

**Courage to lead,  
Confidence  
to challenge,  
Commitment to care**



**2014 Health Accord**

**Bargaining Update**

**NSNU Scholarship information**

**CFNU responds to latest CIHI report**



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# President's Notebook

Janet Hazelton, NSNU President



## Canadian RN Exams to be delivered by American company

At the end of 2011, RN regulators in 10 Canadian provinces and territories, including Nova Scotia, chose to abandon the traditional pen and paper RN entry-to-practice exam, for a new computer based model that will be delivered by an American company – the National Council of State Boards of Nursing (NCSBN).

Under the new system RNs would receive their exam results sooner than before, however, Canadian nursing bodies have major concerns over the regulators decision.

One of the largest concerns rests with the company's intent to use the existing American entry-to-practice exam (the NCLEX-RN) in Canada.

Currently, RN regulators in each province decide which exam is used by Canadian RNs to determine if they are qualified to practice in Canada. Every province and territory, except Quebec, uses the Canadian Registered Nurse Exam (CRNE). When the NCLEX-RN is delivered in Canada, this will be the first time the exam is used to license professionals outside of the United States.

Choosing an American based firm and exam raises the question of the practicality and applicability to Canadian nurses, including French speaking nurses. With such severely different health care systems and challenges across the borders, it is a wonder why regulators across the country agreed to this proposal.

Could we be putting the public at risk of a major Canadian nursing shortage by licensing our nurses with an exam that increases their mobility to the United States? I am curious to know if the provincial governments were aware that research shows most Canadian nurses who leave Canada for work in the U.S. don't often return.

The national voices for nurses in Canada, The Canadian Nurses Association and the Canadian Federation of Nurses Unions, have been vocal on our behalves in advocating that the safety of Canadian citizens is maintained, as well as our standards of practice as Canadian nurses.

In a media release, The Canadian Nurses Association (CNA) declared seven principles that must be met with during negotiations between the provincial and territorial governments to finalize the new exam: To view the complete list of principles visit [www.cna-nurses.ca](http://www.cna-nurses.ca).

*continued...*

**ON THE COVER...** From left to right - Sean Meager, Canadian Doctors for Medicare, Janet Hazelton, NSNU president, Maude Barlow, National Chairperson of The Council of Canadians, Elizabeth Ballerman, Co-Chair of the Canadian Health Professionals Secretariat, at a news conference hosted by the Nova Scotia Citizens' Health Care Network on November 24, 2011

# Workplace Integration of New Nurses — Nursing the Future (WINN-NTF)

New and experienced nurses from across Canada gathered at the Westin Nova Scotian Hotel in Halifax from November 30 – December 1, 2011, for a three day conference to discuss strategies and tactics on successful integration of new nurses into the nursing practice.

The theme of the conference was “A Beacon of Hope for New Graduates: Nurses Working Together to Calm the Waters of Professional Practice.” Nurses worked, listened and participated in panels, workshops and activities aimed at breaking down the barriers between new nurses and their experienced co-workers.

*Some of the NSNU members and Board of Directors attended who attended the WINN-NTF conference.*



*NSNU President Janet Hazelton speaks to the delegates at the WINN-NTF conference on the importance of being able to identify nurses in the workplace.*

## President's Notebook continued...

The Nova Scotia Nurses' Union believes these seven principles set forth by CNA, correctly align with the values of Canadian nursing and the RN profession. We will work with national nursing bodies, government, provincial unions and nursing schools to ensure patient and nurse safety is maintained.

With the delivery of a U.S. exam to become standard practice, what it means to be a Canadian nurse is currently on the line. Along with my national Nurses Union

presidents, I will advocate that proper consultation of the largest stakeholder, Registered Nurses, is needed in the development process and the inclusion of issues that affect the requirements to become a member of professional body of nursing in Canada.

To comment, visit my blog on MyNSNU – we'd like to hear your views on this matter. **Visit [www.nsnu.ca](http://www.nsnu.ca)** to join the commentary.

# Nurse Profile - Wearing White

## How a uniform helped elevate passion and pride in one nurses' career

Many nurses struggle to find their professional identity among a sea of health care workers and hospital staff. Navigating through the different units and departments, patients are often challenged to find the right care provider for their immediate needs.

That is not the case for patients in the care of Marie Griffin, a Registered Nurse at the Annapolis Valley Regional Hospital.

Since the start of her career, after graduating from the Aberdeen School of Nursing in 1985, Marie has worn a full nursing uniform, including the nearly extinct nursing cap.

Marie didn't grow up with the ambition to be an "angel in white" that graced the hospital hallways. Much like her reason for wearing a uniform, Marie became a nurse on a whim.

The mother of one of Marie's best friends (a nurse herself) dared her to enter the field of nursing after completing a degree in biology. Marie decided to accept the challenge and applied for nursing school. Much to her surprise, she discovered a career she would love and a lifelong passion of caring for others.

It was this same woman who then asked Marie upon graduation to promise her that she would always don the traditional nurse uniform throughout her career, cap included.

Marie is aware that it is certainly a rarity to see a nurse in this day and age wearing white stockings, a dress and cap, but she says it has helped her to perform her job to the best of her ability.

"I get a lot of respect from patients, who always comment on my uniform," said Marie. "When I walk into a room they



*Marie Griffin, RN  
Annapolis Valley Regional Hospital*

know why I am there and they allow me to get my job done.

"They automatically relax, they assume (because of the way I am dressed) I know how to do my work and never second guess my ability."

Marie's uniform allows patients, family and visitors to easily identify her as a nurse; a title she says makes her proud.

"I have been told by patients that they had hoped I would be their nurse when they would see me walking through the facility, that gives me a lot of confidence in my work," said Marie.

Her love for nursing makes it easy for her to put on a uniform that identifies her immediately as a health care professional and doesn't agree with those who say wearing a uniform means losing one's identity.

"I am so proud of what I do, I love that people in my community all know me as a nurse," she said. "There is nothing wrong with being easily distinguishable in your profession like police and fire fighters.

"And if you are not proud to be identified as a nurse, why enter the profession at all?"

Marie has rarely encountered negative reactions from patients on the way she dresses in her nearly three decade long career.

"Only a couple people have had something negative to say, just because I look different compared to the other nurses they see," said Marie. "But that never discouraged me from putting on my uniform for every shift following."

While the positive reactions always outweigh the negative from the patients, over the years some coworkers have not been as supportive of her self-imposed dress code. Marie admits there has been some teasing and bullying over the years on her clothing choice.

“Patients don’t help by saying things like ‘oh look a real nurse’ or they say I must be in charge of everyone else because of the way I am dressed, I know this doesn’t always sit well with my fellow nurses on shift,” she said.

However, Marie makes a point of saying that she continues to wear her uniform for her professional satisfaction, not to make other nurses look less professional.

Being an acute care nurse, Marie will not experience too much discomfort now that her fellow NSNU nurses will also be wearing identifiable uniforms. It goes without saying that Marie thinks it is a very positive movement for nurses in our province.

“We need distinction from the rest of the workers in the hospital, patients deserve to know who is caring for them, not wondering who is a nurse in the facility,” said Marie.

She encourages everyone to be more open to the idea, as she has experienced many years of positive reactions and professional clarity from wearing her uniform.

“This is problem solving, it shouldn’t be the cause of problems in our units,” said Marie.

Of course Marie’s coworkers joke with her that she may have to abandon the full white uniform because the membership selected black and white as the colour of choice.

Equally good humoured, Marie responds by saying she might add black fish net stockings to her uniform in lieu of her white ones.

“After all, finding white stockings is really hard these days!”

## New Mark’s Discount Cards

The new Mark’s Work Wearhouse discount cards for 2012 have been sent to each local President or Designate for distribution at your workplace. Please see your local representative for your new card.

## AGM registration kits

The Annual General Meeting kits for the 2012 AGM talking place the week of May 14, 2012 will be sent to all table officers at each NSNU local in early April.

If you are planning to attend the meetings, please contact your Local Executive at that time for forms and meeting information.

Visit [nsnu.ca](http://nsnu.ca) (login to MyNSNU) and select the AGM tab from the vertical navigation menu for more details about the upcoming AGM events.

## Keep us up to date

The NSNU strives to have your most current personal data on file in order for members to login. Our database is linked to the website which ensures that the **myNSNU** (members only secured site) remains secure. To achieve this goal our administrative staff needs your full name, phone, address and email.

Having this data on file also allows us to communicate information directly to you regarding collective bargaining, voting procedures, events and nursing advocacy.

Member’s wishing to receive their newsletter electronically are also encouraged to provide the Nurses’ Union with an email address.

If you have not supplied the NSNU with your most current data, (name change, phone or address) please contact us at your earliest convenience at – [nancy.macdonald@nsnu.ns.ca](mailto:nancy.macdonald@nsnu.ns.ca) or phone 1-800-469-1474/469-1474.

## 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](mailto:verna.harrie@nsnu.ns.ca).

# 2012 Eastern Labour School

The 2012 Eastern Labour School will be held at the UPEI campus in Charlottetown. Registration will commence at 3 pm on Sunday, June 10, with classes from June 11 – 12. The banquet will take place at New Glasgow Lobster Suppers with entertainment by Meg Soper on Monday night, June 11, 2012. The cost of registration is \$300.

The Labour School package with deadlines, information and application forms will be sent to the local table officers at the end of February. You will also be able to access this information on our website [www.nsnucanada.ca](http://www.nsnucanada.ca).

*Lilo Wessels, NSNU labour relations representative instructs a class at the 2010 Eastern Labour School in Nova Scotia*



Labour School is an opportunity for nurses in Atlantic Canada to convene every two years to enroll in a wide range of courses pertinent to their work-lives, including labour relations, communications, assertiveness training and negotiations. Eastern Labour School has been in existence for 30 years.

## NSNU sponsors additional seats for Labour School and the AGM

The Board of Directors of the Nova Scotia Nurses' Union is happy to announce an opportunity for 10 extra NSNU members to attend 2012's AGM and/or 2012's Eastern Labour School.

For each event, NSNU will sponsor 5 members under the age of 35 as well as 5 members who have never attended the AGM and/or Eastern Labour School. This is above the usual sponsored members.

**The 36th Annual General Meeting** will take place May 14 – 17, 2012 in Truro at the Glengarry Best Western.

**The 2012 Eastern Labour School** will take place June 10 – 12, 2012 at UPEI in Charlottetown.

Details of both events will be available at a later date.

Interested members meeting the above criteria are encouraged to send their expression of interest to Debbie Grady via email - [debbie.grady@nsnu.ns.ca](mailto:debbie.grady@nsnu.ns.ca). Please indicate which event you are interested in attending and which category you fall under.

The deadline to apply is February 29, 2012 and a random draw to select the successful applicants will take place March 1, 2012. Those drawn will also be contacted on that date.

# NURSING HISTORY of NOVA SCOTIA



The Nursing History of Nova Scotia group is actively involved in supporting the concept of a permanent Health Sciences Archives of Nova Scotia.

They are presently contacting all hospitals in the province to gather information as to the quantity of nursing artifacts and memorabilia already in safekeeping. This will allow them to develop a permanent database of archival information relating to the nursing profession in Nova Scotia.

They are passionate about the nursing profession and proud of the contributions so many have made to our communities in Nova Scotia.

They look forward to hearing your stories. As a group they hope to gather and preserve our profession's archival history for generations to come.

To become a member of the Nursing History of Nova Scotia group send a ten dollar (\$10) cheque payable to Nursing History of Nova Scotia to:

**Lesa Light**

**440 Prince Street, Nova Scotia, B2N 1E7**

For more information contact  
Gloria Stephens (902) 455-9413  
or e-mail: [gloria.stephens@ns.sympatico.ca](mailto:gloria.stephens@ns.sympatico.ca)

## NSNU Lawyer moves on

Heather Totton, NSNU Legal Counsel, has resigned from the NSNU. Heather has accepted a position at the College of Registered Nurses of Nova Scotia and will join their staff in early February.

A former nurse, Heather joined the NSNU staffing complement in January 2009.

Everyone at the NSNU wishes her well in her new position.

Prompted by Heather's departure, the organization sought out proposals from two prominent labour law firms for consideration and, the Board of Directors of the NSNU made the decision to use external counsel for a one year trial period to assess the benefits of external versus in-house counsel.



The firm chosen is Pink Larkin, a firm that also works with our colleagues in other health care unions and specializes in labour law and pension issues.

Servicing assignments have been redistributed and the NSNU will now pair labour relations representatives with legal and paralegal support for College files up to the Complaints Committee level. Any case that goes beyond this point to the Professional Conduct process will still be strictly handled by legal counsel.

## Words to live by

"To laugh often and much; to win the respect of intelligent people and the affection of children; to earn the appreciation of honest critics and endure the betrayal of false friends; to appreciate beauty, to find the best in others; to leave the world a little better; whether by a healthy child, a garden patch or a redeemed social condition; to know even one life has breathed easier because you have lived. This is the meaning of success."

-Anon.

# Bargaining Bulletin

NSNU has had a number of meetings with other Healthcare Unions as well as Government and Employer Representatives where we have discussed the upcoming round of negotiations.

As you all know, the Nurses in NSGEU recently received an arbitration award which gave a wage increase and a wage adjustment equivalent to 5.1%. This award gives a “grid adjustment” (the bottom step of the wage grid is removed and a new step is added to the top with a 3.5% differential), effective November 1, 2011. Effective May 1, 2012, there will be a 1.6% wage increase. These increases will happen in what will be the first year of NSNU’s new contract. Janet Hazelton has been very clear in all of her discussions with Unions, Employers and Government that this will be the starting point for all of our Nurses in our next contract. This is not an unusual situation as Unions frequently “leap frog” when one of our counterparts achieves any improvements.

In all discussions with our Healthcare Union counterparts, we have determined that Local 42 (NSGEU Healthcare bargaining unit which represents LPNs and Techs) will go first as they have dates set for starting their negotiations early February. Local 42 completed their surveying process and other preparations, including a public awareness campaign. They will be going to the table with the same clear message as all the other Healthcare Unions that they expect the same increase that was achieved through the arbitration award for NSGEU RNs. The 5.1 wage settlement that the NSGEU RNs were

awarded in the third year of their contract has created a standard that many health care employees including our LPNs. All other Unions will have the same mandate for their members. The NSNU supports Local 42 in their efforts to achieve a package that is equitable.

NSNU has been developing our strategic plan through initial discussions with our Board of Directors and our Provincial Negotiating Committee (PNC). Once the plan is finalized, we will be sharing the strategy with our members. We are currently planning an extra day attached to our AGM in May to bring together our leaders to discuss this further in a Bargaining Conference. Our bargaining survey will be posted on the members’ only site, MyNSNU. Members will be notified days prior to the launch of the survey via Union Calling.

Our PNC (former and current) met on January 10, 2012 for an informative discussion on the last round of negotiations with a view to see if there are ways to improve the process for the upcoming round. We have a good mix of experienced PNC members and new members with fresh perspectives. Chris Albrecht, NSNU Labour Relations Representative is enthusiastic in her role of chief negotiator. Chris brings to the table years of negotiating experience and has worked with some of our PNC members during the last round at the VON and CBS tables. Janet Hazelton, NSNU President will serve as Chair of the Committee and Jean Candy, Executive Director will continue as Senior Staff Advisor and Second Chair on the Committee.

## SLEEP STUDY

This is the last call for participation in national Sleep & Dementia survey: The Sleep and Function Interdisciplinary Group (SAFIG) at the University of Alberta (with support from **Addiction & Mental Health: Alberta Health Services**) is conducting a national survey of healthcare providers’ use of **non-pharmacological sleep interventions for persons with dementia**.

Your contribution is important. The group is interested in learning more about strengths and barriers for service delivery to this vulnerable population by completing the short on-line Sleep and Dementia survey.

The study is approved by the Research Ethics Board at the University of Alberta. Participation is completely anonymous and the survey takes only 5-7 minutes to complete.

Go to: <http://app.fluidsurveys.com/surveys/cary-R/sleep-intervention-dementia/> (to access the survey in English)

Or to access the survey in French  
<http://app.fluidsurveys.com/surveys/cary-R/sleep-dementia-french/>

For more information about the study please contact Marie Bullock  
[painanddementia@rehabmed.ualberta.ca](mailto:painanddementia@rehabmed.ualberta.ca)



# NSNU/CFNU Bursaries and Scholarships – details and deadlines

The NSNU offers six scholarships to members on an annual fiscal year basis. Available are:

## Annual Union Scholarships

- Dolores Chase \$1,500 Scholarship
- Nursing degree or diploma program-\$1,500 Scholarship
- Certificate program-\$1500 Scholarship

## Other Scholarships

- CFNU \$1,000 Scholarship
- Two (2) \$500 Family Scholarships

The Education Committee selects the following from blind applicant forms:

- *Dolores Chase \$1,500 Scholarship* -  
This scholarship is awarded to a member enrolled in a nursing degree program.
- *\$1,500 Scholarship* -  
This scholarship is awarded to a member enrolled in a nursing degree or diploma program.
- *Scholarship valued up to a maximum of \$1,500* -  
This scholarship is awarded to a member enrolled in a certificate program. The value granted will be determined by the Education Committee and will depend upon the cost of the certificate program.

## Criteria for Union Scholarships

The Education Committee makes its selections based on the following criteria:

- Must be a member in good standing at the time of application, a dues-paying member or a member on an approved leave of absence.
- Must be enrolled in a full-time or part-time nursing Certificate, Diploma, or Degree granting program.
- Preference will be given to applicants who have not previously received a scholarship.
- The application form must be completed and received by the Education Committee by the deadline set by the Committee each year.

The Education Committee also selects the recipient for:

### *CFNU \$1,000 Scholarship* -

This scholarship is awarded to an unlicensed student enrolled in an accredited nursing education program in Nova Scotia. It is hoped that the recipient of this scholarship will one day show leadership within the CFNU.

*continued...*

## Criteria for CFNU Scholarship

- All applicants must complete the appropriate application form and write a 1000 word essay on the following topic - *Why is it important for a nurse to practice within a unionized environment?*
- The successful applicant will be chosen by the Education Committee using a blind selection process and notified at the completion of the NSNU Annual General Meeting.
- Preference will be given to applicants who have not previously received a scholarship.
- In consideration of receiving a scholarship from CFNU, a recipient agrees to grant permission to CFNU and/or Member Organizations or the CNSA to publish their name and/or photo.

The Education Committee selects two recipients of:

*\$500 Family Scholarships* - on an annual fiscal year basis.

## Criteria for Family Scholarships

Based on the following criteria, the Education Committee selects the recipient of each \$500 scholarship:

- One scholarship shall be granted to a family member of an NSNU member enrolled in the Licensed Practical Nursing Program.
- One scholarship shall be granted to a family member of an NSNU member enrolled in a Nursing Degree Program.
- For the purposes of the scholarship policy, family members include: son, daughter, stepson, stepdaughter, grandchild, step grandchild or spouse of a current member in good standing of NSNU.
- The application form must be completed and received by the Education Committee by the deadline set by the Committee each year.
- Preference will be given to applicants who have not previously received a scholarship.

***The deadlines for Scholarship Applications is April 30 of each year.***

## Annual Regional Union Bursaries

At each Annual General Meeting where elections take place, each Region of the Union elects up to three persons to be members of a Regional Bursary Committee.

On an annual fiscal year basis, the Union allocates up to the sum of \$1,500 per region for members of that region for educational workshops, seminars or certificate programs or courses related to the job of a member.

Members in each Region can apply to the appropriate Regional Bursary Committee and include their name, the name of their NSNU Local, their address, the educational activity attended, including the date, location and description of the topic and a receipt for the fees paid.

The bursary is used by the Member to help defray the costs of registration fees for the educational activity.

Each Regional Bursary Committee establishes its own criteria for eligibility, and its own deadline for applications.



# Glenna Rowsell Memorial Scholarship to Labour School

## Glenna S. Rowsell Scholarship Information and Criteria

Funds have been set aside in the members' education budget for a scholarship in memory of Glenna S. Rowsell.

While working for the Canadian Nurses' Association in the mid to late 1960's, Glenna toured the country educating nurses' associations to develop nurses' unions in their province. She later became the first employment relations officer for the New Brunswick Nurses' Union.

While working for the nurses in New Brunswick, she, along with her counterparts in Nova Scotia, Prince Edward Island and Newfoundland, developed the first Nurses' Eastern Labour School. She participated in the Labour School every year since 1976, either as a co-ordinator or as an instructor of the General Labour Relations course until her death in the fall of 1988.

The successful recipient of this scholarship will have all pre-determined expenses covered to attend the 2012 Eastern Labour School in Charlottetown this June. This will include meals, travel, salary replacement and the banquet.

To qualify for the Scholarship, the following criteria must be met.

1. The member must be a member in good standing of the Nova Scotia Nurses' Union.
2. The member must not have attended Labour School before and must be interested in attending the General Labour Relations course.
3. The member must be active at the Local level. That is, the member must have held an office, served on a Committee or, at least, has been a regular attendee at meetings.
4. The application form must be completed and received by the Education Committee by the deadline set by the committee each year
5. The application form may be completed by an individual Member or by a Local who wishes to nominate an individual Member
6. The member may apply directly or be nominated by the Local. The proper application forms must be completed and received by the Provincial Office, attention Debbie Grady, **on or before Tuesday, April 26, 2012.**

**To obtain a scholarship application, please see your local executive or login to MyNSNU and select the Labour School Tab. Fill out the form and return when registering for Labour School. Registration packages will be mailed to NSNU Locals as soon as possible. More information will be circulated to NSNU locals once details are finalized by the host province/union, PEINU.**

**The deadline for registration is April 26, 2012.**

# CFNU president, Linda Silas responds to new CIHI data

## Regulated Nurses: Canadian Trends 2006 - 2010

January 27, 2012

The latest Canadian Institute for Health Information (CIHI) data, released in late January 2012, shows that the total number of RNs and LPNs in the country continues to rise. Hopefully, this trend will continue or even accelerate so that we can reclaim the nurse to population ratio we had in the early 1990s. This becomes all the more important as the average age of nurses continues to increase and more and more of us approach retirement.

### The value of nurses

A large volume of literature over the past 10 years now makes an incontrovertible case for the value of nursing. Increasing the number of nurses is known to decrease mortality (including respiratory failure, and cardiac arrest in ICUs, and failure to rescue in surgical patients), to decrease morbidity (including the odds of hospital acquired pneumonia or of unplanned extubation), and to decrease patient length of stay (by 24% in ICUs and by 31% in surgical patients, according to one study). Employers, governments the public and nurses need to appreciate this point.

These findings are not particular to acute care. Residents in long-term care facilities that provide higher nursing hours per resident day have better outcomes, including lower mortality rates, improved nutritional status, better physical and cognitive functioning, lower urinary tract infection rates, fewer incidents of pressure sores, and fewer hospital admissions.

Importantly, we can often increase the number of nurses without incurring increased costs. According to one study, decreasing the length of stay alone recuperates 72% of increased labour costs, and on top of this we can add the significant cost benefits of reduced morbidity and the economic value of lower liability and reduced staff turnover.



### Workload

Concerns over nurse workload have been rising, despite the modest increases in the workforce population. Excessive workloads create significant challenges for nurses, negatively affecting the quality of their work environment and, ultimately, the quality of patient care they are able to deliver.

Nurses are constantly telling me: 'I've reached my limit. Something must be done!' And yet they continue working because they love

being nurses and because they will not let patients down. Polls of nurse union members across the country show that workload is becoming an increasingly important issue, often cited as the most important bargaining priority. Workload and overtime are increasing and, more than ever, nurses are working below normal staffing levels.

So what gives? Shouldn't the situation be getting better, not worse, as more nurses enter the workplace? The short answer is that the numbers only tell a part of the story. Several other factors play into the problem of nurse workload.

In the first place, there is an increase in the complexity of care. Canadians are living longer and demanding more complicated and labour-intensive interventions. Second, despite the promises following the 2003-2004 Health Accord and 10-year Plan, there has been little advancement in primary care reform such that too many patients receive care in the costliest and most labour-intensive place, the hospital. Unfortunately, in the absence of reform, it is often nurses who must bear the brunt to ensure the highest standards of patient care. In a recent survey of 158 Canadian emergency department directors, 62% reported overcrowding as a major problem during the preceding year, and 82% reported that overcrowding was a major source of stress for nurses.

But this is only part of the problem. Nurses spend much of their time doing non-nursing work (i.e. work not directly related to patient care), they deal with frequent interruptions due to hectic work environments, and they often work with outdated, inadequate staffing plans that give them little influence over staffing decisions.

*continued...*

## Moving Forward

There is no need to revoice old complaints here. What we do need is to move on to solutions. In the first place, this means giving nurses at the bedside a mechanism to say 'enough is enough' when workload reaches a level that is unsafe for the health of patients and nurses alike. In the longer term, we need a staffing model that is flexible, sensitive to the characteristics of the patient and nursing population, adaptable on a shift-by-shift basis, and receptive to the input of front-line nurses.

The CFNU is currently preparing a report on nurse workload. The goal is a solution-oriented policy document with specific ideas to help alleviate the stress on nurses so they can provide safe, quality care to patients. We want to

give voice to nurses on the front line who face excessive workloads on a daily basis.

We applaud the growth in the nursing workforce and encourage governments to continue investing in this area. At the same time, let's recognize that the health of our nursing workforce, and the quality of patient care, depend on real solutions to the problem of excessive workload.

**\*NSNU footnote – In Nova Scotia, the number of nurses in the system has increased but it is reported that fewer fulltime positions are available, while fewer new graduates are finding work in this province.**

## Understaffing costs lives

Front Lines/ONA/CALM

**December 2012**

A STUDY from the Mayo Clinic suggests that a patient's risk of death increases by two per cent per hospital shift when units are understaffed with registered nurses.

The study, published in the New England Journal of Medicine, found that when nursing levels were low, it "spelled trouble" for patients in those units. In a few cases, patients saw their risk of death increase by 25 per cent because they experienced between 10 and 14 understaffed shifts during five days in the hospital.



# VON payroll issues

CBC News

January 13, 2011

In Nova Scotia, the problems began last year when hundreds of nurses and home support workers employed by VON missed paycheques or received inaccurate paycheques that did not reflect overtime or mileage.

VON had brought in the SAP software system on Jan. 1, 2011 as part of a nation-wide administrative overhaul in the finance, payroll and HR systems.

“Some nurses got no pay at all. They anticipated a paycheque. There was absolutely no money deposited in their accounts,” said Hazelton.

“So what VON did was give them cash.”

As the new software system gradually rectified the errors, some of the payments the nurses were entitled to were deposited.

In a statement, VON said that the payroll reconciliation process resulted in some nurses being overpaid.

“VON has confirmed that some employees were overpaid, and these funds will be recovered in consultation with the affected employees — repayment terms that work for both the employee and the organization,” said the statement.

“Conversely, if VON becomes aware that an employee is owed funds, then a payment will be made to them.”

## **VON did not disclose how much money they are owed.**

The situation came to a head on December 23 when — without notice — VON clawed back a retroactivity cheque from a recently negotiated collective agreement.

“Although this decision was made with the best interests of the employees in mind, it soon became clear that the decision was causing pain,” VON said in a statement.

After an uproar, the organization put the money back.



*Janet Hazelton with Paul Withers from CBC television in Halifax about ongoing payroll issues with the VON employer on January 13, 2012*

## **Each nurse’s pay record to be checked**

The dispute will now be resolved with an examination of each nurse’s pay record, which is expected to take about eight hours for each nurse.

“Nurses may owe VON, but VON may also owe significant amounts of money to nurses,” said Hazelton.

“All that needs to be done through the reconciliation process, which is going to be a very labour-intensive process.”

## **VON said its payroll system is now working.**

“VON continues to be mindful and concerned about the level of upset that exists and is working to resolve any remaining challenges through an extensive, organization-wide payroll reconciliation process that began in November,” said the statement.

But the Nova Scotia Nurses’ Union maintains the system is not problem-free.

“We haven’t gone through a pay cycle yet where there hasn’t been a problem,” said Hazelton.

# VON and NSNU meet January 26, 2012

Representatives of the employer group and NSNU members, VON nurses from across the province, met at the Nurses' Union office in Dartmouth on January 26th to discuss the numerous issues facing them, in particular, their payroll system.

Twenty-five NSNU staff and elected officers, VON employer reps as well as nurses met for their **Multi Site Labour Management** meeting. They last met on June 7, 2011.

The group reviewed the 2009 – 2011 Collective agreement and areas of change for the VON.

The group spent time discussing unfinished business from the 2011 meeting then focused on an overview of their payroll issues and the pay reconciliation process.



The employer committed to resolving the payroll problems, currently the most contentious and long-standing issue facing these nurses, via the reconciliation process.

The Union has been working diligently behind the scenes to ensure Nurses receive accurate monies for services rendered. NSNU President, Janet Hazelton and Vice President of Community Care, Jennifer Chapman spent countless hours between Christmas and New Years attempting to sort through issues and assist Nurses in getting their money.

Unfortunately, the only way to ensure the Employer has compensated nurses appropriately is by

comparing the data provided by them to a members own calculations. While this may seem time consuming, it is in a member's best interest to compare the data. The advice to keep track of your Reports of Service and discrepancies has been communicated at all meetings and through previous NSNU newsletters.

External dialogue with the other affected Unions provincially and with other Nurse Unions nationally has been ongoing. They are experiencing the same issues and are as dissatisfied with VON as the NSNU.

With the movement of the Provincial Policy Grievance to arbitration, we will be looking for representatives from every Local to testify to the hardship that VON's poor implementation and ongoing inept management of SAP has caused individual Nurses.



# Distinctive Uniforms



As the uniform policy is introduced across the province, the NSNU has been responding to complaints about the process.

Although the NSNU was not a partner in the development of the policies or procurement of the uniforms, the selection of the supplier was handled by representatives from CDHA, the Nurses' Union has provided input regarding style, quality and what we thought would be a workable solution to outfitting thousands of nurses in a distinctive uniform in a short time period.

Needless to say, the process can and should be improved upon.

This is a first for this province and this country. We have an opportunity to make a statement about nursing identity, professionalism and pride, while at the same time providing a benefit to patients and the general public.

This initiative will provide more clarity for the public as we endeavor to make nursing staff more visible and accessible to patients and their families, thus enhancing their care.

## 2012 Nursing Identity Campaign

The NSNU has entered into a short term contract with a Nova Scotia firm to assist us in heightening the nursing profile in this province via a public awareness campaign and communications strategy.

NSNU staff members are working closely with the agency to facilitate surveys, as well as messaging and creative development.

Our plan is to deliver a campaign to profile the nursing profession and educate the public as to the value of a nurse.

In the meantime, other nurse unions and organizations within and outside of this province are monitoring our pioneering efforts. The following article and letter are two examples of some of the feedback we are receiving and information that is circulating about distinct uniforms.

## Who is the RN? Is it time to reconsider attire?

*An excerpt from the Newfoundland and Labrador Nurses' Union newsletter – In Touch – January 2012*

Submitted By Dr. Robert Meadus, Associate Professor, Memorial School of Nursing on Behalf of the research team: Dr. C. Porr, D. Dawe, P. Didham, N. Lewis, & N. Snow

Different professional groups can often be identified by the way they dress or by the uniforms they wear.

Traditionally the nurse has been recognized by a white uniform. Today, however, with changes to the uniform policies, we are aware that patients can have difficulty in identifying the registered nurse.

Have you heard patients and their visitors' say, "I don't know who the registered nurse is" or, perhaps you have witnessed patients mistakenly asking personnel from dietary or housekeeping for such things as pain medication?

Anecdotally, more and more patients and their visitors within our provincial hospitals are complaining that casual or nonconventional health care provider uniforms are making it increasingly difficult to identify the registered nurse.

*continued...*



According to American studies such complaints are widespread, and furthermore, patient perception of nurse competence, attentiveness, caring, approachability, empathy and other professional image traits have been negatively affected by the type of clothing nurses wear.

Are there implications related to this issue for the quality of nursing service delivery within the province of Newfoundland and Labrador? In addition to identity issues, is the nurse's professional image being undermined by nurse attire?

We are a team of nurse researchers, educators and clinicians who received research funding from Eastern Health and the Health Care Foundation to conduct a pilot study to investigate patient perception of nurse attire. Nursing staff on two eastern health medical/surgical units have been extremely helpful by collaborating with us to recruit 40 adult patient participants. Each patient who consented to participate in the study completed the Modified Nurse Image Scale. Each patient was presented with photographs of the same nurse in eight different uniform styles, colors and patterns and asked to rate ten professional image traits (confident, competent, attentive, efficient, approachable, caring, professional, reliable, cooperative, and empathetic), and indicate the uniform they preferred.

We are seeing some preliminary trends that indicate that patients do in fact perceive that the nurse's professional image is associated with the nurse uniform color, pattern and style. We will use the pilot study findings to design a larger study to investigate the perceptions of patients in hospitals across our province, in order to provide direction for future discussion and action plans for change regarding nurse uniform and professional appearance policies.

For more information on this research, please email [meadusr@mun.ca](mailto:meadusr@mun.ca)

## Letter to NSNU

*The uniform policy*

Dear Union Members,

I was reading the latest issue of my MNU paper and came across the article regarding the NSNU standardized uniform proposal. I would like to applaud the members of NSNU on this move. I feel so strongly about your move that I took the time to write a letter (could not find an email address for the union.)

Normally I wouldn't bother as I am too busy but I am totally proud of this proposal. I feel that you are taking a step that gives the nursing profession image a very positive step-up.

I have been a nurse now for 34 years. I trained when we wore the white uniforms and caps. Caps then became optional, which was okay for me as they got in your way. But they also served as a way of the public recognizing the nurse. Then with the change of coloured scrubs I thought that was nice for the nurses working on the floors to have a bit of their own identity. But now with everyone wearing their own coloured scrubs from health care aides, cleaning staff, physio, nurses, it is difficult for patients and families to know who the nurse is.

I feel as the professionals we are, that we should be set apart from the rest. It is a way of saying what we do as nurses is special and patients and families need to see us set apart from the auxiliary staff. I see it as a very positive step for the nurses of your province. I feel that the image and respect level for nurses in your province will increase.

Congratulations.

Sincerely,

*Colleen Ungrin*

ps. I am an OR nurse for the past 30 years. Talk about not feeling special when everyone from doctors, nurses and cleaning staff all wear the green uniform.

# Book this date! March 8, 2012

## A National Discussion on Continuing Care

The need for greater attention to continuing care for seniors arises in almost any discussion on the transformation of our health care system. The likely renewal of a federal, provincial and territorial Health Accord in 2014 provides an opportunity to seek progress on improving access, continuity and quality of health care for seniors in their homes or in residential long-term care facilities.

The Canadian Federation of Nurses Unions is hosting a national discussion on continuing care March 8, 2012, in Ottawa. The goal of this meeting will be to identify considerations for a continuing care strategy for Canada. The meeting will take as a starting point that the status quo is not an option and will provide an

opportunity to identify where there may be common ground on issues and solutions and where there is need for further research or dialogue.

As health care leaders, the CFNU hopes you plan to attend, along with other health care stakeholders, as this important meeting takes place in



*NSNU representatives from Long Term Care met in October 2011 to discuss issues facing that sector of nursing and health care ~ a Continuing Care Forum is planned by the CFNU March 8th, 2012 in Ottawa to continue the national dialogue on these issues*



Ottawa on **March 8, 2012**, at the Delta Ottawa City Centre (101 Lyon Street). Be part of a dynamic, facilitated discussion with Lillian Bayne, an independent consultant working in the field of health policy, planning and research and former Regional Director General with Health Canada and an Assistant Deputy Minister with the Ministry of Health in British Columbia.

For more information on the conference, please contact Oxana Genina at 613-526-4661 or reply to [ogenina@nursesunions.ca](mailto:ogenina@nursesunions.ca).



## In the news

Services overlap,  
nurses union says

**Metro News**  
**November 25, 2011**



The president of the Nova Scotia Nurses Union says the province is paying for the same nursing service twice.

Janet Hazelton said that the Victoria Order of Nurses, a not-for-profit homecare nursing service operating in the province, serves a similar function as the province's 8-1-1 initiative, which provides on-call nursing assistance.

"In all likelihood, the calls going in to 8-1-1 may already be patients of the VON system who already provide an on-call system that the province is paying for," Hazelton said on Thursday. "It doesn't make sense to us. It's not a good use of health care dollars."

Hazelton said she doesn't have a problem with the concept of 8-1-1 — where people can call up a nurse to determine whether or not they should go to the hospital.

"We're opposed to the fact that we're paying twice for the same service," she said.

The 8-1-1 line received calls from over 63,000 patients from April to September of this year. Of those, over 53,000 patients were dealt with over the phone, while approximately 10,500 were sent to the emergency room.

# Holiday Gratitude

The NSNU would like to thank all of the participants of the Holiday Greeting commercial which was shot at the Cape Breton Regional Hospital on December 5, 2011.

Nurses, hospital administration, and public participants made this latest television production a breeze with their eagerness and natural talents.

Special thanks to Greg Boone, Director of Public Affairs at CBDHA for his invaluable assistance in preparing for our production.





The NSNU would like to thank our on camera talent:

Sandra Toner, NP

Patricia Chant, RN

Catherine (Teedaz) Paul, RN

Lisa MacDonald, RN

Sara Deveaux, RN

Chris Rose, RN

Mildred Brown

Junell Andrews and Clara Beth Andrews Sidney



# 2014 Health Accord

## Negotiations on the future of Canadian health care

November 24/25 2012

Federal Health Minister Leona Aglukkaq and the provincial/territorial health ministers left a two day Health Accord meeting on November 24-25 saying they successfully established priorities for future discussions and negotiations.

With the existing agreement set to expire in two years, much of the meetings were spent discussing the future of guaranteed federal funding that will match the current accord between the provincial and federal governments.

In 2004, under the Liberal Prime Minister Paul Martin, the provinces and federal government signed a landmark deal which guaranteed federal funding for the duration of the 10 year agreement.

At that time (in a drastically different economic climate), \$41.2 billion was allocated to strategies aimed at reducing wait times, training medical professionals and implementing a national pharmaceutical plan, among other goals.

While there were significant improvements made since that time, Minister Aglukkaq was careful to admit that “there is much work to be done” to improving the universality of the Canadian health care system.

Nova Scotia’s health minister, Maureen MacDonald, told CBC News that the discussions started with what was accomplished since 2004, but more of their focus was given to the challenges that their respective systems now face and what their priorities are for the next round of negotiations.

National nursing advocates, including the Canadian Federation of Nurses Unions National Executive Board and representatives from other nursing affiliations, had the opportunity to meet with the ministers on the second day of the meetings to discuss strategies surrounding the nursing profession and the 2014 accord.

It was at this time that Nurse Union presidents from across Canada gave their list of expectations that will protect and strengthen the nursing profession, as our health care system faces serious challenges and possible reform in the coming years.

Although the Harper government promised to follow in-step with the priorities of the nearly 10 year old agreement, there was no indication at the time of the Halifax Conference that Federal Finance Minister Jim Flaherty would disrupt talks with his funding announcement in mid-December.

### Feds walk away from health care reform

According to proponents of publicly funded, publicly delivered health care, the Harper government let down millions of Canadians with the December announcement, effectively walking away from the opportunity to craft a 2014 Health Accord that brings real reform to our health care system.

“The federal government has thrown away a golden opportunity to lead health care transformation in Canada,” said Dr. Danielle Martin, chair of Canadian Doctors for Medicare. “Instead, they are jeopardizing the principles of the Canada Health Act, and throwing accountability out the window.”

In his statement, Minister Flaherty said that the federal government would not be sitting down with the provinces and territories to craft meaningful national standards, effectively reducing the federal role in health care to cheque-writing.

With no enforceable interprovincial policy in place, the new federal approach abandons any real effort to ensure that all Canadians can access appropriate care across the country, and it disadvantages poorer provinces.

“We need stable funding of health care, but patients and taxpayers also want to see accountability and quality – from coast to coast to coast” said Linda Silas of the Canadian Federation of Nurses Unions. “We are urging the federal government to work with the provinces to develop national standards and targets.”

Nova Scotia’s health minister, Maureen MacDonald, also noted in an interview with CBC News that there is a common ground from coast-to-coast, as all provinces are facing financial pressures with health care sustainability.

*continued...*



*Nursing leaders met with the provincial and territorial health ministers to help define a vision for Canadian health care post 2014, November 25, 2011.*

### Health care advocates rally for the continuation of public health care

While the groundwork for the next chapter in Canadian healthcare was laid, nurses' union presidents, members and other allied health care networks made their position clear through public awareness campaigns organized by the Nova Scotia Citizens' Health Care Network (NSCHCN.)

A press conference was held on November 24 where Janet Hazelton, NSNU President, spoke with three other delegates on the importance of the negotiations for the 2014 Health Accord. Among the other speakers were Maude Barlow, Chairperson of the Council for Canadians, Elisabeth Ballermann, Co-Chair of the Canadian Health Professionals Secretariat and Sean Meagher, Executive Director of Canadian Doctors for Medicare. The speakers, representing different realms of health care, spoke on issues effecting both patients and professionals with their own unique perspectives.

Health care activist, Maude Barlow, reiterated that the basis for our public health care system is that everyone, regardless of economic situation and social status, is entitled to quality, timely medical care in order to have their needs met. Canadians are told this is the premise of our health care system; however our public health does not meet this vision.

As an example, Sean Meagher of Canadian Doctors for Medicare used the statistic that one in every 12 Canadians refuse prescription medication because they cannot afford it. With an aging population in Canada, the speakers reminded the room of the importance of a national Pharmacare plan to be incorporated into the 2014 agreement.

Because the Canadian health care system is under attack by a lack of committed and stable future funding, an increase in privatized services is just around the corner unless Canadian citizens demand better practices from the government.

Another event organized by the NSCHCN was a town hall meeting for concerned citizens could become better informed on the role they can play in a health care reform. President of the Canadian Federation of Nurses Unions, Linda Silas, spoke at the event, asking the nearly 200 people who attended to be advocacy warriors and demand a strong commitment to public health care.



*Advocates of a stronger public health care system spoke at a press conference held by the Nova Scotia Citizens' Health Care Network on November 24, 2011.*

The following day included a public rally at Victoria Park in Halifax, next door to where the ministers were meeting at the Lord Nelson Hotel.

*continued...*

Delegates from the NSNU and the Canadian Federation of Nurses Unions joined other concerned health care workers at the rally on November 25, 2011 to deliver the message that Medicare needs public support in order to be strengthened and protected and warned citizens on the negative effects of national apathy on this issue.

*Sean Meagher, Executive Director of Canadian Doctors for Medicare, speaks at the public rally on the future of Canadian health care.*

### **Why should Nova Scotia nurses care about the 2014 Health Accord?**

In Nova Scotia, we have seen the inclusion of private health care services for over a decade, and the trend towards privatization has not slowed down. With no certainty as to the commitment from the federal government on funding transfers, the threat of a two-tiered health care system is very real.

The first warning sign of this dangerous trend appeared in 2002 with the opening of Nova Scotia's first for-profit MRI diagnostic clinic. At the time, our Premier Darrell Dexter, was the leader of the NDP party. He publicly demanded that provinces across Canada not delve into the world of private health care. Privatization did not stop then, nor did it when Mr. Dexter was appointed premier of the province.

In 2008, another fight against the proliferation of private health care was lost in Nova Scotia as the private orthopedic clinic, Scotia Surgery, was open for business. At this time, the former Department of Health signed a deal with the for-profit clinic that would allow publicly funded surgeries to be performed at the clinic, freeing time in public operating rooms for more complex cases to take place. The Nova Scotia government continues to spend upwards of one million dollars annually to use the clinic's operating room and facilities while there has been little to no significant decrease in wait times for orthopedic surgical procedures in our public system.



We continue to see private services creep into our system with the addition of Telehealth in 2009. This 24 hour, seven days-a-week telephone service provides Nova Scotians with the opportunity to speak to a registered nurse who then assesses the urgency of the caller's health care needs. This service is publicly funded, while privately ran through a call centre operator – McKesson Canada.

As budgets are cut deeper, private services will continue to be integrated into our health care system if we do not stand up for what we believe in – a public health care system that is available to every citizen.

The Nova Scotia Nurses' Union encourages every member to become actively involved in the fight for the continuation and strengthening of universally accessible, public health care system. As health care professionals, you have a matchless perspective of what our current system lacks, and improvements that need to be made.

Lend your voice and your knowledge to ensure the succession of a strong, healthy health care system for many generations to come. The health care debate will continue again this summer when the Premiers gather in Halifax this July for Council of the Federation meetings. Talks are also scheduled to take place in September, 2012.

*continued...*



### Health Meetings continued in Victoria

The Council of the Federation meetings on health care took place in January in Victoria bringing together the country's premiers and a renewed united front for some provinces.

The newly proposed federal funding scheme changed the tone of the meetings weeks before the provinces met, resulting in new strategies and new allies. They unanimously rejected the position that Finance Minister Jim Flaherty's funding plan is non-negotiable. Flaherty dropped that bombshell in December, 2011, saying the federal government had made up its mind on health transfers until 2024 without any input from the provinces. Payments will increase six per cent each year until 2017, then will be tied to economic growth until 2024.

British Columbia and all four Atlantic premiers pushed for a formula that would factor in higher costs for older populations. Atlantic Canada and B.C. have aging populations that are growing faster than in other parts of the country. Nova Scotia is already a province with one of the sickest, most elderly populations in Canada, with the top rankings for taxation and per-capita debt loads.

The Atlantic provinces want the government to keep bumping up federal funding by six per cent each year beyond 2017. Ottawa has ruled that out. The Atlantic provinces also want Ottawa to cover 25 per cent of total health costs. Instead, parliamentary budget officer Kevin Page projects Ottawa's share of the bill will actually drop to 18.6 per cent.

The Atlantic provinces want aging factored in, which Alberta opposes. They also want the escalator clause to apply to each province uniformly. The pool of money now grows by six per cent each year, but provinces like Alberta with booming populations get slightly more while others get less.

"Equal funding is not necessarily equitable funding," Nova Scotia Premier Darrell Dexter added. "This is the problem. We have 16 per cent of our population currently over the age of 65 in our province. We're going to move from 16 per cent over the age of 65 to almost 30 per cent over the next 20 years."

Talks will continue on this important debate later in the year when the Premiers meet in Halifax this July.

## Canadian workers highly stressed

WHSC/CALM

MORE THAN one in four Canadian workers say their daily lives are highly stressful, according to a recently published Statistics Canada study. More than 60 per cent of these stressed-out workers reported work as the main source of stress.

Additional findings from the Statistics Canada study are found in an article entitled "What's stressing the stressed? Main sources of stress among workers." For instance, more than 60 percent of highly stressed workers describe their mental health as less than good. Almost half reported their physical health is less than good.

As outlined in the Workers Health & Safety Centre's Work Stress: burnt out, fed up and fighting back, stressed

workers are suffering a range of mental health impacts including irritability, anxiety and depression. And more and more research suggests stress contributes to a significant percent of all illnesses ranging from the common cold and musculoskeletal disorders to heart disease and cancer.

Another recently published report, Tracking the Perfect Legal Storm: Converging systems create mounting pressure to create the psychologically safe workplace, warns employers that "A perfect legal storm is brewing in the area of mental health protection at work. This storm brings with it a rising tide of liability for employers in connection with failure to provide or maintain a psychologically safe workplace."

# Going on vacation? Time to prepare your home!



During the winter months, packing up and heading south for a warmer climate sounds like a good idea. Canadians are heading to places where the sun shines and shovels are strictly garden tools. Before you follow the birds south, follow these tips so you don't leave your home vulnerable to burglary, fire, water, or any other damage.

- Check with your insurance representative about any requirements for having your home visited while you are away. If you are away from home for more than four consecutive days during the heating season, you should arrange for a family member or friend to check on your home daily. This is typically a requirement to ensure you maintain insurance coverage for water escape due to freezing.
- Having someone regularly visit your home in your absence makes good sense – it can discourage vandals or intruders, and, if any damages or incidents do occur, they can be spotted as quickly as possible.
- Finish up your seasonal yard work before you go and consider hiring a snow removal contractor to clear your driveway—this will make your home look lived-in. You could also ask your daily visitor to shovel your walkway.
- Stop the delivery of newspapers. Ask Canada Post to hold your mail or arrange for someone to collect it for you.
- Remove any hidden spare keys. A burglar may check obvious locations if they know you're away.
- Tell your neighbours that you will be away and that a reliable person will make regular visits to your home.
- Install light timers to make your home look occupied and keep burglars away.
- Empty and unplug your refrigerator and leave the doors open to prevent odour and mildew.
- Give friends and family members a copy of your itinerary, addresses, and phone numbers where you can be reached.
- Put your home on lockdown—deadbolt all exterior doors, lock windows and close draperies and blinds.
- Inform your security company that you'll be away. If you don't have a security system, consider having one installed.
- Turn your telephone ringer down and ensure that your voicemail inbox is empty.
- Check for fire hazards, like open gas containers, oily rags and anything that could ignite easily.

Remember to go over this list again before you leave so you can enjoy peace of mind. After all, there's no point in being on a beach if you are worrying about what might happen back home!

## ***What about medical coverage?***

When you're travelling, make sure you have appropriate medical insurance. Take all your insurance and medical information (including details of current prescriptions and allergies) with you. Inform your travelling companions of what to do if there is ever an emergency and have a list of emergency contacts in your back pocket.

Call your insurance representative to inquire about additional coverages or actions that may be required by your insurer and confirm how you would report a claim from your destination.

Remember to take a few moments before you leave to prepare your home and check your insurance coverage, so you can relax and enjoy your vacation.

# CNSA speaks out against issues regarding changes to the RN entry-to-practice exam

**Saskatoon, Wednesday, January 25, 2012** – The Canadian Nursing Students' Association (CNSA) is alarmed by the decision of Canadian nurse regulators to engage in negotiations with the National Council of State Boards of Nursing (NCSBN), an American corporation, to create a new Canadian RN entry-to-practice exam.

“As Canadian nursing students, we are worried that an American company will not be in the best interest of Canadian students and will be unable to meet our unique needs that encompass our national competencies, health care values, beliefs, issues, culture, and context” said CNSA president Evan Jolicoeur.

The method of development is currently unclear and messages are being misconstrued. “It is felt that this decision has been made without the proper consultation of relevant stakeholders” said Jolicoeur. “We need to be presented with accountable and transparent decision making to understand what we should expect with this new entry-to-practice exam and what our contributing role can be in this process”.

“We want the Canadian nurse regulators to procure a Canadian developed RN entry-to-practice exam that encompasses our needs” said Jolicoeur. “In addition, we want nursing students to be consulted and registered nurses and advance practice nurses to have a leadership role when discussing issues of high importance that directly affect the requirements to become a member of our professional body”.

Canadian nursing education is highly respected worldwide. CNSA encourages Canadian nursing students to continue to practice in Canada. At this point, it is not clear how a new exam will affect the image, standards, and mobility of Canadian nursing students. “Canadian nursing students do not want to pay an American corporation for the privilege of practicing as a Registered Nurse in Canada” said Jolicoeur. “Furthermore, Canadian nursing students fear that their personal information has the potential to be abused by a foreign government as it would be subject to the United States Patriot Act”.

“The decision regarding the Canadian RN entry-to-practice exam directly affects the future of quality health care that will be provided to Canadians by effectively changing the testing to entry-to-practice competencies” said Jolicoeur. “Such a drastic change jeopardizes what it means to be a Canadian nurse”.

***The Canadian Nursing Students' Association (CNSA) is the national voice of nearly 30 000 Canadian nursing students. We are individuals, chapters, and lifetime/honorary members representing the interests and passions of students studying to be Registered Nurses, Registered Psychiatric Nurses, Practical Nurses, and Advance Practice Nurses across Canada.***

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# Letter to NSNU – November 2011

Dear NSNU,

My deep appreciation for a very rare and life-changing opportunity the Nurses' Union gave me. Attending the Convention (Nova Scotia Federation of Labour) not only challenged me but indeed *changed* my entire perspective about the union.

Rest assured of my full support, not just as a nurse and a member of the Nova Scotia Nurses' Union but as a person to minister, not to get EVEN but to get **MAD**... **Make A** Difference in our workplaces, communities, our province and to the world as a whole. *And that difference begins in me.*

Mennie Alba, RN

Best regards,  
Mennie Alba,  
BScN, Master of Nursing



Return undeliverable Canadian copies to:

**Nova Scotia Nurses Union**

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