

# Registered Nurse

JOURNAL

March/April 2009

## Turning advocacy into action

For more than 10 years, RNs have been pushing politicians to implement policies that improve health and health care in Ontario.



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# Registered Nurse

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Cover Illustration: Katy LeMay

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Editor's Note

# Savouring the fruits of our labour



**This spring marks the first in more than a decade that I've had my own backyard, complete with a wooden fence, real – albeit brown – grass, mature trees, and lots of evidence that local wildlife have used our overgrown flora to conduct “business” before moving on with the task of winter survival.**

Like so many others, I've waited patiently for the snow to clear and finally had my chance on a recent sunny Saturday to get my hands – and knees – dirty cleaning our private piece of paradise.

While I cleared away the leaves of last fall, I contemplated the transformation of this neglected landscape into a place of new life.

Admittedly, nobody's ever described me as a green thumb. In fact, I've been known to (unintentionally) kill the odd plant in my office. But I do love the idea of growing vegetables and feasting on the fruits of my labour. It's hard work that pays off with a late-summer plate full of plump red tomato slices and crisp green beans that taste sweeter than anything you'd find in the produce aisle.

Thankfully, the sweetness of hard work is not simply reserved for garden endeavours. In fact, in this issue of the magazine you'll meet many people who are feasting on the fruits of their hard labour. They may be savouring success with the opening of a nurse practitioner-led clinic, celebrating the province-wide ban on pesticides, or revelling in well-deserved peer recognition for their role in changing the political landscape.

Spring will continue to ramp up in the coming weeks and I will continue to contemplate which vegetables go where in my garden. Whether your sights are set on change in the personal or political landscape this season, I hope you find success and a little inspiration from the stories we bring you in this issue.

**Kimberley Kearsey**  
Managing Editor

## SECOND ANNUAL NURSING WEEK CALL FOR STORIES

Last year, the communications department at RNAO launched its Nursing Week call for stories and asked members to submit personal anecdotes about why they love being an RN. You told us why you chose the profession and what your biggest challenges and greatest rewards were.

This year we're asking you to share your stories again, but this time we're looking for something a little different; we want to hear about your practice.

Help fellow RNs, the public and the media better understand the knowledge and skills you bring to your work, and how that knowledge has made a difference in delivering patient care. Tell us, for instance, how technology has changed the work you do. What skills and knowledge do you draw upon to ensure you're providing quality care?

We know that every RN has an incredible tale to tell. And we want to hear yours. In 300 words or less, tell us about any aspect of your practice. There's no writing experience necessary.

Submissions will appear on the RNAO website ([www.rnao.org](http://www.rnao.org)) during Nursing Week (May 11-17), and a selection will be published in the July/August 2009 issue of the magazine. For more information, contact Jill Scarrow, 1-800-268-7199/416-599-1925, ext. 210 or [jscarrow@rnao.org](mailto:jscarrow@rnao.org).

## To 'walk the talk' takes commitment, resolve



**Recently, I have** had several occasions to think about the meaning of an old saying: You've got to walk the talk. There are two particular experiences that I want to share with you. Both occurred in the context of the work I do on your behalf. And both caused me to stop and think about whether I am personally 'walking the talk.'

The first situation involved a nurse manager who was considering changing jobs because of a difficult workplace culture. She was struggling to decide whether to risk going or to risk staying. As she considered the relative risks of either course of action, she said to me with true pain in her voice: "How can anyone who says they value a quality workplace allow, much less demand, what is going on here?"

It was a good question, and one that should give many of us pause. Unreasonable spans of control (or patient assignments), unending overtime, the exhaustion that comes with overtime; these were all daily experiences for this nurse – experiences that in no way reflect the promise of a quality workplace that appears in so many corporate statements. Where was the action to support those statements?

The second situation arose not long ago, when I was asked about my availability for a Saturday evening event. Accepting the invitation would have seen me away from home for a fourth night in a row that week. I didn't want to say 'yes' but I do have a hard time saying 'no.' I bought some time with 'let me think about it.'

I realized that whatever guilt I might feel about saying 'no' was small in comparison to the relief I would feel about saying 'no' for the right reasons. My answer was aided by a supportive email from our executive director saying "don't push

yourself unless you really want to attend, as we can find someone else."

This experience left me wondering if, for too many of us, leadership has become a sort of "giving one's all, all of the time" thing. If it has, we are doomed to fail because that goal is simply not achievable within the context of the principles that we espouse in our quality worklife documents. Guilt at saying 'no' is just one more habit for many of us. I need to break my habit. Do you?

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I speak often with colleagues and with students about the need to create balance, about the value of a positive work culture, and about the need to re-charge if one is going to be at one's best. Yet, here I was about to make (again) the monumental error of not acting in accordance with my values. For these reasons I declined the invitation. I probably missed a lovely evening and fine wine, but I happily traded

that for a quiet hamburger at home. More importantly, I created some space in my life away from both paid and volunteer work that is all about the balance that I talk about valuing.

This is not intended to be some sort of excuse for those who never 'do,' or to give some sort of value to lack of effort or quality of work. Rather, it is meant to signal that there is a time and place when we each have to make a decision that supports our own health and healthy worklife. To do less is to devalue the importance of those things we claim to hold dear by failing to 'walk the talk.' We also fail to learn from and model RNAO's healthy work environments best practice guidelines. This creates a fundamental disconnect between our values and our actions.

There are examples everywhere of individuals, including but absolutely not limited to formal leaders, who act every day in every way to demonstrate their stated values in action. In true human fashion, however, the opposite is equally true. There are examples everywhere of situations where what is said and what is done do not align.

We must remember that no number of philosophies, no set of values on a wall, will ever have the power of individual personal leadership in the fight to improve quality in our workplaces and our lives. It is not enough to leave improvement to those with formal leadership roles, albeit they are absolutely critical to our success in this area.

Beyond our formal roles, whatever they may be, each of us is challenged to start with personal leadership. To ensure that our individual actions reflect our stated values. To further our collective work for healthy work environments by assessing our own behaviours and modeling our values in action.

Time to walk the talk. **RN**

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

## Creating a healthier society: keeping RNAO's agenda at the forefront



**News of an ever** worsening economy in Ontario – and the effects of a global recession – has dominated headlines for months. This could have easily sidetracked

RNAO from its comprehensive policy agenda, as has happened in so many other corners of the world. Luckily, it has not.

RNAO's pre-election platform, *Creating a Healthier Society*, called on all provincial parties to address social and environmental determinants of health, and to strengthen Medicare and nursing human resources. In the last year alone, almost 14,000 members have written directly to Premier Dalton McGuinty through Action Alerts. In addition, the association and its members appeared 1,610 times in health stories covered by newspapers, television and radio across the province and the country. The resulting influence of our collective voice is indisputable.

In February, Premier McGuinty visited RNAO to officially announce funding for three new nurse practitioner-led clinics that will open their doors to the public in 2009. Twenty-two additional clinics were confirmed by 2011, which will make a difference for thousands of people across the province (see pg. 9). Less than two weeks later, on March 4, McGuinty officially announced a provincial ban on cosmetic pesticides. The groundbreaking regulations – the strongest in North America – cap a long campaign by RNAO and other health and environmental groups to raise awareness of the link between health problems and pesticide exposure.

This spring, the province also announced a badly needed increase to the Ontario Child Benefit, plus a boost to affordable housing with a \$1.2 billion joint provincial-federal investment to renovate 50,000 social housing units and build 4,500 new affordable housing units. This March

20 announcement was augmented in the provincial budget six days later, when the finance minister detailed a modest increase in social assistance rates. As nurses, we know the link between poverty, social exclusion, ill health and premature death. The experiences you shared in your letters to the Premier made a difference this year.

Since early 2009, RNAO has been calling on members to send personalized letters to the Premier urging him to honour his commitment to hire 9,000 additional nurses – 3,000 this year. More than 6,000 nurses have written, and in its budget, the government announced it will hire “more than 900” additional nursing positions in 2009. Although

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this is not the number we asked for, we will turn our disappointment into action by insisting that “more than 900” must translate into 3,000 additional positions.

Now more than ever, it is critically important that we stay the course, fully understanding the impact of our influence and leveraging that influence to continue to make progress.

I met recently with RNAO's policy and communications staff to discuss our advocacy plan for the next year. I asked: ‘Should we approach our political agenda any differently given that we are experiencing a recession?’ Unanimously, we agreed the association must follow the same advice it is offering to Ontario's government these days: don't get lost in the economics and forget about the people. We must continue our mission to advocate for healthier com-

munities, a healthy environment, a stronger public health-care system, and better access to health-care professionals. If we don't keep up the pressure, who will?

The pursuit of these agendas is not only morally and economically wise; it's also strategically wise. We see our work through a nursing lens which is anchored in the public's needs. We recognize the implications of our advocacy on the health of communities and the people who bring them to life.

Members – and the public – are engaged in this work for many reasons. The innovative partnerships RNAO has established with nursing and non-nursing organizations are likely one of the motivating factors. You may be familiar with some of our nursing partners, but our non-nursing partners may be a little less obvious. They include the Elder Health Coalition, the Canadian Association of Physicians for the Environment, Health Providers Against Poverty, Canadian Pensioners Concerned, Voices from the Street, Ontario Health Coalition, and so many more.

These partnerships have not developed overnight. In fact, when RNAO began to advocate on political issues, we focused primarily on building and sustaining Medicare and health human resources. We bit off as much as we could chew in those days, while at the same time building capacity to slowly expand our focus. I am thrilled about the expertise we now draw on to advocate health human resource issues, to protect and strengthen Medicare, and to push social and environmental agendas. All of these issues are at the core of nursing.

Each individual nurse's motivation to back political action depends on personal circumstances. But I hope that by reading the stories of our colleagues (pg. 12), we will all feel inspired to join the collective to make an indelible mark on Ontario's political landscape. **RN**

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

# Mailbag

RNAO wants to hear your comments, opinions, suggestions

## Naughty nurse image sparks heated discussion, response from RNs

The Registered Nurse Journal editorial team received a number of letters from members about the cover of the January/February 2009 issue. With permission, many of those letters have been published in this issue. We thank members for their candid and honest responses, and would like to explain the decision-making that went into our last cover. When the team considered how best to illustrate the cover feature (Say no to naughty nurse image), we found ourselves in a challenging

position. We wanted to send a clear message that the image of the naughty nurse used by advertisers in their campaigns is an offensive one, and cannot be tolerated. By placing the image inside the circle with a line through it, we hoped to clearly convey the idea that the time has come to reject this inappropriate stereotype. The notion that nurses have had enough is further reinforced by the headline on the cover of the magazine (RNs speak out against ad campaigns that stereotype nurses to sell everything from vodka to gum). The team consulted with several RNAO board and general members, as well as staff for feedback. Response was positive and we decided to proceed. Our intention was to tackle the issue head on, drawing attention to the magazine and encouraging people to talk about the issue. Of course, we recognize that with a membership as large and diverse as RNAO's, not everyone will agree with our decision. We apologize to those members who were unintentionally offended. We believe this type of debate and dialogue is healthy for a transparent, open association.



I read with interest your article regarding speaking out against the naughty nurse image. I agree completely that RNAO and other organizations representing the nursing profession should continue to lobby advertisers with respect to their sexist portrayal of nurses. I think you missed the mark, however, with the drawing on the cover of the *Journal*. I really do not think you should have printed the very image you are trying to erase. Putting a line through the picture does not negate the image. I'm sure there was heated discussion as you decided what picture to print. But, in my opinion, the wrong side lost the debate.

**Ian Clarke**  
Milton, Ontario

I was stunned when I laid eyes on this most recent issue. The fact that there was a red circle with a line through (the image) did nothing to hide the low cleavage, tiny waist, black fishnet stockings and high heels which registered nurses have been up in arms about for years. I was embarrassed to

see the image on my professional magazine. Your editing team missed the bus on this. When denouncing an act, one should not commit the very offense it is accusing others of. It's like driving drunk to a MADD (Mothers Against Drunk Driving) meeting. What were you thinking?

**Johanne Chantigny**  
Ottawa, Ontario

Can't believe the front cover. How can *Registered Nurse Journal* display – nay, flaunt – this negative stereotype so blatantly? To quote Doris Grinspun: shame on you.

**Lii Baxter**  
Thornhill, Ontario

I will be graduating from the nursing program at the University of Western Ontario this spring. My fellow students and I have discussed the issue of naughty nurses since I first entered the program. I have to say that I did not think much into the issue, as I didn't feel it was that important. I read your article and it has completely changed my attitude. I will now be one of the nurses

standing up against the negative views of our profession. Jill Scarrow wrote a wonderful article related to this issue, and I will absolutely be sharing it with each and every one of my friends, co-workers and family members. Just one word more....WOW. Thank you so much.

**Kate Murphy**  
London, Ontario

It is beyond my comprehension why anyone would agree to publish this cover. This is an embarrassment to me personally, and I believe to our profession that the *Journal* would do the very thing nurses are fighting against for all the reasons stated in the article and more. To recklessly put on the cover a sultry nursing image depicting exactly what we state is a detriment to our profession is a contradiction that now adds to the lack of respect for our profession. If there are any apologies to be had, it is sadly now required from the *Journal/RNAO*.

**Hallie Streith**  
Cambridge, Ontario

I was disappointed and shocked to see the cover of the *Journal*. If the message is to discontinue ads that stereotype nurses, then why use a naughty nurse image on the cover that is available for many to see? The adverse stereotype is perpetuated by using this large-breasted female caricature. It's too bad an alternative image could not have been used. Perhaps not putting it on the front cover could have been an option.

**Paige Harding  
Belleville, Ontario**

As I sorted through my mail, my reaction to the caricature was disgust. When I realized that the cover page actually belonged to my professional association's *Journal*, I was embarrassed. I wonder if circulating such a large naughty image may have served to further the cause with which you take issue?

**Gina Santi  
Kingston, Ontario**

Congratulations to the *Journal* for its timely attention to the image of the registered nurse. How did the nurse's image devolve to such a real and negative extreme? The starched cap and bib may have been part of an uncomfortable uniform from another day, but did nurses have to adopt the current casual approach to dress to be effective and efficient? Nurses had quite a long, difficult journey to earn the designation of professional. Let us not jeopardize this valued status with inappropriate dress. The *Journal* is informative and very complimentary about the excellence and creativity of registered nurses. Your current issue attracts attention. I have been a member of the RNAO for over 55 years and I continue to be proud of its work. Nurses have managed to earn and retain a reputation of dedication and respect for people. It is wise and necessary then that the current image of nurses is being openly discussed before irreparable harm is done to that reputation.

**Millie Craig  
Brockville, Ontario**

I cannot begin to tell you how angry I am that my professional *Journal* ran the naughty nurse image on the front cover. Even with the red circle around and the bar through it, the image is still disgusting. No wonder nursing has progressed so little

over the years when our so called leaders would do something like this. You owe all hard working nurses an apology.

**Carol Warner  
Milton, Ontario**

The January/February issue is fantastic. I had it out of my knapsack last week and people at a meeting grabbed it from me. All non-nurses. They were engaged by the front cover, but then flipped through and commented on how impressed they were. One said: "I've never seen this on the newsstand."

**Cathy Crowe  
Toronto, Ontario**

### **RNs have role to play in violence**

*Re: Stopping violence, staying safe,  
November/December 2008*

As a fourth-year undergraduate student, I should be excited to finally graduate and start my brand new career, but I have heard and seen so much violence during my clinical rotations that I am filled with doubts about my "happy" future as an RN. Your article was extremely familiar not only to me but most of my student buddies. Students always have stories about incidents that cause not always physical but psychological trauma that leave us all with a bitter taste. There is no doubt that the working conditions in health-care settings are not perfect, but RNs are not helping the situation by being vicious to each other. They are setting a poor example as role models for future RNs. By treating students poorly, they are creating a new generation of RNs who will have a nasty image of nursing in their minds when they graduate. To deal with the situation, RNs not only have to recognize the gravity of the problem, they also need to support a "zero tolerance to violence policy." They must examine their own attitudes and assume responsibility for making the workplace better for everyone.

**Swati Rai  
Ottawa, Ontario**

### **Students welcome best practices for restraint use**

*Re: Coroner's inquest a daunting but important task, President's View, November/December 2008*  
I am a fourth-year nursing student at the University of Windsor. This was very interesting to me as I had very little knowledge about coroner's inquests and what changes in practice they can bring about. I believe that having

a best practice guideline (BPG) regarding the use of restraints would be extremely helpful, particularly for the student nurse. The workload in nursing school is extremely heavy, and it has been my experience that teaching about restraints, as well as alternatives to restraint use, has been only briefly touched upon. Using restraints, whether physical or chemical, is a very delicate issue and it would be reassuring to have a BPG to steer my practice whenever I encounter a clinical situation where restraints are involved.

**Caitlin Belanger  
Windsor, Ontario**

### **Missed opportunity to educate women about heart disease**

*Re: Forty minutes to save a life,  
January/February 2009*

This was a nicely written article and I commend the nurse who was able to do the compressions for 40 minutes. I feel that you missed a golden opportunity to educate RNs on the signs and symptoms of a heart attack in women, especially during Heart Health Month (February). Women and health professionals continue to underestimate the risk of heart disease for women. Many are also unaware that their classic heart disease symptoms are different from the symptoms experienced by men. Visit [www.womenshealthmatters.ca](http://www.womenshealthmatters.ca) for more on signs and symptoms to watch for.

**Jacqueline Follis  
Toronto, Ontario**

### **Student's personal reflection helps RNs in practice**

*Re: Life and death in the NICU,  
January/February 2009*

Olivia Gerardi's narrative account of her experience with the Neonatal Resuscitation Team is a compelling story. Confronted with an emergency situation, she takes us through her personal thoughts, fears and emotions while observing health professionals working against time. For a nursing student in such a highly stressful situation to then reflect on the personal and professional context is a gift to her colleagues and the profession. Human stories are so crucial to making sense of stressful life and death events which confront all of us. Olivia shows how stories of experience inform clinical learning and inform practice.

**Rosalie Dwyer Kent  
Toronto, Ontario**

# Nursing in the news

RNAO & RNs weigh in on . . .

## Liberal government commits to more nurse practitioner-led clinics

**ON** Feb. 20, Ontario Premier Dalton McGuinty hosted a media conference at RNAO's home office in Toronto to announce the creation of three new nurse practitioner (NP)-led clinics in Belle River (east of Windsor), Sault Ste. Marie and Thunder Bay. The clinics will be modelled after Ontario's only NP-led clinic in Sudbury, which opened in August 2007 and recently announced its expansion into the nearby community of Lively. McGuinty told nurses and the media that his government is committed to opening 22 more NP-led clinics across the province by 2012. "By moving forward on 25 new nurse practitioner-led clinics, we are ensuring that more Ontarians have access to this innovative health-care option," he said.

"Today's announcement is the answer thousands of people have been waiting for," RNAO President **Wendy Fucile** told *CBC.ca* (Feb. 20). "These clinics will allow nurse practitioners and their interprofessional teams to work to their full potential and provide people with the timely and high-quality primary care services they need and deserve," (*Sault This Week*, Feb. 25). In addition, the clinics will focus on primary care, she explained, including



chronic disease management and health promotion.

RNAO member **Marilyn Butcher**, co-founder of the Sudbury District Nurse Practitioner Clinics, concurred. "These patients have been without care anywhere within the range of three to eight years," she said of the unattached, orphan patients the new clinics are meant to help. In Sudbury, she added, patients often visit the NP-led clinic saying: 'I feel like I've won the lottery.' (*TVO-TV Toronto*, Feb. 25) **RN**

### New website lists ER wait times

The Ontario government has begun publicly posting average wait times for patients visiting 128 emergency departments around the province. According to provincial statistics on its website (*Ontariowaittimes.com*), patients with routine concerns wait an average of 4.6 hours while people with more serious health concerns typically wait an average of 13.5 hours. The targets set by the government on Feb. 19 are four hours and eight hours, respectively. RNAO member **Patti Cochrane**, Vice-President of Patient Services and Quality at Mississauga's Trillium Health Centre, says "the greatest pressure comes from the rising number of patients waiting for nursing home placement." She adds that hospital administrators, such as herself, are "kept up at night" by the pressure to keep ER wait times low. (*Toronto Star*, Feb. 20)

### Psychiatric RN defuses potential in-flight crisis

In late February, RNAO member **Janet Arnold**'s nursing skills were put to the test. The Sault Area Hospital psychiatric nurse was flying from Vancouver to Toronto when she noticed a man pacing on the plane shortly after takeoff. The flight attendants, she says, were having a hard time with him, and she offered to calm him



down. "He was very unpredictable, a little bit hard to understand," she said, adding that although he was very confused, "he didn't really threaten vio-

lence," (*Sault Star*, Feb. 20). Arnold offered relaxation tips to the man bound for Tunisia, North Africa. His mind was full of a thousand thoughts, she says, so her advice was to concentrate on completing the flight. Eventually, he returned to his seat and remained calm for the duration of the flight. Air Canada later contacted Arnold to express its gratitude, noting that she quite possibly prevented an unscheduled landing.

### Blood agency to replace RNs with 'multi-skilled' workers

A Canadian Blood Services (CBS) announcement in early March is raising eyebrows among Canadians concerned about safety in the country's blood supply. CBS said it wants to reduce the number of registered nurses working at blood donor clinics across the country by hiring 'multi-skilled workers' to take their place. It says

# Nursing in the news

RNAO & RNs weigh in on . . .

On Feb. 16, RNAO member and University of Ottawa nursing student **Jenn St. Jean** wrote a letter to the *Ottawa Citizen* raising concern about the spread of infection on Ottawa's public transportation system. . .

## Stopping the spread of germs with hand sanitizers

*The Ottawa Citizen*, Feb. 16, 2009

Re: Be a germ stopper

If one good thing can be said about the long Ottawa transit strike, it is that it has drastically reduced the spread of illnesses throughout our community. Over my past four years of nursing studies, I have had to use OC Transpo



buses multiple times to travel to the hospital, school and around the community. When I travelled on the overcrowded buses, I encountered people coughing and sneezing on me, then rubbing their hand on their nose and grabbing the hand rail, the bell or the seats. Touching a surface contaminated by someone with a cold or flu, and then touching your nose or mouth, can spread infection. An effective and easy way to break the chain of viral infections is by installing hand sanitizers on Ottawa's public transit system.

**Jenn St. Jean**  
Ottawa, Ontario

the decision is due, in part, to difficulties recruiting and retaining nurses. "One of the key pieces of nursing is providing safety for our patients . . . I think safety has been overlooked in this case," RNAO member **Cyndi Gilmer** told *CHEX-TV, Peterborough* (March 4), adding that CBS needs "...to be using well-skilled, trained professionals in the most critical places." CBS says it hopes to start moving on the plan in the fall, but the change must first be approved by Health Canada.

## New standards keep health professionals safe in the OR

On March 18, the Canadian Standards Association (CSA) released new guidelines that address the dangers of noxious smoke (known as plume) in operating rooms. The smoke is emitted during operations that employ lasers and other tissue-burning tools. It is laden with potentially toxic substances and disease-causing microbes that can have harmful health effects if inhaled. At St. Joseph's Health Care in London, RNAO member **Susan Taylor** deserves much of the credit for developing and implementing the safety standards. The nurse educator and laser safety officer was part of an expert committee that designed the new guidelines. She says the proposed strategies for limiting plume, which are voluntary, have the "potential to improve the quality of life for thousands of health-care workers in Canada." (*Welland Tribune, Waterloo Region Record*, March 20)

## ONA says economic downturn is hurting nurses

On March 5, members of the Ontario Nurses' Association (ONA) marched on Queen's Park to raise awareness of the growing number of cuts to nursing hours and patient care. A month earlier, the group launched an ad campaign entitled *Cutting Nurses, Cutting Care*. "Registered nursing hours are being slashed across this province as health-care facilities attempt to



balance their budgets on the backs of nurses and the patients who need them," said RNAO member and ONA President **Linda Haslam-Stroud**. "Ontarians need to understand the implications of these cuts," (*Lake Superior News*, Feb. 9). The campaign, which included province-wide radio and television ads, asked Ontarians how long they're willing to risk their health, and urged them to take action by writing to their local MPP.

## Specialized beds help prevent pressure ulcers

Mississauga's Credit Valley Hospital recently spent \$125,000 on 14 specialized beds to help prevent patients from getting bed sores. RNAO member **Laurie Goodman**, the hospital's nurse clinician for skin and wound care, said "the beds are literally a life-saving measure since pressure ulcers can serve as an entry point for infection," (*Mississauga News*, Jan. 29). Using pressure

For complete versions of any of these stories, contact [staceyh@rnao.org](mailto:staceyh@rnao.org).

redistribution to alternate weight over all contact areas of the body, the beds will be used throughout the hospital, including two in the ER. “If a patient is waiting for a bed in the emergency department for three or four days, they can’t stay on a stretcher (if they are at risk),” Goodman said.

### Colleges get creative to address Canada’s nursing shortage

Oshawa’s Durham College is using technology and e-learning to graduate more nurses faster. The college was chosen by the Ministry of Health in September 2007 to receive \$1 million to launch the *Critical Care Nursing E-Learning* graduate certificate program. “With the nursing shortage that we are facing right now, especially in intensive care units, there is

more need than ever for programs like this,” said RNAO member and program co-ordinator **Sandra Goldsworthy** (*Globe and Mail*, Feb. 4). Students completing the one-year certificate participate in e-learning courses and critical-care simulation labs, completing 120 hours of supervised clinical practice. Other creative solutions to graduate more nurses include students studying through the summer, distance learning, three-year degrees, and re-entry programs for internationally educated nurses.

### Budget fails to address the nursing shortage

On March 26, Ontario Finance Minister Dwight Duncan unveiled his government’s budget for the coming year. Nurses from

across the province immediately expressed their disappointment in the plan, saying the budget fails to address the nursing shortage.

“Nurses expected to see 3,000 additional funded positions in this budget,” RNAO President **Wendy Fucile** said. “The 900 positions announced will do little for patient care and little to retain nurses in Ontario.” (*Niagara Falls Review*, *Ottawa Sun*, *St. Catharines Standard*, *Toronto Sun*, *Simcoe Reformer*, March 27)

RNAO Executive Director **Doris Grinspun** agreed, noting: “We are very, very disappointed in the area of human resources and nurses. The budget means new graduates will actually go to other provinces,” she told *The Toronto Sun*. (March 27) **RN**

## OUT & ABOUT



In January, 40 nursing students from nine Ontario universities participated in a Model World Health Organization (WHO) conference. During the three-day event, which took place at Toronto General Hospital, groups of students represented WHO member countries and debated critical health issues from that country’s perspective. Their discussions touched on humanitarian aid, peacekeeping, access to primary health care and medical records, and economic development. These Humber College/ University of New Brunswick collaborative nursing students (above) represent only six of WHO’s 193 members.



Members of the Thunder Bay Regional Health Sciences Centre TIPS team attended a *Final Summit* in February, bringing to a close nine months of collaborative work with health-care professionals across Ontario. TIPS (A Collaborative Initiative for Patient Safety and Quality Work Environments) was an RNAO pilot project to improve interdisciplinary practice in workplaces across the province. (L to R) Former RNAO board member Carmen Rodrigue facilitated the discussions of the Thunder Bay team, which included cardiologist Carolyn Leonzio, RN Laura Sobolta, ultrasonographer Kyle Dolcetti, RN Melanie Cates, and physician Rene Coulombe.



Canada’s Chief Nursing Officers, including Ontario’s Vanessa Burkoski (back, third from left) gathered Feb. 11 in Toronto for their annual networking event. While visiting, the group, which included members of ONA, local hospital executives, and representatives of the Joint Provincial Nursing Committee and the Canadian Federation of Nurses Unions, had an opportunity to learn more about RNAO’s best practice guidelines (BPG) programs. They reflected on the impact of clinical and healthy work environment BPGs over the past 10 years, and celebrated the success of the ever-expanding programs.

Left photo: Joana Draghici. Courtesy of Humber Et Cetera.

For more than 10 years,  
RNs have been pushing politicians to  
implement policies that improve health  
and health care in Ontario.

# Turning advocacy into action

When 24-year-old Sarah Reaburn sees a problem, she doesn't just talk about what's wrong. She goes out and tries to change it. Last year, when she and Ryerson University classmate Danica Rush discovered their mutual concern that fellow students didn't know enough about threats to Canada's universally accessible, publicly funded health-care system, the two nursing students went ahead and co-founded Canadian Students for Medicare. And when Reaburn noticed her classes included plenty of theory about topics like poverty, but didn't pay enough attention to what health professionals could actually do to make life better for low-income people, she decided to focus her third-year political action project on bringing together nursing, midwifery, social work and nutrition students to create a series of workshops on poverty, housing, immigration issues and food security.

"It's the duty of nurses to understand not only how (social determinants) affect health, but what they can do about them," Reaburn says of her project, which she hopes will eventually become part of the curriculum "...so students become engaged and (issues) become real to them."

Reaburn is just one of hundreds of stu-

dents joining practising RNs across Ontario to build on the profession's strong tradition of speaking out for those who can't. RNAO members – past, present and future – are fighting to make changes to the system so that everyone – no matter where they live, how much money they earn, what their religious or ethnic background, and regardless of sexual orientation – has access to a strong health-care system and a stronger social safety net that won't tear when they need it most.

RNs have always known that advocacy is essential if we are to achieve optimal health, and they've long spoken out about the correlation between the two. Through the years, members' voices have become louder and stronger thanks to RNAO's unique position as an organization committed to political and social advocacy. Members have engaged in the journey and have become increasingly vocal about issues that affect the profession, the places they work, the people they care for, and the communities in which they live.

Although advocacy in the nursing profession can be traced back to Florence Nightingale, RNAO's political action became a central focus for the association around 1994, when it issued its first "action alert" calling on members to write to their

by Jill Scarrow illustration by Katy Lemay





## POLITICAL ACTIVISM

Every January for the last decade, RNAO and its members have converged on Queen's Park to meet with politicians. The association began this tradition with the goal to collaborate with the province's decision makers and to enable nurse leaders to shape the policy agenda. RNAO President Wendy Fucile says the initiative recognizes that politicians can benefit a great deal with a better understanding of health and health-care issues from a nursing perspective. In the series of profiles to follow, *Registered Nurse Journal* talks to members who are bringing their voices to MPPs. We find out what motivates them and what drives their passion for political action. Whether 2009 marked their first opportunity to walk the halls of the Legislature or their tenth, they say the day is crucial to ensuring politicians see how their decisions affect not only the lives of nurses, but the lives of people living in the communities they're elected to represent...

MPPs in opposition of a proposal to allow physicians and other health-care professionals to incorporate. This launched a tradition that remains strong today. In fact, RNs have been mailing – and emailing – politicians with passionate and educated appeals for change on almost every policy issue RNAO believes impacts not only nurses, but the people they serve. They've also been descending on politicians' offices during annual visits to Queen's Park (a tradition that started in 2000), and are inviting elected officials of all stripes to the front-lines of health care to experience the nurses' working world as part of *Take Your MPP to Work* events during Nursing Week.

There are also countless examples of advocacy in the submissions that nurses present to the government's legislative committees, and in the all-candidates meetings they organize during elections. Their goal through all of this work is simple: when MPPs are considering how their policies will affect access to quality health care and health human resources in Ontario, or how their decisions about pesticides, toxins, and poverty impact on the overall health of their constituents, they must always ask themselves: what would nurses do?



Members of RNAO's board of directors gather for the release of the association's pre-election document at a media conference before the 2008 federal election.

This past January, Jamison Steeve, Principal Secretary to Premier Dalton McGuinty, told members gathered at the assembly meeting that politicians turn to RNAO when developing policy and election platforms because they know the association represents more than 28,000 members. They also know the association's perspective goes beyond nursing to include a wide-range of issues that affect the well-being of everyone in Ontario.

"It lends to your credibility to have a broader scope of policy thought," he told the crowd. "There's some actual intellectu-

al heft behind the thoughts that are coming forward."

RNAO Executive Director Doris Grinspun says the association's political clout is due to its members because every individual e-mail to an MPP, each *Take Your MPP to Work* visit, and each letter-to-the-editor written by a nurse sends decision makers and the public an important message: RNs are an indispensable part of the health-care system, and they have the ideas – backed up by research – that will improve health and health care.

"We can never forget the importance of

## A POLITICAL ACTION SUCCESS STORY

Eastern-Ontario MPP Jim Brownell knows how discharge planners coordinate life for patients leaving the hospital. He's donned the protective, heavy gown, gloves and masks health professionals wear during an infectious disease outbreak. And he's taken a ride in a brand-new patient lift. The Liberal MPP's front-row seat to the health-care system is thanks to his continued participation in RNAO's annual *Take Your MPP to Work* event, hosted by RNs during Nursing Week.

Colleen MacDonald lives in Brownell's riding and also happens to be president of RNAO's Seaway chapter. The Professional Practice Leader at Cornwall Community Hospital says when Brownell took a seat in the lift, a group of nurses on the hospital's medical floor was there to explain all the physical effort and biomechanical knowledge they needed to get him from the stretcher to the chair.

"We wanted to show how lifts affect our workload," MacDonald explains. "He now understands how important it is to make sure you have the nursing hours to support the technology."

RNAO Executive Director Doris Grinspun says showing politi-

## MPPs get up close with RNs



cians the intellectual, physical, and emotional demands of the profession is what *Take Your MPP to Work* is all about. Over the last eight years, the program has become a regular feature on many politicians' calendars. Last year, more than 30 municipal, provincial and federal decision makers visited nurses around the province.

In Cornwall, MacDonald has not only hosted Brownell, but, for the first time last year, Jean-Marc Lalonde, another local MPP, went to Hawkesbury and District General Hospital. This year, she hopes nurses at a brand new complex

continuing care facility in Cornwall will be able to give Brownell insight into the work they do every day. MacDonald says *Take Your MPP to Work* is a way to ensure politicians understand how diverse nursing is, and she hopes they'll see that a nurse who's been working in emergency can't suddenly pack up and get a job in home care if the government decides to fund that sector instead.

"Politicians need to understand how important nursing is in our community," she says. **RN**

our members and that they own the association,” Grinspun says. “Together, as a collective, we will be able to move anything forward that we think is important to the public, and to nursing.”

It’s inspiring, she says, to see so many members engaged in advocacy work because it realizes a dream she held for the association when she became the executive director in 1996. She wanted to make sure the organization was working on issues that mattered to members. And she wanted to be sure it was the members – not only the board of directors or staff – who would talk about those issues with their families, friends, co-workers and politicians.

RNAO laid the foundation more than a decade ago for some of what’s been achieved today, she adds. That was when health-care restructuring rocked the profession and RNAO released its first advocacy kit (1997) to help members become politi-



**Former Health Minister Ruth Grier (1993) reminded RNAO assembly members in January that advocacy works.**

cally active. Later that same year, RNAO launched a campaign asking the public to talk about their experiences in a health-care system that was laying off nurses.

It was also the late 90s when RNAO released its first-ever document ahead of a provincial election. *Putting Nursing Back into Health Care: Who Will Respond?* called on political parties to make nursing and health issues a key part of their campaigns. It urged changes on some fundamental issues that young nurses like Reaburn may take for granted today, including making a baccalaureate degree the minimum expectation for entry to practice.

Rob Milling spent 17 years working in both cabinet and opposition at Queen’s Park. He’s now RNAO’s Director of Health and Nursing Policy, but says when he

## **POLITICAL ACTIVIST** Lynn McCleary

This year’s *Day at Queen’s Park* event was McCleary’s first. She had a number of issues she wanted to discuss with MPPs, but admits her nerves made her quiver as she stood at the microphone with remarks for Health Minister David Caplan. She wanted to tell him that nurses’ relationships with their patients aren’t just nice. They’re a necessary part of better patient outcomes. In addition to nurse/patient relationships, McCleary is passionate about letting MPPs know about challenges facing the long-term care sector, which has few resources despite having some of the most complex patients in the system. As a professor of nursing, McCleary also came to Queen’s Park this year to remind politicians that universities are under pressure to produce more RNs, but that there isn’t enough funding to ensure the system produces enough faculty to train them. She hopes to share details of her first Queen’s Park experience with her students so they too learn how they can help change the system.



**RNAO POSITION:** Chair, Nursing Research Interest Group  
**PROFESSIONAL TITLE:** Assistant Professor, Department of Nursing, Brock University  
**WHY IS POLITICAL ACTION IMPORTANT TO YOU?**

“As a professor, modeling for the students that political action is possible is a big motivator. Having the resources from RNAO gives you the confidence that you’ve got the facts straight.”

## **POLITICAL ACTIVIST** Grace Le

With three children at home, Le never figured she’d have time to add political action to her long list of activities as a mother and full-time student. That was before she realized speaking out about issues like poverty is just as important as writing her next assignment. It’s upsetting to see the hopelessness many people in poverty face in a wealthy country like Canada, she says. This year’s *Day at Queen’s Park* event was Le’s first, and it inspired her to start talking to fellow students about how political action goes beyond the classroom. She wants her colleagues to know that their voices can make a difference.



**RNAO POSITION:** Student Representative, Nursing Research Interest Group  
**PROFESSIONAL TITLE:** Second-year nursing student at Brock University  
**WHY IS POLITICAL ACTION IMPORTANT TO YOU?**

“As a future nurse, I want to be able to see that patients are getting the care and service they deserve. I’m quite convinced I’m in a profession that will make a difference.”

**DAY AT QUEEN'S PARK, 2009**



**ABOVE LEFT:** NDP MPP Cheri DiNovo (left) meets with RNAO members in her Queen's Park office on Jan. 22.

**ABOVE RIGHT:** Karen Insley, Chair of RNAO's Independent Practice Nurses interest group (left), chats with Conservative MPP Julia Munro's assistant.



**LEFT:** Health Minister David Caplan fields questions from RNAO's political action officers and assembly members.

**RIGHT:** Then-Conservative Leader John Tory takes to the podium during the morning keynote presentations at Queen's Park.



**BELOW LEFT:** Education Minister Kathleen Wynne (left) participates in a roundtable discussion with RNAO's assembly.

**BELOW RIGHT:** France Gélinas, NDP Health Critic, greets nurses on behalf of then-NDP Leader Howard Hampton.



worked in government he often turned to RNAO for advice on health issues that he believed should be incorporated into his party's election platform.

"RNAO's strength comes from its ability to articulate and implement its goals," he explains, adding the association's work to build a stronger profession and health-care system make it a good resource for anyone in the government.

Today, politicians and their staff hear the nursing perspective on many issues. Baccalaureate degrees are now mandatory for new RNs, who are guaranteed a full-time job when they graduate. In fact, 65 per cent of RNs now work full time, up from 50 per cent in 1998. Meanwhile, nurse practitioners have begun to revolutionize primary care by opening the first of 26 NP-led clinics. Nurses' achievements also go well beyond the profession and touch people wherever they live. Last year, the government announced it would reduce childhood poverty by 25 per cent in five years, a target RNAO and a coalition of like-minded organizations – called *25 in 5* – long pushed for. And this spring, new legislation that bans the use and sale of cosmetic pesticides takes effect, thanks to the work by environmental and health organizations, including RNAO.

Grinspun believes these relationships with groups beyond the profession have helped to boost the volume of nursing's voice. For their part, RNAO's partners say when nurses join in calls for change, everyone is heard. Michael Creek is a member of *Voices from the Street*, a group that represents people who live in poverty. He joined Steeve and other stakeholders during the panel discussion at the January assembly meeting. He says the 18 months he spent working with RNAO as part of *25 in 5* demonstrated that nurses aren't just helping people by providing care for them when they're living on the street or battling mental illness. They're also trying to change the system so those people are better off in the first place.

Gideon Forman, Executive Director of the Canadian Association of Physicians for the Environment, was also part of the panel in January. He believes nurses have the ability to start a revolutionary change to make the world a cleaner and healthier place. During his presentation, Forman described the work RNs did to push municipal councils to ban cosmetic pesticide use. He says the lawn industry's representatives may have been willing to attack environmentalists as

## POLITICAL ACTIVIST **Lois Lacroix**

This year marks Lacroix's return to political action after a hiatus of about two decades. An active member of the association in 1982, Lacroix was passionate about Medicare and was among those who wrote to and met with federal MPs to advocate for the passing of the *Canada Health Act* that gave universally accessible health care the principles that still guide it to this day. Medicare is still as important to Lacroix today as it was 20 years ago, but she says she's impressed by how far-reaching some of the other advocacy has become. She's pleased RNs today also speak out about social determinants of health like housing and nutrition. She acknowledges, however, that more work needs to be done to ensure there are enough nurses working in all sectors.



**RNAO POSITION:**  
President, Niagara chapter

**PROFESSIONAL TITLE:**  
Manager, Infectious Disease Program, Niagara Region Public Health

**WHY IS POLITICAL ACTION IMPORTANT TO YOU?**

"Politicians are not experts in all fields. They may not know the grass-roots impact of some of the policies they may be considering."

## POLITICAL ACTIVIST **Shirley Christo**

Christo has been attending the annual *Day at Queen's Park* event for five years. Each year, she says, she's thrilled to have the chance to talk to everyone from the Minister of Health Promotion to the Premier. And every time she has a chance to talk with politicians, she's quick to let them know about her drive to ensure everyone has access to publicly funded services so they have the care and support they need to stay at home and live meaningful, healthy lives for as long as they can. As a parish nurse, Christo often works with elderly people in her community who are struggling with multiple health issues. She says sometimes something as simple as being part of a mall walking group can give people the hope they need to maintain both their physical and spiritual well being. She also believes parish nurses can play an important role in advocating for a holistic health-care system to serve an aging population. That's why she'll continue to push to ensure Ontario's *Aging at Home* strategy makes a difference.



**RNAO POSITION:**  
Policy and Political Action Officer, Parish Nursing Interest Group

**PROFESSIONAL TITLE:**  
Nursing Instructor, Daphne Cockwell School of Nursing, Ryerson University

**WHY IS POLITICAL ACTION IMPORTANT TO YOU?**

"I keep coming back to Queen's Park because there's always more work to be done. Over the years, Queen's Park has made me aware of the process to make change."



Premier Dalton McGuinty congratulates the 2009 RNAO recognition award winners selected as Chapter of the Year (Peel) and Interest Group of the Year (Nurse Practitioners' Association of Ontario).

fringe groups only concerned about butterflies and birds, but they didn't dare question the sound arguments nurses made about how harmful the chemicals are, especially to children's health.

Now that the battle on pesticides has

been won, Forman hopes nurses will keep working on other issues. Already, the association has called on politicians to introduce laws so people are aware of the chemicals they're exposed to every day, and RNAO's 2007 document, *Creating a Healthier Society*,

called on all candidates in the last provincial election to commit to renewable energy sources that combat climate change and clean the air we breathe.

"One of the most hopeful developments in environmental politics is the leadership role that health professionals like nurses are now playing," Forman says. "With nurses on the forefront of environmental movements, I think we can accomplish an enormous amount."

It's certainly possible that RNs could launch any number of social, environmental or political movements when you consider the commitment to political action that's being fostered among members of the next generation. Reaburn is one example. And then there are her nursing colleagues at Ryerson who are raising public awareness about Ontario's housing allowance through an ambitious political action project. RNAO members Nancy Mubu and Maja Ekmescic are two of the seven students behind Repair the Roof, a campaign in support of making the Rental Opportunity for Ontario Families (ROOF) program – an allowance that provides low-income working families

## A POLITICAL ACTION SUCCESS STORY

Nurse practitioners have never shied away from political action. During the 1990s, they fought to ensure their credentials and extended education were recognized in legislation. More recently, they've mobilized their ranks to help politicians see that nurse practitioner-led clinics are a solution for thousands of people in Ontario who do not have access to primary care. Since the first NP-led clinic opened in Sudbury two years ago, more MPPs have heard that message. In February, Premier Dalton McGuinty announced three new clinics would open in Sault Ste. Marie, Belle River and Thunder Bay. The government also committed that day, and again in its March budget, to fund 22 more clinics within the next two years. Nurse Practitioners' Association of Ontario (NPAO) President Tina Hurlock-Chorostecki (right) says it's rewarding to see action on one of the biggest challenges in the health-care system.

"Every nurse should do this at least once," she says of the political action she witnessed when she visited Queen's Park for the first time in January. "It's an opportunity to meet people you only hear about in the news. You find out politicians actually do listen and are interested in health care."

## NP-led clinics open their doors



Hurlock-Chorostecki says it's a good thing politicians are paying attention, because there's still plenty of work ahead to ensure NPs are given the opportunity to help people through their extended knowledge and expertise. She says NPAO will support the promised clinics as they get ready to open their doors, but it also hopes to direct the same energy and passion into educating politicians about how NPs who work in adult, pediatric and anesthesia specialties can be part of a stronger health-care system.

An adult NP on a transitional care unit at London's Parkwood Hospital, Hurlock-Chorostecki co-ordinates care plans for elderly patients who may no longer need to be in acute care beds, but who still need time to recover from a fall or surgery before going home or to long-

term care. She believes it's this type of NP role – like countless other unique NP positions – that need public attention.

"You can't just say we need more nurses, we need more money. You have to come at it from an innovative perspective," she explains. "I think the nurse practitioner role is innovative ... (NPs) are showing the costs are not astronomical to meet (peoples') needs." RN

## A POLITICAL ACTION SUCCESS STORY

### The 70 per cent solution

Ten years ago, only half of Ontario RNs were working full time. That dismal statistic prompted an important political initiative at RNAO to advocate for 70 per cent full-time employment for all nurses, and to point out that the higher the number of part-time and casual nurses in the workforce, the lower the quality of patient care. And the message is getting through.

During the 2003 provincial election campaign, the Liberal Party recognized RNAO's concern and promised that, if elected, it would create a nursing workforce with 70 per cent full-time employment. Just two years later, RNAO released a survey of health-care employers that found the government's plans were starting to take shape. Fifty-nine per cent of nurses were working full time by 2004. Today, the number has climbed to nearly 65 per cent.

"RNAO will keep pushing government and employers to meet the 70 per cent target, because it's essential for continuity of patient care and nurse satisfaction," says RNAO President Wendy Fucile. "People deserve the safe care that comes with having full-time RNs on the front lines."

YEAR	Percentage of RNs working full time
2000	53.1%
2002	56.8%
2004	59.3%
2006	61.6%
2008	64.9%

with up to \$100 a month to help them pay the rent – available to more families, especially as the province's economy sinks. At the centre of the campaign is a petition that more than 500 people have already signed, and which the students hope to present to Premier Dalton McGuinty and housing minister Jim Watson.

Adeline Falk-Rafael, Director and Professor of Nursing at York University, says a renewed emphasis on social justice issues in nursing school bodes well for the profession's future. The former RNAO president says nursing's traditional emphasis on social determinants of health dates back to the profession's inception, but that focus was only re-introduced to education in the last few decades,

### POLITICAL ACTIVIST **Kim Meighan**

When Meighan first became the political action officer for the Pediatric Nurses Interest Group (PedNIG), she thought that getting involved in the political process was all about waving placards on the front lawn at Queen's Park. She realizes now that isn't enough. Since becoming PedNIG's political action officer in 2006, Meighan has participated three times in the *Day at Queen's Park*. She's also co-hosted former NDP leader Howard Hampton at the Hospital for Sick Children during Nursing Week, and has joined former federal Liberal leader Stéphane Dion at a screening of the Michael Moore documentary *Sicko*. Meighan says all her experiences have shown her that being politically active is really all about bringing nurses' influence to politicians. Over the last few years, PedNIG has actively spoken out on a number of issues, including the need for municipal bylaws that ensure pools are fenced off, and children are kept safe from second-hand smoke inhalation in cars. This year, the group will turn its focus to the fight against child poverty.



#### RNAO POSITION:

President, Pediatric Nurses Interest Group (PedNIG)

#### PROFESSIONAL TITLE:

Manager, Family Resource Centre/About Kids Health, The Hospital for Sick Children

#### WHY IS POLITICAL ACTION IMPORTANT TO YOU?

"Being part of the political action process will move nurses forward to ensure we have a better health-care system."

### POLITICAL ACTIVIST **Aric Rankin**

Rankin has only been an RN for a few years, but his commitment to political advocacy goes back to his days as a student. After hearing a presentation from a classmate about the benefits of RNAO, Rankin says he was eager to get involved with his professional association. He hasn't wavered on his commitment to advocacy since. In fact, Rankin believes the challenges facing nursing today need more attention than ever. In addition to his work in London, Rankin also practises nursing at a small, rural hospital in southwestern Ontario. He says staffing shortages often leave RNs struggling to provide care and worried about patient safety. He believes change can come if all nurses band together and demand a solution to the nursing shortage.



#### RNAO POSITION:

President, Middlesex-Elgin chapter

#### PROFESSIONAL TITLE:

Staff Nurse, Pediatric Emergency, London Health Sciences Centre

#### WHY IS POLITICAL ACTION IMPORTANT TO YOU?

"As a staff nurse working on the floor, I give a personal perspective to things. I don't think politicians know what is actually happening on the floors."



Students play a big role in political action both inside and outside the walls of Queen's Park. Students for Medicare take to the streets to protest threats to Canada's universally accessible, publicly funded health-care system (left). Their nursing colleagues from across the province do their part to influence the political landscape by participating in student placements at the 10th Annual Day at Queen's Park.

## A POLITICAL ACTION SUCCESS STORY Ushering in green gardening

There are countless studies that show pesticides harm health, but Ann McGoey (right) doesn't need to see any of them to be convinced. The Thunder Bay nurse practitioner has chronic lymphocytic leukemia, a cancer that may be linked to pesticide use. McGoey says that possible link was enough to turn her retirement into a crusade to get her local city council to stop the chemicals from being used on lawns.

In 2006, McGoey became the head of Citizens Concerned About Pesticides. She later joined health-care providers, environmentalists, gardeners, lawn-industry workers and golf course owners on a city appointed committee to help craft Thunder Bay's pesticide ban. She quickly saw how much respect nurses have earned because they know the links between harmful substances and cancers such as hers.

"I introduced myself as a nurse practitioner with leukemia when I first presented to (council)," McGoey says. "That grabbed their attention. They stopped doodling."

In December, Thunder Bay became one of 35 Ontario municipalities to ban the cosmetic use of pesticides on lawns and gardens. Beginning this April, provincial legislation will ban the use and sale of cosmetic pesticides everywhere in Ontario. The new legislation realizes a resolution RNAO's Brant-Haldimand-Norfolk chapter brought to the annual general meeting almost a decade ago. It called on RNAO to support members lobbying to eliminate pesticides in their own communities, and to advocate for a provincial law.



For nine years, RNAO, under the leadership of Senior Economist Kim Jarvi, has worked with a coalition of health and environmental groups to achieve this goal, but it's the efforts of active community members like McGoey that will make dandelions popular again.

The struggle to make a difference has not been easy, McGoey says. Although a local Cancer Society poll of Thunder Bay residents in 2007 revealed 77 per cent

oppose pesticides, working through the machinations of city council was frustrating and gruelling, especially when city staff recommended abandoning its local bylaw after the province announced legislation that would supersede it.

"I didn't know when the province was going to come through," McGoey says of her drive to keep pushing the issue in Thunder Bay. "I had put so much energy into the (municipal) bylaw; I couldn't just give it up."

The details of the province's ban were officially announced in March, and although McGoey says she's happy to see many substances banned, it's upsetting to see golf courses are exempt. Still, she's proud that it was the work of so many people across Ontario that spurred the government's action to create healthier communities for people everywhere in the province. **RN**

and it's just now beginning to gather steam.

It's a good thing too. RNAO President Wendy Fucile says that although nurses can be proud of all they've accomplished, there are still many issues that have to be tackled head on during the next decade of political advocacy. This winter, RNs proved they're ready for the challenge when almost 6,000 of them followed the advice of several RNAO action alerts and wrote to the premier and health and finance ministers to tell them they must create 9,000 additional nursing positions – including a third of them in this year's provincial budget – because the shortages across all sectors mean patients aren't getting the best care possible.



**RNAO assembly members and political action officers embrace the opportunity each year to step to the microphone at Queen's Park.**

Of course, political action will also mean speaking out beyond health human resources. Grinspun calls RNs' passion and expertise on social justice issues the beginning of a movement in health care. Whether nurses are defending Medicare, calling for changes to policies that alleviate poverty, pushing governments to scour the environment of pollutants that are known to make people sick, securing health human resources, or fighting for better access to health care, she says the association will continue pushing politicians on these issues because making improvements on anything that affects human health is really the core of what nursing is all about.

"If we sustain and increase our voice on issues of social justice, including health care, we will enrich the profession because this is the essence of nursing," Grinspun says. "With continued advocacy, we will increasingly be the catalysts for broader social change." **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

## **POLITICAL ACTIVIST** Paul-André Gauthier

**G**authier has turned the advocacy he's been doing over the past six years into a full-time job. He routinely responds to RNAO action alerts, has done more than 100 interviews with reporters on nursing and health issues, and gives advice to students who attend the annual *Day at Queen's Park* event. He often shares with them the best ways to tactfully make their point in a meeting, especially if an MPP disagrees on the issue. It's important for more nurses to get used to being politically active because there are so many issues that still need to be addressed, he says. For Gauthier, one of those key issues is recruiting RNs to northeastern Ontario. This year, when he met with Sudbury MPP and Minister of Community Safety and Correctional Services Rick Bartolucci, Gauthier says he was eager to remind him that even though the region has six nursing schools, there are not enough students staying after graduation because there aren't enough full-time jobs. Until more are created, he says, there won't be enough nurses for people who live in the north.

## **POLITICAL ACTIVIST** Una Ferguson

**F**or Ferguson, the need to speak out isn't just a professional obligation. It's a deeply personal commitment. Ferguson's 37-year-old son battles a spinal degeneration and is no longer able to walk. He suffers from severe migraines and chronic pain that prevents him from working. That means it's up to Ferguson to advocate on his behalf – for everything from affordable housing to the need for pharmacare and long-term care that can accommodate adults, not just the elderly. When she visits Queen's Park each year (this is her ninth year), Ferguson says discussions about poverty and the need to improve support payments for the disabled always strike a chord. As a mother, she sees first hand how hard it is for disabled people to afford food, rent, groceries and medication on the meagre \$12,000/year the Ontario Disability Support Program provides her son.



### **RNAO POSITION:**

Co-President,  
Sudbury chapter

### **PROFESSIONAL TITLE:**

Nursing Professor,  
Collège Boréal

### **WHY IS POLITICAL ACTION IMPORTANT TO YOU?**

"Politicians are not health-care professionals. They need to be informed. They need to be pushed into doing something to improve situations."



### **RNAO POSITION:**

Policy and Political  
Action Officer, Region 10

### **PROFESSIONAL TITLE:**

Staff Nurse, Royal  
Ottawa Mental Health  
Centre

### **WHY IS POLITICAL ACTION IMPORTANT TO YOU?**

"You have to be part of the solution, and that means making your concerns and problems known."

# a helping hand

RNAO provides guidance and education on recruitment and retention to members of the Centre for Professional Nursing Excellence.

by Kimberley Kearsley



RNAO Centre Coordinator Angela Joyce presents Thom Chambers with recognition for being a Centre member.

**T**wo years ago, Thom Chambers was frustrated over roadblocks he kept encountering in his attempts to improve nursing practice, enhance patient care and create a healthier work environment at Durham Region's Lakeridge Health (LH). His struggles were due to belt tightening and budgetary restrictions.

"We knew what had to be done, but people weren't listening to us," the Director of Nursing, Professional Practice and Clinical Education says of the challenges recruiting and retaining health professionals. Decision-makers at the large organization (it has sites in Whitby, Oshawa, Bowmanville and Port Perry) were, according to Chambers, placing more emphasis on budgetary pressures than they were on keeping health professionals on the job.

"It was really hard. We were running around putting out fires but we really had a hard time sustaining any (nursing initiatives) because we didn't have...the finances," he says. In partnership with a practice colleague and the Chief Nursing Executive, Chambers enlisted the help of RNAO's Centre for Professional Nursing Excellence to assess patient care and nurse satisfaction, and to conduct an organizational review that would outline the steps needed to improve the recruitment and retention of nurses.

"I think we were so close we couldn't see things," he says of the decision to seek help from a credible, outside source to "get

noticed." The Centre, which includes a team of RN managers and staff at home office who support nurses through professional development, did just that when it conducted its organizational review and presented it to the LH board of directors in the fall of 2007.

The Centre's in-depth report was well-received, and helped to raise the profile of professional practice to heights it had not previously enjoyed. In fact, LH just completed a restructuring that many people thought would hit Chambers' department harder than others. "There used to be only two of us but right now there are four...and we're hiring another person," he says. "This shows that...LH means business."

When he approached the Centre for help in 2007, part of the problem, Chambers says, was that there was so much that needed to be done, he and others didn't know where to begin. The organizational review – which included 32 focus groups and one-on-one interviews with over 300 LH staff across the organization's four sites – laid out 10 recommendations for addressing the challenges. One of those recommendations was to "...elevate the profile of professional practice, particularly in nursing." In response, the organization hired a Chief Nurse Executive and VP of Professional Affairs in 2008. "Having (someone) who speaks for practice...that's what her role is at the senior table...that's huge," Chambers says. "I think what (the report) did was give

us credibility. (RNAO) is a third party, respected by the government... respected by other health disciplines...and it said this is what we have to do."

According to Chambers, the recommendations in the report are now considered the benchmarks against which all LH practice initiatives – for nurses and other health disciplines – are measured. "We've incorporated it into our goals and objectives for professional practice," he says.

In addition to welcoming the new VP, Chambers has been working hard to implement several other RNAO recommendations. Lakeridge has always had orientation for students doing placements and preceptorships, he says, but the organization has also started working more closely with practising nurses who will become preceptors. "It fires people up because they're not just thinking: 'OK, I'll take a student...but they better be able to run fast because I'm busy.'" Instead, the new orientation program teaches nurses about the responsibility they have as preceptors. It's their role, for example, to ensure young nurses learn, are welcomed into the organization, and feel valued. The students should also feel LH is investing in them because it's important to the future of the nursing profession. This initiative is the result of the RNAO report, and its recommendation to "...provide the education necessary for both mentors and mentees to develop effective relationships."

More frontline staff members at LH have also learned to identify in themselves the qualities that make them leaders. This is a result of the report's recommendation to "...provide leadership education at all levels of the organization." Almost 100 individuals have graduated from *The Leading Edge*, a five-month workshop series that was developed in response to RNAO's suggestion. "It's become very popular," Chambers says, adding a similar workshop series has been created for individuals at the management level.

"It's been great to see LH take our action plan and bring it to life," says Karen Ellis-Scharfenberg, Associate Director in the Centre, and one of the individuals who led the organizational review. "They've implemented dozens of our recommended actions, resulting in large improvements in nursing practice and professionalism. They are also paying focused attention to improving communication...a key component of recruitment and retention."



Karen Ellis-Scharfenberg, Associate Director for RNAO's Centre.

*Practice Forums*, for instance, were launched at LH last year to address the unique communication barriers that come with having four separate and distinct sites under one organizational umbrella. Monthly presentations – which rotate from one site to another – are provided to staff by Chambers and other members of the practice team as a way to share information about how practice issues such as accreditation changes, an updated model of care, or even the new preceptorship program will

affect practice. "We use this opportunity to share some of the work we're doing so everybody's hearing about it," Chambers explains. "We do it verbally...we tape it...and we send messages out electronically so people know what's going on."

This successful partnership between LH and the Centre is just one example of the kind of work RNAO does to help address the unique challenges of the organizations that approach the Centre for help. Launched in 1999, the Centre's goal is to "take a leadership role in creating thriving environments and outstanding practices in health-care organizations." It achieves this goal through consultation services, education and professional development programs, and conferences and workshops that foster excellence in nursing.

Ellis-Scharfenberg has been with the Centre since 2007 and says she enjoys not only working with large urban organizations like LH, but also with smaller, community organizations that struggle with different but equally important recruitment and retention challenges.

When RN Kelly Farrugia approached the association in 2006 to find out how the Centre could help her community, her focus was on the nursing shortage in a rural region of the province that finds itself competing for nurses with the U.S. A program manager at the Chatham-Kent Public Health Unit,

Farrugia noticed that attracting nurses to her southwestern community was becoming more and more difficult. Chatham-Kent, she says, has traditionally found recruitment and retention to be a challenge given its proximity to the Michigan border. When she started talking to colleagues about it, she realized she was not alone in her concern, and, in a unique approach to community collaboration, helped launch the Chatham-Kent Nurse Retention/Recruitment Committee, made up of representatives from the hospital,

long-term care, public health, home care, and other sectors that employ nurses.

"If we can get a nurse to either come or stay in our community, it doesn't matter if it's at our specific agency; it's going to benefit the whole community," she says. "It's a bit of a unique approach."

The committee focused most of its early efforts on recruitment; a difficult task given Chatham-Kent is also considered one of the top underserved areas for physicians in the province. It has seen a tremendous focus locally on the recruitment of doctors, and nurse recruitment seems to get lost in that, Farrugia says. Nursing numbers also fluctuate depending on the performance of the Canadian dollar. There are influxes of nurses coming back from the U.S. when the dollar is doing better, but there are no statistics to indicate just how many of those nurses are staying on this side of the border.

In 2006, the committee shifted its focus from recruitment to retention, concentrating on professional development as a way to keep nurses interested in their work. The group pulled the funding together to buy one of the Centre's bronze memberships to boost educational opportunities for every nurse "...whether they're a family practice nurse working in a small-town doc's office, or somebody in acute or community care. We had quick access to high quality professional development that we would not have access to otherwise," Farrugia explains. The Centre was able to bring two workshops to Chatham-Kent at a reasonable fee, she adds, eliminating the worry of travel costs and incidental expenses associated with education in other communities.

Ellis-Scharfenberg led the two workshops that Chatham-Kent purchased: one on leadership and another on professionalism. "We saw the Chatham-Kent nursing community collaboration as an example of innovation and partnership not seen in other areas in Ontario," she says. "We were excited to be offered the opportunity to assist the group with its objectives of retaining and recruiting nurses to the area."

"The feedback was phenomenal," Farrugia says, adding the committee is determining its strategic direction for 2009 at the moment, but has budgeted for more workshops in the coming year. **RN**

KIMBERLEY KEARSEY IS MANAGING EDITOR FOR REGISTERED NURSE JOURNAL.

# Protecting nurses from legal risk

By combining her nursing and law backgrounds, RN builds a support system to protect the nursing community. BY STACEY HALE

**P**at McLean received a phone call on her birthday 20 years ago that would change her life. At the time, the registered nurse and lawyer was practising law in Vancouver, conducting legal workshops for nursing colleagues. Her savvy presentations and diverse nursing background had captured the attention of the College of Registered Nurses of British Columbia, and the group put her name forward to the Canadian Nurses Association (CNA). During the mid 1980s, CNA was looking for qualified candidates to help create a new legal liability protection plan for nurses. McLean was invited to Ottawa to help establish a program that would provide help and support to nurses in professional legal trouble.

“As soon as CNA contacted me I thought ‘Oh, wow,’ this is a perfect marriage of my nursing and law backgrounds,” she says. “Nurses face a number of legal risks in their role. They are vulnerable because of the work they do, which is very personal and sometimes things do go wrong, even if the nurse was not necessarily at fault. The risks are ever-present and there can be a lot at stake.”

It was always McLean’s childhood dream to be a nurse. Law was also something the native Vancouverite was interested in, but it was difficult for a woman to get into law school when she graduated from high school. McLean chose to pursue her first love instead, and graduated from Vancouver General Hospital’s diploma nursing program in 1964. Over her extensive nursing career, she worked in the operating room, emergency department, medicine, cardiology, long-term care, occupational health, home care and spent time as a clinical instructor.

McLean eventually moved to Calgary where she completed her baccalaureate in nursing at the University of Calgary. By the time she graduated, she had separated from her husband and began thinking seriously about her future career goals and her role as a single parent to two daughters.



**NAME:** Pat McLean  
**OCCUPATION:** Executive Director and CEO, Canadian Nurses Protective Society  
**HOME TOWN:** Ottawa, Ontario

“I was looking at a number of different options,” she says, noting that law was one of them but so were a master’s degree in nursing, adult education or health services administration. She ultimately decided on law school. Three years later, McLean graduated and moved back to Vancouver to article. She was called to the B.C. Bar in 1986 and set to work educating nurses on legal liability.

“In my own mind, in my own heart, this was just ideal,” she says of the invitation from CNA. “To use my legal knowledge to help nurses was just the perfect fit for me.”

McLean had less than one week to get from the west coast to Ontario to report for work. “It meant moving to a city I’d never even seen before. It was quite a leap,” she admits. She packed her belongings and hopped on a plane for the nation’s capital.

Once in her new role, McLean worked closely with then-CNA Executive Director Ginette Lemire Rodger to develop a liability

protection plan for nurses that would help those facing lawsuits, court orders to appear as a witness, or alleged criminal activity related to practice. This kind of customized legal assistance, she says, was necessary for nurses. It had to be distinct from commercial insurance, which she says had become expensive and unreliable.

In fact, the insurance market dramatically increased its prices in the mid 1980s and refused to insure some organizations that served the general public. Many nurses fit into the MUSH sector – municipalities, universities, schools and hospitals – which was considered risky because of the number of people who could potentially file claims.

Nursing organizations, which historically provided insurance coverage to their members, looked to CNA for a better option. “This is what I came (to Ottawa) to do,” McLean says, adding it was exciting and a wonderful opportunity to set up something so totally new.

In 1988, the Canadian Nurses Protective Society (CNPS) was born. “It’s the nursing community standing behind its own members,” she explains.

Initially, McLean was responsible for getting nursing associations to formally sign on as members of CNPS. RNAO joined in 1988. The operation was so new that there wasn’t even a fax machine in the building, McLean explains with a laugh. Two decades later, CNPS is now independent of CNA, is governed by its own board of directors, and employs nine staff members, four of whom are nurse-lawyers who help nurses deal with legal issues.

These days when people ask McLean why she became a lawyer, her reply is simple: nursing and law really aren’t that different. Law is a helping profession just like nursing. It involves problem solving, and using your knowledge to resolve issues in the best interest of your client. **RN**

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STACEY HALE IS RNAO’S EDITORIAL ASSISTANT.

# Not just nice, knowledgeable too

RNs learn how to think differently about their practice, and get tips on how to change the public perception of nursing. BY JILL SCARROW

Valerie Carter believes that if more people understand what nurses actually do during their work day, the profession might not need to push government to hire more RNs. The public would expect nothing less.

“I think there is a real need to get people – even friends and family – to truly understand what I do each day. I don’t go to work and give injections,” she says about her practice at an eating disorder unit at Mississauga’s Credit Valley Hospital. Carter is part of an interdisciplinary team that offers support to help women stop behaviours like purging and restrictive eating habits, which present serious risk of death. She provides support and psychotherapy for her patients, and wants people to know that.

“There’s a need for (nurses) to put themselves out there more,” she adds, noting open discussion about all kinds of nursing roles will help people get past the perception that you only need to be nice and caring to be an RN.

Carter’s new-found perspective is thanks to a day-long seminar with author and nursing advocate Suzanne Gordon. RNAO’s Centre for Professional Nursing Excellence invited Gordon to speak to members because she has authored eight books on the profession.

“Everybody trusts nurses, but no one knows what they do,” she told more than 50 participants who attended in person or tapped in via videoconference from locations across the province, including London, Ottawa and Sault Ste. Marie.

According to Gordon, there are plenty of obstacles that block the public’s view of nurses’ knowledge. Chief among them are media images – in some cases created by the profession itself – that idealize nurses as comforting angels. Gordon says nurses can change the way people see their work by describing their practice in plain, jargon-free language and articulating the complexities of the job. For instance, instead of listening to patients’ chests and saying nothing, RNs can explain to patients what

they’re hearing, and what that means for the individual’s health.

Ottawa RN and workshop participant Valerie Fiset says she was particularly interested in Gordon’s suggestion that nurses talk about the tasks they perform because that addresses an issue she struggles with as an educator. Fiset is a professor of nursing at Algonquin College. She, along with 10 other faculty members and students, joined the workshop by videoconference. She says nursing education emphasizes the theory and analysis behind the skills as a way to prepare students to enter the profession. But hearing Gordon talk about how important the visible skills like listening to chest sounds are to the profession’s image gave her a new perspective on why some students might

have pointed out that palliative care is not just about kind words.

“I feel like I’m going around with a little Suzanne Gordon magnifying glass,” she jokes about her new outlook. “I’m looking at things with a different lens.”

Rural nurse Phil Smith says he’s long been tuned into the way people see nursing. He came to Toronto for the workshop, and believes people’s perceptions of nurses as nice, smiling caregivers or linchpins in the health-care system depend on where they live. Since 2001, Smith has been travelling to work in Ontario’s most remote Aboriginal communities on the shores of James Bay. He sees a marked difference in how people there perceive RNs compared to those living in the province’s urban

south, where health-care providers abound. Up north, he says, the RNs in the nursing station are often the only care providers people have access to, whether they’re delivering a baby or getting help with their diabetes. That means they are well aware of all the knowledge and skill nurses bring to the table. Still, he says Gordon’s workshop reinforced the need to



Author Suzanne Gordon speaks to nurses at her February workshop, *When Chicken Soup Isn’t Enough*.

make sure everyone, whether they live in the far north or in an urban centre, understands how important nurses are to health.

“The doctor writes the orders, but we make them happen,” he says. “So who cures you? Well, it’s a group of people who work in some form of symbiosis to get you from broken leg to back on your feet again. I think (Gordon) highlighted that this is where the emphasis should be placed, and rightly so.” **RN**

Fiset says the workshop also gave her some insight on how she might boost nursing’s image in her personal life. As a board member for an Ottawa hospice, she recalls an occasion when a fellow board member, who is a newspaper editor, published a story about the hospice’s programs and the nurses who spend time ‘chatting’ with patients. Fiset didn’t think much of it at the time, but now realizes she should

make sure everyone, whether they live in the far north or in an urban centre, understands how important nurses are to health.

“The doctor writes the orders, but we make them happen,” he says. “So who cures you? Well, it’s a group of people who work in some form of symbiosis to get you from broken leg to back on your feet again. I think (Gordon) highlighted that this is where the emphasis should be placed, and rightly so.” **RN**

JILL SCARROW IS STAFF WRITER AT RNAO.

# NEWS to You to Use



In early March, RNAO member Nancy Edwards (left), was an invited speaker at the 53rd session of the United Nations Commission on the Status of Women. The commission meets each year in New York to evaluate progress on gender equality and to promote the advancement of women worldwide. Edwards, Scientific Director, Population and Public Health, at the Canadian Institutes of Health Research, spoke about a program to improve HIV/AIDS nursing care in sub-Saharan Africa. In related news, RNAO participated late last year in *Women in the Workplace: Opening Doors, Closing the Gap*, a conference hosted by the Ontario Pay Equity Commission. The event marked the 20th anniversary of Ontario's *Pay Equity Act* and provided a forum for women to discuss strategies for ensuring organizations meet pay equity goals, and that as many women as possible benefit.

Toronto's George Brown College is accepting applications this spring from registered practical nurses interested in advancing their skills and becoming registered nurses. In partnership with Trent University, the College has launched a one-year bridging program designed specifically for practising RPNs who have their diploma from George Brown. The course teaches RPNs about ethics, critical thinking, leadership skills, acute and chronic care clinical practice, chemistry, psychology, family health, and more. For information, visit [www.georgebrown.ca](http://www.georgebrown.ca).

Jeff Turnbull, chief of staff at The Ottawa Hospital, has been selected by Ontario physicians as president-elect for the Canadian Medical Association (CMA). Existing President Robert Ouellet and his predecessor Brian Day have both been strong advocates for more privatization of the country's health-care system. Turnbull says doctors want to see change, but they want to see it within a publicly funded system. Ratification of his nomination will take place at CMA's annual meeting this summer.

Algoma Public Health's smoking cessation team, including RNAO member and best practice guideline champion Ann Marie Sutherland, released a unique calendar earlier this year in partnership with the North East Tobacco Control Area Network. It features images of quilts designed by individuals who have quit smoking, or are thinking about quitting. The artists created their quilts based on their inspiration to butt out. One woman illustrates (right) how she tried many times to quit, but that it was the troubling toll smoking took on her facial features that inspired her to continue her efforts to quit for good.



On Feb. 20, U.S. President Barack Obama appointed a nurse to oversee the Health Resources and Services Administration (HRSA), the agency that helps to deliver health care to uninsured Americans. Mary Wakefield, a fellow in the American Academy of Nursing and the recipient of numerous nursing awards, will administer \$2.5 billion in investment dollars for health-care infrastructure and the training of health-care professionals.



RNAO member Vicki Kaminski (left), will take on the role of CEO at Eastern Health, the health authority at the centre of Newfoundland and Labrador's breast-cancer-testing scandal. Over an eight-year period, nearly 400 patients received incorrect results from hormone receptor tests (used to determine treatment options) and at least 100 of those patients died. Kaminski takes on the role at a critical time, but is no stranger to challenge. As she works to put the controversy behind the health authority, she will likely draw on her experience as CEO at Sudbury Regional Hospital, where she dealt with a highly publicized baby kidnapping and an electrical fire that forced scores of patients to be moved offsite. She begins her new role in June.

# Calendar

## April

**April 22-24**

*RNAO Board, Assembly and Annual General Meeting*  
Hilton Suites  
Toronto/Markham Conference Centre and Spa  
Markham, Ontario

**April 27-May 1**

*Designing and Delivering Effective Education Programs*  
89 Chestnut Residence  
Toronto, Ontario

## June

**June 14-19**

*Nursing Best Practice Guidelines Summer Institute*  
Nottawasaga Inn Resort  
Alliston, Ontario

**June 22-23**

*RNAO Board of Directors Meeting*  
RNAO Home Office  
Toronto, Ontario

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This networking opportunity, jointly hosted by RNAO and Workplace integration of New Nurses (WINN) bridges between RNAO's Education Conference and WINN's Nursing the Future Conference (Dec. 3-5, 2010). For more information, visit [www.rnao.org](http://www.rnao.org).

## May

**May 15**

*2009 Nursing Week Career Fair*  
Delta Chelsea Hotel  
Toronto, Ontario

**May 27**

*Clinical Nursing Symposium – Knowledge on the Frontline*  
Mississauga Convention Centre  
Mississauga, Ontario

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Monday, May 11 to  
Sunday, May 17

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## August

**August 9-14**

*4th Annual Creating Healthy Work Environments Summer Institute*  
Cranberry Resort  
Collingwood, Ontario

## September

**September 24-26**

*RNAO Board of Directors and Assembly Meeting*  
The Hilton Toronto (145 Richmond Street West)  
Toronto, Ontario

**April 15-17, 2010**  
*RNAO's 85th Anniversary Annual General Meeting*  
The Hilton Toronto  
(145 Richmond Street West)  
Toronto, Ontario

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## Classifieds

### ST. JOSEPH'S SCHOOL OF NURSING TORONTO (1921-1975) ANNUAL NURSES' ALUMNI DINNER.

Come celebrate/reconnect/notify your classmates. June 5, 2009. Valhalla Inn, Etobicoke. 416-239-2391. Deadline for dinner tickets: May 24, 2009. \$45/person non-refundable. Not sold at the door. Contact dinner convener: Marian Blair, 905-677-5286. Alumni membership renewals, contact [anna\\_retinger@hotmail.com](mailto:anna_retinger@hotmail.com). \$20/calendar year (fee includes newsletter). Class of 1974: it's our 35th! Call Christine Gardynik, 905-274-2413.

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### RNAO Board of Directors' Committees 2009-2011

Term of office is July 1-June 30 (2-year term)

There will be vacancies on the following Board committees, effective June 30, 2009:

**Provincial Nominations Committee**  
**Provincial Resolutions Committee**  
**Editorial Advisory Committee**  
**Membership Recruitment & Retention**  
**Nursing Education**  
**Nursing Research**  
**Nursing Practice**  
**Policy Analysis & Development**

For information regarding a specific committee, or a Committee Terms of Reference, contact Penny Lamanna at [plamanna@rnao.org](mailto:plamanna@rnao.org), noting which committee you are interested in joining.

Interested candidates must submit their CV with a letter attached, outlining any relevant experience and describing their interest in the position.

**DEADLINE FOR SUBMISSIONS – Monday, June 8, 2009**

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**[www.rnao.org](http://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

**[educationfunding@rnao.org](mailto:educationfunding@rnao.org)**



## Are You Our Nurse?

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Nursing at LHSC provides professional growth opportunities, flexible scheduling, a shared leadership model, a leading edge environment and international acclaim. If you want to be our nurse, we invite you to visit [www.AreYouOurNurse.com](http://www.AreYouOurNurse.com) for more information on nursing at LHSC.

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You can also contact us for a personal consultation:

**Krista Morrison, Recruitment Consultant,**  
**London Health Sciences Centre, 339 Windermere Rd.,**  
**London, ON N6A 5A5 Phone: 519-685-8500 ext. 32303**  
**e-mail: [krista.morrison@lhsc.on.ca](mailto:krista.morrison@lhsc.on.ca)**



**London Health Sciences Centre**

South Street Hospital · University Hospital  
Victoria Hospital and Children's Hospital

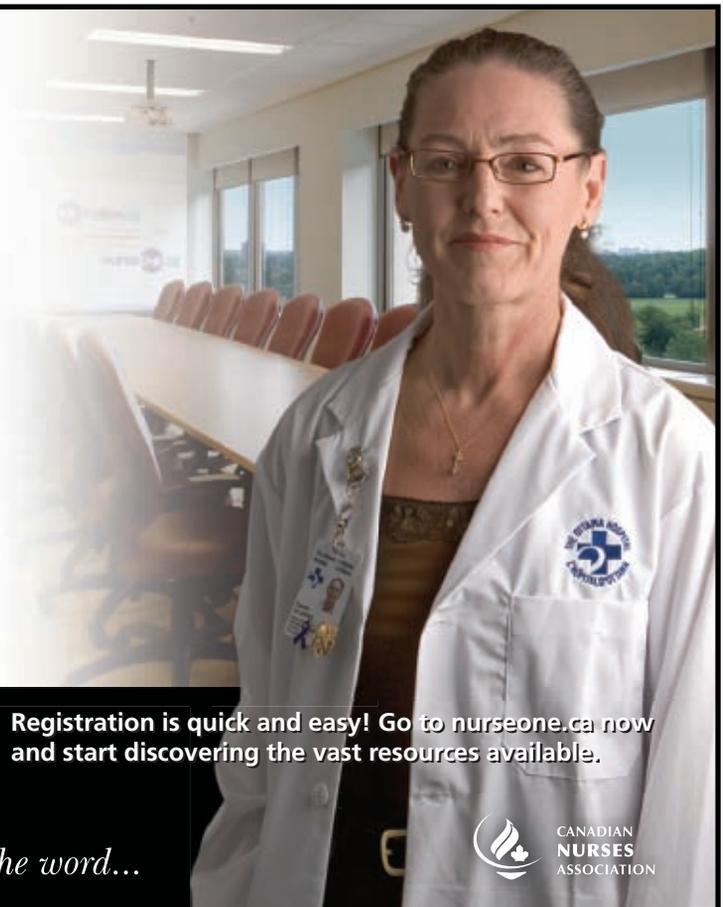
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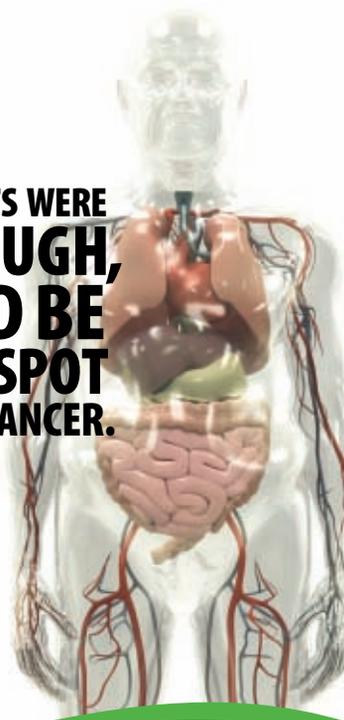
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## Nursing Career EXPO

May 15, 2009

Delta Chelsea Hotel, Toronto, Ontario

Go to Events at [www.RNAO.org](http://www.RNAO.org)

Presented by:

**RNAO** Registered Nurse's Association of Ontario  
L'Association des infirmières et infirmiers autorisés de l'Ontario  
CENTRE FOR PROFESSIONAL NURSING EXCELLENCE

**RPNAO** Registered Practical Nurse's Association of Ontario  
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## In Appreciation of RNAO Centre Members

The RNAO Centre wishes to recognize the following organizations for their commitment to quality health care and creating healthy work environments.

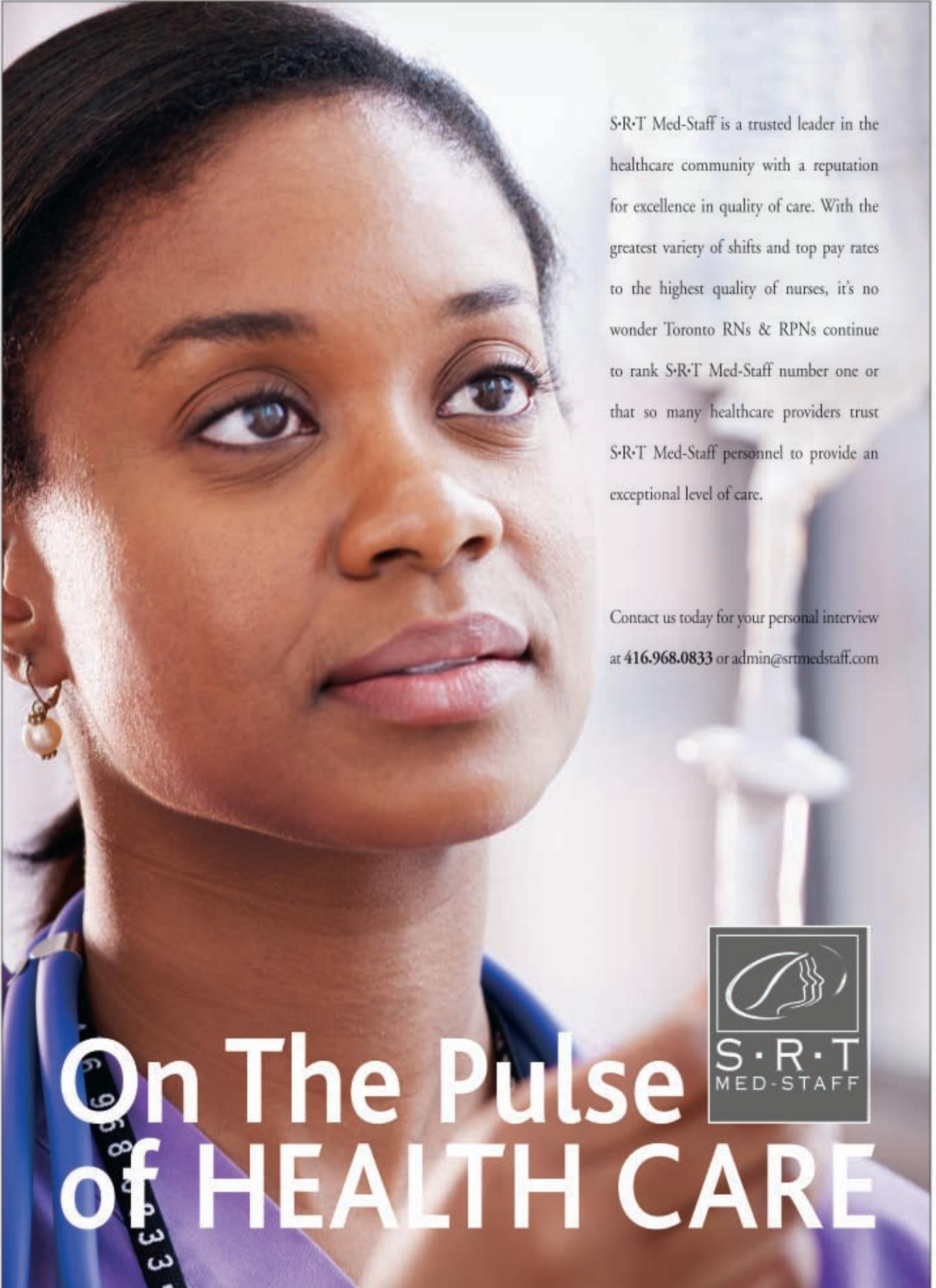


Bayshore Home Health  
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Extendicare Falconbridge  
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Hamilton Health Sciences  
Jackson Health System (Miami)  
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Montfort Hospital  
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St. Joseph's Healthcare Hamilton  
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Thank you for the opportunity to work in partnership with you.

RNAO Centre Membership provides specialized consulting services and a variety of programs for health-care organizations employing nurses and other health-care professionals. These programs and services are customized to address RNAO Centre Members identified needs and strategic priorities. A partnership with the RNAO Centre is beneficial for any organization or group aspiring to improve client care outcomes and quality of the work environment for nurses and other members of the health-care team; and embrace system transformation and visionary leadership.



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