendations for when the renovations are completed.

I was impressed. I now realize insurance is not the same everywhere. There are differences in product features, pricing, and most importantly, in the people and the advice they provide.

Thank you to the RNAO and HUB for taking care of me! Now I know what the HUB is all about!

Contact HUB today.
Call 1 877 466 6390 or visit www.hubvalue.com

You spend your time taking care of others. Now let us take care of you. Call for a no-obligation-quotation and you could WIN pampering for 2 at a spa of your choice!

Toni Sammut, R.N.
F E A T U R E S

7 RN ANSWERS 911 CALLS, PUTS PATIENTS AT EASE
By Helena Moncrieff
RN Eric MacMullin, a member of a Mobile Crisis Intervention Team, helps vulnerable people receive care on the streets of Toronto.

11 RNAO HELPS PROMOTE LITERACY
By Kimberley Kearsey
Ontario’s Lt.-Gov. James K. Bartleman thanks nurses for sponsoring Aboriginal children in his literacy programs.

12 IN HARM’S WAY
By Jill Shaw
More and more health-care employers are realizing the risks nurses face on the job and are taking action to protect their staff.

17 UNIQUE GIFTS
By Raewyn Janota, RN
A Calgary RN reflects on the emotional toll of nursing.

19 YORK U HELPS LEAD INTERNATIONALLY TRAINED RNs DOWN THE PATH TO WORK
By Jill Shaw
RNAO member Sue Coffey leads post-RN BScN program for nurses from around the world.

20 MIRROR IMAGES
By Mitzi Grace Mitchell, RN, GNG(C), BScN, BA (Soc), MHS, MN, DNS, PhD(s)
RN and York University lecturer Mitzi Grace Mitchell reminds nurses that they are a reflection of their patients.

22 WANTED: RNs FULL TIME
By Jill Shaw
The Liberal government’s promise to provide every new nursing graduate with a full-time job gets mixed reviews.
Spring brings kudos and praise for RNJ

It’s been said that good things happen in threes. If that’s true, what does it mean if good things happen in twos? Do these good things still count?

I certainly hope so because Registered Nurse Journal is happy to celebrate two especially good things that have made Journal staff very proud of the publication you’re holding in your hands right now.

In June, RNAO received news that Ready or Not, our March/April 2005 feature about pandemic planning, was selected by the Canadian Business Press as the Gold Prize winner in the Best Feature category at the 2006 Kenneth R. Wilson Awards. This national award is RNAO’s first from the Canadian Business Press, and it’s an honour to be recognized by peers in trade journalism.

We also received kudos this spring from RNAO members who, at the annual general meeting (AGM), shared constructive and valuable comments about the publication. I’d like to take this opportunity to thank everyone who filled out our survey cards at the AGM. It’s encouraging to know that 90 per cent of respondents read every single issue of the Journal. Some of you said you appreciate our coverage of important and timely health-care issues, while others enjoy staying connected and hearing about local and regional events. Your positive feedback about the use of colour and photographs, the magazine’s relevance to new graduates and nursing students, and the coverage of political activities feeds our passion to improve on your publication as we start another membership year.

Our survey also generated some great story suggestions from members. Our cover feature in this issue touches on one of those suggestions: violence and bullying in the workplace. We also plan to follow up on a number of other member ideas that touch on RNs’ international relief work, woman abuse, career options for senior RNs, and the compelling tales of nurses who experience health-care as a patient or family member.

As nurses and members of RNAO, you provide the voice for this publication and your membership year.

The views or opinions expressed in the editorial, articles or advertisements are those of the authors/advertiers and do not necessarily represent the policies of RNAO or the Editorial Advisory Committee. RNAO assumes no responsibility or liability for damages arising from any error or omission or from the use of any information or advice contained in the Registered Nurse Journal including editorials, studies, reports, letters and advertisements. All articles and photos accepted for publication become the property of the Registered Nurse Journal. Indexed in Cumulative Index to Nursing and Allied Health Literature.

Canadian Postmaster: Undeliverable copies and change of address to: RNAO, 158 Pearl Street, Toronto ON, M5H 1L3. Publications Mail Agreement No. 40006768.

RNAO Officers and Senior Management
Mary Ferguson-Paré, RN, PhD, CHE
President, ext. 204
Joan Lesmond, RN, BScN, MSN, Ed. D (c)
Immediate Past President, ext. 202
Doris Grinspun, RN, MSN, PhD (c), O.Ont.
Executive Director, ext. 206
Irmajean Bajnok, RN, MScN, PhD
Director, Centre for Professional Nursing Excellence, ext. 234
Sheila Block, MA
Director, Health and Nursing Policy, ext. 215
Nancy Campbell, MBA
Director, Finance and Administration, ext. 229
Daniel Lau, MBA
Director, Membership and Services, ext. 218
Marion Zych, BA, Journalism, BA, Political Science
Director, Communications, ext. 209

CORRECTION

Photo #7 in our Home Sweet Home feature (Mar/Apr 2006) incorrectly identified two nursing students as Jodie Boltu and Alanna O’Malley. The students are Julie Desjardins and Jennifer Bravo. We apologize for the error.
Ongoing discussions, consultation regarding resolution #1

In my last column, I shared with you details of the passionate debate at RNAO’s annual general meeting (AGM) that surrounded resolution #1, which called on RNAO’s board of directors to engage with our members in an open, transparent consultation about RNAO’s relations with the Canadian Nurses Association (CNA).

As we move ahead and strengthen our ability to advocate for nursing issues, as well as for publicly funded, not-for-profit health care and social determinants of health – issues that we know are important to RNs across the country – I want to make sure you continue to receive the most up-to-date information about our ongoing work with resolution #1.

In June, I attended the CNA board of directors meeting where I addressed RNAO’s view that it is vital we have a voice and mobilize nurses from coast to coast speaking out for health and nursing issues at the national level.

That’s why I tabled, on your behalf, a motion that called on CNA to adopt changes to its strategic directions that would include commitments to take action in mobilizing nurses to promote publicly funded, publicly administered, not-for-profit health care. The motion also called on CNA to advocate for healthy public policies regarding determinants of health, specifically a national childcare program, a national housing strategy, and strengthened regulation of health and environmental safety.

While that motion was not passed, it remains tabled until November. Meanwhile, CNA committed to incorporate the essence of RNAO’s motion into the goals of the association.

Another motion – calling on CNA to engage in formal consultations with RNAO to seek a mutually agreeable resolution to our concerns – was defeated because CNA’s board of directors concluded that it cannot have discussions with only one of its jurisdictions. Instead, CNA passed a subsequent motion agreeing to set aside time at both its November 2006 and March 2007 meetings to consider the results of the RNAO consultative process that will take place this summer and into the fall.

In addition to the formal discussions around the board table, informal conversations were also taking place. RNAO’s Executive Director Doris Grinspun and I were heartened to hear assurances from CNA’s outgoing president Deborah Tanlyn, new president Marlene Smadu and President-Elect Kaaren Neufeld that “Our provincial colleagues expressed their support and applauded RNAO for its commitment to Medicare and its efforts to draw more attention to social determinants of health.”

we could work together to find solutions that would be beneficial for both parties. Our provincial colleagues also expressed their support and applauded RNAO for its commitment to Medicare and its efforts to draw more attention to social determinants of health.

All of us should be proud that RNAO is recognized nationwide as a leader in these issues. I hope we will be able to build on that commitment and leadership and infuse it into CNA’s goals and actions in the future.

Immediately following the board meeting, six RNAO board members, your executive director, and a number of general members attended CNA’s annual general meeting (AGM). As you know, RNAO’s board and members have expressed concern about rising CNA fees over the last several years. I would like to report to you that this sentiment was echoed by voting delegates from other jurisdictions. As a result, CNA’s AGM defeated a resolution for a fee increase for 2008 and 2009. CNA’s board, instead, established a committee to look at its financial cycle and I have joined this committee as a member.

Meanwhile, RNAO’s consultative process will continue over the coming months. RNAO board members look forward to speaking with you and hearing your thoughts as well as special meetings.

I hope all of you will continue to inform yourselves about this important issue by visiting RNAO’s website. That’s where you will find an online forum for sharing your views with fellow members, as well as updates and correspondence between RNAO and CNA as we continue down this path.

I look forward to hearing the voices of each of our 24,000 members. It is the passion that so many of you have for nursing and public health care that will allow us to continue to advocate for a stronger profession, and to take a stronger role as advocates for public policy changes that we know will make a difference to our colleagues, patients, families and communities.

MARY FERGUSON-PARÉ, RN, PhD, CHE, IS PRESIDENT OF RNAO.
Nursing shortage a formidable but workable challenge

Howard Hampton, Leader of Ontario’s NDP, asked RNAO if there really is a nursing shortage in Ontario. His question left me wondering how many people might be confused by conflicting messages that thousands of nurses are poised to leave the profession, yet most new nursing graduates are unable to find full-time work.

There’s no question we are facing formidable health human resources challenges. But what I find most troubling is not our ability to work through these challenges, but rather the notion that the nursing shortage is a foregone conclusion. Indeed, I’m baffled by comments like “we will never have enough nurses.”

I don’t buy this; at least not in Ontario. In fact, with the right strategies and continued focus, I am convinced we can head off the so-called looming nursing shortage. Moreover, with the political will to work on more homegrown solutions, the ongoing hard work of employers and administrators, better educational infrastructure, and an improved focus, I am convinced we can head off the shortage so many predict.

It’s not a foregone conclusion, and there’s much that we can do.”

Howard Hampton

We are encouraged by the McGuinty government’s actions in recent months, particularly the Nursing Retention Fund, administered by RNAO, the Registered Practical Nurses Association of Ontario (RPNAO), and the Ontario Nurses’ Association (ONA). This $40 million initiative was officially launched on June 24. Over the next four years, it will help retain hospital nurses who might otherwise face lay-offs due to budget short-falls.

Nurses who are just beginning their careers will be the beneficiaries of another government initiative long sought by RNAO and announced this spring. It promises to secure full-time employment for new graduates who wish to work full time (see page 22). These initiatives signal that the political will to avert a nursing shortage is alive and well in Ontario.

We are also encouraged by the work of employers who have made great progress towards 70 per cent full-time employment for RNs. Some have even surpassed this important provincial target. Hospitals have also piloted an important initiative that allows senior nurses to spend 80 per cent of their time on patient care and 20 per cent mentoring or working on special projects.

The next step in the 80/20 initiative is to expand it to all nurses 55 and over, and in all sectors of health-care. The result will be that experienced RNs will feel valued for their knowledge and expertise and will remain in the workforce longer. It will also mean more clinical mentors for the new grads who will now work full-time: a win-win strategy all around.

These structural changes will undoubtedly serve to advance the 70 per cent full-time solution for RNs, which is essential for continuity of patient care. RNAO first introduced the 70 per cent solution in 1998. Premier Dalton McGuinty supported it and promised he would work towards this goal during his four years in office. There’s no question we’ve seen progress, and yet we still have a long way to go (we now stand at 60 per cent). RNAO will continue to remind the government of its responsibility to nurses and to patients before the next provincial election in 2007. We will also continue to contribute to achieving success.

Next on our urgent “TO DO” list is to look at structural changes and strategies that ensure better uptake of applicants to BScN programs. John Tory, Leader of Ontario’s PC party, asked RNAO why the province is not graduating more RNs. Indeed, from a “nursing shortage” standpoint, it’s difficult to accept that this fall nursing programs in Ontario will, once again, turn away qualified applicants to their BScN programs. This troubling practice, due in large part to inadequate infrastructure and a limited supply of qualified faculty to teach at the BScN level, needs attention and must become an area of focus for government and nursing. We need to improve the capacity within academic programs, and we need to explore the role of master’s and PhD-prepared nurses who are now in the service sector but are eager to act as clinical instructors. If we secure access to BScN education for all qualified applicants, more women and men will become RNs. This is a no-brainer in the toolkit to addressing the misconception that “we will never have enough nurses.”

It is also vital to continue educating politicians, colleagues and the public about the importance of positioning nursing as part of the solution to health-care system challenges. I was asked by a physician colleague why RNAO is pressing for the creation of nurse anesthetists. He suggested that new nursing roles will only aggravate the nursing shortage. I replied that the effect will be the opposite: new nursing roles will help retain RNs and attract people into the profession. The more nursing is at the centre of the solutions to meet the public’s needs, the more we also solve the nursing shortage.

Exciting clinical opportunities and new roles, coupled with structural solutions, are the kinds of homegrown initiatives that will make Ontario a magnet province and will help us head off the shortage so many predict.

We cannot, and will not, throw our hands up and say there’s nothing we can do to avert a nursing shortage. It’s not a foregone conclusion, and there’s much that we can do. It’s a formidable challenge, yes. But it’s one we can conquer if we continue to focus our heads and our hearts around solving it.

DORIS GRINSpun, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO.
RN answers 911 calls, puts patients at ease

BY HELENA MONCRIEFF

WHY NURSING?

Dressed in a black T-shirt, jeans and police-issued boots, Eric MacMullin dons a bullet-proof vest and radio to spend his shifts in a cruiser, often with lights flashing and sirens blaring. You wouldn’t be the first to assume that MacMullin is a police officer. But you’re wrong. In fact, he’s a nurse with the Mobile Crisis Intervention Team (MCIT) at St. Joseph’s Health Centre in Toronto’s west end.

MacMullin started his career as a registered orthopedic technician. “It’s a great job but it’s limited,” he says, “and I got bored.” He explains, however, that his exposure to nursing, and the influence of the nurses he worked with as an orthopedic technician, made nursing the natural next step. “Sometimes it seems like nursing chose me.”

A 1995 graduate of George Brown College, MacMullin’s first job was in in-patient psychiatry at Scarborough General Hospital. He took a break from that position to go back to George Brown to teach in the nursing program. A few years later, he heard from a friend in policing about a new program at Toronto’s St. Michael’s Hospital. It teamed police officers with nurses to handle emergency calls with a mental health element. He was intrigued and jumped back into nursing full-time.

Acknowledging that mental health is not the first choice of many emergency care workers, MacMullin says he chose the field, “because I was afraid of it. When I’m afraid of something I want to confront it, learn more about it.”

After four years at St. Michael’s Hospital, he moved to St. Joseph’s Health Centre to set up a similar program.

RESPONSIBILITIES

Partnered with a police officer, MacMullin attends 911 calls when it’s anticipated the case will include a psychiatric or crisis component. He credits police with recognizing the need for outside expertise to deal with mental health issues.

Once police records are checked, MacMullin carries out a safety assessment, looking for anything that could be used as a weapon or pose a hazard.

He does a brief physical assessment then a mental status exam. Is the patient suicidal or talking about harming someone else? Is this really a mental health call? Someone with schizophrenia may also have uncontrolled diabetes. A dehydrated person may present as disoriented. His nursing skills are crucial to figuring out how to help.

“Probably one of the biggest learning curves was taking the skills developed in a relatively safe, controlled environment [of a hospital] and applying them on a street corner, in a group home, or sometimes in a jail cell.”

After the assessment is done, MacMullin and his partner figure out what services can be offered to help. It could be getting the patient to a shelter for the night, a hot meal, or support from a drop-in centre. “Sometimes there’s nothing we can do.”

CHALLENGES

MacMullin says there are ongoing challenges being an RN in a policing environment. “I can tell someone 15 times that I’m an RN and they will still refer to me as ‘officer’... and there are many mental health consumers who don’t want to talk to police.” He knows it’s because of “the look.”

MacMullin recalls a hospital client with whom he’d developed a rapport. When he saw MacMullin getting into a police car in full gear, he figured his ‘nurse’ was really an undercover officer and that was the end of the relationship.

Patients in the grey area also pose a challenge. They may have stopped taking medication and their behaviour is disturbing but not yet dangerous. “We know they’ve stopped taking their meds but won’t go with you to the hospital and aren’t sick enough yet that you can apprehend them under the Mental Health Act. I know the direction they’re going. It’s very frustrating.” In a matter of days, the call will be more urgent.

While he knows the team is making an important difference to many individuals in the community and on the streets, there is also frustration in not being able to do enough. There are far more calls than the team can get to. “It’s like using a thimble to empty a leaky canoe.”

MEMORIES OF A JOB WELL DONE

Two years ago, a woman with severe postpartum depression called 911 saying she didn’t want her newborn child anymore. The MCIT arrived and got her the care she needed. About a year-and-a-half later, MacMullin ran into the mother with her happy, healthy child.

“She said she remembered the confusion and chaos of the time and remembered that I was respectful and didn’t treat her like a ‘basket case.’ That she remembered me, made my day.”

FUTURE PLANS

A fervent believer in the benefits of the program, MacMullin is helping with development plans for an MCIT at Scarborough General Hospital. He’s finishing his master’s degree and muses that a PhD might be interesting. He’s talked to some colleagues about setting up a college certification program in police crisis. And he’d like to write a text book on the topic. RN

HELENA MONCRIEFF IS A FREELANCE WRITER WHO LIVES IN TORONTO.
SARS: the musical

In late May, theatre goers in Toronto were introduced to a new musical that raised eyebrows in a city still tending to the scars of the SARS outbreaks in 2003. “SARSical” is touted as a playful production that pokes fun at the media frenzy surrounding the disease. But, as RNAO Executive Director Doris Grinspun told CBC News, SARS just isn’t funny. “It makes me ache,” she said in a May 30 interview that aired on The National. “SARS is not a laughing matter, even after this period of time.”

RNAO President Mary Ferguson-Paré echoed that response in a letter to the editor published in the Toronto Star on June 2. “SARS was a crisis about an unknown disease. It was real and not media hype,” she wrote. “(The musical creators’) decision to portray a nurse as a “dingbat”… is hardly an example of good humour…The thousands of nurses who worked and lived through the SARS outbreak – in spite of the inherent risks – will not be pleased to know that one of our own is portrayed in such a hapless manner.”

Implementing BPGs

In newspapers and on airwaves across Ontario, several health-care organizations showcased their achievements while implementing RNAO’s clinical best practice guidelines:

• RNAO member June Duesbury-Porter said the Niagara Health System was named a Best Practice Spotlight Organization (BPSO) because of its work to implement guidelines that deal with pressure ulcers, pain, and falls prevention for seniors (St. Catharines Standard, The Tribune – Welland, Niagara This Week, May 9, 10 & 17).

• Kathleen Heslin said it was an honour for West Park Healthcare Centre to be designated a BPSO. “We’re leading edge,” she said (York Guardian, May 18).

• Janice Skot, president and chief executive officer at Barrie’s Royal Victoria Hospital – also a BPSO – said it’s more important than ever to keep updated on the latest best practices information because health care changes so quickly (Barrie Advance, June 16).

• To mark June as stroke month, RNAO’s stroke assessment and hypertension guidelines received coverage on CKTB-AM – St. Catharines, and CBQ-FM – Thunder Bay (June 6 & 12).

• RNAO member Barbara Bowles told The Review – Niagara Falls that RNAO’s postpartum depression guideline gives nurses the resources to help moms get the best and safest treatment (June 5).

The problem with privatization

RNAO Executive Director Doris Grinspun responded to coverage of a 2006 IBM Business Consulting HealthInsider Survey that revealed Canadians believe private health insurance will decrease wait times while creating a doctor shortage in the public sector. She told readers of the Toronto Sun that for-profit health care siphons doctors and nurses from the public system to serve those who can pay in private facilities for private care (May 25).

• RNAO member Glenda Hubley told SooNews.ca that privatizing Sault Area Hospital through public-private-partnership (P3) financing arrangements will hurt patients and nurses. Hubley was one of more than 300 nurses to sign a letter from RNAO, the Ontario Nurses’ Association, and the Ontario Health Coalition to Premier Dalton McGuinty to oppose P3s (see page 26 for more) (May 9).

Pharmacare

RNAO’s submission to the provincial government on Bill 102: Transparent Drug System for Patients Act (see page 26 for more) was covered by 94.7 FM – Hamilton, CFOS – Owen Sound, and OMNI 2 – Toronto (June 5 & 6).
Local Health Integration Networks
In May, RNAO’s Huron chapter hosted a meeting for the South West District Local Health Integration Network (LHIN). During the meeting, the chairwoman of the local LHIN, Janet McEwen, committed to working with groups like RNAO to ensure health services are delivered efficiently and practically (Clinton News Record, May 3).

Close-ups in ICU care
RNAO member Veron Ash told the National Post that placing photographs at the bedsides of intensive-care patients – photos taken in happier, healthier times – helps nurses see past the tubes and machines to form a stronger emotional bond with individuals in their care. Ash was responding to a study done by RNs Cecilia Neto and Tilda Shalof that found photos highlighted a patient’s character and helped ICU nurses better relate to the patient and achieve care goals (May 23).

The memory of Lori Dupont
In late June, the parents of Lori Dupont wrote a letter in the Windsor Star thanking many individuals and organizations – including RNAO and the Ontario Nurses’ Association – for their support as they cope with the loss of their daughter (June 30).

Winding down waiting times
Donnalene Tuer-Hodes told the Stratford Beacon-Herald that the Huron Perth Healthcare Alliance has been able to drastically reduce waiting times for cataract surgery, hip and knee replacements, and cancer surgeries because of the tireless efforts of the hospital’s staff. “We couldn’t have done any of this if we didn’t have the co-operation of the surgeons and the anesthetists and the nurses and the physiotherapists – just everybody working together.” (May 11)

Providing care to rural Ontarians
In an article that focused on nursing as a career option, Grey chapter president Sheri Hatcher told the Owen Sound Sun Times that RNAO passed a resolution at last April’s annual general meeting calling on the association to identify ways to recruit and retain nurses in rural areas. Meanwhile, RNAO members Kathy de Langley and Marie Knapp described the range of specialties within which nurses can work, including cosmetic surgery and complementary therapies (May 12).

Promoting pesticide bans
RNAO member Amy Hunter and RN Marnie Smith took their fight for a pesticide bylaw to the press when they wrote a letter to the editor. They urged local town councillors to join countless other municipalities and put health ahead of weed-free lawns by banning pesticide use (Milton Canadian Champion, June 23).

- RNAO’s views about the need to ban the use of non-essential pesticides was...
also cited in a letter to the editor from Gideon Forman, executive director of the Canadian Association of Physicians for the Environment (Toronto Star, June 24), and in an article about the perils of pesticide use in Kamloops This Week (June 16).

**Overcrowding in the ER**
RNAO member and president of the National Emergency Nurses’ Affiliation, Janice Spivey, urged the federal government to take steps to ease the strain on jam-packed ERs. Spivey made the remarks after a study by the Canadian Agency for Drugs and Technologies in Health found congestion in the ER decreases the quality of care patients receive and was a factor in the SARS outbreaks (National Post, May 10).

**Using tech-savvy to benefit mental health patients**
In a profile in the Ottawa Sun, RNAO member and winner of the 2006 Student of Distinction Award Tania Paolini said she is twinning her interests in nursing and technology to examine an electronic incident reporting system she hopes will direct more attention to vulnerable mental-health patients (June 6).

**Burnout and the nursing shortage**
In a letter to the editor, RNAO member Janet Traverse wrote that attracting people to nursing is not just a question of how big the paycheque might be. The stress that comes from working short-staffed for long hours contributes to whether or not people want to enter the profession (Toronto Star, May 30).

RNAO member Lisa Little told the National Post that given the global nursing shortage, decision-makers need to put policies in place so Canada can compete with other nations. Meanwhile, RNAO member and Canadian Nursing Students’ Association president Michael Garreau said new grads often seek work in the United States because it’s easier to transfer credentials south of the border than to another province (May 10).

RNAO member Pat Somers said now that more jobs are available at Windsor’s Hotel-Dieu Grace hospital, nurses working in Michigan are trading in their cross-border commutes for jobs closer to home (CBC TV – Toronto, Windsor Star, May 22 & 24).

• In response to Traverse’s letter, RNAO member Laurie Spooner added that the inability of many nurses to find full-time work also contributes to the shortage (Toronto Star, June 14).

• RNAO member Irene Pasel told the Orillia Packet and Times that the same staffing problems they’re experiencing at the local hospital are being felt province-wide. “The No. 1 issue across the province is the shortage of health-care staff.” (June 29)

**Keeping Canadian nurses at home**

U of T researcher Linda O’Brien-Pallas, an RNAO member and one of the world’s foremost experts on nursing productivity and workload measurement (centre), was honoured in June with the Jeanne Mance Award. One of nursing’s highest honours, the award recognizes her groundbreaking research, vision, passion and determination to champion nurses’ skill and worth. RNAO Executive Director Doris Grinspun (left) and RNAO board member Paula Manuel congratulate her for her leadership.

RNAO President Mary Ferguson-Paré (third from left) met with RNs at Maplehurst Correctional Facility in early July to learn more about the nature of nursing work behind prison walls. From left to right: Sasa Vojnov, Jennifer Kaatz, Ferguson-Paré, Michelle Denine, Rose Galbraith, Jane Young, and Ian Clarke.
RNAO helps lieutenant-governor promote literacy to youth

BY KIMBERLEY KEARSEY

Ontario’s Lt.-Gov. James K. Bartleman, a member of Mnjikaning First Nation, acknowledges that growing up in the 1940s and 50s was tough for a boy from an inter-racial family. Although his parents had very little, they managed to make a home out of an abandoned shack near Port Carling. At an early age, Bartleman knew how important it was to get an education, and he spent a lot of time in the local library.

Now, more than 50 years later and still exhibiting that same unabashed passion for personal growth, he’s taking his love for learning and passing it on to the youth in Ontario’s northern communities. He hopes that his efforts will help children in the north to build happy memories and a stronger future.

In April, Bartleman accepted RNAO’s invitation to speak at the 2006 annual general meeting (AGM). He explained his interest in the condition and welfare of Aboriginal children: “After becoming lieutenant-governor, I returned to my roots…” he says. “I determined I would use my office for non-partisan social causes.” He adopted three: anti-racism, the stigma of mental illness, and Aboriginal youth.

“I have deliberately stayed away from assigning guilt or talking about entitlement or casting blame,” he adds. “I’ve been very practical.”

Bartleman reflects on his 36 years in the Foreign Service – 25 years abroad – and recalls how his return to Canada brought into sharp focus the need to help Aboriginal youth in Ontario’s north. “What I thought on coming back…was that while the condition of Aboriginal youth in southern Ontario had improved dramatically over the years, in northern Ontario it had not. In the far reaches of the province, Aboriginal children were about five years behind non-Aboriginal children in terms of literacy.”

RNAO recognizes the link between literacy and health, and is doing what it can to support Bartleman’s cause. Following his presentation at the AGM, RNAO committed to sponsoring a group of children to take part in a book club called Club Amick. The club is the fourth phase of the lieutenant-governor’s Aboriginal literacy initiative, which started more than two years ago with the opening of several new libraries in the north.

“In Attiwapaskat, the principal has told me the reading levels of the children have gone up 30 per cent in the two years since my libraries were established,” Bartleman says proudly. “It’s been very nice to go to the community and see the kids lining up to borrow these books, which have already passed through one or two generations of hands.”

The literacy initiative also includes book drives, a school twinning project and summer literacy camps.

Bartleman spoke to nurses about his work because he knew they would understand: “I feel that nurses—who provide services particularly to people in need are on the same wavelength as me.”

RNAO’s sponsorship will ensure that beginning in September and continuing over the next five years, three children will receive, by mail, a children’s book and an activities-oriented newsletter four times a year. They will be among over 2,500 children to begin creating their own home libraries to keep the literacy light burning.

“Reaching children at an early age is critical to ensuring their health later in life,” RNAO’s Immediate Past President Joan Lesmond says. “We’re proud to be associated with this initiative because, as nurses, there’s no doubt we will see first hand its positive impact on the health of northern populations.”

“When I visit the (First Nations) communities, I always drop by and talk to the nurses,” Bartleman says, adding, “They are an extremely dedicated group and I’m really happy that the association is helping out.”

RNAO believes Bartleman’s vision is important, especially when you consider Statistics Canada finds almost half of Canadians (47 per cent) have low literacy skills. These individuals are more likely to suffer from poor health, living with chronic diseases such as diabetes, heart disease, and cancer. Literacy also affects other factors that determine health, such as income and access to jobs, education, and social supports.

“It was almost instinctive…,” Bartleman says of his decision to focus his work on literacy. “Seeing the condition of people in the north and realizing that they would never be able to develop self esteem unless they were literate. They would never be able to get an education unless they were literate. And they would never be able to overcome the major problem of suicide unless they were literate and had education and coping skills. It’s all part of a big package.”

RNAO is inviting chapters to consider sponsoring a child or making a donation. “There’s a lot of goodwill out there…,” Bartleman says. “What you have to do is make people aware of how they can help.”

For more information about Club Amick, contact Daryl Novak at Southern Ontario Library Service (SOLS), 416-961-1669, ext. 5135.RN

KIMBERLEY KEARSEY IS MANAGING EDITOR/COMMUNICATIONS PROJECT MANAGER FOR RNAO.
More and more health-care employers are realizing the risks nurses face on the job and are taking action to protect their staff.

BY JILL SHAW

As an ER nurse at St. Michael’s, a busy downtown-Toronto hospital that treats many individuals who struggle with addiction or mental illness, Rose Colangelo has had the opportunity to help patients through some of their toughest moments. But she acknowledges offering that care sometimes puts front-line staff – particularly nurses – at risk.

Working in a big city that struggles with violent crime also puts the hospital’s RNs in harm’s way. For instance, shootings at the end of last year left staff at St. Michael’s worried that visitors in the ER might include individuals responsible for the crimes. In fact, news reports across the country later reported Toronto police were looking for a man captured on the hospital’s security cameras.

Since then, Colangelo says it has become increasingly important for the hospital to examine how it balances its traditionally open and welcoming atmosphere for patients and visitors with the need to ensure everyone in the ER is safe.

In April, St. Michael’s hosted a conference to look at how to protect everyone in the ER. The hospital has since taken steps towards ensuring everyone is protected. For instance, it has installed posters to tell patients and visitors that violence will not be tolerated. It has limited visitor access to some areas of the ER. And staff are more proactively using the hospital’s Code White procedure, which calls on a team of between four and seven specially trained individuals to respond to any dangerous situation before it escalates.

“It’s really important to me that we protect the nurses,” says Colangelo, who is also a member of the hospital committee charged with teaching staff about the Code White procedures.

Stories of violence like those at St. Michael’s are important stories to tell if RNs are to raise awareness of a silent, pervasive
problem that has touched not only Colangelo but hundreds of other nurses across the province.

According to an International Nursing Review editorial, nurses experience violence at a rate 16 times higher than other professions. And the International Council of Nurses revealed statistics in 2004 that found 72 per cent of nurses don’t feel adequately protected from assaults at work.

As many nurses know, feeling safe in the workplace is not just about protecting yourself from physical violence. Braving the emotional strain of the profession can also be taxing.

Nurses help patients and families through some of their toughest moments, and that too can take its toll on professionals who are already stretched thin. Data from the late 1990s – analyzed in a study for Ontario’s Workplace Safety and Inspection Board (WSIB) – showed 36 per cent of nurses had been emotionally exhausted on the job within the preceding three months.

Finding ways to keep nurses physically safe and emotionally well at work continues to be a top priority for researchers and nursing leaders involved in projects such as RNAO’s Healthy Work Environments Best Practice Guidelines (HWEBPG) Project. Naturally, keeping safe is also a top-priority for front-line RNs who are recognizing the strong need to change a workplace culture that accepts violence as “part of the job.”

Jill King, an RN who specializes in occupational health and environmental safety, believes this culture shift is essential. A member of RNAO’s Workplace Health and Safety of the Nurse HWEBPG panel, King likens nurses to the wheels on a car. She believes no matter how good the engine or how shiny the body, without good wheels, the journey will be short.

King says employers need to recognize the value in healthy and safe work environments, but nurses must also take the time to understand their rights under the Occupational Health and Safety Act. Nurses need to tell managers about their concerns, and they need to look after one another, she says.

It seems RNs around the province are heeding that call. Here are just a few examples of how some Ontario nurses are protecting their bodies and minds...

---

**HEALTHY BODY**

**Lynn Buffett is an ER nurse at North Bay General Hospital (NBGH).** She was crucially reminded of the risks of nursing last winter when an agitated patient drew a knife from his pocket and raised it at her. The patient’s mother—a woman who was also being treated at the hospital—jumped between her son and Buffett, and wrestled the knife from the man. During the fray, Buffett was able to run into the hall and call a Code White. She says the whole experience was surreal.

“My heart fell right into my feet,” she says. “It’s almost like watching a movie.”

Buffett returned to work after the incident. Her composure cracked, however, when a crisis intervention officer later told her the man had planned to stab a nurse because he thought the staff was poisoning his mother.

“As a nurse, you come (to work) to take care of people. You don’t expect not to come home to your children and your family,” she says.

Unfortunately, Buffett says incidents like this have been on the rise at the hospital as the nurses cope with more psychiatric patients, patients upset over long waits, and a more aggressive general public. She says nurses need to speak out about the hazards they face because that may help the public understand this type of behaviour shouldn’t be tolerated, and that it influences a nurse’s morale.

RN Ann Loyst, program manager for NBGH’s emergency department, is one of the staff members who assumed the task of coordinating the hospital’s efforts to improve safety following Buffett’s close call. She says nurses can now attach tiny, egg-shaped alarms directly to their clothes. If a nurse is in trouble, she can pull the alarm off her clothes and tug a small pin that activates a loud, high-pitched sound to distract the individual. The nurse then has time to seek safety and call a Code White.

Loyst says the alarms are coupled with other changes to help nurses and other hospital staff members feel safe. For instance, doors and certain patient elevators that could provide covert entrances into the ER from back hallways are now accessible only by...
offers workshops to help caregivers take better care of themselves. Franklin uses what she dubs the “balance wheel of your life” to explain how family, fun, faith, finance, friends and fitness all contribute to overall well-being. She says these things affect your mindset every day. She believes nurses must take the time to remember why they got into nursing in the first place because that will help them cope through the tough times.

Brenda Sabo, a nursing professor at Dalhousie University in Halifax, is focusing her doctorate work on how nurses handle the stresses of the profession. Sabo is studying a condition known as compassion fatigue, which is linked to individuals like nurses who repeatedly hear disturbing stories from others, or see the pain and suffering of others again and again.

Sabo says she first became interested in the topic when she was working at Capital District Health Authority in Halifax. Several colleagues approached her for advice because they were concerned about what was happening on their unit. Some relationships between the nurses were deteriorating, nearly 30 years of practice in mental health, she began working on the hospital’s Healthy Workplace Violence Prevention program last winter. The hospital is trying to reduce violence through a number of measures, including training sessions that teach RNs and other hospital staff how to talk to someone who may be agitated, offering techniques for getting away from threatening situations. The session are especially targeted to those who work in areas such as emergency or mental health, where there is a high risk of violence.

In May, HDGH also introduced a Personal Alarm System (PAL) that all staff members wear around their necks. If staff members feel threatened, they can press two small buttons and PAL will activate alarms to alert the police, hospital staff and appropriate departments.

“Diffusing violence in long-term care”

For RNs who work with patients who suffer from dementia, violence needs to be reframed.

“The responsive behaviour associated with dementia is not like violence or abuse in other settings,” says RN, Lori Schindel Martin, vice-chair of the Continuing Gerontological Education Cooperative (CGEC), an interdisciplinary network that provides educational services for caregivers of seniors. “For most older adults with dementia, slapping or pushing away a caregiver is best interpreted as an attempt to protect or defend themselves from something they don’t understand or find frightening.”

To help nurses respond to these behaviours in a way that will improve care and ensure the safety of staff, Schindel Martin and a group of gerontology experts developed a program called Gentle Persuasive Approaches, a day-long course that teaches caregivers how to approach a client, how to touch someone, and how to communicate with a patient’s family when a violent incident has occurred.

The course even covers changes occurring in the client’s brain that may be causing them to act out. Schindel Martin says the program, which includes videos, role playing, case studies and lectures, has been delivered to more than 1,000 nurses and staff around the province. She believes the training will go a long way toward diffusing potentially violent situations while providing dignified, superior care for patients.

Dianne Rossy, team leader for RNAO’s Caregiving Strategies for Older Adults with Delirium, Dementia and Depression best practice guideline (BPG), agrees.

“All behaviour has meaning. And it’s the meaning that may be different in this vulnerable population,” she explains. “The BPG not only includes recommended clinical practices and suggested care strategies, it also recognizes the importance of providing nurses with specialized education to address the needs of this population.”

continued on page 16

continued on page 16

continued on page 16
and strobe lights installed nearby to alert other staff that someone is in trouble. The button also activates a global positioning system on the hospital grounds that tracks exactly where the staff member is located.

Volkes-Hommel says the hospital had been planning to introduce PAL before the death of RN Lori Dupont, who was killed at HDGH late November 2006. But she acknowledges Dupont’s death etched a scar on many staff members’ psyches. She says the changes that have been implemented since the tragedy have given staff hope that things can change for the better.

RN Wendy Fucile, vice-president and chief nursing officer at Peterborough Regional Health Centre (PRHC), knows first-hand how those emotional scars of violence can cause lasting damage. During her career, Fucile has experienced everything from verbal abuse to physical assault — including one occasion when she was approached by an agitated young man with a knife — and says nurses carry those memories like gum stuck to the bottom of a shoe.

“It doesn’t matter if it’s an abusive situation in the workplace, or abuse in the home, we know these situations leave a lasting effect on the people who are exposed to it,” she says.

Fucile says PRHC manages one of the largest ERs in the province and acknowledges that, in any ER, there is an increased risk of violence. She says the hospital is improving safety for its staff by providing small, badge-sized personal safety alarms to help before a situation escalates. For example, she says if a staff member is going to discuss sensitive matters with a patient who has previously reacted to bad news in a violent way, a Code White team can be assembled in a nearby room. The group will be ready to respond in case of danger.

While Fucile understands the importance of protecting staff, what she would really like to see is an end to all workplace violence. She says nurses face abuse every day, but may not talk about it because they may feel ashamed or that it is their fault. That’s why the hospital has made its zero tolerance policy on violence very explicit, and has encouraged all staff members to report any violent behaviour — regardless of whether it comes from colleagues, patients or even volunteers.

“As long as there’s even one incident, we’re not finished,” she says. “And that may mean we’re never finished.” RN
Unique Gifts
We leave bits of ourselves everywhere, but in return, we are given so much more.
BY RAEWYN JANOTA, RN

When Calgary RN Raewyn Janota was asked to ‘tell nursing’s story’ for a university class, she didn’t want to simply explain what nurses do. She decided, instead, to write about what the experience of nursing means to nurses.

“Our most intense moments we rarely share with anyone outside the profession,” she admits, adding that public perception of her specialty – maternity care – is one that prompts people to say “it must be nice working in such a happy place.”

“Not all outcomes are good, and many outcomes have been happy only because of the intense nature of the care patients receive,” she says. “Most people have no idea when they’re in the midst of controlled panic.”

Janota says it’s important for nurses to recognize that “we are notoriously poor at promoting our profession…our focus is on caring for others rather than on self-promotion.”

This touching reflection of loss from an RN’s perspective was originally published in the Globe and Mail (Dec. 21, 2005). Janota says she’s since spoken to the mother in her story, and is happy to report she’s doing well with a healthy second child.
A baby is typically born into a room bustling with activity, amid exclamations and tears of joy. Today there is an oppressive silence and stillness. I handle this baby gently, for his skin will tear if I don’t. I wrap him in a warm blanket and lay him in his mother’s arms. The mother wails. The tears in this room are not tears of joy.

Twenty-four hours ago, his parents learned he was dead. Close to term, a normal pregnancy. Why? They did everything right. His heroic mother has laboured many hours, knowing that at the end there would be nothing but heartbreak.

For a while I am mercifully occupied with counting and clearing instruments, removing soiled linen, ensuring the mother is stable. I can do nothing for this couple but stay with them. Some time later, the sobbing subsides, maybe from exhaustion. I help the parents examine their baby. He is perfect. Dense, dark hair, round face, long fingers, even his grandfather’s nose. They need time alone.

Later, his grandparents arrive. His grandmother embraces her daughter, wishing she could erase her little girl’s pain. She turns to the small, pale, quiet bundle in the cot beside the bed. She picks him up and gazes into his lifeless face. So like his mother when she was born. His grandfather stands nearby. Somehow his wife knows how to respond, but what is expected of him? His heart is breaking for all of them, but he stands there, impotent. His eyes fall on his grandson’s nose. They need time alone.

His mother is now dressed and she may leave when she is ready. I ask her whether she would like me to take the baby “downstairs” – the word morgue is too brutal – before she leaves, or whether she would rather leave first. She chooses the latter. I promise her I will not leave the baby alone, and will carry him away in my arms. The parents cling to each other and the baby one more time, weeping, before passing him to me. I can say no more to them, for no words will be adequate, and my own tears make it impossible for me to speak. They leave.

I gather the baby’s papers, bundle him, and we walk along the corridor to the service elevator. No one knows that the newborn in my arms is dead. The morgue door is opened for me and I place this tiny fragment of humanity in a cold cot.

I climb the stairs back to the unit. I still have so much paperwork to do. Documentation of death is complicated, but for the sake of the baby and his parents, I can’t get it wrong.

My shift ends. Tonight I wish the drive home was longer. I am drained of emotional energy, and there is little left for my family. Inside the door, my foot brushes my son’s sneakers. They are now bigger than mine. His jacket hangs askew on its peg, mud on the arm. I think of the baby. He will never have sneakers of any size. His only coat will be the small gown now folded inside a pretty, padded folder. His mother will never receive a glued and crumpled Mother’s Day card, nor will his father ever lace up his skates. I hug my son.

That was six months ago. Today I received a small envelope. It is a moving expression of gratitude from the baby’s mother. Many families take happy outcomes for granted and complain about details: the nurse took too long, the food was cold. But despite the unimaginable pain the baby’s parents must still endure, they found room in their hearts for those of us who witnessed their suffering.

This is what makes nursing real. We leave little bits of ourselves everywhere – hospital, clinic, street, hospice, prison, school, a patient’s home – but in return, we receive so much more.

Nursing is struggling to renew itself. We are aging and no one wants to replace us. I can’t say I blame them. If I were a business executive or a fashion designer or a city planner, I wouldn’t work 12-hour night shifts in ugly purple pyjamas, and I might be a little less lined and grey. But I wouldn’t experience the exhilaration of hearing an infant shriek his protest after a particularly perilous birth journey. I wouldn’t have colleagues who know more about supporting each other than an executive could possibly learn from a lifetime of management seminars.

And I wouldn’t have known this baby and his beautiful family.

RAEWYN JANOTA IS A MATERNITY CARE NURSE IN CALGARY.
Stories of recently immigrated nurses, doctors and other skilled professionals who find themselves driving taxi cabs or cleaning houses to make ends meet have become as much of a Canadian cliché as maple syrup. Komaldeep Taak admits she has heard many of those stories. But she feels lucky to have escaped a similar fate.

"Unlike most other immigrants, I never really questioned my decision to come to this country," says Taak, who emigrated from India in 2005 to join her husband who had been here since 1998.

That’s because, thanks to a post-RN BScN program at Toronto’s York University, the 30-year-old started the process of becoming an Ontario RN just 20 days after arriving in the country. York’s program has allowed her to build on her experiences as a nurse in India, where she worked with post-operative cancer patients for about four years, completing around-the-clock shifts, taking vital signs, changing dressings and giving chemotherapy treatments.

RNAO member and program coordinator Sue Coffey says York’s program is specifically designed for nurses like Taak. It allows those who were RNs in their home countries, and who have earned the equivalent of a diploma, to receive a degree in just 20 months. The program started in March, 2005 as a provincially funded pilot project to help professionals educated abroad integrate into Ontario’s workforce.

Since then, the project has received extra funding from the province, and has been able to admit more students. Approximately 30 were admitted in January and more are expected to enroll in the months ahead. While Coffey wants the program to be more accessible, the university can’t keep up with demand. And, according to the College of Nurses of Ontario (CNO), in 2004 more than 1,900 of the 5,692 applicants for the RN designation were internationally educated.

Although there are similar programs in Ottawa and Hamilton, Coffey says York tries to remove as many of the barriers to entry as possible. For example, instead of requiring students pass a traditional exam that tests applicants’ command of English, their overall language skills are assessed to make sure they will be able to succeed in the program. In the first term, they then take intensive, nursing-specific language instruction.

Once in the program, Coffey says students – who come from every corner of the globe – learn about how to excel at university, and take courses including those about standards of practice, ethics and the Canadian health-care system. During the first term, students also visit a hospital to see what nursing in Ontario looks like. Coffey says that, for many students, venturing back into the workforce, however briefly, is an exciting moment.

"It’s a wonderful opportunity to put on a nursing uniform again and walk into a hospital and have a sense of being a nurse again. It can be a very emotional experience," she says.

In later semesters, students complete full clinical placements. Taak says one of the biggest eye-openers for her has been the amount of autonomy Canadian nurses have to speak up on behalf of the patients, or advocate for policy changes. She’s presently completing a placement at a Brampton mental health centre that allows her to spend a significant amount of time talking with patients. However, it was her previous placement at Scarborough Grace Hospital that was the most satisfying because it reminded her of her hospital work in India.

Taak says all the Canadian nurses she’s met and worked with on her placements have been very supportive, as have the professors at York. She says faculty members freely give up their time to help students whenever they have questions about the program, or need help gaining financial assistance. The faculty members are also involving students in RNAO. For instance, one student represents the class on RNAO’s International Nurses Interest Group. Coffey also invited students to attend RNAO’s annual general meeting last April, and York sponsors all students’ memberships in RNAO.

Working with students of such varied backgrounds is also a highlight for Coffey.

"It’s amazing to see such a strong community form with these students," she says. "They find not only an educational program, but the links to form a community. They develop supports that extend far beyond academics."

Coffey says the school is now looking at helping students make the leap into the working world with information about resume writing and job interviews. Taak, who will graduate in December, says she is looking forward to beginning the Canadian chapter of her career and making a vital contribution to Ontario’s nursing workforce.

JILL SHAW IS COMMUNICATIONS OFFICER/WRITER AT RNAO.
I look deeply into troubled eyes;  
I see pain, isolation, hostility.  
Eyes looking intently into mine,  
What do they see below the surface?  
Weariness, tension, conflicting emotions?  
Are my eyes such crystal pools?  
But the patient looks past the bright smile.  
“Tired?” she asks in one soft, quick word:  
Looking past lines of pain and hostility,  
“Understanding?” I reply with a question.  

We know each other now, my patient and I;  
She cannot label me “superficial and shallow”:  
I cannot label her “difficult and hard to handle.”  
We have looked into each other’s hearts  
She has seen a weary woman trying to give a little more.  
I have seen a woman in pain, yet insightful even now.  
We recognize ourselves in the other –  
Two women compassionate, though weary from work or pain:  
Two women still able to connect, to give, to receive.  
A nurse and a patient – two sides of the same mirror.

MITZI GRACE MITCHELL, RN, GNC(C), BScN, BA (SOC),  
MHSc, MN, DNS, PhD(C), IS A LECTURER AT YORK  
UNIVERSITY IN TORONTO.
WANTED: RNs Full Time

The Liberal government’s promise to provide every new nursing graduate with a full-time job gets mixed reviews.

BY JILL SHAW

When the nursing class of 2007 ventures into the working world next year, graduates will be greeted with the promise of a full-time job. In May, Minister of Health and Long-Term Care George Smitherman announced the creation of a task force – made up of students, associations, employers and government officials – that will examine how to make that vision a reality for all nursing graduates beginning next year. Charged with leading the group is Tom Closson, former president and chief executive officer (CEO) of University Health Network. Closson was hand-picked by the Minister for the task.

Registered Nurse Journal (RNJ): Why did you agree to lead this task force?

Tom Closson (TC): The main reason I’m interested in it is because there is a projected shortage of nurses and other health professionals. (This) is one of the approaches (we can take) that will help us to address the shortages in nursing specifically.

We’ve had the situation over the last few years that new graduates, to some degree, have had difficulty getting jobs…and also getting well-oriented into the workforce. The potential downside of both of those issues is that these nurses may decide to leave the province, or go to the United States, or get out of nursing altogether. Because we’re projecting such a shortage of nurses…the last thing we would like to see is the new graduates leaving and not getting firmly involved in a positive way in nursing in Ontario.

RNJ: Your group has only met once so far. Do you have any sense yet of how you can achieve this ambitious goal set out by the Ministry of Health?

TC: We’ve looked at some of the data that’s available and also at what’s been tried in other provinces and countries. For example, in the state of Victoria in Australia, they’ve had a (similar) program for a number of years. They also had a program like this on Vancouver Island. The (health-care) situations may be different, so the approaches they’ve taken may or may not be helpful to Ontario, but we want to…get a sense of what kind of strategies might be feasible here.

We also want to get data on supply and demand for RNs and RPNs. If the projected shortage of nurses materializes quickly, then guaranteeing full-time jobs to new graduates becomes quite simple. If it’s going to take a few years for the shortage to materialize, then we need strategies to bridge the...continued on page 24
What about me?

Marion Willms understands the importance of keeping new grads close to home, but she has one pressing question for Health Minister George Smitherman: “What about me?”

Last September, Willms returned to Ontario from a two-year stint nursing in Nunavut. Since then, she has been juggling two part-time jobs at Homewood Health Centre in Guelph and at Cambridge Memorial Hospital. She supplements those by taking on extra shifts at Hamilton Health Sciences Centre. For most of her eight-year career — first as an RPN and now as an RN — Willms has balanced part-time jobs. Before returning from Nunavut, she began looking for work, and started to feel the pressure to obtain a position so she could make ends meet.

“I was disappointed it didn’t seem like the situation improved in the two years I was gone,” Willms says about the lack of full-time work for RNs. In the end, her decision to take two part-time positions was driven by her desire to work close to home. One position was also in pediatrics and obstetrics, a specialty she’s always enjoyed. But like many part-timers, she found herself struggling to ensure she worked enough hours in a week to support herself. That means working day and night shifts back to back, with few weekends off.

Linda Haslam-Stroud, president of the Ontario Nurses’ Association (ONA) and a member of the task force charged with ensuring new nursing graduates are offered full-time employment in 2007, can empathize with RNs like Willms. Although she agrees that offering full-time work to new graduates who want it should be able to get one. She says part-timers who want full-time work should be offered it through collective agreements before jobs are made available to new grads. She says ONA’s figures show 20 per cent of part-timers want full time positions, but can’t find them.

RNAO Executive Director Doris Grinspun, who represents RNAO on the task force, says ONA’s figures and the fact that most new graduates cannot find full-time employment illustrate a continued shortage of full-time opportunities. RNAO President Mary Ferguson-Paré says the time has come to open the doors widely to full-time work, and believes the task force is an important first step toward that goal.

For nurses like Willms, opening those doors wide enough for both novice and seasoned nurses should remain a top priority. She says many of her colleagues have struggled to find a full-time position. If they do find one, it’s often not in areas where they want to work. On July 2, Willms began a full-time float position at Cambridge Memorial. Although this new role doesn’t allow her to spend as much time working in her much-loved pediatrics and obstetrics unit, she is happy to have a full-time position and shake off the uncertainty of part-time work. While Willms understands the need to encourage new graduates to work in Ontario, she is troubled that novice nurses will soon be able to jump the queue of part-time RNs who want full-time work.

“I really believe new grads need that consolidation and experience. When I was a new grad, I needed a full-time job, and I didn’t get one either.”
“Anything we can do to try and keep as many newly graduated nurses working in Ontario... it’s going to be helpful to all nurses.”

Nursing students across Ontario applauded Health Minister George Smitherman’s announcement of a full-time job guarantee starting in 2007. In fact, many responded by sending letters directly to the Ministry. Julie Desjardins, a fourth-year nursing student in the Mohawk College/McMaster University collaborative nursing program sent her letter on June 28. She encouraged the government to make the task force a top priority: “My fellow RN students and I are encouraged by the plan to create a task force that will develop this program... Many of our classmates who have just graduated cannot find full-time work. Those of us who are about to graduate remain fearful we will face the same fate. Please remember that we also need our senior nursing colleagues to remain on the job to share their expertise, and to mentor and guide us.”

McMaster researcher says: more ways than one to achieve full time for new grads

AS Tom Closson and his task force consider how they might offer every new nursing graduate full-time employment beginning in 2007, one thing remains clear: there are more ways than one to achieve this goal.

RNAO member Andrea Baumann is part of the task force and the principal investigator of a study released in May that reveals the desires and realities of new grads in the workforce. Educated and Underemployed: The Paradox for Nursing Graduands surveyed RN and RPN graduates within the first two years of graduation. (www.nhrsru.com)

The survey found that an average 75 per cent of students want to work full time, but it can take them up to two years to find a full-time job. In fact, only 43 per cent of those surveyed managed to find full-time work.

The study, which offers 18 recommendations for addressing new graduate needs, suggests better collaboration between employers and schools as one approach to more effectively link the supply of new graduates with projected retirements. The report also suggests: improved workplace planning and multi-year funding for all health sectors so employers can develop long-term plans; and a centralized database to track employment trends and student information from college and university nursing programs.

Baumann and her team of researchers believe more full-time opportunities can be offered by increasing the number of funded, full-time positions and creating new recruitment strategies. For example, in small communities where the number of full-time opportunities is limited, positions could be created within a specific clinical program. This would allow new grads to work full time in different areas of the same specialty, while giving the health-care facility flexibility with scheduling. Baumann also suggests longer, more comprehensive workplace orientations that offer full-time hours and compensation.

The study found that many people look for work in the same city where they attended school. To draw students to smaller cities and schools in the north, Baumann says it may be necessary to provide bursaries, or offer return for service agreements similar to the tuition reimbursement program the Ministry of Health announced earlier this year.

These and other ideas are on the table as the task force moves ahead with its planning. Baumann believes that regardless of what the task force decides, more detailed research is needed to fully understand where the full-time jobs are and how many more can be created as the next group of nursing graduates step into the workforce.

RNJ: RNAO believes that as long as there’s a nursing shortage, every RN and nursing student who wants full-time work should be able to get it. We fully support guaranteed full-time positions to new grads but what about the hundreds of registered nurses working part-time gap until the demand for nurses is much greater than the supply.

TC: The task force is just one part of a larger government health human resources strategy. The government has many more initiatives that it’s put in place... whether it’s supplies or equipment, or for that matter more full-time jobs. If there is a shortage of nurses – if (employers) can’t find somebody to work a shift – that has a huge impact on all the nurses who are there. I know from my experiences – as a CEO talking to front-line nurses – the pressures they (nurses) feel having to deal with a patient load when they can’t find a nurse to come in and do a shift. Anything we can do to try and keep as many newly graduated nurses working in nursing in Ontario, it’s going to be helpful to all nurses. We’re going to look at... strategies that are beneficial not just for new grads, but for existing, practicing nurses. RN
A new elder-care initiative, co-sponsored by Brock University and led by nursing professor and RNAO member Lynn McCleary, officially launched in June, offering nurses, social workers, doctors and other health-care professionals the opportunity to collaborate and improve the care of Canada’s elderly population. The National Initiative for the Care of the Elderly (NICE) will bring together representatives from 15 Canadian universities, five industries and six government agencies to transfer knowledge about best practices in elder care and to encourage students across the country to specialize in care of the elderly, a demographic that will represent one in four Canadians by 2041.

On June 1, retired Kingston RN Sylvia Burkinshaw was awarded a 2006 Davies Award for Philanthropic Leadership by the Kingston Hospitals Joint Advancement Foundation. The award, presented to noted philanthropists and volunteers in the community, recognizes Burkinshaw’s commitment to the community through her volunteer work at Kingston General Hospital, the Seniors’ Centre, Salvation Army, and St. John Ambulance. Originally from Yorkshire, England, Burkinshaw moved to Canada 45 years ago and considers her volunteer work a way to give back to a country that’s been so good to her.

A new website focusing on women’s health (www.womenshealthmatters.ca) was launched this spring by Toronto’s Women’s College Hospital. The online resource offers visitors information on women’s health issues such as cancer, cardiovascular health, diabetes, pelvic health, sexual health, osteoporosis, and a variety of other conditions in its A-Z database of health topics. Discussion boards and access to information about books, periodicals, audiovisual and multimedia materials, and websites are also available.

Grade 7 and 8 students in Renfrew County received free bookmarks this spring to help them better understand some of their career choices in health care. Part of a Pembroke Regional Hospital public awareness campaign, the bookmarks included quotes from nurses, doctors and other health-care professionals in specialties such as diagnostic imaging, medical records, and respiratory therapy. Three generations of nurses in one family were quoted on one of the bookmarks. The nurses will be the focus of a feature article in the September/October issue of Registered Nurse Journal.

With funding from Health Canada and the Office of Nursing Policy, the Canadian Nurses Association (CNA) released a study in May entitled Trends in Illness and Injury-Related Absenteeism and Overtime Among Publicly Employed Nurses. The study found RNs have one of the highest rates of illness and injury, resulting in the loss of 540,000 hours of work per week or 17.7 million hours annually. The study, part of a CNA initiative called Towards 2020, Strengthening Canada’s Health Human Resources, can be ordered by e-mailing 2020@cna-aiic.ca.

In memory of slain RN Lori Dupont, the Ontario Nurses’ Association announced two bursaries for nurses who possess some of the qualities for which Dupont was admired: compassion; empathy; and leadership skills. The bursaries, which were presented at a Nursing Week event on May 9, went to Stephanie Bej, a fourth-year nursing student at the University of Windsor, and Mary Cunningham, an ICU nurse at Windsor’s Hotel-Dieu Grace Hospital.

In May, Ontario’s Ministry of Health and Long-Term Care updated the nursing section of its website with two new fact sheets. The first provides a history on nursing from pre-industrial Ontario through the 19th and 20th centuries. The second provides the most up-to-date College of Nurses of Ontario (CNO) statistics and gives a general overview of the role.

For more information, visit www.health.gov.on.ca/healthcareteam.
Nurses say Bill 102 is the right prescription to reshape Ontario’s drug system

In June, RNAO presented its submission on Bill 102: Transparent Drug System for Patients Act to the Standing Committee on Social Affairs. The bill addresses several problems with the province’s drug system, such as the rising cost of drugs and the effect this expenditure has on the sustainability of our health-care system, high prices for essential drugs, and a lack of transparency across the system. RNAO Executive Director Doris Grinspun spoke to the committee about RNAO’s support for the proposed legislation. For instance, the association supported greater flexibility to allow pharmacists to dispense a generic drug in place of a brand name drug because increased access will help combat high prices. RNAO also supported the government’s efforts to decrease drug costs, including enhancing its ability to negotiate prices with manufacturers.

RNAO welcomed several other initiatives proposed in the bill, including those to improve transparency and accountability. RNAO agrees with the plan to appoint patient representatives to the Committee to Evaluate Drugs. RNAO also spoke in favour of the creation of a Citizens’ Council to help guide public drug policy. Moreover, the association urged the government to ensure appointments to these two bodies remain arms-length from the government and industry.

RNAO supported efforts to improve access by streamlining the approval process for extraordinary use of drugs not yet on the Formulary, which would widen access to potentially beneficial drugs. However, the association cautioned that drug testing and safety standards must not be compromised in order to speed up the review process. RNAO urged the government to ensure that the public has access to all information used for drug approvals.

Grinspun finished off her presentation by suggesting to the committee that although this proposed legislation improves access by removing some of the government’s red tape, it does little to address the most prohibitive obstacle to drug access – cost to individuals. “Many Ontarians do not have access to drug benefit plans. This lack of fairness and equity compromises the health of thousands of Ontarians. The right thing to do is for the government to implement a province-wide pharmacare program that covers everyone.”

Many of the initiatives supported by RNAO were retained in the bill’s final version, which received Royal Assent on June 20. However, the proposed initiatives to facilitate dispensing of generic drugs and control costs were scaled back in the final legislation. “While RNAO continues to emphasize the importance of lowering drug costs, we believe that this legislation represents a much-needed step toward improving Ontario’s drug system,” Grinspun concluded.

Nurses take action against P3s

On May 9, a letter signed by more than 300 RNs was delivered to the provincial government by RNAO, the Ontario Nurses’ Association, and the Ontario Health Coalition. The letter, released at a press conference during Nursing Week, called on the McGuinty government to stop the privatization of hospitals through public-private-partnerships (P3s). In the letter, nurses expressed their grave concerns about the impact of privatization on patient safety, and on their practice. “As nurses we value the ability to provide safe, competent and ethical care that allows us to fulfill our ethical and professional obligations to the people we serve,” the letter reads. “Nurses uphold principles of equity and fairness to assist persons in receiving a share of health services and resources proportionate to their needs and to promote social justice. We value and advocate for practice environments that have the organizational structures and resources necessary to ensure safety, support and respect for all persons in the work setting. These values are at risk when P3 hospitals are introduced.”

London passes bylaw to ban pesticides

On June 13, London city council passed a bylaw that will ban the cosmetic use of pesticides beginning in 2008. While a previous motion to ban pesticides in London was defeated in November 2005, debate was renewed after a poll released by the Canadian Cancer Society (CCS) and the Canadian Association of Physicians for the Environment (CAPE) found that 74 per cent of Londoners were in favour of phasing out pesticides.

RNAO submitted a deposition to London city council on February 24 in support of the bylaw. The association also partnered with CCS, CAPE, and the Ontario College of Family Physicians and lent its logo to an ad campaign in the London Free Press at the end of May.

RNAO’s advocacy work to ban the cosmetic use of pesticides dates back to 2000, when a motion was passed unanimously at the annual general meeting to promote municipal pesticide bans. Since then, the association has been actively involved in campaigns to implement pesticide bylaws in Uxbridge, Ottawa and Peterborough. The influence and impact of RNAO’s involvement in the banning of cosmetic use of pesticides is broadly recognized. RN
25 YEARS SINCE HIV/AIDS FIRST REPORTED:
Nurses continue fight at August conferences

- Nurses from around the world are gathering at the University of Toronto on August 12th for a one-day international nurses’ forum called Nurses at the Forefront of HIV/AIDS: Prevention, Care, and Treatment. Special guests include keynote speaker Stephen Lewis, the UN special envoy for HIV/AIDS in Africa, and Canadian nun Sister Christa Mary Jones, who has provided nursing care in South Africa for over 30 years. RNAO Immediate Past President Joan Lesmond, Chief of Nursing at Casey House, an HIV/AIDS hospice in Toronto, will also take part in the forum.
- The global action continues with The XVI International AIDS Conference from Aug 13-18 at the Metro Toronto Convention Centre. Themed Time to Deliver, the conference will welcome 20,000 participants to discuss the urgent need for effective HIV/AIDS prevention, care, and treatment in communities around the world.

Drop by the RNAO booth for information on nursing and HIV/AIDS.

To register online for the nursing forum, visit the Canadian Nurses Association (CNA) website at www.cna-aiic.ca.

For more information on the XVI International AIDS conference, visit www.aids2006.org
Classifieds

INTERNATIONAL INTERPROFESSIONAL DISCIPLINARY WOUND CARE COURSE
Women's College Hospital, 76 Grenville Street, Toronto, Ontario. Course Description:
Longitudinal course of eight days and self-study modules. For further information:
Continuing Education, Faculty of Medicine, University of Toronto, 500 University Avenue,
Suite 650, Toronto, Ontario, MSG 1V7.
Telephone: 416-978-2719/1-888-512-8173, Fax:
416-946-7028, E-mail: ce.med@utoronto.ca,
Website: www.cme.utoronto.ca.

PARKDALE APARTMENT FOR RENT
Large, one bedroom Victorian (main floor):
beautiful tree-lined street and yard; walk to
St Joseph's and Queen Elizabeth Hospitals;
Queen and King streetcars a short walk away;
20 minutes to downtown hospitals; Lake Ontario and Martin Goodman bike trail;
trendy pubs and cafes steps away. Easy automobile access east and westbound (downtown is often seven minutes away).
The restored apartment has 12 foot ceilings, oak floors, working fireplace, private yard, laundry (street parking available). August 1.
$1300 inclusive (ask for medical staff discount). One-year lease. Please telephone Vera at 416-631-8011. See it at

SCLEROTHERAPIST AND/OR MESOTHERAPIST SPECIALIST WANTED
for part-time days. Step into an upscale established medical cosmetic practice with an existing patient database. Minimum two years experience required.
Contact: info@lastinglooks.ca, Fax: 416-234-5605, website: www.lastinglooks.ca.

SEEKING A FULL-TIME, PERMANENT NURSE CASE MANAGER to work with our Assertive Community Treatment Team in East Toronto. Salary $51,951 - $60,151. Please mail/fax or email your resume to: Canadian Mental Health Association, 1200 Markham Rd., Suite #500, Scarborough, ON, M1P 3C3. Fax: 416-289-6843, email: cmha.scar@bellnet.ca. No phones calls please.

DO YOU HAVE QUESTIONS about our health-care system?
Get the answers at www.rnao.org
Help promote RNAO’s online Ask an RN program. Contact kkearsey@rnao.org for program brochures and drop them off at your local library or community centre.

The 12th Annual Conference of the Canadian Association of Wound Care
Working Well: Taking the Pressure Off
Ottawa Congress Centre • November 16-19, 2006
Please join us in beautiful and historic Ottawa for our most comprehensive conference ever.
This year’s theme Working Well: Taking the Pressure Off refers to improving patient outcomes and the day-to-day lives of wound-care clinicians. Learn how to reduce stress and improve job satisfaction.
Keynote speakers include Elizabeth Ayello, past-president of the NPUAP; Heather Osted, CAWC past-president; Barbara Braden, co-developer of the Braden Scale; Dr. John McDonald, AAWC president and expert in lymphedema management and Dr. Maria Shapio, a family physician, TV personality and a cancer survivor whose topic is Work, Family & Self.

New for 2006
• Each of the four conference streams is a mini symposium within the larger conference
• Special needs of Aboriginal population
• Bacteriology 101
• Assessment tools
• Update on pressure ulcer risk assessment using a validated and reliable scale (Braden)
• Interprofessional education for collaborative, patient-centred practice
• Hyperbaric oxygen treatment
• Limb salvage – new vascular surgery techniques
• The basic science of growth factors
• Pressure ulcers as quality indicators
• Pressure Reduction/Relief Surfaces – new thinking about the evidence
• Psychosocial aspects of living with wounds
• Two new post-conference workshops: “Your Wound Case Studies” and “Nurturing and Wound Healing”
• Bariatric complexities and effects on the health-care system
• Back by popular demand: Fuzzling wounds/differential diagnosis, Charcot foot, product education through Canada’s premier wound care exhibit hall, post-conference dressing workshops

Call for abstracts:
Visit www.cawc.net for information

The 2006 host hotel will be the Ottawa Westin.

For complete information and easy online registration, visit the CAWC Web site at www.cawc.net.
Are you protected?
Every nurse should have professional liability protection.

The Canadian Nurses Protective Society is here for you!
Call for a free consultation.

www.cnps.ca  1 800 267-3390
You may be eligible to receive up to $1,500 in tuition reimbursement! For pertinent deadline information or to obtain a copy of the application form, please visit the RNAO website at www.rnao.org

For the most current information about the Nursing Education Initiative, please contact:

RNAO’s Frequently Asked Questions line 1-866-464-4405
OR
e-mail Meagan Wright educationfunding@rnao.org.

Toronto Star congratulates our 2006 Recipient Joanne Wunderlich
Honourable mention Aysha Ebrahim, Joan Miller and Lynda Monteleone
All Nominees whose names came forward this year.
You have touched the lives of others in a special and meaningful way.

Chartwell is committed to providing the best care in a full spectrum of seniors housing. Join our team, as it is our employees who truly set us apart. You will join a group of highly skilled, professional and caring individuals who enjoy working with seniors.

We have current and future opportunities for RNs and RPNs in the following positions:

• Retirement Home/LTC General Managers/Administrators (RNs)
• Resident Services Managers (RNs or RPNs)
• Part-time RNs and RPNs

To learn more about us, these positions and other available opportunities, including those in Vancouver (relocation assistance is available), please visit our website. To apply, please e-mail your resume, quoting reference #11ckm in the subject line, to careers@chartwellreit.ca

As an ever-growing industry leader, we are breaking new ground by building and providing the highest quality, most modern residences and services.

Come join the team of an Employer of Choice!

THE MOST TRUSTED NAME IN SENIORS HOUSING

WWW.CHARTWELLREIT.CA
Dreaming of a career and lifestyle beyond the ordinary? Let Fraser Health show you how to get there.

Our dynamic workplace and breathtaking natural landscape are ingredients for a professional and personal life that is out of this world!

Fraser Health, British Columbia’s largest and fastest-growing health region, is dedicated to creating a work environment that inspires individual and collective contributors, recognizes excellence and innovation in practice, and supports lifelong learning.

Registered Nurses:
- Critical Care/Intensive Care
- Medical/Surgical
- Emergency
- Residential Care
- Post Anaesthetic Care
- Neonatal Intensive Care

Clinical Information Specialist (Nurse) – Posting #18888
RPN/RN – Community Mental Health Nurse – Posting #20302
RPN/RN – Acute Home Treat Program – Posting #19772
Clinical Nurse Educator – Posting #19474

Dare to follow your dream! Come and join our 21,000 employees and 2,200 physicians and embark on a journey that will transform your dreams into reality.

- Relocation assistance is available
- Specialty education opportunities are available – 100% salary, tuition and books
- We offer a comprehensive salary and benefits package. With the recent signing of the collective agreement, BC nurses are now the highest paid in Canada!

Please visit our Career Opportunities website at www.fraserhealth.ca for a detailed listing of these and other opportunities and to apply online; contact recruitment@fraserhealth.ca, or telephone toll free at 1-866-837-7099.
S·R·T Med-Staff is a trusted leader in the healthcare community with a reputation for excellence in quality of care. In a recent survey of Toronto’s RN’s & RPN’s, S·R·T Med-Staff ranked #1* in every category: The most variety of shifts, the highest pay rates, the best overall agency to work for and the best quality nurses.

That’s why our staff are in such high demand. Hospitals know they can trust S·R·T Med-Staff personnel to provide an exceptional level of care.

If you want to work with the best, make S·R·T Med-Staff your first choice.

For a personal interview, please call us at 416 968 0833 or 1 800 650 2297.

e-mail: admin@srtmedstaff.com

FACILITY STAFFING • VISITING NURSING • PRIVATE DUTY