Message from the President

DEBBIE FORWARD, RN

“It is a priority for us to work with your group, to improve the lives of registered nurses. No matter where I go, I have many friends that work in health care and they’re telling me about how desperate things would be, about working extended shifts, 24 hours, on-call, so we need to deliver health care in a better way that can help alleviate that pressure.”

These are the words of Premier Dwight Ball speaking at our RNU Election Panel just over a year ago.

Premier, it’s time to hold true to your word. It’s time for real strategies that improve the system rather than inefficient non-solutions that don’t work for RNs or our patients. We’ve been relying on what I call “duct tape solutions” for too long.

“Duct tape solutions”, like choosing not to replace like with like, or requiring overtime to address staffing shortfalls. Every day we see those solutions, like not replacing the first sick call, forcing RNs to work short staffed. This leads to high rates of absenteeism, sick leave, and burnout. It’s a dangerous cycle.

RNU is willing to work with the Premier, government and employers to build sustainable health care, but it has to be a system that supports and values our work and our patients.

We believe a critical step in building this system is the completion of a core staffing review.

A core staffing review will examine the number and type of health care providers who are currently working in the system. The last review was done in the late ’90s. Since then we have seen increases in patient acuity, complexity, shorter hospital stays, and advances in diagnostics and treatments. Demands have gone up and staffing levels have not kept up with demand.

A staffing review will help determine whether or not we have the right number of people to provide care. It’s a critical first step in creating safe RN staffing.

As we approach another budget and prepare to return to bargaining later this year, we’re committed to holding Premier Ball true to his word to work with RNU to “deliver health care in a better way.”

Because let’s be clear, reducing health care costs by cutting RN positions is not the way forward. It is not for RNs and it is not on for the people of Newfoundland and Labrador. In fact, in our most recent survey, 94% of the people in our province are opposed to government eliminating registered nurse positions as a cost saving measure.

But we know challenging times are coming. Like you, we’ve heard the rumours. Claw backs, wage freezes, benefit reductions and so on. Could they really expect RNs to do more, with less, for less? I am telling government that this is not up for negotiation. Our way forward is not to go backwards.

And this is not Debbie Forward’s position. This is the emphatic position of registered nurses. Our research is clear. Our members are not prepared to negotiate wage rollbacks or a slash and burn of our benefits.

When I spoke about this at our convention in October, I said RNU was drawing not one, but TWO lines in the sand.

First: RNU will fight any reduction of RN positions that will have a negative impact on the people we care for or the health and safety of our members.

Second: RNU will fight any attempt by government to impose a collective agreement that will force RNs to work with less, for less. We will not accept wage rollbacks or a slash and burn of our benefits.

How will we do this? We will do it by continuing to do what we do best. We will do it by standing together, not just with each other, but with the people of the province. We did this in 1999 and again in 2008. We have fought many battles in between. I am ready for our next fight. And I know you are ready too.

In solidarity,

Debbie Forward, RN
PRESIDENT
Message from
the Executive Director

JOHN VIVIAN, QC

Update on Collective Bargaining
A big success for RNs this year was our contract extension, keeping our Collective Agreement in place until June 30, 2017. This was a deliberate, strategic move by your Board of Directors. As you know, it allows us to preserve current benefits, including wages for at least one year. At present, several of the public sector unions including CUPE and NAPE have commenced bargaining. RNU will continue to monitor the bargaining environment and meet with the other unions. We anticipate completing further research with members on bargaining priorities before we enter bargaining sometime next year. We’ll continue to update members on myRNU as this process unfolds.

Dues Freeze
At the RNU convention this fall, a resolution was passed regarding union dues. The resolution states that in the event of a salary decrease, dues shall be frozen at the pre-decrease rate. We remain very anxious about the loss of RN positions, especially as we approach another provincial budget. With uncertain times comes a need for increased union support for our members. Should RNU be faced with job losses, privatization or facility closures, the need for RNU support will increase. The RNU Board of Directors felt it was important to maintain the current dues rate in order to meet the service requirements of our membership. Convention delegates agreed and the resolution was passed with overwhelming support.

RNU Wishing a Happy Retirement

to LRO Alice Mannion

I would like to take this opportunity to wish RNU Labour Relations Officer Alice Mannion a happy and much-deserved retirement. Alice, who is also a registered nurse, has worked with RNU for 29 years and will retire this spring. Many of you have had the pleasure of working with Alice over the years. Her dedication and commitment to providing exceptional service have positively impacted our organization and countless registered nurses. Alice’s leadership and knowledge as a Labour Relations Officer has been highly influential to our staff and organization. Alice, on behalf of our Board of Directors, staff and all RNU members, we thank you.

RNU App
Wondering what the contract says about standby? Have a question about step progression? There’s an app for that. We know our members and RNU volunteers are incredibly busy. We want to make things easier for you. Now, using the myRNU app, members can quickly and easily access the contract on your mobile device. The Collective Agreement Interpretation articles are also posted on the app, in addition to a host of other resources for members. Read page 9 for more info on the myRNU app. Continued on Page 4
Do you know a Registered Nurse/Nurse Practitioner who deserves recognition for their contribution to nursing in this province?

Then nominate them for an ARNNL Award for Excellence!

The deadline for nominations has been extended to February 28, 2017.

The Awards for Excellence have five categories:
- Nursing Practice
- Nursing Education
- Nursing Administration
- Nursing Research
- Elizabeth Summers Novice Nurse Award

Visit the “About the Awards for Excellence” page of ARNNL’s website (www.arnnl.ca) for more information and to submit a nomination. If you have any questions, please contact Jennifer Lynch at jlynch@arnnl.ca.

CNPS Supplementary Insurance
The Canadian Nurses Protective Society (CNPS) has introduced a new supplementary protection plan that will provide RNs with legal assistance on professional complaints up to $50,000 per year. The cost of this protection is $80 per year. The RNU Board of Directors reviewed the supplementary plan and given the relatively small cost for the assistance provided, RNU is recommending the CNPS Supplementary Protection Plan to members, some of whom have incurred legal expenses far in excess of the assistance currently available through RNU and the ARNNL. Details are available at www.cnps.ca.

Protecting Members Privacy
RNU was one of several public sector unions arguing for the protection of privacy for public servants on the Sunshine List in court this November. Along with the NLTA, CUPE, NAPE and the Health Boards, RNU does not believe the names of people who make over $100,000 should be released to the public. The matter has now gone through the court process and a decision is expected by the judge in the coming months. Regrettably government appears intent on passing stronger legislation, no doubt concerned that the unions may be successful in their court challenge.
25th Biennial Convention Highlights

Registered Nurses: Vital to Your Health

From October 24-28, approximately 170 registered nurses and nursing students from across the province gathered at Hotel Gander for the 25th Biennial Convention.

This year, the convention theme was “Registered Nurses: Vital to Your Health” in honour of the positive contribution RNs make to the health and well-being of patients, clients, residents and communities every day. The theme highlighted that registered nurses are confident, resourceful health care providers who make vital health care decisions.

A big focus for the week was also exploring the impact health care delivery has on RNs physically, mentally and emotionally. RNU’s goal was for delegates to return to their workplaces empowered and equipped with the supports needed to succeed in their role.

To kick off the week, delegates heard an inspiring address from RNUNL President Debbie Forward. The President’s address sent a strong message:

“Today I am drawing not one, but TWO lines in the sand. First: RNU will fight any reduction of RN positions that will have a negative impact on the people we care for or the health and safety of our members. Second: RNU will fight any attempt by government to impose a collective agreement that will force registered nurses to work with less, for less.”

Watch the full address on RNU’s YouTube channel: www.youtube.com/user/rnunl.

PROFESSIONAL PRACTICES
Delegates learned more about the professional practice complaint process. They reviewed the types of issues to report, as well as how to effectively report and follow up on the process. A Professional Practices panel presentation discussed strategies for a successful committee and process. Professional Practices is a top priority for our union and our best mechanism for creating better work environments.

POST-TRAUMATIC STRESS DISORDER (PTSD) IN THE NURSING PROFESSION
Registered nurses received an informative presentation on PTSD in nursing from Mikaela Brooks, a researcher with Manitoba Nurses Union. MNU has conducted eye-opening research on the topic. The presentation covered what causes PTSD in nursing, how it impacts nurses, and what more can be done to support nurses experiencing PTSD. Following the presentation, RNs explored psychological health and safety in the workplace with Nancy Coish of Central Health Employee Wellness.

KEYNOTE ADDRESS
Registered nurses were pleased to have Barb Fry deliver her insightful presentation “Thriving in a Changing Workplace.” Barb is an experienced registered nurse, adult educator, workplace relationship and middle management consultant. Her presentation offered RNs an opportunity to consider the impact of a changing world on the quality of service outcomes, workplace relationships and work life.

RESOLUTIONS
Convention delegates passed a number of important resolutions, including a resolution to compel the provincial government to conduct a core staffing review to ensure that staffing of health care professionals has kept up with demand in the system. Another key resolution commits RNU to raising awareness about the prevalence of PTSD in nursing. Other resolutions passed include that in the event of a salary decrease, dues shall be frozen at the pre-decrease rate, and that RNU lobby for RN lanyards to be free of any pins or badges as they can be a potential danger to patients.

CFNU UPDATE
Canadian Federation of Nurses Unions President Linda Silas provided an update on the important issues nurses face across Canada and gave an update on advocacy work on safe patient care, pharmacare, and creating a new social and health accord.

Continued on Page 6
Silas also highlighted the CFNU Speak Up app, which allows Canada’s nurses to send direct calls to action to members of government at the federal and provincial levels.

CLOSING SPEAKER
Registered Nurse and Comedienne Meg Soper energized delegates and had the room laughing and learning during her motivational address, speaking to the importance of maintaining balance in your life and good communication.

OVATION AWARDS
The Ovation Awards provide RNU and RNU members with the opportunity to recognize exceptional leadership and advocacy in registered nursing and dedication to nursing unionism.

The 2016 Ovation Award recipient is Kathy Brinston-LeRoy of Branch 23. Kathy was unable to attend the convention and RNs from Branch 23 accepted in her honour. Kathy is known for strong communication skills and stepping up to help when needed. Having served as a Branch President for many years, she sees the value and potential of her fellow RNs and encourages others to get involved. By mentoring other volunteers, she has successfully fostered a strong union voice at the workplace. Kathy takes great pride in being a registered nurse and is held in very high regard by patients, RNs and other health care staff. Congratulations!

The 2015 Ovation Award recipient is Karen Hopkins of Branch 30. Karen has served in various RNU volunteer roles, including stop steward, secretary/treasurer, vice president and branch president. She is a great advocate for professional practice and labour relations. Described as a respected mentor and a strong union presence, Karen has been active through conventions, labour schools, and training. Known for her commitment, guidance, professionalism, positive attitude and strong work ethic, Karen is a wonderful asset to her colleagues at Branch 30 and to her patients. Congratulations, Karen!

FUN!
Plenty of fun was had throughout the week, including our Games Night Welcome Reception, a Halloween Fun Night hosted by Branches 8 and 9, and our Dinner & Dance, including live entertainment and silent auction! Looking forward to seeing new and familiar faces at the 26th Biennial Convention in 2018!
During the RNU Council of Presidents Meeting last fall, our Branch Presidents took part in a discussion on member engagement and how to strengthen connections with RNU members at the branch level.

The focus on engagement is very important as it can result in numerous positive outcomes for both registered nurses and patients when RNs are engaged with their work, their environment, and each other. For example, being engaged reduces compassion fatigue, burnout, and turnover in registered nurses. A recent research article (Dempsey & Reilly, 2016) shows that it improves teamwork, the patient experience, and organizational outcomes across multiple measures: clinically (fewer hospital acquired conditions); operationally (staffing and efficiency); culturally (positive work environment and empowerment); and behaviourally (ability to connect with patients and colleagues).

Branch Presidents discussed the engagement challenges that include other volunteers not feeling active, changing technology, members not feeling compelled to participate, and new grads and new hires that are not yet familiar with RNU. Solutions to each challenge were also discussed, giving Branch Presidents an opportunity to exchange ideas on how they might overcome some of the engagement obstacles.

One positive step discussed is to approach different groups within each branch a little differently. Identify what groups or individuals are interested in hearing about, and offer extra encouragement to those who might be more hesitant. Another solution discussed is relying on new forms of technology including social media as a way to keep branch members in the loop on important issues. Sharing some of the tasks and responsibilities with other volunteers and other RNs within each branch was another idea.

After identifying some issues and chatting through solutions, we asked our Branch Presidents to take the engagement pledge. We provided a list of possible engagement strategies and BPs picked two that they would commit to doing over the coming year – one that focuses on volunteers and another that focuses on all members.

Here are some of the Engagement Pledges our Branch Presidents have made for the coming year:

- Bring a new shop steward along to a meeting with management.
- Have shop stewards welcome the new nursing graduates or new hires during their orientation.
- Create an email distribution list of all RNU volunteers in a branch.
- Have 5 members visit RNU Facebook page check it out and “Like” or “Share” posts.
- Ensure new graduates/new hires visit myRNU and register to receive updates!
- For small branches, generate an email distribution list.

RNU is looking forward to gauging member engagement in next year’s annual survey to see what actions and steps are having a positive impact and making RNU members feel more connected to the important work of their union.

Branch Presidents proudly display their engagement pledges during the Council of Presidents Meeting.
The New myRNU

RNU now has a website that is responsive to mobile devices, easy to navigate and modern.

Our new site has a fresh look and adapts to the device you are using. The content is organized to help you find what you’re looking for in fewer steps.

Perhaps the biggest change is the look and functionality of our members-only section, myRNU.

All of the myRNU features most used and most important to members are laid out in an easy-to-use dashboard format. A few clicks of the mouse or taps on the screen and members can search for collective agreement articles by topic, see the latest members-only news, add an event to their calendar, access important resources like forms and policies, or ask a question in the discussion forum.

THERE’S AN APP FOR THAT!
One of the most important features of myRNU is it also operates as an app, the same way websites like Facebook and Twitter can be downloaded and used as apps on your mobile device.

With push notifications and a shiftwork-friendly calendar that can track your work shifts and overtime, the myRNU app will be a very powerful tool for registered nurses and RNU. Imagine having updates on important topics like bargaining going straight to your mobile device, or being able to quickly look up something in the collective agreement at work.

Take some time to get to know the new rnunl.ca and myRNU. We’ll see you there!

IT’S AS EASY AS 1, 2, 3!

Get the myRNU App!
To download, search “myRNU” in the Apple App Store or in Google Play Store.
It’s important to note that in order to use the App, members need to have a myRNU account.
To sign up to myRNU, visit rnunl.ca. The member verification process may take a day or two.
Our union’s Clarity Project continues to be a guiding force within RNU. It is embedded into how our union serves and represents members. Over the years, it’s been rewarding to see Clarity Project take hold and evolve in order to succeed. The key to being able to evolve is to adapt to the surroundings. In order to protect and promote the role of registered nurses in the health care system, we are factoring in the province’s economic and political environment.

Advocating for RNs effectively means targeting the decision-makers in health care and government. It means laying out the research in front of them that shows the unique role RNs bring to health care. It also means providing alternative options in discussions taking place about how to reign in health care costs. RNU has to be at tables where this is discussed. And we need to deliver our plan to address the cost of health care while protecting the quality of care by maintaining the level of RNs in the system. In the next year, you will hear more about the need for a core staffing review. RNU will be sharing information with health care decision-makers on the New Zealand model of nurse staffing; an effective way to get core staffing right and reduce costly sick leave and overtime. In 2017, the Clarity Project will see registered nurses emerging as leaders in health care discussion.

Forty-percent (40%) of Clarity initiatives will focus on stakeholders/decision-makers in order to strengthen the understanding of RN value and support for the RN role. This is an important focus considering factors like:
• Unstable fiscal environment ($2.4 billion deficit)
• Talks of reducing size of public service
• Talks of cuts ‘across the board’, including health care
• Commitment to making ‘evidence-informed’ decisions
• Increased use of less skilled employment in health care
• RNs reporting inordinate levels of hardship in workplace
• Greater demands on health care system

Thirty-percent (30%) of Clarity initiatives will focus on the public and media. Throughout 2016, we observed that public reaction can influence the course of action taken by decision-makers. For example, revisiting or reversing budget cuts.

That’s why it remains incredibly important to communicate to the public the vital importance of RNs and clarify what makes the RN role unique, as well as how it impacts health care quality.

Thirty-percent (30%) of Clarity initiatives will focus on you; our registered nurses! RNs need to be a part of this important effort and continue to be a driving force.

Articulating and communicating your value as well as your identity will be crucial moving forward. We will continue describing how your work as a RN creates value – not just in terms of quality of life for patients, but right down to the bottom line in health care spending.

Keep introducing yourself as a REGISTERED nurse. It matters and it makes a real difference to patients trying to differentiate between health care providers.

Keep wearing the white and black RN uniform colours consistently. Challenge yourself to wear the colours 10 shifts in a row. Then try for 20 shifts in a row. As RNU leads discussion in the value of RNs, the added support of RNs visually standing out makes it clear which providers the research applies to.

Did You Know? In a July 2016 survey, 94% of the public stated they oppose government eliminating registered nurse positions as a cost-saving measure.
You could say Kyle Vardy, RNU’s newest Labour Relations Officer, was almost destined to work for our union. Kyle has a Master’s Degree in Employment Relations and extensive work experience in human and labour relations. He’s worked in the private and public sectors. But for Kyle, working for registered nurses in the labour movement is what makes sense.

Kyle grew up surrounded by nursing. His mom and aunt are registered nurses. The challenges and often difficult work environments faced by RNs are not new to Kyle. But what’s made a lasting impression for Kyle is witnessing the pride his mom and aunt shared for their profession.

“The idea of representing registered nurses is motivating,” said Kyle. “There is so much pride in being a registered nurse and pride in this union. At the end of the day, you want to feel good about the work you are doing. I feel good about this.”

Kyle was hired in June 2016. Since that time, he has been assisting with various service areas. Beginning in January, Kyle will provide LRO services to members working for Western Health, the Newfoundland and Labrador Youth Centre, as well as some worksites in St. John’s.

Members who have already met Kyle will agree, his knowledge and commitment to the principles of unionism and labour issues is evident. Already, he has proven to be a great asset to our RNU team. Welcome, Kyle.
Casual employment often suits registered nurses with family or caregiving responsibilities, those wishing to gain extra income or pursue education or training, or those wanting to have flexible or decreased work hours. Many RNs prefer to take on full-time permanent employment and enjoy the security that comes along with it – guaranteed hours, paid leave benefits and pension contributions, predictable schedule, and stability.

In the past, we have seen trends where full time permanent registered nurses were laid off, or forced to take on casual positions just to keep a job and maintain an income in the family. There are recent statistics to support that many new RN graduates are not obtaining permanent employment within their first year of graduation. Some are consciously choosing to work casual status, while others would prefer to acquire full time permanent status.

Whatever the personal reasons and statistical trends, there are some considerations to understand if you are, or will be, working on a casual basis.

Casual employees are entitled to all of the benefits of the collective agreement EXCEPT for the articles outlined in Article 33.02. In lieu of these benefits, casual employees shall receive 20% of their basic salary.

WHAT DOES “20% IN LIEU” MEAN? Examples of benefits that you do not receive as a casual employee include:

- You will not be able to access paid family leave to attend to the needs of a sick child or paid compassionate leave to attend the funeral of a family member.
- You will not earn paid vacation credits.
- You cannot avail of paid sick leave. You will not be able to accumulate paid sick leave credits to use in the case of a lengthy illness. You will not be eligible for participation in the Group Insurance Plan.
- You will contribute to the Government Money Purchase Plan (GMPP) instead of the defined benefit Public Sector Pension Plan (PSPP). With the GMPP your pension benefit is unknown until you retire. The pension you receive will depend on the amount of money you and the employer have contributed over your career and the investment gain/loss over the period you have been contributing.

- Do not cancel a pre-booked shift (except in the case of illness or just cause) (Article 33.07)
- Indicate to your manager, in writing, periods of unavailability. This normally occurs quarterly - December 1,
March 1, June 1, and September 1. The employer will not normally call you during a designated period of unavailability (Article 33.06).

- You can:
  - Apply for other jobs/competitions
  - Earn seniority (Article 33.08, but only as it applies to Article 24.04-Awarding of Positions)
  - Apply for a position (Article 33.11) while on maternity leave

**CHANGING YOUR STATUS FROM PERMANENT TO CASUAL**

Permanent registered nurses who resign their permanent status to accept casual employment are advised to consider the consequences carefully and to make an informed decision. Your LRO is available for consultation if needed. Employers generally require the permanent employee to submit a written resignation. Accumulated seniority is normally forfeited meaning you will start your casual employment with zero seniority. Contract benefits such as accumulated sick leave are forfeited and other benefits such as annual leave and severance pay are paid out and taxable in the year they are received. And returning to permanent status at a later date will obviously depend on whether the employer is hiring and whether there are senior qualified employees seeking the job that interests you.

---

**Welcome to “Our Living Room”**

Back in 2014, the Canadian Cancer Society of Newfoundland & Labrador (CCS) approached RNU about funding a special project that would help provide comforting and empowering support to people living with cancer. This project was to help renovate a new space set aside for the CCS Practical Support Program within the Dr. H. Bliss Murphy Cancer Care Centre. The new space serves as a more accessible and comfortable environment. In honour every registered nurse who has been touched by cancer, RNU funded the renovation of this room by donating $25,000.

On Monday, December 12, 2016, a touching ribbon cutting ceremony was held to celebrate the completion of the resource room, called “Our Living Room.” The room will provide items including wigs, turbans, shawls, breast prostheses and mastectomy support items at no cost to cancer patients. In 2015, over 7,000 items were provided to people living with cancer throughout the province and 1,600 clients were served by the program. With this new location, CCS anticipates providing more supports than ever from this new space in the coming year.

Other supporters of the new Our Living Room includes Eastern Health, Cohen’s Home Furnishings and Avalon Dragons.

RNU is very pleased to support Our Living Room. It’s a meaningful way for the RN community to support the brave Newfoundlanders and Labradorians living with cancer. Registered nurses encounter cancer in both their professional and personal lives and know first-hand what the right support means to those living with cancer. With Our Living Room now up and running, we’re able to support them every step of the way.
Students Tracy LeGrow, Caroline Hickey, and Tyler MacDonald (under Course Instructor Sueann Mandeville-Anstey) are fourth year BN students from the Centre for Nursing Studies, who recently completed a clinical placement with RNU for their Nursing 4501: Community Health Nursing Practice II course. The students followed up on past needs assessments done by nursing students at RNU and examined stressors in registered nurses with less than 5 years of nursing experience.

Stressors previously identified for this group of RNs include:
- feeling overwhelmed, unsupported, unprepared, and concerned for their patients' safety
- heavy workload
- emotional exhaustion
- physical stressors

Studies show a lack of support for novice RNs can lead to a high percentage leaving their nursing positions within their first year of work, lower job satisfaction, and a higher occurrence of sick leave. The students set out to compare the literature findings to the results of their online survey with new graduate nurses (nursing for less than 5 years). Some of the findings include:
- The most stressful event facing novice RNs was concerns about safe patient care followed by bullying, non-nursing duties, time management, requesting time off, death of a client, providing lifesaving efforts, and workplace violence.
- Other stressful events include job preparedness, perceived negative coping strategies, and treating patients who resemble family or friends.
- Most respondents made use of co-workers for support and discussion of the stressful event, which is consistent with the literature.

Using their findings, the students developed a colorful infographic that raises awareness about stressors in the nursing profession. The infographic can be used to promote mental health wellness in all registered nurses, not just new graduate nurses. It also highlights the type of resources registered nurses are looking for, and the need to collaborate with the employer to develop resources applicable to registered nurses.

Congratulations on an excellent project!
Stress and the Novice RN

What you need to know

Patient safety was identified as the top stressor for RNs.

Top Stressors

- Patient Safety
- Violence
- Bullying
- Resuscitation
- Over 77% of novice RNs stated that they have experienced workplace stress in the past 6 months.

Signs of Stress

- Feelings of anxiety, depression, boredom, withdrawal, emotional fatigue
- Headaches, increased BP, localized inflammation, gastric upset, ulcers, fatigue
- Increased use of alcohol, prescription, non-prescription drugs
- Over time unmanaged stress can lead to PTSD

Strategies

- Take control: be self aware, recognize what causes you stress
- Learn to relax: meditate, exercise, find a hobby
- Professional practice process: be a patient advocate, fill out forms, document each occurrence
- Talk about it: talk about feelings, counselling, sharing with others

Resources

- Provincial Mental Health Crisis Line
- Co-workers, family and friends
- Meditation and relaxation apps
- Stress and the novice RN resource guide
- EFAP
- Exercise

Please contact your shop-steward, manager, RNUNL, or EFAP for more information and resources on stress management.
RNU Increases its Focus on PTSD in the Nursing Profession
Maureen Harris, Research & Education Specialist

Registered nurses are constantly exposed to life and death situations and are witness to various other complex patient scenarios. This puts them at risk to develop work-related mental health symptoms such as burnout, compassion fatigue, and post-traumatic stress disorder (PTSD).

The development of PTSD in registered nurses can be due to one single traumatic event, or the accumulation of stressors over a period of time. Recently, media has paid much attention to the pervasiveness of PTSD in first responders, and some provincial governments have made changes to workers compensation legislation, making it easier for these first responders to get necessary supports. However, registered nurses have been omitted from inclusion in these changes in several instances.

Registered nurses are not immune to the exposure of critical incidents. RNU has always placed a priority on the health and well-being of registered nurses in the workplace. It is timely for RNU to focus more attention on PTSD in registered nurses in Newfoundland and Labrador. During convention last fall, a resolution was passed that will enhance our focus in this area.

RNU is committed to the following:

1. Be it resolved that RNU commits to raising awareness about the prevalence of PTSD in nursing.

2. Be it further resolved that RNU lobby the provincial government for Registered Nurses to be included in any legislation related to the Workers Compensation Act and PTSD and this legislation recognizes the cumulative impact trauma has on Registered Nurses and first responders.

3. Be it further resolved that RNU continue to lobby Employers to develop workplace supports for Registered Nurses and other health care providers to address the impacts of workplace trauma, such as debriefing.
Heading into 2017, we are committed to developing resources and raising awareness, and working collaboratively with employers to discover solutions for registered nurses living with PTSD. We will also lobby the provincial government for registered nurses to be included in any changes to the Workplace Health, Safety, & Compensation Act.

The Workplace Health, Safety, & Compensation Act is an act respecting the health and safety of workers and the compensation of workers for injuries suffered in the course of their employment. When a person experiences a workplace injury in Newfoundland & Labrador, Workplace NL (formerly The Workplace Health, Safety, & Compensation Commission) may provide short-and long-term disability benefits to injured workers.

Current workers’ compensation legislation differs between provinces. The provincial government has the power to set or make changes to the worker’s compensation legislation. Currently, several Canadian provinces (including NL) require people applying for benefits, including registered nurses, to prove their PTSD diagnosis was caused by their job. This can be extremely difficult to “prove”, as registered nurses are most often exposed to many difficult situations over several years. There may not be one isolated incident that precipitated the development of PTSD. This can lead to a very lengthy and exhaustive approach when a registered nurse is trying to access supports.

Many provinces are making changes, especially due to the recent push for presumptive coverage for PTSD. But what does this mean?

Presumptive coverage for PTSD means if a worker is exposed to certain types of traumatic events and diagnosed with PTSD, the worker’s compensation board can “presume” the PTSD is caused by the worker’s employment, unless the contrary, is proven. This could eliminate the need for people to “prove” that any one single event specifically caused their PTSD. This could eliminate many barriers for registered nurses, thereby easing some of the stress often associated with receiving benefits.

Several provinces, including Alberta, Manitoba and Ontario, have all amended their workers’ compensation legislation to presume that PTSD is a workplace injury among first responders, removing the onus on emergency workers to prove a connection between their diagnosis and their job. Ontario’s legislation passed most recently in April 2016. The change to the province’s Workplace Safety and Insurance Act affects police officers, firefighters, paramedics and other first responders, but it does not benefit nurses — which was not received well by the Ontario Nurses’ Association (ONA) and other nursing organizations across Canada. New Brunswick recently introduced a similar bill in its legislature.

The Manitoba Nurses Union (MNU) has been leading the charge on researching and raising awareness of post-traumatic stress disorder (PTSD) in the nursing profession. Thanks in part to MNU’s lobbying efforts, Manitoba’s legislation provides the most comprehensive coverage, in that all workers are covered, regardless of workplace or occupation. PTSD presumptive coverage applies to all workers covered by workers compensation in Manitoba and recognizes that PTSD- triggering events can happen in any workplace (WCB Manitoba, 2016). This legislation can be considered the gold standard for the rest of Canada, and one for which we plan to lobby the provincial government. While prevention of PTSD is still key, we recognize these changes to legislation are a necessary first step in providing timely assistance to those who require it.

In the coming months, RNU will begin to prioritize the work that needs to be done in this area and develop resource’s that meet the needs of our members.
On Wednesday, November 2, 2016, Canada's nurses and labour leaders joined thousands of students from over 50 campuses in 36 cities across Canada for All Out November 2nd Day of Action demanding universal access to education, education justice and public education for the public good.

In a show of solidarity, CFNU President Linda Silas joined hundreds of students in Ottawa, who rallied to fight the fees on Parliament Hill, and addressed the crowd with a message that education and health care should be for everyone – not just those who can afford it.

"Many respected leaders have argued that, ‘Education [and health care] should be a right, not a privilege.’ This is a statement that I believe in wholeheartedly," said CFNU president Linda Silas. "The price tag attached to post-secondary education in this country is a barrier for far too many Canadians, and with the average education-related debt sitting at approximately $28,000, or estimations of as high as $40,000 for nursing students – this leads to a life of struggles, stress and sacrifice."

The Canadian Federation of Students (CFS) is calling for universal access to education, meaning that regardless of who you are, where you are born, your age or background – you should have the right to access higher education without the barrier of cost or fear of incurring debt. They are also calling for education justice for students being pushed out of the current model of colleges and universities today, who are disproportionately Indigenous, racialized, queer and trans, people with disabilities, people raised in single-parent homes and people from low-income families. Lastly, CFS takes the position that public education is a public good that society benefits from as a whole, and it must be funded as such; colleges and universities must be not-for-profit and not tailored to private interests.

“We must stand together on these issues and recognize the socioeconomic and financial barriers that directly impact access to essential health services like pharmacare and education in this country, among other challenges,” said Silas. “We must work towards building a more inclusive, healthy, educated and empowered Canada.”

Another issue that the CFNU’s national executive board has been tackling is the Canadian nursing licensing exam change last year to the U.S.-import NCLEX-RN exam. This change in the nursing licensing process to the NCLEX has had many impacts on nursing students, resulting in higher failure rates, increased costs and undue stress for students.

“We know that our Canadian nursing students are some of the most highly educated nurses in the world, yet due to issues with the exam students are spending thousands of dollars on top of already sky high tuition fees to pay for additional prep courses and multiple rewrites,” said Silas.

The CFNU continues to stand in solidarity with our affiliates at the Canadian Nursing Students’ Association (CNSA) who represent nearly 30,000 nursing students across Canada on this issue.

“Nursing students already have extreme debt, approaching $40,000 after completion of their degree,” said CNSA President Bryce Boynton. “With our new licensing exam (NCLEX-RN) and the issues surrounding it, our debts continue to skyrocket. It is costing our new graduates thousands extra, furthering the financial burden of seeking a higher education in order to provide competent care for Canadians.”

Canada’s nurses are proud to stand in solidarity with students across this country, who passionately believe that at the core of a just, equitable and fair society is a system of public post-secondary education that is accessible to everyone. A key part of this vision is for the government of Canada to act on the internationally recognized right of all people to education.
Professional Practice Success Story

LIGHT BULB MOMENTS

A full day was dedicated to Professional Practice at RNU’s convention in November, and for many members it provided an “Ah ha” moment. The day included a review of the process for resolving professional practice issues. There was also a panel presentation made up of a branch president, labour relations officer, employer rep and ARNNL.

The highlight for those in attendance, however, were hands-on exercises that focused on showing members how to effectively document a professional practice concern.

Professional practice forms provide a mechanism to identify situations that impact a registered nurses’ ability to provide safe care and make recommendations to improve the quality of care. Documenting new, ongoing, and/or reoccurring concerns through the forms is a crucial piece in building evidence required to affect change and improve working conditions.

The professional practice process can be frustrating. It takes time and results can be slow coming. It can be easy to question the value or point of even taking time to complete a form. As RNU members at convention learned, though, the form can be a powerful tool if it’s completed effectively.

Members reviewed two sample professional practice forms. One had “adequate” documentation and the other had “inadequate” documentation. After reviewing these forms and completing practice exercises, it became quite clear for members that the power is in the way the form is completed - it’s about the level of information and detail registered nurses provide. It’s making the link between how the situation you are facing is compromising patient care or your ability to meet your professional standards of practice.

To break it down a little further, here are three “light bulb” moments regarding proper documentation:

DETAILS, DETAILS, DETAILS The form is only valuable if you take the time to properly document your concern. Paint a picture of how patient care is impacted. Try and include answers to questions like: What is the issue? Where did it happen? When did it happen? Who is involved? How does it impact the patient? See page 23 of the RNU Professional Practice Toolkit for more tips on what to include.

IT’S MORE THAN “SHORT STAFFING” Staffing is generally not the only cause of a professional practice concern. What other contributing factors or indicators are at play? Was the equipment you needed where it was supposed to be? Were you busy having to balance things that shouldn’t be on your plate like answering the phone or trying to call in people? See sample list of indicators on page 24-25 of the toolkit.

MAKE THE CONNECTION TO THE ARNNL “STANDARDS OF PRACTICE FOR REGISTERED NURSES.” In completing your form, you need to demonstrate how a professional practice issue may have impeded your ability to meet the expected level of performance. This means you should actually state the specific standard of practice you feel is compromised. For example, “Had extra patient due to being short staffed. At risk of not meeting Standard 1 (1.2) as medications were given late and not in accordance with the employer medication administration policy.” Visit the ARNNL website to review your Professional Standards of Practice: www.arnnl.ca.

See sample professional practice forms on the next 2 pages.
## SAMPLE PROFESSIONAL PRACTICE FORM – “INADEQUATE” DOCUMENTATION

<table>
<thead>
<tr>
<th>Date: March 23, 16</th>
<th>Time: 12:10</th>
<th>Unit: xx</th>
<th>Site: xx</th>
</tr>
</thead>
<tbody>
<tr>
<td>#Staff on Shift:</td>
<td>RN: 6</td>
<td>LN:</td>
<td>#Casuals Assigned:</td>
</tr>
<tr>
<td>Situation:</td>
<td>1 RN home sick @ 11:00</td>
<td>#Patients on Unit: 12</td>
<td></td>
</tr>
<tr>
<td>Unable to replace sick leave.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee recommendation to allievate or prevent reoccurence:

*Hire more permanent staff.*

**Signature and Status:** Chrissy Snow

**Manager Notified:**

**Action Taken by Manager:**

*Unable to replace unanticipated leave either with causal staff in ambulatory care clinics or medicine unit. Multiple calls made.*

**Name:** Janet Wood

**Signature:** Janet Wood

All reports must go to the Site Professional Practice Committee for review and recommendation

**Professional Practice Committee Recommendation:**

*Unfortunate situation but all avenues exhausted by manager in replacement of unanticipated leave.*

**Signature:** Helen Roper

**Date:** May 15, 2016
**SAMPLE PROFESSIONAL PRACTICE FORM – “ADEQUATE” DOCUMENTATION**

<table>
<thead>
<tr>
<th>Date: March 23, 16</th>
<th>Time: 19:30</th>
<th>Unit: xx</th>
<th>Site: xx</th>
</tr>
</thead>
</table>

**#Staff on Shift:**
- RN: 6
- LN: 0
- #Casuals Assigned: 4
- PCA: 2

**Situation:** Delay to ICU

Had two ICU patients. Patient admitted to ICU @ 03:20 and never got to ICU until 18:30.

Managing two ICU patients is not safe in Emergency Dept. (ARNNL standard 1). Orders needed clarification, lack of communication between unit and ICU (ARNNL standard 2). Families were frustrated (ARNNL standard 3). We are not equipped to manage ICU patients for that.

It should be 1 RN: 1 ICU patient not 2 ICU’s and 1 RN. Puts patients at risk. Other ER patients that needed cardiac monitoring had no monitors available. (ARNNL Standard 1).

**Employee recommendation to alleviate or prevent recurrence:**

Management & PCEs need to advocate more to get discharged patients moving. This will facilitate the flow of the dept, and prevent backlog and excessive wait time for admitted patients and those in the waiting room. It will also make available cardiac monitors that are required by other ER patients. Will improve overall patient safety.

**Signature and Status:** Elsa Queen, RN

**Manager Notified:** March 23, 16

**Action Taken by Manager:**

ICU full that day. 2 pts identified for floor. Beds requested early morning but not assigned till later in day. Pts did not go to floor until 3pm and 6pm. ICU had 1 pt overflowed to CVU.

I am unable to comment on staffing in ICU.

**Name:** Anna Sister

**Signature:** Anna Sister

All reports must go to the Site Professional Practice Committee for review and recommendation

**Professional Practice Committee Recommendation:**

This is not appropriate CQRS report if patient care affected. Process regarding movement and patient flow of critical care patients needs to be prioritized and addressed. Critical care will be looking at LEAN process for patient flow in the near future. Continue to document.

**Signature:** Olaf Snowman

**Date:** April 17, 2016
Please be advised, the Labour Relations Officer (LRO) who is assigned to your region may change in the New Year. RNU implemented service area assignments for LROs in 2006 to better address member service requirements. At that time, we also committed to periodically redistribute the service areas assignments.

The new assignments are listed below and will come into effect in January. Please be assured, our goal is to make this transition as smooth as possible and ensure we deliver the best possible service to you, our members.

As always, when you require assistance with a workplace issue or interpretation of your collective agreement, your first contact is your shop steward. Your shop steward has been, or will be trained, to act as your link to the union. Your shop steward can make a preliminary assessment and determine how to proceed, which may include a call to your LRO for further advice and guidance. In the case that your shop steward is unavailable, you can contact provincial office to speak with an LRO.

Should you have any questions or comments about these changes, please contact Marina Owens, Manager, Business Services, at 753-9961 or 1-800-563-5100, extension 222.

WHO IS MY LABOUR RELATION OFFICER?
Contact LROs at Provincial Office main lines: 753-9961 or 1-800-563-5100

DAVE CONWAY  ext 206 | dconway@rnunl.ca
Eastern Health: Health and Community Services, St. John’s and greater St. John’s area
Government of NL: HMS Penitentiary, Confederation Building

TRACEY TRAHEY  ext 210 | ttrahey@rnunl.ca
Eastern Health: St. John’s worksites - General Hospital, Health Sciences & Miller Centre and DVA, Bliss Murphy Centre and Cancer Care program; Dialysis Units at Waterford and St. Clare’s
Government of NL: College of the North Atlantic

LRO Officer Tracey Trahey takes the call of a RNU member

VIOLET BROWNE  ext 207 | vbrowne@rnunl.ca
Eastern Health: St. John’s worksites - St. Clare’s Mercy Hospital & LeMarchant House, Janeway Children’s Health & Rehabilitation Centre, Labour & Delivery, and Health Sciences Centre units at Labour and Delivery and Maternal Fetal Assessment
Labrador Grenfell: All worksites
Canadian Blood Services: All worksites

SHARON TUCKER  ext 208 | stucker@rnunl.ca
The permanent LRO is Jaclyn Whelan, however, she is on leave and being replaced by Sharon.
Eastern Health: St. John’s worksites - Centre for Nursing Studies; St. John’s Long Term Care – all worksites; Dr. Walter Templeman Health Care Centre and Community Bell Island; Clarenville area, Bonavista and Burin Peninsula’s – all worksites
Central Health: All worksites

KYLE VARDY  ext 205 | kvardy@rnunl.ca
Eastern Health: St. John’s worksites - Waterford Hospital and Geriatric Psychiatric Unit 45SW at Pleasant View Towers; Rural Avalon Peninsula: including, Conception Bay North, Whitbourne, Placentia areas – all worksites
Western Health: All worksites
Government of NL: NL Youth Centre
SIGN UP ON myRNU

myRNU is a website just for registered nurses. By signing up for an account, you can access education information and keep up-to-date on nursing and union issues. You can also connect with fellow registered nurses in the discussion forum to share ideas, ask questions, and learn about things happening across the province. rnunl.ca

SEE YOU THERE!

IN TOUCH | FALL 2016 – WINTER 2017
Registered Nurses’ Union Newfoundland & Labrador
Board of Directors

Debbie Forward, RN  
President

Yvette Hynes, RN  
Vice President

Wendy Dale Woodford, RN  
Secretary-Treasurer

Ashley Jones, RN  
Region 1 (Branch 14, 15)

Beverly Simms, RN  
Region 2 (Branch 13, 18, 26)

Temporarily Vacant  
Region 3 (Branch 11, 40, 41)

Jean Aucoin, RN  
Region 4 (Branch 12, 23, 24, 46)

Quinton Hewlett, RN  
Region 5 (Branch 9, 32, 33, 38, 43, 45)

Nancy Healey-Dove, RN, NP  
Region 6 (Branch 8, 17, 25, 42)

Mark Aylward, RN, NP  
Region 7 (Branch 10, 20, 21, 30, 36)

Niki Parsons, RN  
Region 8 (Branch 16, 28, 29)

Rosalie Gillis, RN  
Region 9 (Branch 4, 34, 35, 37, 47)

Miranda Joyce, RN  
Region 9 (Branch 2, 3, 31, 49)

Tony Moores, RN  
Region 9 (Branch 5, 7, 44, 48)

John Vivian, QC  
Executive Director (non-voting member)

Moving? New Email Address?  
Please contact RNU if you move or change your email address. We’d like to keep you informed on issues that matter to you. Email info@rnunl.ca or call 753-9961 to update your information.