NATIONAL NURSING WEEK 2015
• “Nurses: With you every step of the way”
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nsnu.ca
Several weeks ago we asked members working in Community Care to take a pledge to refuse work in the private sector if our provincial government proceeds with their plan to restructure our current home care system. The NSNU wishes to thank the hundreds of nurses who signed our pledge cards. We also want to thank those who attended the Nova Scotia Citizens’ Health Care Network province-wide Day of Action information pickets on May 6th as well as the town hall meetings.

Through Union demonstrations, letters to the editor and media coverage we believe that public support and disapproval of this plan is growing. Our collective message is being heard. Therefore, for the time being we will be holding your pledge cards in the hopes that government will abandon the call for Requests for Proposals. We do not want to add to the burden of our most vulnerable citizens – those who rely on your care – by alarming them unnecessarily about the future of their care. In the meantime, we will monitor the situation and pressure government with our sustained but less demonstrative lobbying efforts.

Face-to-face meetings with MLAs, nurses and home support workers are continuing throughout the province with the invaluable support and planning of James Hutt of the Nova Scotia Citizens’ Health Care Network. Conversations with various stakeholders are ongoing. Should the government resume their call for RFPs - potentially displacing unionized workers and placing home care clients at peril - the NSNU will be delivering the cards to the Minister of Health and Wellness, while ramping up the volume on our public outcry.

More than two thousand Nova Scotians receive home care in this province each day and the wait list keeps growing. Our aging population does nothing to alleviate this problem. Contracting out to private home care operators will only make matters worse. The NSNU will not sit idly by and allow this to happen.

In the past two months the NSNU has, like all other Nova Scotians, observed government austerity measures that...
Janet Hazelton speaks at the Legislature during an April 24th rally opposing austerity measures.

Janet Hazelton joins an information picket at Randy Delaney’s constituency office in Antigonish on May 6th.

Janet Hazelton joins film industry protesters.

are counterintuitive to attracting and retaining our young, our educated, and our skilled workers. Without a vibrant workforce, businesses and our economy will cease to flourish.

In early April the province announced in its spring budget that it was slashing the film tax credit—a payroll rebate on eligible labour costs —from 100 per cent refundable to 25 per cent refundable. Needless to say, vocal supporters of the arts and film industry took to the streets in robust numbers and with zeal.

On April 27th workers, largely CUPE members, marched in protest of Bill 100 - the Universities Accountability and Sustainability Act - outside Cape Breton University. The bill paves the way for interference in the collective bargaining process. Many call this an unprecedented attack on labour in post secondary institutions. I joined this and the other rallies across the province in support of free and unencumbered bargaining, workers’ rights and the union movement.

If newspaper commentaries, blogs and social media rants were the barometer on which we measured the appropriateness of this “belt-tightening,” then we’d all be in trouble. Instead, we must stay the course and ignore the union bashing, labour critics.

Government needs to step back, consult, and understand that the future prosperity of this province depends on the health of our people, the richness of our culture, the hope we offer our young and the respect we extend to those who are building and banking on a bright tomorrow.

It is important to thank James Hutt of the Nova Scotia Citizens’ Health Care Network for his work on trying to reverse the competitive bidding proposal on home care, as well as the other unions involved. CUPE and NSGEU have also been on the front lines of this fight.

Provincial Nursing Strategy
Strategy, Education Changes to Better Support Nurses

A new nursing strategy and an improved undergraduate nursing education program will help Nova Scotia attract and keep the nurses it needs well into the future.

The province consulted over 500 nurses, both online and in person. The new strategy will address their concerns by:

• paying for experienced nurses to spend dedicated time mentoring new nurses
• increasing the number of specialty programs to train nurses in areas like operating rooms, critical care, and mental health and addictions
• continuing to support professional development for registered nurses, licensed practical nurses and nurse...
practitioners — but targeted on topics like improving practice environments, developing clinical leadership, developing strong teams and injury prevention

- targeting co-op placement funding for student nurses to areas where they are most needed
- creating a fund for nurses who have innovative ideas to improve their workplaces and patient care
- removing legislative, policy and other barriers in the workplace that prevent nurses from working to their full scope of practice

The three universities that offer bachelor of science in nursing programs -- Cape Breton, Dalhousie and St. Francis Xavier universities -- worked together to improve their programs.

All three universities will offer a common, modern curriculum, introduce a new accelerated program, and create multiple start and graduation times.

Nursing students will be able to start -- and finish -- their undergraduate degrees at different times, allowing the health-care system to hire them throughout the year rather than all at once.

Universities will better recognize previous academic credits and work experience, and offer a longer, 13-week final clinical placement.

These changes are expected to take effect September 2016.

Government will also invest $800,000 in upgrades to the nursing simulation lab at St. Francis Xavier University, and another $34,000 in upgrades to the simulation lab at the Yarmouth campus of the Dalhousie School of Nursing.

Provincial data shows that the number of nurses working in Nova Scotia has grown by about 2,000 to a total of 14,000 since the first nursing strategy was introduced in 2001.

Nearly 4,300 registered nurses and 1,600 licensed practical nurses in Nova Scotia will be over the age of 55 in the next five years.

The nursing strategy and nursing education review are both available at novascotia.ca/dhw.

Editor’s notes: NSNU president, Janet Hazelton sits on the Provincial Nursing Network which made recommendations and proposals to government on the nursing strategy. For more than a decade the NSNU has been sounding alarms about the impending nursing shortage. The new strategy will address some issues facing the nursing workforce in our province.
What's NU?
May 2015

A Concerned Community Nurse’s Perspective on Home Care

By Jennifer Chapman, LPN, Vice President of Community Care

The fears of the home care clients, home care workers and their families are real. This is causing undue stress, concern and many sleepless nights for those involved. I want to thank James Hutt, Provincial Coordinator of the NSCHCN and that organization for providing a venue to express our concerns — something our elected government has failed to do.

I have been a home care nurse in Cumberland County for 15 years. I have sat on the Nova Scotia Nurses’ Union board of directors for the past seven years. In this role I represent approximately 1000 nurses, over 700 of these are VON nurses. I have also had family members who have received homecare. Both of my grandmothers have received nursing and home support services. My father received nursing services after a major surgery. So, when I think of home care, I look at it through the eyes of a nurse, a worker, and a family member.

Jennifer Chapman is an LPN and Vice President of Community Care on the NSNU Board of Directors

The CoP also discussed the government’s plan to restructure home care, potentially placing workers and patient care in the hands of new employers. This plan brings uncertainty and stress for those who rely on the current structure for their care and, in the case of care providers, their livelihoods. Much work has been done by the NSNU and our members to lobby government

implementing them to reconsider this plan.

The Council of Presidents had a successful and informative meeting welcoming some first-time local executives into the fray. Congratulations to our newcomers and those who organized the event.

When I look at home care from a nursing perspective I ask, “What do I need to provide the best quality of care for my clients - what do I expect from my employer to achieve this?”

When I look at it as a worker I question, “What do I need to ensure that I have a safe work environment and am able to provide a decent life for myself and my family, now and when I retire?” As a family member I wonder, “What qualities do I expect from an organization that provides the care and what is the driving force behind the care that my family receives?”

If someone is caring for me or my family, I expect the best quality of care from all service providers. As I mentioned, my father received nursing services. As a daughter and a nurse, I wanted to care for him post surgery and I did so for several days. However, I have
work commitments and a family to care for. Because we live in different communities in Cumberland County, I couldn't be there for every dressing change and assessment. Knowing he was receiving care from nurses who have the same values and standards as I do made it easier. I never once worried that he wouldn't receive the same care as I would have provided for him.

I am by no means implying that a service provider who works for a for-profit company is any less capable of providing quality care than those who work for a not-for-profit organization. My fear is that those service providers may not be able to deliver the level of care they want to because of the standards of care and values of the company that they work for. Sure, there are days when I am extremely busy and might not have time for chit-chat but that is because of time constraints. I do not fear that I will be reprimanded for costing the organization too much money; we simply must ensure that everyone who requires care is seen. Never in my 15 years of community nursing have I been asked why a particular visit took longer than usual nor have I ever been told that I have to see more clients to increase profits.

I am not sure that government officials or the general public know just what home care service providers do for their clients and families. There have been comments made by members of government questioning why they are paying someone $18/hr to wash dishes. Home care is much, much more than washing dishes. Continuing Care Assistants (CCAs) are trained and qualified to provide all aspects of home support services. They don't just do dishes and housework. They provide much needed respite services for families. They provide meal preparation to allow clients to remain in their homes. Many clients require special diets due to chronic illness. CCAs have the knowledge that is required to meet those needs. They provide personal care and are skilled to know when to ask for a nursing visit for assessment or intervention. They provide comfort to clients and families. Many clients receive two or more home support visits a day. The CCAs know these clients. They are often the “eyes and ears” for our nurses. We rely on the CCAs to inform us if there is any notable change in a client’s appetite, mobility, skin integrity or cognitive abilities. CCAs are a vital part of delivering quality care in the home.

Our nurses are experienced and highly trained individuals who have the ability and confidence to work independently. As community nurses, we aren't just giving medications and putting on band-aids for elderly clients. Our clients span the life continuum. We see babies, children and seniors, as well as everyone else in between. We administer oral medications. We provide IV hydration, antibiotic therapy, peritoneal dialysis, blood work and even care for ventilated clients. We provide in-home chemotherapy to allow people to receive these life saving treatments in the comfort of their own home. We provide complex wound care. Many things that we do were done only in hospitals ten years ago. We provide palliative care, pain management and comfort to the dying. We also provide comfort and support to their families. We care for the most vulnerable in our communities, whether it is a young child, someone with a debilitating injury or disease, and yes, our oldest citizens.

The care gets done no matter how long the visit. The client is 100% of our focus while we are in their home. It doesn’t matter if the visit is 15 minutes or five hours long. Cost is not our main concern. The care that is required is what determines the length of our visits. Price should never dictate the care that you or your loved ones receive.

It is a personal concern of mine that a highly respected, charitable organization with the highest level of accreditation - a 118 year history of addressing community health and social needs in this country - may lose the ability to provide quality care as a result of a Request For Proposal (RFP) process which will provide only
a minimal cost saving to the province in the long run.

Last year, Cumberland County home support staff provided over 81,000 hours of home support services. Nurses made over 24,000 home visits. With Cumberland County having one of the highest senior populations per capita in Canada (approximately 19% of the population is over 65 years of age) those numbers will continue to grow. These numbers only reflect the home visits that are provided. We actually do much, much more. We provide local businesses with immunization and wellness clinics, not to mention all of the charitable programs such as foot clinics, Vial of Life, Adult Day Programs, Safety Check-In and Meals on Wheels. Will these charitable programs that do not generate revenue continue if the community nursing or home support services are gone? Are they going to be continued by a company that operates for profit?

Is the current way that home care is provided perfect? No, it is not. But in my opinion, it will never be perfect regardless of which organization is providing the care. It is distinctly different than providing care in a hospital or institutional setting where you have a set number of beds and a set number of staff. In home care there are so many variables - times of visits required, where staff live, where clients live, the geographical size of a county, etc. No system is perfect but isn’t it better to improve what you have rather than start over with something different and untested?

A couple of years ago, I was at a conference where the keynote speaker was Michèlle Jean, former Governor General of Canada. She stated something that rings true today, saying that, “If you want to know how a society is doing, if you want to take the pulse on society... ask a nurse.” In this case, if you want to take the pulse on home care in Nova Scotia, if you want to know how to improve the services, ask those of us who provide the care. If I had a question about education, I might ask our Minister of Health, Leo Glavine. He was a teacher. If I wanted to know something about operating a small business, I might ask our Premier Stephen MacNeil. He was a small business operator. If I had a legal question, I might ask my own area MLA, Terry Farrell. That would make sense. So if our government has a concern about home care, ask those of us that do the job everyday if the system is working.

Proposed changes not only affect those who receive care and home care workers, it will ripple down to affect the economy of rural Nova Scotia. Many of these workers live in rural communities and small towns where economies depend on our living wages and our pensions to survive. As workers we support local businesses; we buy our clothes, groceries and cars there. Some home care workers are single mothers and the major provider for the family, who, without their fair paying job, would earn minimum wage or have seasonal employment. Within the last year, home care in Cumberland County has hired over 30 new employees in permanent positions with benefits and a pension.

As a nurse, I value that the client is the centre of all we do. Respect, participation, responsiveness and courage are the values that we are held to. When the care is driven by profit, is the client at the centre of care or is money the centre of it all?

I heard someone say, “I am sure they can all find work with whatever company gets the contract.” I am sure many people think the same thing. What are the guarantees? Is there
a guarantee from government that another company will:

- Hire all the current service providers.
- Value the experience of older service providers - those who may have incurred injuries while performing this physically demanding job over their careers. Or will they overlook their experience and opt to hire younger staff less likely to have injuries?
- Pay the current wages. If not, qualified nurses and CCAs will work in hospitals or elsewhere where they will not have a loss of income.
- Provide medical and dental benefits.
- Provide a safe work environment.
- Foster an environment of learning which in turn improves quality care and expertise.
- Be able to ensure that home care clients receive care based on needs.
- Provide a pension.

I believe all workers should have a pension so that when future generations retire they are not living at or below the poverty line, like so many of our seniors today. Our seniors should not have to choose between buying healthy food, getting their medications, or paying their heating bill.

Currently those of us working in Cumberland County are fortunate enough to have a workplace pension. What will happen if another company is awarded the homecare contract?

Unlike many people, I don’t begrudge the fact that our MLAs will now be able to receive a pension after two years of service. What about me? What about my pension? I have paid into my pension for 15 years. If job losses are incurred by the organization that I work for, what will happen to the pension of those who remain?

In closing, I would like to encourage everyone to call the Minister of Health, Leo Glavine, the Premier of Nova Scotia, Stephen McNeil and your elected MLA to let them know that it is unacceptable to allow a for-profit company to take over even a part of the home care sector. The fact that they might find a cheaper company more desirable than a not-for-profit charitable organization that has been providing community nursing and health promotion in Canada for 118 year is unacceptable. This is an organization that has the highest values and standards, with national experts and supports with the highest level of accreditation, and a service model that places the client in the center of care.

Speak up. Let government and the public know that as a voting Nova Scotian you believe that the care of our most vulnerable in society should not be in the hands of those who stand to make a profit off their misfortune! Let this Liberal government know that if they choose not to listen to us now, then they will certainly hear us during the next provincial and federal elections.
Three Additional Candidates Required to Complete Your Provincial Negotiating Committee

As we prepare for bargaining, the NSNU must put forward eleven nurse representatives from within acute care to form the NSNU portion of the new Council of Unions, the majority share at the nursing table.

In May 2014, a new NSNU Provincial Negotiating Committee (PNC) was selected from the four regional zones of the province, our nursing sectors, and the IWK. Of that group of ten, eight will be eligible to sit on the acute care team leaving three vacancies to fill as determined under the Council of Unions constitution.

The members profiled have put their names forward to fill one of the three available seats on the new PNC. Voting by members of the acute care sector will take place June 17th and 18th. Full details on the voting procedure will be provided closer to those dates. Voting for long term care and community care bargaining committees will take place later in the year for those components.

This is an exciting time to be part of the NSNU negotiating committee as we sit with our fellow health care unions at a single table for the first time. Please consider the candidates carefully before making your selection, and be sure to cast your vote on MyNSNU.ca.

If you require your MyNSNU username or password, please contact Christie Blotnicky or Nancy MacDonald at 902-469-1474 in advance of the vote.

**Name:** Cathy Timmons, RN  
**Local:** Aberdeen  
**Current Area of Practice:** Perioperative/Organ and Tissue Donation  
**Union Background:** Shop Steward plus 10 years for OR/PACU/ODS  
**Statement of Interest:** I have been a nursing advocate for many years. I just completed my term as national treasurer for ORNAC (Operating Room Nurses of Canada). I was President of ORNANS (Operating Room Nurses of Nova Scotia). During my presidency I was able to bring LPNs into the association and now they are part of our national organization. I have been a public speaker for 20 years and have been an avid reader of our contract. I have no problem speaking with NSNU staff when questions need to be asked. I enjoy good, educated debates!

Please consider me for the new PNC.

**Name:** Karlene Pynch, RN  
**Local:** Victoria Regional Hospital  
**Current Area of Practice:** Day Surgery  
**Union Background:** I have filled all positions locally except Treasurer. I have sat on four negotiating committees provincially. I am a current BUGLM chief, and I have been on Education and Constitution/Resolutions committees provincially. I have served my union yearly since 1977.  
**Statement of Interest:** I served on the negotiating committee combining 52 contracts to 1 (language) contract. I have a keen interest in contract negotiations and an eye for the detail. I have a vast knowledge of our contract, and would love the opportunity to sit at this table.
Name: Ann Marie Murdock, RN

Local: Aberdeen

Current Area of Practice: Acute Care

Union Background: Elected to represent the Northern Region; Chairperson for the Personnel Committee with the responsibility to negotiate collective agreements for NSNU employees; Former chairperson of AGM Operations / Nominations, and Constitution / Resolution committees. Locally I sit on the BUGLM committee and chair the grievance process; Local president for nine years; former Vice President and Chief Shop Steward.

Statement of Interest: I believe I am up for this challenge. I have always been committed and have actively served the nurses of NSNU. I have and will continue to be a union political activist – nationally, provincially, regionally and locally, marching at union rallies that challenge legislation that negatively affect unions and the delivery of health care.

I value education and have had the privilege as an NSNU member to attend the CFNU Biennial Event and Canadian Labour Council’s national conferences. I’ve also attended provincial conferences including the NSNU AGM, CRNNS, NSFL and Eastern Labour School. At these conferences I attended numerous educational workshops, such as grievance and arbitration, negotiations, intergenerational diversity, leadership development and mentorship.

It is the members of NSNU that give our PNC direction and it is the strength of the Council of Unions to negotiate positive language for the nurses of Nova Scotia.

I believe we can make a difference at the table by harnessing our collective power. When you go online to vote, I am asking for your vote of confidence in achieving our new collective agreement.

Name: Laurie Hirtle, LPN

Local: Dartmouth General Hospital

Current Area of Practice: Cardiology

Union Background: Shop Steward since 2012; LPN representative for our local; alternate for Regional Vice President of LPNs.

Statement of Interest: In the short time that I’ve been actively involved in the union, I have sought out every possible opportunity to expand my knowledge in the labour movement component of my career.

Initially I started as shop steward of my unit and immediately took on the role of LPN representative for our college. I have attended every AGM and labour school since my induction in 2012. In 2014 I accepted the position of alternate to the Regional Vice President of LPNs. Now after much consideration, and in discussing this with my local president, I feel that a position on the PNC is the next best step.

All of this has enabled me to grow as a front line worker and being a member of the PNC will help me become a better role model for my nursing colleagues.

Thank you for taking the time to read this and for considering me for a seat on the PNC.
Name: Gerri Oakley, RN  
Local: Cape Breton Regional Hospital  
Current Area of Practice: Acute Care  
Union Background: President of CBRH Local for 20 years and member of the BUGLM. VP Eastern Region. Board of Directors for 10 years. LTD representative for 10 years. Attended many labour schools and CFNU education sessions.  
Statement of Interest: With the new Council of Unions I believe this round of bargaining will be very challenging, and I am prepared to represent all nurses of NSNU to the best of my ability. I know our collective agreement very well and I will have no problem defending our position on issues affecting nurses. I am prepared to fight for the rights of NSNU members this round of bargaining.

Name: Lindsay Tennyson, NP  
Local: Yarmouth Regional Hospital  
Current Area of Practice: Primary Care  
Union Background: I’ve been a member of NSNU since I graduated from Dalhousie in 2008 with a BScN. I worked as an RN in Dartmouth General ER until my current position.  
Statement of Interest: I am a firm believer in not complaining unless you are also actively working for a solution. I feel NPs are under-represented in our collective agreements and would like to have a better understanding and appreciation for how we reach the collective agreements we do. I also think with the new bargaining style and amalgamated districts this is an excellent time to get involved to help make positive changes for the province’s nurses.

Name: Geoff Bennett, RN  
Local: IWK  
Current Area of Practice: Pediatric Operating Room  
Union Background: Local Shop Steward for 17 years; BUGLM Committee for 6 years – Chief Shop Steward for 2 years; JOHS Committee Co-Chair for past 2 years.  
Statement of Interest: Being part of the PNC has been an interest of mine for a number of years now. With the current change in our bargaining structure this round of bargaining will be especially interesting. My background, history and union involvement will help in providing good feedback into the decisions which will need to be made.
Name: Maria Langille, LPN
Local: Sutherland Harris Memorial
Current Area of Practice: Restorative Care
Union Background: Vice President LPN/Graduate Component, Local President, Co-President, BUGLM Committee Member, Treasurer, Occupational Health and Safety Committee, Shop Steward, etc.
Statement of Interest: I have unwavering support for NSNU and our issues. I possess a strong knowledge of our issues, history, scopes of practice, employment and legal responsibilities. I have sat on committees with other unions and worked collaboratively for a common goal. I feel that my knowledge base and activism would be an asset to our PNC as it enters this new phase.
I don't make promises I can't keep. I am always honest and forthright. I have a strong professional manner and I always step up to the plate for NSNU. I am a very proud NSNU member.

Name: Jen Thiele, RN
Local: Dartmouth General Hospital
Current Area of Practice: Emergency
Statement of Interest: I am a strong NSNU advocate and supporter. I have worked in many institutions across Canada and the United States and have much experience. I have served on many committees in the past within NSNU, both locally and provincially. I have a strong voice and positive attitude which will always be an asset to any committee.

Name: Cindy O’Halloran, RN
Local: Guysborough Memorial Hospital
Current Area of Practice: Acute Care
Union Background: I have been secretary/treasurer, president and now vice president of our local. I have been on two PNCs and have been on the finance committee as a member at large for two terms. I am currently on the BUGLM for DHA 7.
Statement of Interest: A few years ago I was fortunate enough to have served on the Provincial Negotiating Committee. I very much enjoyed participating in the negotiations process and watching it unfold. I consider myself to be a strong voice and activist for our union.
I have a very good working knowledge of our current collective agreement and would welcome the challenge of working towards a collective agreement for all the unions.
Name: Keith Torrey, LPN
Local: Saint Martha's Regional Hospital
Current Area of Practice: Acute Care

Union Background: Past positions of Vice President, Young Activists Committee, Shop Steward, alternate member to the Board of Directors, Regional Council, Nova Scotia Federation of Labour, Conventions, lobbying the government for workers’ rights.

Statement of Interest: I have entered the nursing profession at a tumultuous time of health care amalgamation, with the government exhibiting an anti-union philosophy. As your representative on the negotiating committee my goal is to represent you at the bargaining table to achieve a more harmonious workplace, addressing the issues of nurse to patient ratios, retirement, nurse retention, overtime, sick time, short term disability, vacation, pension, safe staffing levels, violence in the workplace and mentoring support for new grads just to name a few.

I’m bringing to the table my past union experience with NSGEU, holding such positions as Vice President of my local, sitting on the Young Activists Committee, Shop Steward, alternate member of the Board of Directors, having sat on the regional council and being involved with the Nova Scotia Federation of Labour, conventions and lobbying the government for workers’ rights.

I ask that you please vote for me as your representative on the NSNU Bargaining Committee.

Name: David Fox, RN
Local: St. Mary’s Hospital
Current Area of Practice: Acute Care

Union Background: Served as bargaining unit president, negotiation team leader for both PIPSC and ONA. Served on JOHSC committee and as Grievance Chair.

Statement of Interest: I have gained a great deal of experience over the past seven years working in acute care in an isolated zone in Northern Ontario. The work I have done, including acting as Negotiating Team Lead during merged collective agreement between PIPSC and ONA, gives me a unique skill set heading into this upcoming round of collective bargaining.

I have experience with severance pay provisions, short term disability vs. accrued sick benefits and many other unique areas of contract language.

I believe that my experience will allow me to bring a neutral, objective voice to member’s requests for the upcoming collective agreement. I hope to be given the opportunity to work with the members of the negotiating team in order to achieve a reasonable and fair agreement.
National Nursing Week

During the week of May 11 – 17 we celebrated National Nursing Week. This year’s theme “Nurses: With you every step of the way”, perfectly described the important role that nurses play in patient care. We embrace National Nursing Week as an opportunity to thank our members for their hard work, and to speak out about the issues that are important to nurses. This year there was much to say.
On May 11, the IWK hosted a panel discussion to kick off National Nursing Week. The discussion was centered on the importance of professional presence and nursing practice, and the interpretation that individual nurses and nursing associations place on this subject.

In 2014 the College of Registered Nurses of Nova Scotia (CRNNS) revised the guidelines of professional presence to meet a pan Canadian policy. Like CRNNS, the College of Licensed Practical Nurses also believes the therapeutic nurse-client (patient) relationship is an important matter that all nurses must evaluate throughout their career.

It is imperative that nurses articulate a positive role and professional image while demonstrating compassion, respect, confidence, integrity, optimism, passion and empathy. Nurses know these values lead to trusting relationships with patients and patient families. Maintaining boundaries ensures professional and therapeutic practice does not lead to unprofessional and personal relationships. Establishing balance and boundaries enables nurses to use self disclosure as an appropriate means of earning trust.

Managing environments with multiple demands is the norm, as is the use of technology in the workplace. These days, there is little time for small talk. The new guidelines call for the mandatory use of name tags with designations. Verbal introductions using full name and title is also considered mandatory in some jurisdictions - a topic of contention for some nurses who feel uncomfortable providing personal information that might put them at risk. Both the panel and audience members weighed in on both sides of this debate.

Cautionary tales about personal and professional usage of technology and social media are numerous and unnerving. Nurses must always question the legal and ethical consequences of their behavior on social media, also taking into consideration patient and workplace confidentiality.

Speaking, including tone of voice, listening, non-verbal communications, and appearance are all part of first and sometimes lasting impressions we make on others. The NSNU has placed emphasis on the professional image of the nurse, introducing of the white and black uniform in 2011. The uniforms provide clarity of roles and "at a glance" access to nurses.

Given that these conversations continue to be topical indicates that the parameters of professional presence and practice evolve with time and change in our work environments, but that the commitment to safe, ethical and competent nursing remains constant.

The panel included: Jennifer Best, RN, CRNNS; Katie Jonsson, RN, FNASU; Janet Hazelton, RN, President NSNU; Jylene Simmons, LPN, CLPNNS, and Mary Thibault, RN, Manager Learning Team IWK.
National Nursing Week Celebrations

IWK Celebrates Nursing Week with prestigious award presentation

The Local Executive of the IWK once again hosted a time-honoured tea in celebration of National Nursing Week. A big part of their celebration includes the presentation of the Fran Harper Memorial Award.

Fran Harper was a dedicated and caring nurse who worked at the IWK Grace Health Centre until her retirement in 2001. Working in the MABLE program enabled Fran to work with mothers and families, ensuring a healthy transition to home during the postpartum period.

Fran understood the importance of continuing education, as evidenced by her graduation from St. Francis Xavier University shortly before her retirement. Her community service showed that she was committed to improving the health of women and mothers. Fran also served proudly in the Nova Scotia Nurses’ Union and was actively involved with her Local.

The Fran Harper Memorial Award is presented to a nurse who has demonstrated a commitment to improving the lives of women, children and families. The successful candidate must also show an eagerness to continue with education and be an active member in good standing of the NSNU, employed at the IWK Health Centre.

This year, the award was presented to Edson Castilho a very worthy patient advocate and labour rights champion. Edson has been an active member of the NSNU for many years, contributing to numerous committees including the Provincial Negotiating Committee.

Edson holds degrees in education and nursing. After graduating from the University of Toronto where he earned an Honours Bachelor of Science in Nursing he started his career at the IWK in September of 2004 on the Pediatric Medical Unit. While in PMU he married both his professional passions when he partnered with the health educator on numerous initiatives. He now works in the Allergy and Immunology Clinic and is a Certified Asthma Educator.

Edson is very committed to continuing education for his practice and that of other nurses. He has attended numerous educational conferences and workshops that have contributed to his professional nursing practice and his labour knowledge.

Edson strives to make a difference in the lives of the patients and families that he is caring for while they manage their chronic illness. For this reason and his union dedication Edson is an outstanding and worthy recipient of the Fran Harper Memorial Award.

Congratulations to Edson from the NSNU and his co-workers at the IWK.
We had a great week.

Monday we had pizza and pop. Wednesday we had late night snacks for emerge. Friday was cake day. Sunday, Tim’s coffee and tea with breakfast snacks for emerge. We had NSNU trinkets for all members.

Submitted By: Shannon Mercier

Cobequid Health Centre

Cobequid Health Centre
We had a great week.

Monday we had pizza and pop. Wednesday we had late night snacks for emerge. Friday was cake day. Sunday, Tim’s coffee and tea with breakfast snacks for emerge. We had NSNU trinkets for all members.

Submitted By: Shannon Mercier

Arborstone Enhanced Care

Arborstone Enhanced Care
This year at Arborstone Enhanced Care nurses celebrated National Nursing Week with each nurse receiving a $50 gift certificate from Costco to treat themselves from their local union. We thank the Nova Scotia Nurses’ Union for their annual contribution which helped to support this.

Submitted By: Sheri Gallivan

The Canadian Federation of Nurses Unions unofficially launched a federal election campaign during National Nursing Week to make good use of the attention that nursing week inherently brings to nurses issues. The CFNU and its member organizations across the country feel strongly that nurses need a voice during the upcoming Federal Election.

Health Care Matters

Canada’s Nurses say, “Vote for the health care we deserve.”

Nurses across the country are speaking up this federal election to ensure the health and well-being of Canadians are at the forefront of government priorities. As we approach an October federal election, it is important that health care is “on the ballot.” The Canadian Federation of Nurses Unions is committed to working strongly with provincial nurses unions and our frontline members leading to this election.

Currently, nurses are facing funding cuts, staffing cuts, unhealthy work environments and extreme demands for overtime hours. This inadequate approach threatens the ability of nurses to deliver quality care to our patients. Tackling this and developing a plan for nurses that creates safe staffing standards across the country will require national leadership. All political parties must clearly communicate their plans for a sustainable and strong public health care system. We must demand that every candidate speak out on their commitment to our public health care system.

In 2012, public sector nurses in Canada worked over 21.5 million hours in overtime. This amount is the equivalent of 12,000 full-time jobs and cost Canadian taxpayers nearly $1 billion per year. In spite of this, hospitals across the country continue to cut nursing positions.

While these cuts are inherently tied to provincial budgets, decisions made at the federal level have helped create this problem.

The federal government will cut $36 billion of health care funding over ten years, starting in 2017. The federal government also neglected to uphold its duty and meet with the provinces, instead opting to allow the Health Accord to expire. Future transfers will be tied to economic growth, a formula that leaves poorer provinces with less and does not take into account factors like an aging population or increased drug costs. This is a clear failure of the federal government in their obligations to Canadians.

These decisions show a complete disregard for Canada’s universal, publicly-funded health care system. The proposed changes will lead to fewer jobs and more dangerous workplaces, making it difficult for nurses to do their jobs and putting patients at risk. As the frontline workers of the health care system, Canada’s nurses must stand up and speak out for health care this election. Demand support for a publicly financed health care system from your local federal candidates and help secure the health of Canada’s future.

Vote for the health care we deserve this election!
The CFNU Biennial Convention
Halifax, NS | June 1 - 5, 2015

Ceilidh on the Hill
Amazing Performances
Keynote Speakers

Workshops and Plenary Sessions

The Federal Election Campaign Launch and Rally

The Healthy Walk

Important CFNU Business

And so much more!
Look for full coverage of the CFNU Biennial Convention highlights in the next issue of What’s Nu?
Annual General Meetings

**CRNNS**

Janet Hazelton with NSNU Board members Sheri Gallivan and Chris Van Zoost at the CRNNS AGM.

NSNU President, Janet Hazelton, Chris Van Zoost, NSNU VP and Sheri Gallivan, VP of Long Term Care joined other NSNU members and nurses from across the province who participated in the events at the College of Registered Nurses of Nova Scotia (CRNNS) Annual General Meeting on May 13.

NSNU was among the many exhibitors at the CRNNS AGM held in Dartmouth. Celebrate Solution-Focused Nursing was the theme of the event which took place at the Harbourview Holiday Inn.

The College welcomed insightful keynote speakers, encouraged interesting dialogue and ended with an enjoyable banquet and awards ceremony.

Congratulations to CRNNS on another successful AGM.

**CLPNNS**

On May 21-22 the College of Licensed Practical Nurses of Nova Scotia (CLPNNS) held their Annual General Meeting. Janet Hazelton, president of the NSNU was in attendance, along with Executive Director Jean Candy, and Board members Maria Langille and Jennifer Chapman.

The AGM kicked off with the CLPNNS annual Award Banquet, where NSNU’s Jennifer Chapman was honoured with an Award of Excellence. The event also featured a professional development session lead by Chris Rokosh, RN, NPC who spoke on Legal Issues in Nursing.

The NSNU had a booth set up on May 22nd to provide information to members looking to learn more about their union. We thank Jennifer and Maria for staffing the booth and providing valuable information to our LPN members throughout the day.

Congratulations to CLPNNS on a successful and enjoyable AGM. We look forward to next year.
**PEINU**

On May 7 the Prince Edward Island Nurses’ Union (PEINU) held their 28th Annual General Meeting at the Loyalist Lakeview Resort in Summerside. Nova Scotia Nurses’ Union President Janet Hazelton made the journey to join in the gathering.

We congratulate our friends and nursing colleagues at PEINU, including President Mona O’Shea, the Board of Directors, staff and 1,200 members, on a successful AGM. They enjoyed record attendance at this event that provided an educational component for all who participated.

**CUPE**

As an invited guest, Janet Hazelton, NSNU President brought best wishes from the Nova Scotia Nurses’ Union for a successful convention and spoke to delegates about the health care unions’ recent struggles with Bill 1, the *Health Authorities Act*, at the CUPE Nova Scotia Annual General Meeting, April 27-28. Janet was warmly welcomed by the hundreds of delegates at the event held at the Membertou Trade and Convention Centre in Sydney.

Aside from the usual convention itinerary, CUPE also held a rally at Cape Breton University in protest of Bill 100, the *Universities Accountability and Sustainability Act*. They hosted the day of Mourning Ceremony on April 28 commemorating those who have been injured or killed on the job which was a moving and poignant call to action for safer workplaces. Both events were thoughtfully organized and executed. Congratulations to CUPE staff and members on a job very well done.

The banquet celebrated the achievements of CUPE members and staff. It was also an opportunity for Janet to connect with executive officers including Paul Moist, National President of CUPE, Danny Cavanagh, CUPE NS President, Jacqui Bramwell, CUPE Atlantic Regional Director and Wayne Thomas, CUPE Acute Care Coordinator.
Goodbyes, Hellos and Welcomes!

In April we said goodbye to our second co-operative education student from Mount Saint Vincent University, Julia Chapman. Julia joined our communications team during a busy time and hit the ground running. Her eagerness to learn, talent and good nature made her a joy to work with. We’re happy to have had her as part of our team, and we wish her the best of luck with the rest of her studies at the Mount, and beyond.

We’re also welcoming a new face into the mix at the NSNU office. Jennifer (Jen) Graham will be filling in as the Executive Assistant (EA) while Clear House is away on maternity leave. Jen has a great deal of experience as an EA, and in event management. We’re happy to have someone with her expertise and depth of knowledge to step into Clear’s shoes. Welcome, Jennifer.

We would also like to take this opportunity to congratulate Clear House and her husband Jason on the birth of their baby boy, Jaic. Clear took us all by surprise when she arrived at her baby shower with a baby in hand! Welcome to the NSNU family, Jaic.

Sister Veronica Matthews of Eskasoni received an honorary doctorate from St. FX University in Antigonish on May 4. A good friend of the NSNU and Janet Hazelton, NSNU president, her dedication to community health was cited as a reason for the honorary doctorate.

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Sister Veronica A Respected Elder, Nurse and Now a Doctor

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The registered nurse, and respected elder, is a role model and nursing pioneer. Her work includes the diabetic program and clinic for the residents of Eskasoni she started in 1997 which became the first certified aboriginal diabetic clinic in Atlantic Canada.

Inspired by her aunt who was one of the first aboriginal nurses in Canada, she’s also a founding member and honorary lifetime member of the Aboriginal Nurses Association of Canada.

In her career, Matthews has worked in many nursing specialties and has served on numerous health boards.

The Nova Scotia Nurses’ Union is proud to call her our friend. She is a great supporter of women, our aboriginal communities, nurses and nursing students.

Congratulations to a very special woman on this esteemed and well deserved honour.
On May 1, Janet Hazelton attended the Techsploration Comes to School session in Truro, meeting with students involved in the program. The goal of Techsploration is to increase the number of women working in science, trades, technical and technology-related occupations by assisting young women from diverse backgrounds to explore a wide range of career options in these fields.

Each school team, including 6 young women in grade 9 and a teacher, is assigned a female role model from a science, trade, or technology occupation, while creating awareness about the critical role of work in their lives. It also helps them understand the significance of high school math and science for their future careers.

Each school team shares their experiences and research with students at their school in the form of a unique presentation. Their school team role model, along with guest role models, set up stations with props, tools of their trade and information about their career. Small groups of students rotate through the stations to ask questions and participate in hands-on activities.

Young women benefit as their skills are enhanced in the areas of communication, IT, leadership, teamwork, making presentations, and report writing. Teachers also indicate that the young women achieve increased levels of self-confidence, self-esteem and cultural awareness – which are all vital skills to every occupation. Techsploration positively affects the entire community as it encourages involvement among students, teachers, partners, role models, government and industry.

Statistics show that women are still vastly under-represented in these fields. This means that women are missing out on exciting career opportunities and employers are deprived of a vast pool of potential employees.

Janet brought a unique perspective to the presentation with her diverse background in nursing science, union leadership and labour relations as well as public administration.
April 28th marks the National Day of Mourning, which offers an opportunity for Canadians to remember and pay tribute to workers who have been killed or injured or who suffer from illness due to workplace incidents.

Recognizing the National Day of Mourning is important for those who are part of the labour movement. The Workers’ Compensation Board of Canada reported 902 deaths in Canadian workplaces in 2013, including 34 in Nova Scotia.

During the 2015 National Day of Mourning there were several events held across Nova Scotia to pay tribute to those workers who have been injured or killed at work. Janet Hazelton, president of the Nova Scotia Nurses’ Union was present at a ceremony at Membertou in Cape Breton and presented flowers in honour of the victims.

National Day Mourning has evolved over the years becoming not only a day to pay our respects for the workers injured or lives lost but to promote health and safety in the workplace.

In December 1990, the Workers Mourning Day Act was passed making the Day of Mourning an official day of observance, and in 1991 the federal government officially recognized the day. The International Labour Organization joined the observation in 2001 calling it World Day for Safety and Health at work; others refer to the day as the Workers’ Memorial Day. Today over 80 countries around the world recognize this day.
CLC submission regarding Bill C-377 “An Act to Amend the Income Tax Act”

In the opinion of the CLC, Bill C-377 infringes Canadians’ freedom of association and is contrary to Section 2(d) of the Canadian Charter of Rights and Freedoms. The bill intrudes into provincial jurisdiction with respect to the regulation of labour relations and unions and is ultra vires. Bill C-377 contravenes federal and provincial privacy legislation, and singles out and discriminates against unions compared to other organizations similarly treated in the Income Tax Act. Finally, it will impose significant, unnecessary and unwarranted costs on the government and labour organizations.

In the words of Senator Hugh Segal, Bill C-377 is “an expression of statutory contempt for the working men and women in our trade unions and for the trade unions themselves and their right under federal and provincial law to organize.” There is no demonstrable rationale for Bill C-377, and arguments used to justify the bill are feeble at best. In fact, there is only one underlying reason for this bill: to single out, interfere with, and weaken unions. The Congress believes C-377 is an unwarranted, unconstitutional, venal and indefensible bill that is inherently flawed and must be withdrawn.

The Canadian Labour Congress (CLC) is the national voice of 3.3 million workers in Canada. The CLC brings together Canada’s national and international unions along with the provincial and territorial federations of labour and 130 district labour councils whose members work in virtually all sectors of the Canadian economy, in all occupations, and in all parts of Canada.

NSNU Member Participation Requested for Dalhousie Study

From time to time the Nova Scotia Nurses’ Union is asked to participate in activities that are not directly related to nursing or health care. We consider these requests very carefully before deciding whether or not to promote member involvement. We measure the merits of the request and how our members can contribute and/or benefit from their participation.

A research team, based out of Dalhousie University and the University of Strathclyde in Glasgow, UK, is studying the effects of structural engineering projects on shift-workers and their commute to and from work. The purpose of this study is to understand how we perceive the risks and opportunities associated with the upcoming Angus L. Macdonald Bridge re-decking project – The Big Lift.

This survey is about your attitudes and perceptions to the closures associated with re-decking the Macdonald Bridge. It will take about 10 minutes to complete, and there are no right or wrong answers. The researchers are interested only in what you think about this issue. You are able to withdraw from this survey at any time. All data will be treated confidentially.

If you are interested in sharing your opinions on this matter please log into MyNSNU for the link to the survey. We ask that only those members who are affected by the bridge closures complete the survey.
Nurses are like great insurance coverage; they give you peace of mind when you need it most. That’s why Johnson Inc. is proud to present the 4th annual Best Health Nurse Excellence Awards.

Kindness, compassion and caring come easily to today’s nurses and recognizing their dedication is as easy as nominating them!

Please take a few moments to submit your nomination for a nurse who has gone above and beyond. Help us celebrate these special people who have touched our lives in so many ways.

Remember, the nomination deadline is August 13, 2015.

Shoreham Village Senior Citizens Association Signs First Collective Agreement

On May 4, 2015 the NSNU signed the first collective agreement for Shoreham Village Senior Citizens Association, a nursing home in Chester.

The negotiating committee for the Union included Tammy Hebb, Nancy Richardson and Labour Relations Representative Patti Humphries.

Bargaining concluded on March 31, 2015 after three days of negotiations with the employer. The local representatives were very knowledgeable and represented the bargaining unit well during negotiations.

There are currently nine registered nurses working at Shoreham Village Senior Citizens Association who are now represented by the NSNU. Welcome, and congratulations to this new local.

NSNU Request for JOHS Contact Information

The Nova Scotia Nurses’ Union kindly requests that members who are involved in Joint Occupational Health and Safety Committees in your workplace contact the NSNU as soon as possible with your name and contact information.

It is imperative that NSNU staff is able to identify and easily access JOHS reps, or a full listing of representatives, in order to distribute materials, meeting information and data in a timely fashion.

Please send this information including your name, email address, where you work and the nature of your involvement in JOHS to Dr. Paul Curry, NSNU Educator/ Researcher/ Government Relations Advisor at paul.curry@nsnu.ca.

We thank you in advance for your cooperation.
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The CFNU 2015 Biennial Convention

Bargaining Preparations and PNC Update

Preparing for Pride Week 2015