



NSNU PRIDE

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MEET SISTER VERONICA

President's Notebook

By Janet Hazelton, BScN, RN, MPA
NSMU President

A mediator to decide on Bargaining Association



This is an important message for all NSNU members but particularly for our acute care nurses. I call upon our membership to pay close attention to the labour movement as that landscape is changing. What exact form that change will take is still unclear.

We now know that the new CEO of the provincial District Health Authority will be Janet Knox, a registered nurse and former executive director with the Health and Wellness Department. She has been the CEO at the Annapolis Valley authority for the last 10 years, and recently has been serving in the same capacity for South Shore Health.

By the time this newsletter reaches our membership, the Legislative House of Assembly will be open and health care unions, including the Nova Scotia Nurses' Union will soon have a better sense of what's ahead. Just as this edition was

going to print the Minister of Health and Wellness, Leo Glavine, told the media that the proposal put forward by the health care unions to bargain at one table for each of the four classifications determined by government – nursing, health care, service and clerical - would be heading to mediation.

In the summer of 2013, the NSNU informed our members that if the DHAs were merged this could have a significant impact on union representation and how unions bargain on behalf of health care workers.

To date, the NSNU and the other health care unions have been keeping members informed about our attempts to mitigate any disruption in service to our patients and how we, as the bargaining agent, service our members. The Unions have proposed a Bargaining Association as a means of each union maintaining continuity in representation and in an effort to

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avoid service disruption.

The government has not accepted or rejected the bargaining association model but, it would appear, is open to the idea and cooperating with the Unions in devising the labour relations structure in the Provincial Authority. The inclusion of mediation is potentially a step in the right direction. However, it seems to extend the timelines for resolving the concerns about the bargaining association model.

The Unions are cautiously optimistic that the Province has not rejected our efforts and wants to work with us. We welcome the assistance of a mediator in resolving any concerns about the bargaining association model. By the time this newsletter reaches you there may be new information available so I urge

you to keep a close eye on our website (nsnu.ca) and social media platforms.

The merger only affects nurses working in acute care, excluding the IWK. If the proposal for a Bargaining Association is accepted, all Unions will retain their current representation. The NSNU will continue to represent all of our nurses – RNs, LPNs and NPs.

Once again I ask that you pay close attention to communication notices from the NSNU in the coming weeks and months.

If you have any questions, please contact me by email at janet.hazelton@nsnu.ca.

Correction – A report on Eastern Labour School found on page 8 of the July edition of What's NU? incorrectly identified Lilo Wessels, LRR, as the instructor of the General Labour Relations course. Lilo taught a course on the Grievance and Arbitration process.

Hellos and Goodbyes

At the end of July, the NSNU bid farewell to a great employee. Kate (Jamieson) Parent left the Nurses' Union to pursue a lifelong goal. She enlisted in the Canadian Forces and, after a long application process, was accepted into the firefighter's division – one of only four women in the country to be selected in this elite squadron.

Kate was a much admired and well-liked employee of



Kate Parent

the NSNU for over three years. She made of point of making each and every member she encountered feel like family. She made an indelible impression on the organization. We miss Kate but wish her much success in her new career.

With Kate's departure comes the hiring of a new Communications Assistant. The NSNU recently hired Christie



Maddison Wilson

Wilson, whose mother is a registered nurse at the IWK, is a welcome temporary addition to the union. She has already proven to be an asset to the team.

Another new addition is Clear House. Clear joins us as our new Executive Assistant. She is skilled and highly motivated. We are very pleased that she has joined us.

Blotnicky, a graduate of the public relations program at Mount Saint Vincent University (MSVU). Christie recently worked for Shannex in a similar capacity. We welcome Christie and look forward to working with her.

The NSNU is very fortunate to have a public relations co-op student from MSVU with us until mid-December. Maddison



Christie Blotnicky



Clear House

Transition House Association of Nova Scotia



The Nova Scotia Nurses' Union is pleased to offer assistance to Transition House Association of Nova Scotia (THANS).

Advertising sales procured by Efficom Inc through our Nurses' Planner and contributions made to the NSNU by Johnson Insurance enable the NSNU to support charitable causes and non-profit organizations like THANS. THANS provides a full range of support services to women and their children in a safe, supportive environment. They provide survivors of violence with opportunities to learn about available resources and alternatives to facilitate informed personal choices and decisions.

This past summer, NSNU presented Pamela Harrison, Provincial Coordinator of THANS, with a cheque for \$11,616.66. NSNU is pleased to contribute to this great cause in support of women and families across our province.



Pamela Harrison, Provincial Coordinator (THANS) and Janet Hazelton

Seasonal Influenza and Immunization Promotion

Flu season is upon us once again. The province will soon be launching its annual campaign encouraging Nova Scotians to get a flu shot to protect themselves and others against influenza.

Getting a flu shot is a safe, simple and effective way to prevent influenza. It helps Nova Scotians avoid getting the flu, and avoid spreading it to family, friends, co-workers and others.

The NSNU plays a pivotal role in advocating for voluntary immunization for health care workers. Getting a flu shot also helps protect people in their care; patients in health care settings and residents in long term care facilities. The Nova Scotia Nurses' Union is pleased once again to present a television commercial promoting influenza immunization.

The flu shot is free for all Nova Scotians. It is available from



your family physician or nurse practitioner, through clinics offered by Public Health Services, from most pharmacies across the province, and in some workplaces.

More information about the flu season ahead is available at novascotia.ca/flu.

Saskatchewan health care staff under 'shot or mask' policy

CBC News, July 2014

Saskatchewan nurses, doctors and other health staff will now be required to get flu shots or wear masks during flu season.

Currently, only about 50 per cent of health care staff and physicians get their annual flu shots, the government said in a news release.

Now, they'll all have to follow the "shot-or-mask" policy.

The move, which goes into effect this fall, follows a recommendation by Saskatchewan's medical health officers.

Saskatchewan will be the second province after B.C. to

Canada's nurses focus on health-care innovation

SOURCE Canadian Nurses Association

TORONTO, June 24, 2014 - The Canadian Nurses Association (CNA) welcomed the federal government's launch of an advisory panel on innovation in health care that will consult broadly with Canadians on how to make better use of existing health-care resources to improve services and health outcomes for patients.



introduce a province-wide policy, the government said.

Some hospitals in Ontario have moved to force nurses to get shots or wear masks, but unions have fought the policy, saying it's a violation of the personal rights of nurses, as well as a violation of their collective agreements.

"Canada's nurses, like so many other health-care providers, are strong proponents of finding creative, forward-thinking innovations in health care," said CNA president Dr. Karima Velji, following her attendance at the advisory panel launch. "While we agree that it's necessary to find creative ways to improve patient care, enhance health outcomes and reduce costs, this must be done while protecting and strengthening our publicly funded, not-for-profit health-care system."

CNA is pleased the advisory panel will gather ideas and perspectives from a broad range of Canadians, including provincial and territorial representatives, health-care professionals, patients and consumers, aboriginal leaders, entrepreneurs and others.

Members of the advisory panel come from within and outside the health-care sector, allowing for a unique mix of expertise and experiences. The panel will include two registered nurses (RNs): Francine Girard, dean and associate professor in the faculty of nursing sciences at the Université de Montréal, and Chris Power, president and chief executive officer of Capital Health in

Nova Scotia. "This is an opportunity for the nursing profession to contribute expertise and insight to this national work on health-care innovation," Velji said.

CNA believes it's important for the advisory panel to build upon the efforts of the Council of the Federation's health-care innovation working group and the work of other health-care professions. In particular, CNA encourages the advisory panel to look at existing innovations that have been successfully

implemented in Canada and abroad, as they could possibly be scaled up across the health-care system in Canada.

CNA is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing 151,404 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

Nova Scotia registered nurses oldest in Canada, report says

LAURA FRASER STAFF REPORTER – Chronicle Herald

Published July 8, 2014

Registered nurses here are, on average, the oldest in Canada, a sign the province must prepare for a looming shortfall of workers, the head of the **Nova Scotia Nurses' Union** says.

The greying workforce mirrors its patients and the rest of the population, **Janet Hazelton** said. This province's population is the oldest in Canada so it makes sense that its workers are aging as well, she said.

The average age of the more than 9,100 registered nurses sits at 46.9, according to a report from the Canadian Institute of Health Information, released Tuesday. Those younger than 30 make up only about 10 per cent of the workforce.

The province plans to look at those age gaps in its nursing strategy, which it began updating in the spring. Health Minister Leo Glavine said the \$4.7-million strategy would address the need for "a few thousand new nurses" in the next decade, and review how nurses are trained, both in school and once they enter the field.

Education's an issue Hazelton says that has changed the demographics of those working in hospitals and clinics right now.

Most nurses older than 45 would have received a two-year diploma before provincial regulations changed the requirement to a four-year university degree, Hazelton said. At the time, most hospitals ran training programs.

"So we are not educating the same numbers that we did 25 years ago and that's where part of the dip comes in," she said.

For the past decade, health-care advocates have called on governments across the country to plan for a future nursing shortage. The think-tank's report found there are about 225 more registered nurses younger than 30 now in the province than there were four years ago, but that nearly 70 per cent of the workforce is between 40 and 65 years old.

The findings do show, however, that there are nurses continuing to enter the field, one of the researchers says. It's a trend that's held steady across Canada, Andrea Porter-Chapman said, with an eight per cent increase in registered nurses across Canada since 2009.



Two of our favorite senior and more experienced members

Hazelton says that shows the province's retention strategy is working — that the health-care system has held on to nurses and to their experience for longer. But the physical demands of the job will require accommodations for some senior nurses.

The province already sees about a quarter of its registered nurses working part time and about 10 per cent picking up casual hours, the data found. Hazelton said those irregular hours for registered nurses typically come at the request of the employee.

An older workforce, however, fosters mentorship for those coming into it. Hazelton said that anyone who graduates from a qualified program in the province can get a job here now because of the demand. A few years ago “there was a little blip” when there were not enough people who retired to accommodate new graduates, which led to people leaving the province, the union head said, but that's no longer the case.

The province also has among the highest percentage of nurses that are employed full time, and among the lowest percentage of casual workers in the country.

Workforce restructuring threatens patient safety

The Canadian Federation of Nurses Unions recently published a new report which calls for nurses, patients and their families to safeguard our health care system and to reject irresponsible workforce redesign. Valuing Patient Safety: Responsible Workforce Design provides stark evidence of the effects of ill-considered experiments in the delivery of patient care. Workforce redesign refers to nursing care delivery, and changes to staff mix and staffing levels are the two most common, outward signs. It is often driven by executive administrative decisions, but even small changes can cause a domino effect which directly impacts nursing care delivery and patient care. Heavy workloads, excessive overtime and increases in injuries and illness often result. The report points out that inevitably as workloads rise, patients' quality of care declines.

The report highlights the National Health Service (NHS) England and the 2013 Francis Inquiry into unnecessary deaths, patient injuries and gross neglect resulting from prioritizing budgets over quality patient care. “As detailed in Valuing Patient Safety, the NHS England tragedy is a dire warning to Canada on the risks of pursuing a similar path,” says Linda Silas, President of the Canadian Federation of Nurses Unions.

“As nurses, we must act to protect our patients and reverse the dangerous trends in health care. It is up to us, as health care professionals, to speak up for patients, and make our voices heard so that everyone knows what is at stake,” added Linda Silas.

Valuing Patient Safety argues that patients must be at the forefront of any redesign decisions. This means patient priority care needs must be properly assessed using real time tools,

based on factors such as acuity, stability and complexity. Once patient needs are determined, nurses and their managers should base staffing assignments on the best fit between patient needs and nurse competencies.



“Nurses must respond as a unified voice to those who want to define or control our practice. As a discipline, we have specialized knowledge and unique competencies,” Says Marilyn Quinn, President of the New Brunswick Nurses Union.

Dr. Maura MacPhee, the report’s author and Associate Professor at UBC’s School of Nursing, noted: “It is vitally important that our health care system become more open, transparent and accountable so that health care providers, patients, their families, and the public have the information they need to influence and engage proactively with decision makers in our health care system.”

Valuing Patient Safety is a wake-up call for health care decision

Relief Efforts Working

Following in the footsteps of nurse organizations across the country, the Nova Scotia Nurses’ Union contributed \$6,000 to a Philippine relief fund collected by our national nurse-union body, the Canadian Federation of Nurses Unions, at the end of 2013.

To assist those suffering from the devastation of typhoon Haiyan our Federal government pledged to match, dollar for dollar, all monies donated by organizations and corporations across.

Our members were happy to contribute to the cause. It was particularly moving to have two of our members, Ricardo Garcia and Maria Agcon, both from the Philippines, at the Council of President’s meeting in Truro on November 18. They spoke about the tragedy from a heartfelt and personal perspective.

The NSNU named Oxfam as the recipient of the fund. Oxfam is a member of the Humanitarian Coalition, a joint appeal mechanism that brings together Canada’s leading finance relief



makers: its recommendations must be heeded in implementing any workforce redesign in Canada.

Get the full report on CFNU’s website at https://nursesunions.ca/sites/default/files/valuing_patient_safety_web_may_pdf

The Canadian Federation of Nurses Unions (CFNU) represents close to 200,000 nurses and student nurses. Our members work in hospitals, long-term care facilities, community health care, and our homes. The CFNU speaks to all levels of government, other health care stakeholders and the public about evidence-based policy options to improve patient care, working conditions and our public health care system. The Nova Scotia Nurses’ Union is a member organization of the CFNU.

efforts in times of international humanitarian crisis.

The NSNU recently received word from the Filipino Canadian Heritage Society of Nova Scotia that the first monumental donation made by FCHSNS is completed. The school house will stand for many years to come and countless children will benefit from this.

Part of the funds raised by the Society went towards building the classroom in an area affected by typhoon Haiyan. Other projects are in the works including the distribution of school supplies to children and the installation of artesian wells for safe drinking water.



Time to get serious about using Nurse Practitioners

NSNU Opinion Editorial, July 2014



Politicians, pundits and Nova Scotians at large are understandably preoccupied with budgetary issues in health care. With the recent expiration of the Canada Health Accord, Nova Scotia stands to lose over \$902 million dollars in funding over the next ten years.

Maintaining quality health care is going to take innovation on many fronts. One essential shift is ensuring that we maximize the (evidence-based) scope of our various health providers. Nurses and pharmacists, for example, can deliver flu shots and vaccinations, freeing up physicians' time for performing advanced diagnoses, assessments and surgeries.

Nurse Practitioners (NPs) are self-regulated under the College of Registered Nurses of Nova Scotia, and are able to practice independently of and in collaboration with other health professionals. NPs do not replace physicians, but they can help free up their time to deal with more complex cases. NP's order and interpret diagnostic tests like MRIs, prescribe pharmaceuticals, and make referrals. Starting November 1, 2014, NPs in Nova Scotia will be able to prescribe narcotics and other controlled drugs. There are plenty of avenues for

further growth. Ontario, for example, has opened over 25 NP-led clinics since 2009, improving access to primary health care for families across the province. There is no reason we could not replicate this successful and cost-effective model in Nova Scotia.

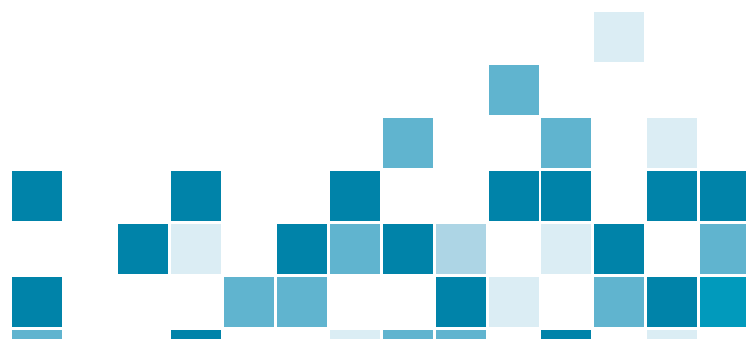
NPs reduce wait times by allowing physicians to focus on more complex cases. NPs also improve treatment in long-term care homes and reduce the need to transfer residents to emergency rooms. What is more, research shows that the increased use of NPs is extremely cost-effective in the provision of primary health-care services. In the United States, studies have shown that NP-managed practices had costs 23% lower than those run by other providers, with 21% fewer hospitalizations. In long-term care, research shows that every dollar spent on NPs results in several dollars saved on physician treatment for serious conditions.

None of this diminishes the invaluable role of our physicians. Our nurses, including nurse practitioners, are proud to work alongside the many skilled physicians we have in this province. We should be looking to optimize their role as our most highly trained health professionals.

NPs will improve our health care system and can save Nova Scotia millions of dollars a year. We already have the facilities and the training program in place at Dalhousie University. Our challenge now is to ensure we make effective use of NPs for the benefit of both patients and the province's coffers.

Janet Hazelton, RN, BScN, MPA, President, Nova Scotia Nurses' Union

Dawn M. Lowe BScN, RN-NP, past Executive Co-Chair, Nurse Practitioners' Association of Nova Scotia



How Mental Health and Addictions Affect Nurses From a Labour Relations Perspective

Submitted by Lilo Wessels, RN, Labour Relations Representative, Mental Health and Addictions Advisor

(This is a re-print of an article that appeared in the July 2014 issue of this newsletter. Unfortunately, this article did not appear in its entirety in July therefore we are publishing it once again.)

As a Labour Relations Representative, I provide support to nurses seeking long-term disability benefits and I represent nurses going through both the Grievance and Arbitration process and the disciplinary process of the nursing colleges. I also specialize in working with nurses who are afflicted with mental health and addictions disorders.

The earliest sign that a nurse is ill with an addiction usually arises in the work place. The indicators range from a drastic change in the nurse's previous work attendance and behaviours, to missing drugs or working while under the influence of drugs and alcohol. I become involved when I receive a call from a nurse indicating that he/she is requested to attend a meeting with Management, or I receive calls from the Employer expressing concern that a nurse's behaviour has become a safety matter. As you can imagine, attending such a meeting with the employer can be very stressful for the nurse.

Following the employer's investigation, nurses could receive discipline due to their actions while at work. The employer has a duty to report the matter to the College of Registered Nurses/ Licensed Practical Nurses and a complaint will be filed with the respective College. In most cases where an Employer alleges inappropriate behaviour with substance abuse, the College will ask the Nurse to sign a voluntary undertaking to suspend their license to practice until the complaint is dealt with by the college's Complaints Committee or Fitness to Practice Committee. This means that the nurse cannot practice nursing until the college is satisfied that the nurse is seeking appropriate treatment and has been in recovery and medically cleared to return to work. Should the nurse decide that she will not agree to sign the voluntary undertaking; the matter will be forwarded by the College Complaints Committee for consideration of an interim suspension of the nurse's license.

If narcotic medications have been misappropriated from work, the employer may also file a complaint with the respective College, as well as file criminal charges against the nurse for theft of narcotics. If a nurse is in this situation, the Union's advice on this matter is, that the Nurse should not discuss the situation with anyone until he/she obtains advice from a criminal lawyer.

How can one identify if a peer has a health issue such as

an addiction? Some of the indicators that a nurse may be suffering from an addiction are: changes in personal appearance, changes in personal hygiene, unpredictable mood changes, unusual nervousness or depression, mood changes after breaks and unusual illnesses.



Some of the performance concerns are: patterned absenteeism such as following paydays, absences on Mondays and Fridays, absences from evening and nightshifts, and returning late from breaks, misappropriating of narcotic drugs, etc. Many indicators could exist without being problematic and requiring support. When these behaviours persist, despite corrective measures which have been suggested, then the pattern signifies that help is required. People that are ill with an addiction have a brain disease and if this disease goes untreated, die on average ten years sooner than others. The disease is usually inherited, chronic, generally progressive and often fatal. Having said that, I want you to know that there is much hope in that early intervention and treatment can lead to a healthy life in recovery.

I provide labour relations support to the nurse during and after a meeting with the Employer. My advice to the nurse includes seeking treatment immediately through addictions counselling, mental health care providers, NA/AA, Gamblers Anonymous, EAP, psychologists, psychiatrists and family physician.

As a career nurse and as a Labour Relations Representative, my approach is very straightforward. I do not believe in "sugar-coating" this serious issue. This would not be helpful to the nurse and would enable the nurse to continue with the substance abuse. It is imperative for nurses to recognize how their actions and decisions negatively affect their employment

status and their professional license to practice.

It has been my experience that denial (defense mechanism) prevents the nurse from admitting that she/he is ill. Unfortunately, shame and a negative stigma are attached to mental health and addictions disorder. It takes much counselling and many conversations with the nurse until we can break through the shroud of denial. In most cases, only when the nurse suffers an associated loss (employment, license to practice, income, housing, family, kids etc.) does he/she acknowledge the illness.

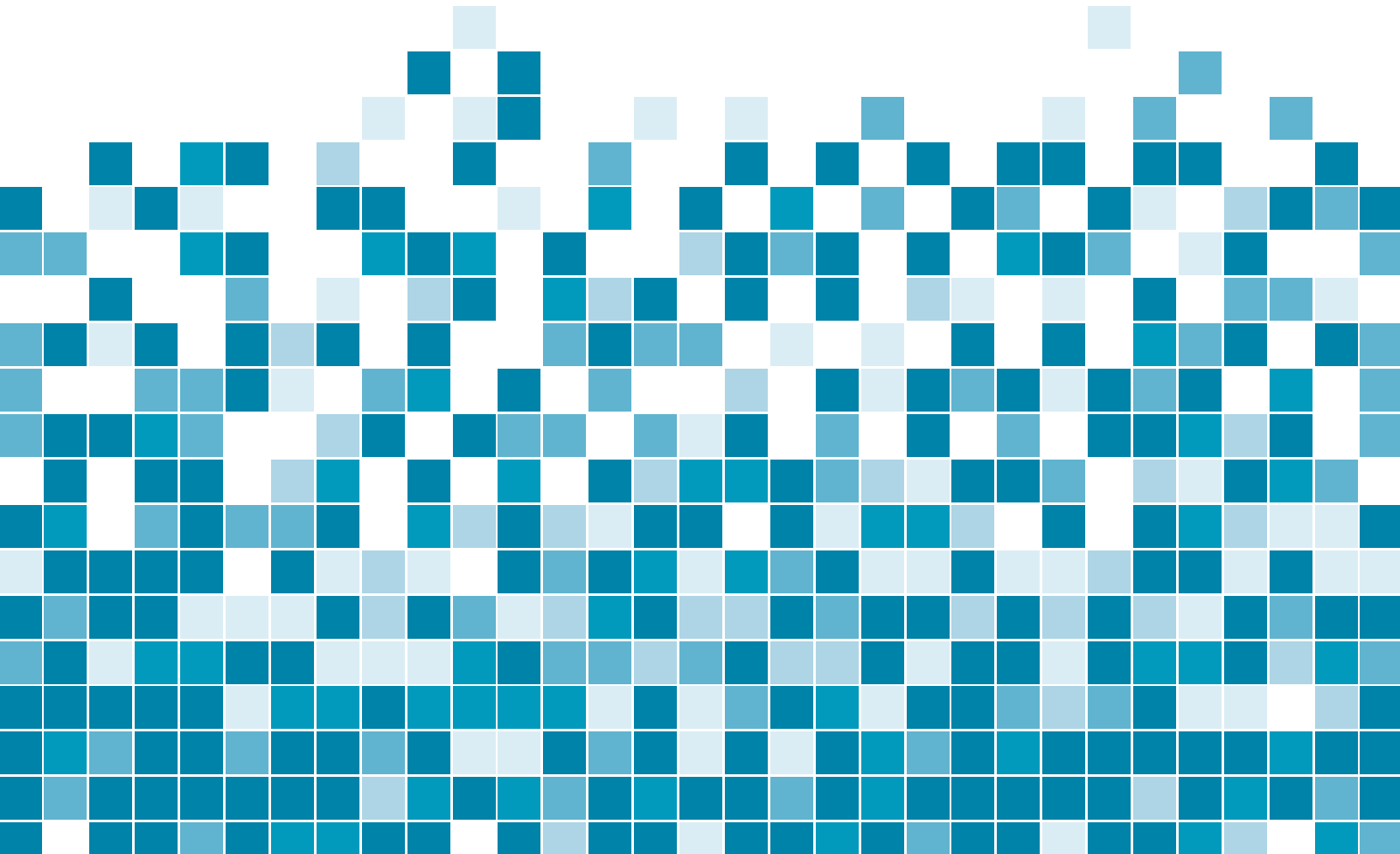
Some nurses with an addiction tend to lose touch with their inner moral compass. This inner moral compass guides all of us through life and allows us to make proper judgements and decisions. When the nurse begins to feel healthy and in full recovery she will hopefully regain access to her inner moral compass and begin making sound judgements and decisions.

The road to recovery is a long one and the journey to a healthier life presents many obstacles. Numerous nurses will experience relapse, it is known to be the rule rather than the exception. Nurses often ask me when they can expect to get their license

back and return to work. My advice is that it depends on the nurse and how quickly they immerse themselves in treatment.

I advise the nurse that a diabetic's daily pill is medication which treats their blood sugar and the addict's daily "pill" is treatment. There is no magical cure, it is hard and emotional work and it is much like peeling back layers of an onion. Each layer presents itself with new and scary challenges which have been repressed but which now have to be dealt with. This process can take months and in some cases years.

The good news is that recovery can be achieved and it is a great day when the nurse returns to work. I can recall many nurses who have sought treatment, have returned to work and continue to live healthy and successful lives. Remember, this is a disease and any one of us could succumb to this illness throughout our lifetime, so let's support the nurse who has worked hard to recover and is returning to her nursing profession!



In the News...

ICU staff excelled following tragic bus crash

Letters to the Editor (The Cape Breton Post)
Published on July 18, 2014

As a clergy in Sydney, I am often called upon to go to the Cape Breton Regional Hospital's intensive care unit in crisis or critical situations.

This past week, following the bus crash near Neil's Harbour, I was called upon for one of these occasions.

The moment I walked into the room, I was extremely amazed and impressed with the care, concern, compassion and professionalism shown by all members of the medical and support staff.

These folks went beyond the call of duty and cared for the patient and family as if they were their own loved ones.

I can truly say in 30 years of ministry, and being found in many crisis situations, I have never witnessed a more caring, loving and compassionate group of individuals.

As people of Cape Breton, we should stand extremely proud to have such a wonderful team of professionals who show amazing love and compassion, going beyond the call of duty to make what is a tragic situation into a situation that can bring peace and stability to all involved.

In the midst of a crisis involving emotion and turmoil, I watched a team of well-trained, emotionally involved, caring and compassionate people bring a calm and peace that showed a standard of care like I have never seen before.

We should be proud of our hospital and the doctors, nurses and support staff. They are to be classed among the finest in our hospital system.

I have always appreciated the work these individuals do, but my appreciation of these folks has far exceeded anything I could have ever imagined.

So, in the run of your day, why not take a moment to offer a prayer and give a word of thanks for those who care for us in the times when we need them the most?

Thank you, ICU, for the wonderful job you do.

Rev. Ron Coole

Sydney

Why shouldn't nurse earn more than CEO?

Letters to the Editor (The Cape Breton Post)
August 18, 2014

A news item in the Aug. 16 edition of the Cape Breton Post informs us that a registered nurse earned more in a single year than the Cape Breton District Health Authority CEO.

And why shouldn't she? Think of the long overtime hours she must have endured, the double shifts and weekends; all those extra hours on her feet responding to the endless demands of her patients.

If lucky, she might have found a few minutes for a quick coffee break.

No wonder our nurses complain of swollen ankles and blisters on their feet. For comparison, ask the CEOs how many midnight hours they have spent on their aching feet administering aid to suffering patients.

But just to be fair to the CEOs, I'll concede they could possibly suffer from blisters, but certainly not on their feet.

Phil Organ

North Sydney

Canadian
Patient Safety
Week October
27-31, 2014

Queens Celebrates Opening of New Health Centre, Medical Unit

A new medical unit and primary health-care centre at Queens General Hospital in Liverpool will help more people get the care they need close to home.

The new unit and centre were officially opened on July 22. The NSNU's Patti Humphries, Labour Relations Representative, was on hand to congratulate the members she works closely with in that region.

Government committed \$3.5 million towards the \$16-million renovation. The remaining funding came from private donors, the Queens General Hospital Foundation, the Region of Queens Municipality, and community fundraising.

The new clinic will focus on health promotion, self-care and education. A variety of health professionals will be on-site to help patients improve their health and manage chronic disease.

The province has also committed \$650,000 a year in operational funding for the new primary care clinic and modernized facility. This will go mainly toward hiring staff, including family practice nurses, a social worker, and a chronic disease nurse educator.

The new medical unit is focused on safety, healing, efficiency and privacy for the patient and staff.



Study: Aging population driving employment in health sector

TORONTO — If you want to improve your odds of getting a high-paying job after finishing your education, forget that English degree.

A new report by Workopolis suggests that nursing and pharmacy students are most likely to land employment in their field after graduation.

The study, which analyzed more than seven million resumes

on the job search website, found that 97 per cent of those who studied nursing, whether it was at the bachelor, masters or PhD level, are working in jobs related to their education.

Despite spending longer in school, 73 per cent of those who recently answered a poll on the job site say their degrees are not related to their jobs. While more than half (56 per cent) believe they're overeducated for their position.

Reminder: Deadline for Practice and Leadership Premium Submissions is October 31st

We would like to remind all NSNU nurses that the submission deadline for leadership and practice premiums is October 31st. Points can be collected up until that date. Each premium is worth \$850 (pro-rated) and is paid out as a lump sum, typically before the end of the year.

Nurses require 70 practice premium points to receive the Practice Premium and must receive points from at least two of the listed categories. Activities include certification in a specialty (e.g. palliative care), courses in a specialty area, workshops/conferences (e.g. labour school, conflict resolution course), hospital in-services (e.g. lunch and learn sessions), university education and e-learning.

Nurses require 60 leadership activity points to receive the Leadership Premium. Activities include being involved on a committee or task force, being involved in the professional association, publication in a journal or presentation at a

conference, being involved in a research study, acting as a resource person (e.g. breast feeding champion), accepting special responsibilities (e.g. preceptorship), or being involved in special projects.

More detailed information on the Practice and Leadership Premiums can be found in Appendix B of most contracts.

Submission forms are available under the Education tab on the NSNU website. Follow the link on the left to 'Education Premiums' and you will find links to the forms at the bottom of the page.

Each year, more and more of our nurses are receiving the Practice and Leadership Premiums. It is not always easy to fit in other activities in our busy schedules, but we encourage all nurses, to the best of their ability, to apply for these premiums.

Clinical Capacity Report success story

One of the important aspects of a successful labour-management committee is the identification and clarification of problems. These committees discuss many concerns such as safe staffing, orientation and workload, and numerous other topics. When resolved, there is a tremendously positive effect on the members and ultimately our patients.

Recently, the Employer made the members of the Bargaining Union Grievance and Labour Management Committee (BUGLMC) aware that they were considering hiring

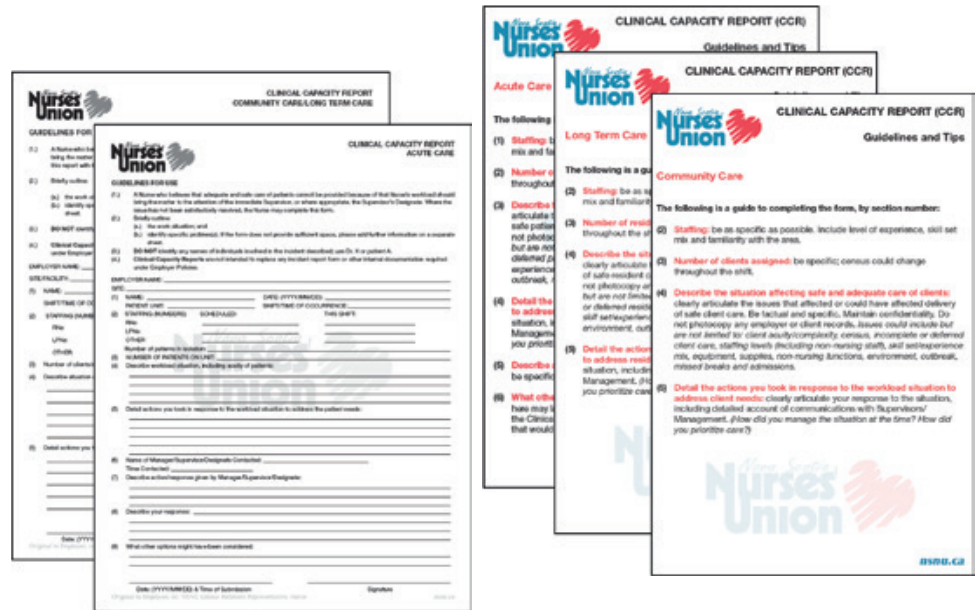
paramedics to work Triage in the Emergency Department at the Cape Breton Regional Hospital. The Union representatives of BUGLMC met with the Employer on numerous occasions and expressed our concerns with the Employer's plan.

The Union communicated that the unit needed additional RN hours. The Nurses' Union based the request on the number of the new Clinical Capacity Reports (CCRs) that had been diligently filled out by the nurses. The Employer considered the Unions' proposal for additional RN hours and reviewed

Emergency Department data dating back to April, 2014.

Subsequently, a decision was made to hire 4.2 FTE RN support versus EHS. The Employer advised that they have also recruited 14 Entry levels Nurses for the Department.

NSNU members and our leadership are elated with this positive outcome and feel reassured that the work of BUGLMC and the implementation of the CCRs are most beneficial.



Does your workplace have an effective Joint Occupational Health and Safety Committee?

Across Canada, an average of 18,900 publicly employed nurses were absent from work each week in 2012 due to illness or injury, a rate 55% higher than the average rate for all other occupations. The annual cost of this absenteeism was estimated at \$734 million.

As employees and union members, we must make use of the means at our disposal to improve working conditions. As we know, healthy nurses make for healthier patients. One of the best tools we have for securing the safety and well-being of workers is the Joint Occupational Health and Safety Committee. Below you will find some information adapted from a guide provided by the Department of Labour and Advanced Education on Joint Occupational Health and Safety Committees.

Shannon Wark, LRR, Occupational Health and Safety Consultant

Paul Curry, Researcher, Educator, Government Relations

In Nova Scotia, a health and safety committee is required where 20 or more people are regularly employed at a workplace (includes part- time, full-time, casual, seasonal), or where the Director of the Occupational Health and Safety Division orders its establishment.

The employer is responsible for establishing and maintaining

the committee and must post the current names of committee members and the means of contacting them in the workplace. At a minimum, the committee should meet at least once a month. The purpose of the meeting is to exchange information and make recommendations to the employer regarding health and safety concerns in the workplace.

The Act requires the employer to prepare and review annually a written occupational health and safety policy and to prepare and maintain a written occupational health and safety program. Both must be done in consultation with the committee.

The employer is also required to provide training so that employees can do their jobs in a safe and healthy manner. Among other items, training should cover the Internal Responsibility System, the Occupational Health and Safety Act, the general content of the regulations and the role of the committee in these regulations, and the role of the committee in inspections, hazard identification, investigations and work refusals.

In order to operate effectively, committees require information about workplace inspections and incidents. The employer should notify committee members of incidents and accidents by forwarding copies of reports to committee members as soon as possible to allow time for the reports to be reviewed.

Employees who are members of committees must be paid at

their regular job rate for time away from their regular duties for participation in committee related activities.

Adapted from: Joint Occupational Health and Safety Committees: A Practical Guide for Single Employer

Workplaces, Nova Scotia Department of Labour and Workforce Development, Occupational Health And Safety. Available:

<http://novascotia.ca/lae/healthandsafety/docs/JOHCommitteeSingEmployer.pdf>

Safety Prosecutor Hired

June 17, 2014

Government has hired a prosecutor to focus on workplace safety investigations.

Alex Keaveny has been appointed to the special prosecutions section of the Public Prosecution Service.

The Nova Scotia Public Prosecution Service and the Department of Labour and Advanced Education created the position to ensure more workplace accidents with serious injuries or death are thoroughly investigated and prosecuted, where warranted.

As the Crown attorney dedicated to occupational health and safety cases, Mr. Keaveny will provide investigators with advice before charges, and prosecute offences.

Mr. Keaveny will also be involved in education and training for safety officers and managers at the Department of Labour and Advanced Education. The training will focus on what to look for during an investigation, and a prosecution perspective on how to gather evidence that can effectively support a court case. Investigators will also receive training focused on Criminal Code offences under Bill C-45, known as the Westray Bill.

Ebola in West Africa: 'The epidemic is out of control' – We Can Make a Difference

Linda Silas, CFNU president

“This is not just a problem for West Africa, it’s not just a problem for Africa. It’s a problem for the world, and the world needs to respond. Like it or not, we live in an interconnected world.” --Dr. Tom Frieden, Director, US Centers for Disease Control and Prevention

We live in a beautiful and rich country, but as nurses we know we can still be at risk for many communicable diseases. As nurses unions, we negotiate and sometimes fight for safe staffing and for available personal protective equipment when we need it. Imagine working in countries where the bare necessities of health care, and health care workers’ health and safety, are at risk every day! West African countries health care workers are at an even greater risk today with the growing Ebola epidemic and we, as nurses, can make a difference.

CFNU is donating \$5,000 to Médecins Sans Frontières (MSF)/ Doctors Without Borders and \$5,000 to Registered Nurse Response Network (RNRN) to fight the Ebola epidemic

and to protect health care workers in affected countries.

CFNU has a proud relationship with National Nurses United (NNU) who sponsor the RNRN program and MSF has a long history of working in countries facing health crises with a great reputation of working with nurses.



If you are a union leader in one of our health care facilities, please make a donation from your local. The cost of a full set of personal protective equipment (PPE) is estimated at approximately \$350; the International Medical Corps estimates that at least 25,000 PPE suits are needed per month to meet

demand and provide the needed protection. Anything you can give will make a difference.

Remember the Japan nuclear disaster in 2011. We, as Canadian nurses unions, collected over \$54,000 to help the Japanese Nurses Association and in 2010, we collectively sent \$77,000 to the Haiti earthquake relief fund. We can do it again, my friends.

Most Member Organizations of the Canadian federation of Nurses Unions, including the NSNU have donated money on

behalf of their members.

RNRN continues to work to save lives by getting protective gear to nurses who are treating patients exposed to or diagnosed with Ebola. The crisis does not show any signs of abating, and there are now almost daily reports of new infections and threats to the safety of health care workers at the front lines.

To give to Médecins sans frontières (MSF) or Registered Nurse Response Network (RNRN) please visit cfnu.ca.

A Sister, a Nurse, a friend

By Maddison Wilson

The team at NSNU was so pleased to have the opportunity this month to learn about Sister Veronica Matthew's journey as a successful and resilient nurse. Sister Veronica was eager to speak to us because of her nursing connections and admiration for Janet Hazelton, NSNU president.

"I have great respect for Janet, she is a great woman," says Sister Veronica.

Sister Veronica is a member of the Congregation of the Sisters of St. Martha of Antigonish, Nova Scotia, as well as a very accomplished and proud retired registered nurse. She grew up in the Eskasoni First Nation in Nova Scotia speaking fluent M'ikmaq with no understanding of the English language, which made learning much more challenging for her. However, language barriers never stopped her from achieving her dream of helping people in need. Sister earned her Bachelor of Science in Nursing and diplomas in specialty areas such as Pediatrics, Community Health Nursing and Psychiatric Nursing - all part of her plan to help others.

Sister Veronica's strongest influencers and role models from her childhood were her aunt and her grade six school teacher, both of whom helped shape her into the tremendous woman she is today.

"My grade six teacher instilled in me a passion for reading and learning. She was so accepting and encouraging of each and every student," Sister Veronica explained. She went on to say how much she admired this teacher for her dedication and love for teaching aboriginal students. She believed in young Veronica and reassured her that she had great potential, which further motivated her to gain the proper education to do something meaningful with her life. That admiration of her grade school teacher is also one of the main reasons for why Veronica became a Sister at St. Martha.

Sister Veronica's desire to help people was instilled in her from a very young age from watching her gentle and loving mother help the less fortunate. Her aunts nursing experiences



Janet Hazelton and Sister Veronica

inspired her to want to become a nurse.

“I am proud to say she was one of the first Aboriginal nurses in this country,” Sister Veronica admiringly commented of her aunt. “Because of my aunt sharing her rewarding experiences with me, I have always had a vision and dream to also help people in need. I never thought of nursing as a job, but as an opportunity to be with people in their time of need,” says Sister Veronica.

While discussing her most memorable and rewarding experiences throughout her nursing career, she immediately thought of her time working in pediatrics in Sydney. She explained how rewarding it felt to connect with children and elderly people. Sister Veronica aspired to understand each and every patient so that she could be there for them both medically and emotionally.

“Children and the elderly were always the most vulnerable in our society. It seemed nobody was there for them, and I wanted to be with them to ease their burden of suffering.”

Sister Veronica has received various awards including the Cape Breton Health Leadership Award from the Cape Breton District Health Authority. She was also honoured by the Aboriginal Nurse’s Association of Canada (A.N.A.C) as recognition for all her contributions. The M’ikmaq and Maliseet Atlantic Health Organization also acknowledged Sister Veronica for her significant contributions to improve the health of First Nations People within the Atlantic Aboriginal Communities.

After serving many years as an innovative and inspirational registered nurse, Sister Veronica is now retired she continues to help others. She is an honorary board member for the Aboriginal Nurses Association of Canada (ANAC), she sits on the board for the provincial Cancer Care Nova Scotia, as well as the Eskasoni Health Board. She also participates on St. Francis Xavier University’s Advisory Committee: Bridging the Gap for Aboriginal, Black and African Students.

Sister Veronica’s continues to raise awareness about injustices and discrimination that exists in our health care system. Even in retirement she continues to thrive while inspiring us all.

Nurses’ Union negotiates deal for Canadian Blood Services nurses

September 5/14

The Provincial Negotiating Committee of the Nova Scotia Nurses’ Union (NSNU) reached a tentative agreement for nurses employed by Canadian Blood Services (CBS). Talks with that employer concluded on September 2.

The terms of the Tentative Agreement include an increase of 2.5% retroactive to November 1, 2012, a general economic increase of 3% retroactive to November 1, 2013 as well as a commitment to wage increases achieved in Acute Care after October 31, 2014.

If ratified by the membership, the agreement does not expire until October 31, 2020. The length of the agreement enables the NSNU to secure existing benefits while maintaining wage parity throughout the lifetime of the agreement.

Janet Hazelton, the president of the NSNU believes that

this tentative agreement addresses big issues in a somewhat uncertain bargaining climate.

“Across Canada and beyond, claw backs and concessions, particularly in the health care sector, are a growing trend. Our negotiating committee felt that it was in the best interest of these members to protect existing benefits over an extended period of time but also allow flexibility for wage increments the acute care sector may achieve going forward,” says Hazelton.

Nurses working for CBS are located in Halifax and Sydney; approximately 30 registered nurses work in that sector.

Voting on the agreement took place between September 5 and September 19. Voting results were not known prior to this newsletter going to print. The results will be posted on our website, nsnu.ca on September 22, when the vote is counted.

Labour Day 2014

There is much at stake right now for the labour movement and unions. Never before has government scrutiny and public scepticism of unions been greater. Contracting out, wages freezes, and threats against bargaining rights continue to mount. So, in a united front, Nova Scotia's highest-ranking labour officials came together in a display of solidarity on Monday, September 1st.

With Rick Clarke, President of the Nova Scotia Federation of Labour, leading the charge, leaders of health care unions in the province stood shoulder to shoulder resolute in the fight for social justice and workers' rights.

Recent anti-strike legislation in Nova Scotia galvanized the resolve of the unions to work together on issues that have plagued other provinces and the US. Wage freezes are a popular trend that the unions have identified as problematic for future health-care worker negotiations. However, impending legislation this fall that will merge the district health authorities is at the forefront for the unions.

Labour Day celebrations were held across the province and well attended by the public, media and union families.



VON Kick N Asphalt

Congratulations to those who participated in the VON Kick N Asphalt event in Amherst on August 16. The NSNU's very own Jennifer Chapman, Vice President of Licensed Practical Nurses on the Board of Directors of the NSNU, took charge of the VON Cumberland group. These generous and active nurses 'stepped it up" for a great cause on a perfect summer day.



L-R Veronica MacDonald (Pictou VON), Jennifer Chapman (Cumberland VON), Tom MacKenzie (Cape Breton VON), Tracey Polley (Pictou VON), Alaine Halliday (Aberdeen Hospital), and Leigh Ann Cullen (Pictou VON)

Union Dues Rebates

If you are working at more than one facility and paying union dues more than once in a pay period, you are eligible to receive a rebate of the additional dues you have paid over and above the regular bi-weekly rates.

If you are a casual member who has been paid "less than" 7.5 hours (applicable to acute care members) or 8 hours (applicable to long term care members) in a bi-weekly pay period you are eligible for a union dues rebate. If either of the above applies to you, please contact Verna Harrie at 1-800-469-1474/469-1474 (ext. 304) or verna.harrie@nsnu.ns.ca.

Johnson Insurance

Johnson Insurance is grateful for the opportunity to offer preferred services to members of the Nova Scotia Nurses' Union. Each year, Johnson makes a financial contribution to the organization based on revenue generated from policies. The Nurses' Union donates that fund to charities Like Transition House Association. This partnership has been long standing and supportive. We thank Johnson for their continued service, generosity and professionalism.



Trish Berry, Johnson Insurance and Janet Hazelton

Johnson Inc. 2014 Scholarship Program

BUILDING ON OUR HISTORY OF SUPPORTING CUSTOMERS AND COMMUNITIES



For many Canadian students, the jump from high school to post-secondary education signals a thrilling transition into adulthood. Along with the excitement and independence, however, come new responsibilities like paying for tuition, textbooks and basic daily essentials.

At Johnson, we understand the challenges faced by students during their pursuit of higher education, and we are proud to offer scholarships to help them achieve their dreams. Since 1998, Johnson has awarded over 1500 scholarships valued at more than \$1 million to support young Canadians coast to coast in pursuing their post-secondary education.

This year, we are pleased to offer **50 scholarships** worth **\$1000** each to children and grandchildren of Johnson's affinity group members and home and auto insurance clients.

Students must have completed high school in 2014 and beginning post-secondary education this fall.

Completed application forms must be submitted by October 15, 2014 and must contain an official school transcript of final year credits.

For more information, or to apply for a Johnson Inc. scholarship, please visit our scholarships page at www.johnson.ca or call 1.866.544.2673.

The other side of the bedrails

As many of you know, I was very ill last winter. My last shift at work was January 6, 2014. It was a night shift and I was glad to be heading home as I was feeling feverish again. I had been running a fever of 38.5 every evening for ten days with no sign of infection. Two days later, I awoke with numbness in both arms and on the lateral sides of my feet. The numbness quickly spread to my face, encompassing my nose and mouth in a triangular shape. Three days later, I was sent to the QE11 Hospital and admitted to the ICU department.

This story however, is not about my illness but rather about my survival. How I believe you can become a better nurse and human being when you live on the other side of the bed rails.

This is not the first time that I was placed in this situation. Eight years ago I survived a ruptured brain aneurysm which leaked for a week before I was able to have the 'coiling' procedure to correct it. I was in hospital for seven days and off work for five months. I needed help with everything.

I'm not so lucky this time around as my recovery is much longer. I have contracted the Guillain-Barre virus which is an autoimmune illness, meaning my immune system attacks my body. In my case,



Sue Henry, LPN

it was the myelin sheath protecting my nerve fibres that my body destroyed leaving me paralyzed from the neck down. When it reached my diaphragm I needed to be intubated and later they gave me a tracheotomy. I was in ICU and MICU for six weeks. With help from my husband Barry, sons Bryan and Darcy, and the rest of my family, I had to learn how to do everything for myself - all over again. Although the situations were the same, the circumstances and my responses were very different.

When I awoke in ICU after having my brain aneurysm repaired, I was horrified to see that my wrists were restrained with leather straps. I thought to myself that we have not tied people in over twenty years, as I demanded my nurse untie me, immediately! She put her face close to mine saying she'd untie me but only if I'd promise not to pull at my tubes. I became angry and hateful at this point, yelling obscenities.

This was not me at all and I needed medication to calm me down. Eight years later I found myself back in ICU, with tubes everywhere, and again I woke to find a nurse beside me. This time I had a trachea tube and could not talk. My nurse looked at me and sweetly told me that, once again, I was tied for trying to remove the tubes. She said she would untie me if I promised to leave them alone. I nodded yes, and she untied me. I said a silent 'thank you' and smiled at her, thinking to myself what a better approach than that of eight years before.

One never knows what one may have to face in life. Just when you think you have it all figured out...wham! Something happens, and the whole picture changes.

With the Guillain-Barre Syndrome, I remember being intubated and not able to move anything from the neck down. It was an effort to breath. Frustration was the biggest thing I tried to avoid, as it took all the energy that I had and I needed that energy to get well. It was difficult to communicate with my family, the nurses and doctors. My sister, Karen, made a small book that helped to describe who I was and what I enjoyed doing. Inside it contained several pictures of me participating in all the sports that I enjoyed, as well as pictures of my family. I made everyone who cared for me read it so that they might know who I was - that I was not just a body lying in a bed. This book was truly a great gift to me as I wanted everyone to see that I needed my life back.

Communication was another area that was very difficult. When I could finally use my left hand I was given a letter board. This was too frustrating because I did not have the strength to hold up my left arm enough to point to the correct letters. My family would try guessing until they too would get frustrated. I would just motion for them to forget it, it was not that important, and soon, I just didn't care.

I believe in consistency when it comes to very ill patients. Some nurses were able to understand my movements, and it made it much easier to have the same nurse on a regular basis. Pain was a large concern for me and finding a balance between not enough medication and too much pain was difficult. Pain was good, as it meant that the nerves had not died, however, a person cannot heal in a body suffering with pain. Although I have been home for three months, I still have a lot of healing to do. I am still processing all of my recovery. As a result, I will not be back to my nursing duties for awhile yet.

NSNU was always near me, as I wore my NSNU socks with my Johnny shirt every day. My attire sparked conversations as I was living in a NSGEU world and these nurses were heading for a strike. However, as I have learned, when it comes to patient care, it does not matter what union you support.

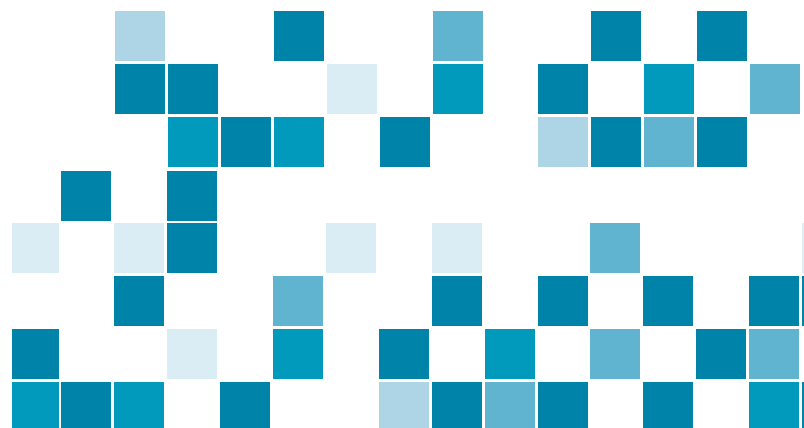
Being a nurse with NSNU wearing white tops and black pants, and now being the patient, it became clearer to me the importance of the new uniforms because it was very difficult for me and my family to distinguish the nurses from the other staff.

As this journey continues to unfold, I want to thank my husband of 35 years Barry, my mom 88 year old Irene Lowe for braving the ice and cold to visit me, my brother Ron for bringing mom to my bedside, my sons Bryan and Darcy, the rest of my family, friends, co-workers, my brothers and sisters in NSGEU for the excellent care, and NSNU for their continued support during my illness. It truly has been a joint effort in my recovery.

Respectfully Yours,

Sue Henry, LPN

Eastern Shore Memorial Hospital



Union fights for fair compensation

Written by Eileen McIntyre R.N. and Lynn Boutilier, R.N. - CBDHA

In 2011, both of us were awarded RN positions in another department. As part of the new job we were required to complete an educational program within one year of assuming our new roles. At the time the workload was challenging. However we both completed the program in the timeframe outlined in our job description.

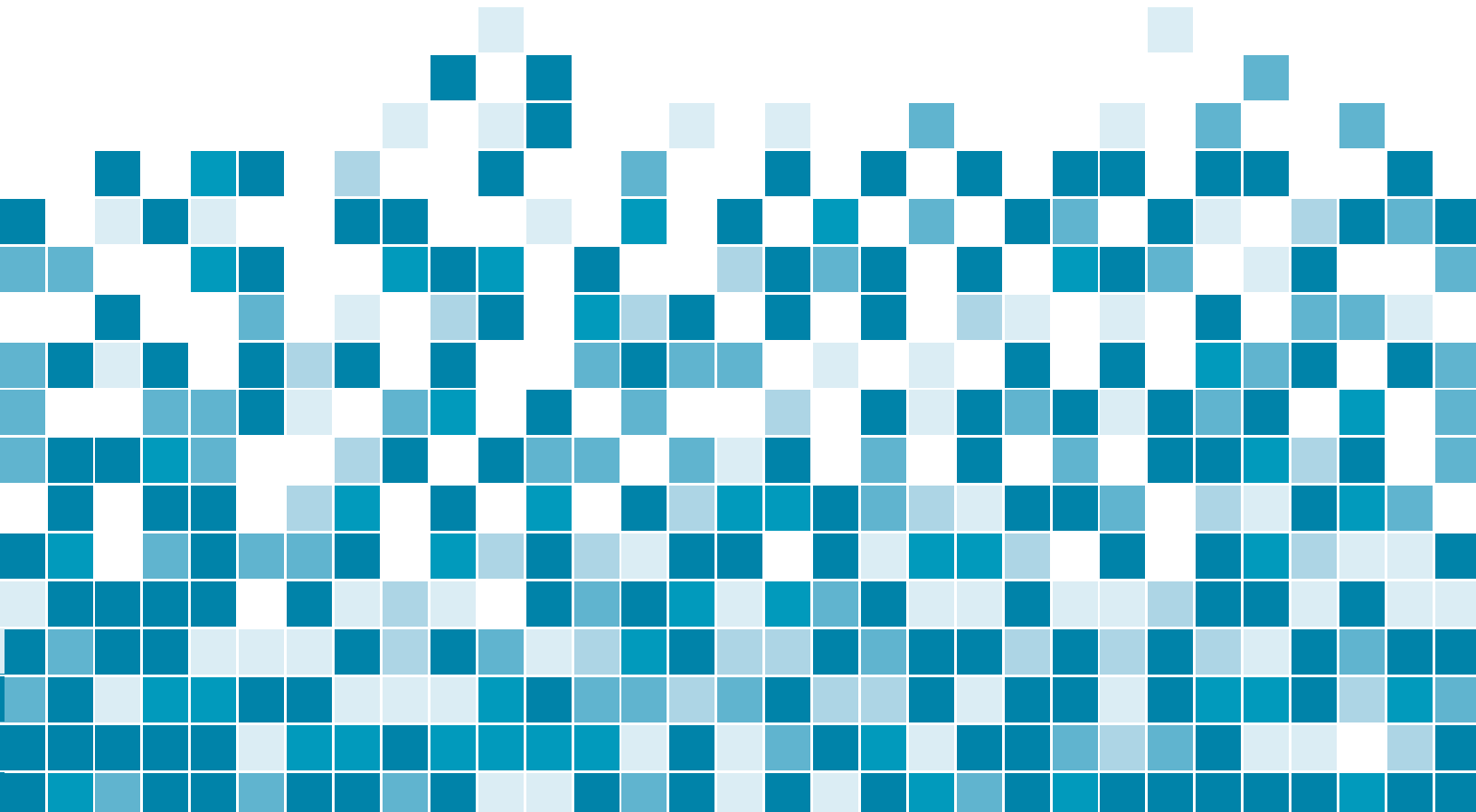
Historically, staff completed this requirement by attending the onsite educational program that is held in Ontario over a two week period; 80 hours of paid time, expenses and salary were compensated to them for attending the course. Upon consideration of both our current work demands and personal obligations, we made the decision to complete the program through a seven-month distance education program. The decision was approved by our manager for us to pursue this avenue of education.

Upon successful completion of the program, we requested compensation and submitted a request to be reimbursed for our time only. This request was denied. We then contacted the Nurses' Union regarding our situation and, in discussion with them, decided to move forward with filing a grievance according to the collective agreement article 15.05, Required Education.

The grievance was denied at every step of the grievance process so with the Union's support we proceeded to arbitration. At this point and time we did not feel confident that this was going to have a good outcome however the NSNU did not waver in their endeavor to reach a successful conclusion for us.

Only a few days before our arbitration hearing was to take place the employer notified the NSNU rep regarding a settlement. One would think an offer of 50% of our original request would have been an acceptable offer; however our Labor Relation Representative felt that, after reviewing all the case evidence, this was not acceptable and advised the employer that we would not be settling at this time and will continue onto the arbitration hearing. The employer made a second offer of 80% of our original request. With support from our LRR, we agreed to this settlement.

Despite the stress of this experience, having the support and understanding of our union representatives has been inspiring. We are thankful for all they do to make sure that we receive fair compensation. All of their tireless efforts on our behalf usually go unnoticed. However, we are indeed grateful for all their amazing work behind the scenes. We are very proud to be members of the NSNU.



IMPORTANT!!! New Graduate RN Feedback Needed!!!



THE NURSING COMPETENCE SELF-EFFICACY SCALE (NCSES):

We are a research team made up of Canadian nurse educators. We need to know how well we prepared you for the realities of your workplace. Do you feel both confident and competent today as you enter the professional nursing workforce? Basically, we want to know how confident you are feeling right now as a newly registered RN.

We want you to tell us by completing the Nursing Competence Self-Efficacy Scale (NCSES). Self-efficacy is a term that refers to how confident you feel. Strong research evidence exists to support the importance of developing student self-efficacy in general education programs; further investigation of student self-efficacy in nursing education programs is warranted. To do so,

the development of the NCSES was an important first step. Please help us further develop the NCSES by completing the NCSES survey below.

It will take about **10 minutes**. As a thank you for volunteering your valuable time to complete the survey, you will be **eligible to WIN a \$300 gift certificate to Future Shop or Winners**.

The Survey questions will ask you to rate your self-efficacy (confidence) for nursing practice competence.

<https://surveys.dal.ca/opinio/s?s=NCSES>

For any questions related to this research study please contact:

Evelyn Kennedy | evelyn_kennedy@cbu.ca

Debbie Brennick | debbie_brennick@cbu.ca

Your participation in this study is voluntary and there is no penalty should you wish to withdraw. The information you provide will be confidential. The survey is constructed using *Opinio*, a secure online survey software program. *Opinio* has secure data encryption and user authentication. Any data reported will be in aggregate form and will not contain any personally identifying features. All data collected will be stored on a secure computer that is password protected. Only the principal researchers and co-investigators named here will have access to the secure password. This research study has received approval from Cape Breton University Research Ethics Board.

Research Team

Evelyn Kennedy RN, PhD

Debbie Brennick RN, MN

Gail Tomblin Murphy RN, PhD

Rob Alder, PhD

Emily Budden, SN, Research Assistant

Council of the Federation

Aug. 25, 2014 – Representatives from the Canadian Federation of Nurses Unions (CFNU) were in Charlottetown during the Council of the Federation Meeting August 27-29, 2014. The CFNU discussed the future of health care directly with premiers during the Council of the Federation, and also participated in events organized by the Canadian Health Coalition and PEI Health Coalition.

The CFNU President, Linda Silas and representatives of Canada’s provincial nurses unions (including Janet Hazelton, NSNU president) added their voices to the many nursing and health care issues that currently plague our system.

While in Charlottetown, the CFNU and member organization representatives advocated for national discussions on key health priorities such as a universal pharamacare program, a comprehensive approach to long-term and continuing care,

greater attention to health human resources, and federal government engagement on the future of public health care.

“It’s important for us to be there to ensure politicians are accountable and make informed decisions about healthcare. They are not as quick to dismiss our views and expertise when they can put a face on the nursing leadership in this country,” say Janet Hazelton, NSNU president.

The Council of the Federation is a congress that meets twice annually and comprises the premiers of each of Canada’s 13 provinces and territories, the main function of which is to provide a united front amongst the provincial and territorial governments when interacting with Canada’s federal government.



Linda Silas, CFNU president, Mona O’Shea, PEINU president, unnamed PEINU member, Janet Hazelton, NSNU president



Linda Silas, CFNU president, Premier Robert Ghiz and Mona O’Shea, PEINU president at the CFNU Premiers’ Breakfast in Charlottetown, August 27, 2014

Canada Needs a National Pharmacare Program



Ottawa (August 20, 2014) - The Canadian Federation of Nurses Unions is calling on governments at all levels to support the development of a national pharmacare program, in a new report released August 20th, A Roadmap to a Rational Pharmacare Policy in Canada.

The report, by Dr. Marc-André Gagnon, an Assistant Professor at Carleton University's School of Public Policy and Administration, demonstrates that the present hybrid prescription drug system isn't working, is unfair, inequitable and wastes vast amounts of money. Canadian drug coverage is offered based on where a person works or lives, instead of accounting for their medical needs. We need to improve access for all Canadians.

Canadians pay among the highest per capita costs for prescription drugs, when compared to other OECD countries, but with one Canadian in 10 unable to fill their prescriptions, we are also among countries with the most acute problem accessing prescription drugs. Although there have been initiatives to contain rising costs, these have only shifted costs elsewhere within the system.

A Roadmap to a Rational Pharmacare Policy in Canada highlights four practical reforms which would improve our access to prescription drugs. Gagnon's series of pragmatic, achievable steps should be taken now to turn policy into practice.

Gagnon states that "...while a universal pharmacare program may not solve all the challenges we face, it will help build the institutional capacity to improve access, diminish costs, improve practices and ensure the continued sustainability of our health care system." Dr. Gagnon asserts that if Canada offered first-dollar coverage, a universal pharmacare program would generate savings of 10% to 41% on prescription drugs, representing savings of up to \$11.4 billion per year, while simultaneously improving health outcomes.

An EKOS survey showed that 78% of Canadians are in favour of establishing a universal pharmacare program in Canada. Linda Silas, President of the Canadian Federation of Nurses Unions, said: "Our policymakers have all the necessary tools to assume leadership on this issue. We urge them to act to protect all Canadians."

Sorry, wrong number...

Our phone broadcast service provider, Union Calling, recently contacted some of our members leaving a message that was intended for members of the NSGEU. After an investigation, it was determined that our original broadcast on August 25th was delivered correctly.

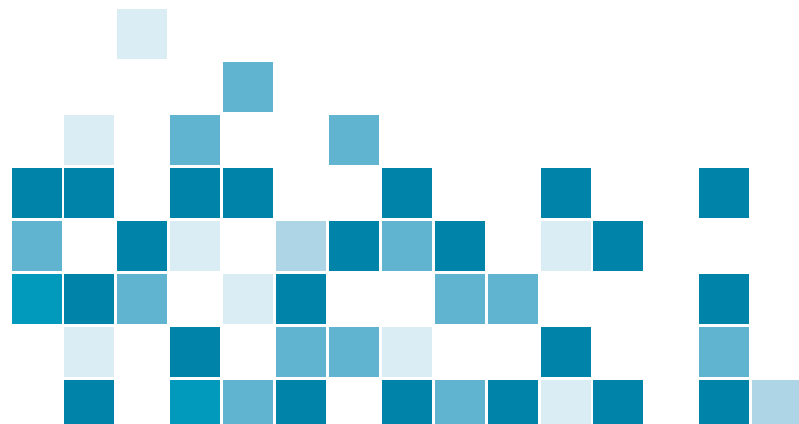
Once dialing was completed, the Union Calling technician pulled the call logs and collected all the failed numbers (busy, no answers, etc.) to create a recall list. Then the call was sent out to those phone numbers a second time.

The error occurred when NSGEU's call also required a recall. The technician accidentally used the NSNU Recall List instead of the NSGEU Recall List.

Union Calling has taken complete responsibility for the mix-up and has apologized for any confusion this has caused. Steps have been taken to ensure that this mistake will not happen again.

Please be assured that there has been no crossover of membership information between the unions. No NSNU phone numbers have been inadvertently revealed to another organization, or vice versa.

The NSNU has enjoyed a long and collaborative working relationship with Union Calling. This error was unfortunate.



Contact us with your CRA questions

Many of our members have received requests from the Canada Revenue Agency (CRA) for further information on the union dues deducted on their T4s. This is a new initiative CRA has implemented recently, and they are asking to which union the dues were paid and when. This information can be obtained from your Employer, or by contacting Verna Harrie at the NSNU Head Office (902-469-1474) who will confirm the amount on your T4 and provide you with a letter confirming the amount paid in the calendar year to NSNU.

Pride and Gratitude

I want to thank all the NSNU nurses, partners, families and our communities that came out to support NSNU at the gay pride parades in Halifax and Sydney. These parades provide us the opportunity to celebrate and recognize the importance of diversity within our communities and the values that make our communities strong – integrity, courage, dedication, and respect.

In Halifax alone, 80,000 people lined the streets to show their support. In Sydney, media reported that every sidewalk was packed three-people deep with applauding supporters for an

event that just keeps growing and growing.

It's great to have people celebrating diversity and to see how the events keep getting bigger and better every year. I would once again like to thank everyone who supported NSNU and look forward to planning for next year's event.

Dwayne MacKinnon,

NSNU Labour Relations Representative / Equity and Diversity Consultant



Something to think about....

*There's always a little truth behind every "just kidding"
A little knowledge behind every "I don't know"
A little emotion behind every "I don't care"
And a little pain behind every "It's okay"*



Return undeliverable Canadian copies to:

Nova Scotia Nurses' Union

30 Frazee Avenue, Dartmouth, NS B3B 1X4

Tel: (902) 469-1474 | TF: 1-800-469-1474 | Fax: (902) 466-6935

Email: coleen.logan@nsnu.ca Website: www.nsnu.ca

