

80/20 Model

Hallway Nursing

Flexible Work
Arrangements

Respecting
Collective
Agreements

Culture of Safety

Leadership

Mentoring

Think Nursing!

Towards a Better Workplace



Canadian Federation of Nurses Unions



Acknowledgements

The National Executive Board of the CFNU would like to acknowledge the dedication and hard work of the research team who are making this project possible: Patricia Wejr (BCNU), Tony Olmsted (UNA), Larry Lemoal (SUN), Stuart Croall (MNU), Lawrence Walter (ONA), Nancy Johnson (ONA), Suzanne Maltais (NBNU) and Amanda Crupi (CFNU). The CFNU would also like to thank the communications staff of the CFNU member organizations who worked hard to capture nurses' stories and pull this together: Colleen Ryan (NLNU), Coleen Logan (NSNU), George Bergeron (NBNU), Melanie Levanson (ONA), Bill Crawford (MNU), Cheryl Krett (SUN), Keith Wiley (UNA), Art Moses (BCNU) and Pam Foster (CFNU). We are especially grateful to the nurses who are taking time to share their personal stories. These stories are truly the driving source of inspiration for this ongoing project.

Published by
The Canadian Federation of Nurses Unions
cfnu.ca
2841 Riverside Drive, Ottawa, Ontario K1V 8X7
613-526-4661

© 2009 The Canadian Federation of Nurses Unions

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage or retrieval system without the permission of the publisher.

Project manager: Linda Silas
CFNU Researcher: Amanda Crupi
Graphic design: Sean Dillon-Fordyce
Web development: Deanna MacArthur
Assistants: Oxana Genina, Ismail Maniliho
Translation: JCA Design

First Edition June 2009
ISBN: 978-0-9784098-3-8

Printed and bound in Canada by Plantagenet Printing

Table of contents

CFNU President's Message	5
CNSA President's Message	6
Introduction	7
<i>Think Nursing!</i> Beginnings	9
The Collection	11
Nurse/Patient Ratios	13
80/20 Project	13
Flexible Scheduling	15
Non-Nursing Duties	15
Culture of Safety	15
Nursing Leadership	17
Overcapacity and Productivity	17
More Ideas for Discussion	19
International Recruitment of Nurses	19
Career Pathways and Support for Education	21
Child Care	23
Layout of Nursing Units	23
The Bigger Picture	25
Culture	25
Leadership	27
Organizational Collaboration	27
Stability	29
Evidence and Evaluation	29
Next Steps	31
Healthy Healthcare Leadership Charter	35

Nurses' Stories

Cathy Kyle (SUN) 80/20 Project	8
Sandra Bayer (UNA) Flexible Work Arrangements	12
Melanie Leckovic (BCNU) Leadership Improving the Workplace	14
Regina Young (NLNU) No to Non-Nursing Duties	18
Barbara Brookins (PEINU) Research to Action	22
Jill Ross (ONA) A Culture of Safety	26
Sheila Ebbett (NBNU) Mentoring: Experienced and New Nurses	30
Manola Barlow (MNU) Canadian Culture and IENs	34
Sara Dowe (NSNU) Child Care	36

CFNU President's message

Think Nursing! is about, as the subtitle says, building better workplaces for nurses. But better workplaces are really a means to more fundamental objectives: better patient care and a healthier you. A workplace is much more than a physical space, it includes the people, the practice, and the working culture. Our ultimate goal has always been to provide excellent patient care, and for this we depend on a healthy and thriving work environment. What I have learned over 25 years of nursing is that I cannot do it alone. Regardless of whether I was in the intensive care unit or the labour delivery unit, I experienced the reality that health care is about team work. Now I work at the policy and advocacy level, and the same philosophy applies. If we are going to change the environment in which we work, we all need to be involved.

Think Nursing! is one way that we can be inspired and get involved to improve our working lives as nurses. *Think Nursing!* is about:

- Sharing positive practices to better workplaces across the country
- Identifying changes that we can pursue in our workplaces
- Finding the evidence we need to make the case that certain changes in policy or practice can improve retention, recruitment, the health of the workforce, and patient care
- Learning from nurses and others how they went about supporting change in their workplace, including how to lobby employers and politicians.

Join nurses and allies from across Canada and, who knows, maybe from around the world, in a conversation about positive practices in the workplace. Together, we will make a difference, I promise.

In solidarity always,



Linda Silas

CNSA President's message

Think Nursing! gives nursing students from across the nation a place to bring their energy, get involved and informed in the world of nurses' unions, and participate in the future of our profession. As students, we not only hear about, but see for ourselves patients being taken care of in hallways, hospitals constantly in gridlock, and we work on units where everybody is too busy to provide mentorship or to contribute to our education. *Think Nursing!* offers an opportunity to nursing students to be part of the solutions to the issues facing our healthcare system today. It allows us to share our ideas and to shape our profession to the benefit of patients and the Canadian public. As nursing students, we follow evidence-based practice and technique. *Think Nursing!* gives us opportunity to consider it, contribute to it and to apply it in practice to support change that needs to happen in our work environments.

Thank you CFNU!

Tyler Kuhk

Introduction

Nursing is a rewarding profession, but the working conditions can be punishing. Overcapacity leading to hallway nursing is a significant problem, as is violence, understaffing, and mandatory overtime. These and many other issues that reduce the quality of worklife for nurses and negatively impact patient care are discussed within this booklet and on thinknursing.ca.

However, we do not dwell upon the negative. We move beyond these issues to explore positive practices underway from coast to coast where nurses are working with their employers and unions to make things better. *Think Nursing!* is about hope and change.

In 2005, the Nursing Sector Study Corporation identified a need to compile "Best Practices" that outline effective workplace strategies that create effective working environments, and maximize nurse and system outcomes. CFNU has been analyzing research and putting findings into practice – implementing and testing a number of positive practices hoped to improve working conditions for nurses.

Researchers from nurses' unions across Canada came together to examine a wide range of research-supported strategies that can help create better workplaces. The collection of research is summarized here and is available at thinknursing.ca. This booklet and the website will profile issues such as (but not limited to) flexible work arrangements, support for education, mentorship, leadership development, and fostering a culture of health and safety. Additionally, you will also hear from nurses from nine different workplaces discussing real life examples of positive practices changing their workplaces.

80/20 Project

The theory is a simple one: Allow nurses to spend 20 percent of their time at work in education and professional development, and 80 percent in regular nursing duties. Encourage them to focus their attention on patient care. This was the basis of the 80/20 Human Becoming study introduced to nurses on the Cardiosciences Unit in Regina's General Hospital in March 2006.

As part of the study, participating nurses received 24 hours of education each month. Classes were initially three hours in length and repeated to accommodate nurses' rotations. The first 12 weeks focused on learning the Human Becoming theory. In addition, some time was given to nurses to reflect on their personal practices and deal with issues happening on the unit. They could share experiences and talk about patient care.

Cathy Kyle, project leader, was very impressed with the Human Becoming theory because of its emphasis on the patient. In a very short time, she saw a change in the nurses as they adapted their learning to their work.

Kyle would like to see the 80/20 Human Becoming model integrated into more work areas. "Outcomes are very positive when you offer nurses the opportunity to learn while they're at work," explains Kyle. "They feel valued and encouraged to participate in things they otherwise wouldn't have the opportunity to do." Some nurses were inspired to start their baccalaureate prep because they had 24 hours a month as paid time for education. Others used the time to attend conferences or participate in health region education programs. (Continued)

Cathy Kyle (SUN)

Cathy has been a nurse for 31 years. She works at the Regina General Hospital. She has held many educator roles over the years for both patients and nurses. For the last 28 years, she has worked in Critical Care. Her focus in the last 14 years has been cardiology and patients with cardiac diseases.



We hope to engage nurses, unions, employers and governments in a conversation about the ideals and values essential to a safe and effective workplace. This conversation needs to take place at bargaining tables to board room tables. We also hope that it will inspire all members of the healthcare community to learn more about what they can do to support and care for those who care for patients. We urge you to use this booklet for inspiration and to join the online conversation at thinknursing.ca.

Think Nursing! Beginnings

In the summer of 2008, researchers from most of the provincial nurses' unions that make up CFNU's membership met to discuss a new approach to using research to achieve meaningful improvements for nurses in Canada. The project could not be a static collection of research. Nor could it attempt to look into a crystal ball and come up with a complete picture of nursing in the future, together with a suite of technological solutions to very human problems. To the contrary, the project would need to be dynamic, involving collaboration in a web-based environment, and would need to be accessible and responsive to individual nurses and health decision-makers around the country. Most importantly, the project needed to have a considerable lifespan, allowing growth, discussion and re-analysis.

The researchers deliberately selected a range of topics that were not intuitively connected and that spanned a broad range of areas. They chose key issues nurses have already identified as central to achieve the kind of workplace they believe can deliver the highest quality patient care. This was done for two reasons. First, the researchers' envisioned each contribution as a

(Continued from page 6)

The 20-percent education time also provided nurses with time in other departments. For example, if a patient was going to have a cardiac wall motion study, a nurse could spend a day in the nuclear medicine department with the patient and talk to the technicians to find out what that particular test would involve. Not only was this helpful to both patient and nurse, it helped inter-professional collaboration.

Researchers found there was a decrease in sick time, overtime and orientation costs (better staff retention). Qualitatively – the positive outcomes you can't put numbers to – many patient stories expressed a noticeable difference, patients felt like the nurses were listening and felt safer in the care they were receiving.

"People assume all nurses do this [take time to listen to their patients' needs]," comments Kyle. "Unfortunately, our healthcare system doesn't always nurture or support that because of our [busyness on the job]. It's been difficult sometimes to focus your care on the patient because you have so many interventions, so many different treatments, so many professionals involved. Focusing on the Human Becoming theory helps you to look at the patient as the reason you're there... finding out what it is like for them and what they would believe would be helpful to them and trying to structure your care around that."

While the actual study was completed in 2008, the Regina Qu'Appelle Health Region is continuing the 80/20 Human Becoming model on Unit 3F because it has realized the benefits to both nurses and patients.

Keeping patients at the center of care and providing nurses with the education to improve their skills is a winning combination for a healthcare system that is struggling to recruit and retain nurses.



'seed' work, drawing others to read and think and contribute on that topic, and perhaps begin developing related topics in the future. Their seed work is meant to plant many different ideas to grow, flourish and cross-pollinate in the future.

Secondly, it was determined that each contributor would look at some specific issue and/or examples and provide some background to make sense of the issue. However, it is crucially important at the beginning phase of this project that readers understand that none of the contributions should be considered exhaustive in their scope. Each contributor comes to this project with a different perspective. The richness will come from people like you adding the depth of your views, experiences and knowledge to each topic. To suggest that these initial contributions are complete would inhibit future dialogue over what might be added or changed in the future – and change is an essential component of the project.

While an enormous amount of good research has been done on many areas of nursing, other areas are largely uncharted or have been overlooked altogether. By starting with a diverse set of topics, we hope to re-invigorate and inspire ideas for today in order to create the nursing workplace we want tomorrow.

The Collection

The topics in this initial collection of papers found on thinknursing.ca represent key issues in nursing workplaces today. The pieces offer a range of perspectives across time (past versus future), place (local versus national), and specificity (particular versus general). Each paper

Flexible Work Arrangements

Sandra Brayer is one of the first nurses to take advantage of the new “weekend worker” shift recently negotiated in Alberta.

“I work a 0.8 (full-time equivalent FTE) but I get paid full time. It’s been nice,” Sandra says. “I went to the weekend worker job to try out a day-evening shift schedule,” she says. I work four shifts, Friday to Monday for three weeks and on the fourth week, I just do three shifts. You get paid for an extra shift each week,” is the simple way Sandra explains it.

She says the Grey Nuns Hospital where she’s taken the new job is always short on weekends, and even with two other weekend workers, there’s always been lots of gaps to fill.

But, she says “the toughest part has been working every weekend.” Sandra has two kids, and not having time to spend with her teenage daughter on weekends has been difficult. Now with summer coming and people heading out for recreation on weekends, Sandra really wonders about working every weekend. She says it might work better for parents of young children or couples who are juggling daycare.

But this week she did have four straight days, Monday to Thursday, off. “I get all my stuff done during the week when other people are working.”

Sandra Brayer (UNA)

Sandra’s been nursing for 20 years and for the last several she worked a straight night shift as a float across medical and surgical units at the University of Alberta Hospital in Edmonton.



covers a topic with a certain set of parameters, giving depth and understanding of each issue. We hope that, on the web, people will add to each topic filling out each continuum of time, place and specificity.

In brief, the initial contributions cover:

Nurse/Patient Ratios:

This piece offers an overview of the approach to nurse/patient ratios in a number of jurisdictions including Australia, California, and, of course, Canada. It is clear that there is still considerable resistance to the notion of fixing ratios, highlighting the tensions between funding, management control and adequate patient care. As these tensions persist, nurses are expressing ever greater concern over patient care and their own ability to provide the care they believe is required.

80/20 Project:

Saskatchewan has had a positive experience implementing an 80/20 work/development staffing model between Saskatchewan Union of Nurses, the University Health Network (Toronto) and the Regina Qu’Appelle Health Region. This model provides for nurses spending 80 percent of their salaried time on direct patient care and 20 percent on professional development. This project is an excellent example of a very well-researched topic actually tested on the ground. The results are impressive: reduced sick leave, overtime and turnovers, with improved job satisfaction among nurses. Importantly, positive responses to the project were also found among patients, families, management and other healthcare team members. The project provides an excellent template for the research, implementation, and evaluation of alternative workplace arrangements.

Leadership improving the workplace

“The only way to make change is to first recognize you have a problem,” says Melanie Leckovic. “This seems so obvious but in a large structure like the healthcare system this often gets lost.” Front-line workers do not always realize that what is so obvious to them is not as obvious to decision-makers who work far away from the daily realities they control.

But there is a way to get the message across, says Melanie. “Here in BC we have a formal process to advise management of unsafe situations – the filing of Professional Responsibility Forms (PRFs). Each time we are faced with unsafe staffing, we document it and send it to the Assessment Committee which is comprised of representation from the union and the employer.” It is the purpose of the committee to “assess and make recommendations for unresolved work practice issues which impact nurses’ ability to provide safe, competent and ethical care.”

Following a period of being severely short-staffed in 2006, hospital ER nurses started using the PRF process. Two significant developments came out of this. “Each time they were short staffed to the point of potential risk to patients, the employer knew about it and had to accept some responsibility for that. This process was formal rather than anecdotal.”

“But the second benefit was perhaps even more important. The nurses knew things were bad. They all experienced it and everyone heard the stories. Like the night when there were 15 admitted patients to only one critical care nurse. The filing of these (Continued)

Melanie Leckovic (BCNU)

An Emergency nurse for over 30 years, Melanie is a Patient Care Coordinator at Burnaby Hospital Emergency and in her first term as Vice President of BCNU. She currently oversees the Repair the Care campaign which educates members on the impact of privatization on nursing workload and the importance of maintaining a public health system. Melanie is married with 3 grown children.



Flexible Scheduling:

While there are many variations of flexible scheduling across the country, the Alberta example is useful for its inclusion in the provincial collective agreement between United Nurses of Alberta and the provincial health authorities. The mix of initiatives to address work/life balance for both new and experienced nurses is broad and creative. These work arrangements acknowledge the importance of respecting the needs of nurses. More importantly, the provisions demonstrate that real solutions can be negotiated into agreements that benefit both employees and employers. Collective agreements provide a level of legitimacy to these and other initiatives that should lead to greater utilization and evaluation in the future.

Non-Nursing Duties:

The examination of non-nursing duties being performed by nurses brings forward a topic that has not spent much time in the headlines but is central to the successful utilization of the limited nursing resources available. The examination of the substance of nursing work shows definitively that nurses are spending more time than necessary doing non-nursing-related work, diminishing time for patient care. In spite of severe nursing staff shortages, little has been done in any jurisdiction to explicitly address this. Importantly, this issue also involves allied health workers and highlights the importance of the healthcare team in providing the best possible, and most efficiently delivered, care.

Culture of Safety:

Workplace attitudes towards safety exemplify the importance of organizational culture to the details of everyday work. The SARS outbreak served as a tragic reminder that how health

(Continued from page 12)

forms allowed the members to gather hard statistics.” Nurses collected information including the numbers of patients visiting the ER each day, admissions, length of stays, the numbers and skill sets of staff on duty. They ended up amassing a 500-page document of their findings.

“The employer could not ignore the solid evidence that things were getting critical,” said Melanie. After the report was issued, things began to change. “The unit saw more nurses, more support, and more resources.”

“It isn’t always convenient to fill in the forms, especially when you are under such pressure in the moment, but it is important to recognize how we can all make a difference. Change can happen,” Leckovic added.



employers and governments approach healthcare is fundamental to worker control over their work environment. Disasters such as SARS in Ontario have highlighted the complexity of this issue and the range of physical, biological, radiological and chemical hazards that can be encountered on a regular basis. However, it is also an area of common interest that provides numerous opportunities at the government, union, facility, unit and individual levels to support and develop a culture of safety for all health workers. Addressing safety is an immediate priority, but changing the culture of healthcare organizations will be an enormous, but potentially transformative undertaking.

Nursing Leadership:

In looking to the future of nursing, we cannot ignore the continued impact of decisions made during the healthcare “restructuring” of the 1990s. The loss of large numbers of front-line nurse managers has left a void that has yet to be adequately addressed. This void has resulted in decreased nurse involvement in decision making and planning of policies and procedures at the organizational level. As worksites have seen chronic short-staffing and rising acuity levels, the importance of an experienced nurse manager will continue to grow. Providing a strong support for nurse management will open new development opportunities for experienced nurses, promoting mentorship, leadership and advocacy for nurses.

Overcapacity and Productivity:

The “restructuring” of the health system in the 1990s created shockwaves that are still being felt today. Shortages of staff and infrastructure along with rising populations have combined to drive many units into overcapacity situations. Dealing with overcapacity was once seen as a temporary

No to Non-Nursing Duties

As an operating room nurse in central Newfoundland and Labrador, I've seen how non-nursing duties impact how we perform our nursing jobs, including taking us away from providing patients the nursing care they deserve. Fortunately, I've also seen the benefits of reducing those non-nursing duties requirements as well.

About ten years ago, the NLNU initiated a *Code of Conduct* that saw nurses stop performing specific non-nursing duties, such as stocking supplies and cleaning cupboards. In a busy operating room, these were very time-consuming tasks. As a result of that initiative, our employer hired additional support staff to relieve nurses of these duties and enabled us to focus on nursing care.

Over the last number of years we have seen the non-nursing duties expected of nurses increase again, particularly as staffing shortages have affected many healthcare professions. Despite the growing nursing shortage, nurses seem to be the ones expected to fill in the gaps and take on the extra duties. To alleviate this growing workload during our own nursing shortage, our union initiated a non-nursing duties campaign this past fall. This campaign has once again empowered nurses and improved our workplace.

Our manager has supported nurses throughout the campaign, which has strengthened our working relationship with her considerably. We have had some of the non-nursing duties transferred to other support staff, which has improved the overall function of the OR. For example, the pharmacy technicians now consistently check for outdated drugs on anesthetic carts, which nurses had been doing whenever we weren't busy. The SPD department has increased (Continued)

Regina Young (NLNU)

Regina is an operating room nurse, in charge of the orthopedic service. Married for 31 years, she has a 29-year-old daughter who lives in Qatar. Regina likes to sew, read, and do crafts. She and her husband enjoy camping and, their newest hobby, riding their motorcycle.



problem, but increasingly it is becoming a chronic staffing and patient care issue. The BCNU has demonstrated that as overcapacity has shifted from an acute to a chronic issue, more sustained approaches need to be taken to deal with bed shortages, work flows and nursing health. Applying new approaches like the Productive Ward: Releasing Time to Care initiative, in the presence of strong leadership, could help alleviate this and other staff and productivity pressures.

More Ideas for Discussion

In addition to the topics addressed in “the collection,” there are a number of other topics that over time we expect to garner greater attention and focus. These topics are essential pieces of the *Think Nursing!* picture and serve to remind us that the *Think Nursing!* project is not meant to be a single discrete process but an ongoing evolution of ideas and areas for study and practice. For the purpose of laying out some ground for further examination, we will look at four of these “other topics”:

- International recruitment of nurses
- Career pathways and support for education
- Child care
- Layout of nursing units

It is hoped that these will become topics for further research and discussion at thinknursing.ca.

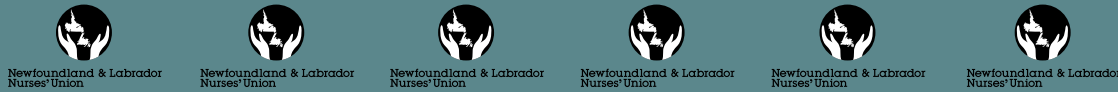
International Recruitment of Nurses

CFNU has recently participated in a consultation on the World Health Organization's development of a code of practice on the international recruitment of health personnel. This

(Continued from page 16)

its hours of operation to decrease the emergency cases we have to pick up after hours. Collectively, by working with our manager and our colleagues we have improved the efficiency of our unit. Our campaign is evidence that teamwork is a powerful advantage in any healthcare setting.

“Initiating the non-nursing duties campaign was extremely important for increasing our employer’s awareness of the amount of time nurses spend doing work that can be capably and efficiently handled by other healthcare employees. As nurses, we often take on these additional duties without realizing how much time it takes us away from our patients, and by taking that time back and engaging the healthcare team, we can all provide better patient care.”



Faced with a deepening nursing shortage crisis, NLNU nurses began refusing non-nursing duties in order to direct their limited time to patient care. NLNU ran advertisements explaining the decision. Ironically, nurses were disciplined for putting patients first. Debbie Forward, president of NLNU, said to the media “We firmly believe that nurses should be able to nurse. Our priority is and will remain patients, even in the face of the employer’s decision to continually discipline nurses for making that choice.”



The nursing shortage is keeping us from providing quality patient care.

Cleaning beds and emptying trash means less time to care for you.

Nurses in Newfoundland and Labrador are experiencing a serious shortage. We want to be there for you. To make critical decisions. Prevent complications. Be a source of knowledge. And answer your questions. That's why we will no longer be performing non-nursing duties.

**BEGINNING OCTOBER 1st
NURSES WILL ONLY
CARE FOR PATIENTS.**



code addresses healthcare worker recruitment in countries experiencing a crisis shortage in their health workforce. CFNU also aligns itself with the principles endorsed by the International Council of Nurses’ Position Statement on Ethical Nurse Recruitment: fair labour practices, accurate disclosure, non-discrimination, objective grading criteria, access to education as well as induction and orientation programmes. Any recruitment strategy cannot be used alone as a means to rectify the nursing shortage. Recruitment can only succeed where retention efforts are even more of a priority. CFNU firmly believes that, despite the damage they cause, existing nursing shortages do not validate the recruitment of migrant health workers where a system lacks a solid foundation to support the retention of existing health workers and recruitment of domestic health workers. What do you think? Voice your opinion at thinknursing.ca.

Career Pathways and Support for Education

The availability of educational opportunities and the information and tools to seek, start and sustain a career pathway in nursing is critical. CFNU has called for the establishment of a \$1-billion health education fund to support continuing education programs, nursing education programs and a bursary system for nursing students with guarantee return of service agreements. Innovative tools such as the CNA’s online portal – NurseONE – are key to helping nurses develop professionally by supporting continuing competence, education and career development. Visit nurseone.ca to find out how.

Health human resource strategies must include these career pathway supports as they assist nurses to access opportunities for movement into new areas of specialization, and even into management or leadership positions. CFNU’s applied research in this area (Workplace Skills

Research to Action

Retention and recruitment of nurses in the province is essential to the maintenance of the PEI healthcare system. However, changes in technology, advancement in medical knowledge, and increased patient acuity require ongoing training and development. How to achieve this in a small province with limited educational opportunities is a challenge Barbara Brookins, President of the PEINU, has been dealing with. It was obvious to Brookins that the ability to upgrade qualifications without leaving the province was essential to both the nurses themselves and the system that depends on them daily.

“It has been an ongoing struggle for our nurses to obtain advanced training/certifications in the critical care areas. It is difficult enough to get time off to attend local workshops, so going out of province is not possible for the majority of nurses,” states Brookins.

“I was aware of the Work Skills Initiative project in Cape Breton that brought a critical care training program there from Halifax and felt a similar project on PEI would be a great opportunity for our nurses,” said Brookins.

Now with the support of the CFNU *Research to Action Project*, there will soon be the implementation of a PEI-based Critical Care and Emergency Nursing Program.

The development of this program will allow nurses the ability to acquire new or improved skills without having to leave PEI and increase retention and recruitment of emergency and (Continued)

Barbara Brookins (PEINU)

Barbara has been an active Union member since graduating in 1990 from the AJM School of Nursing in Moncton, NB. She has been President of the PEI Nurses’ Union since 2007. As an advocate for nurses, she hopes to support members so that they can maintain a healthy work-life balance. Barbara is married and has a daughter, Kyla, and a son, Eric.



Initiative - New Skills for Nurses: A Partnership Approach to Professional Development, 2005, and Research to Action: Applied Workplace Solutions for Nurses, 2008) is profiled on thinknursing.ca.

Child Care

A career in nursing is 24/7 in nature, and child care is a significant challenge. Coverage of formal child care in Canada is patchy, even during more standard business week hours. We have heard from nurses across the country who cannot return to work after having children because of a lack of suitable child care options. Even for those who can find child care, if the situation is not ideal, this stress will manifest itself over the course of the workday. National leadership is needed to ensure that affordable and high quality child care and early education opportunities are available for all. Child care must be included within human resource retention and recruitment strategies. This is especially critical for already trained nurses who are needed at work, in hospitals, nursing homes, and in our communities.

CFNU proudly supports Code Blue for Child Care – a pan-Canadian campaign to build a public, non-profit child care system. Code blue means “medical emergency,” and working men and women, including many nurses, still need a national child care program to provide quality and safe child care. You can learn more about this campaign launched by the Child Care Advocacy Association of Canada (CCAAC) by logging on to buildchildcare.ca.

Layout of Nursing Units

The layout of the unit itself has been shown to greatly impact the quality of the nurses work experience. Not only are proper ergonomics and adequate equipment critical to the

(Continued from page 20)

critical care nurses. Facilities will benefit from more qualified and higher skilled nurses, consistency in training, improved recruitment and retention, and succession planning. The province will see improvements in areas such as utilization of health resources, consistency in training and service delivery. Patients and the public will benefit from improved quality of patient care. "This is one of those rare times when you find a solution that is an absolute win for everyone: the nurses, the province, the patients and the public," said Brookins.

pei nurses™ pei nurses™ pei nurses™ pei nurses™ pei nurses™



maintenance of a healthy workplace, but the areas and way in which tools, meds, charts and information are placed play an important role. Research has indicated correlations between poorly organized work environments and negative patient outcomes. Research also suggests that changes in technology, unit organization and design would contribute to improvements in the use of nurses' time and safer delivery of patient care.

The Bigger Picture

We have provided real tools and initiatives, to improve nursing today and into the future, in the initial research done for *Think Nursing!*. To encourage dialogue, we wish to offer our own observations of the larger issues emerging from the contributions. Again, these are by no means conclusive, and we look forward to your comments. Comments can be made at thinknursing.ca.

The following five areas have emerged from the initial work as themes that are broadly applicable to initiatives fostering a better workplace. Culture, Leadership, Organizational Collaboration, Stability, and Evidence and Evaluation have had some impact on virtually all of the topics discussed. More importantly, these themes will likely inform the direction and analysis of each new topic as it arises in the course of this conversation, and will certainly play a part in the implementation of any improvements to nursing work and to health care generally.

Culture:

As noted in the research paper on thinknursing.ca, a culture of health and safety is often either corrupted or missing in workplaces across the country. Reforming this culture is probably the

A Culture of Safety

After 34 years of nursing, what keeps Jill Ross motivated as an oncology nurse for southwestern Ontario's London Health Sciences Centre?

"I love the patients. They have such hope and are very brave," says Ross. Ross cites the opportunity to learn and ability to lead and make decisions around her patients' care as some of the most rewarding aspects of her work.

"Currently, the position I have allows for a lot of autonomy. And oncology is such an interesting disease site. I really love palliative patients and what you can provide for their families. It gives me a lot of satisfaction," says Ross.

Ross says the relationship between staff and management at her facility hasn't always been positive. Several years ago, Ross's hospital saw an increase in safety issues on inpatient mental health units, where nurses were at risk of injury from violent patients.

Although the nurses had taken their issues forward, they weren't getting very far – until the day an orderly was nearly strangled by a violent patient. A nurse saved the orderly from death.

"We went to the media to publicize our concerns, and for months tried to get safety improvements. But we had to start really tracking incidents and getting nurses to report episodes of violence," says Ross. (Continued)

Jill Ross (ONA)

A primary nurse, Jill currently works in the ambulatory oncology unit. She also works in the "stretcher bay" where a lot of procedures are undertaken to look after patients coming from other facilities. Jill has worked in pediatrics for about 12 years, the ICU and CCU as well as in-home nursing care in the community.



biggest challenge facing the health system. How do we articulate a clear and common value system that is shared by governments, healthcare leadership, and frontline health workers? The SARS Commission findings underscore the dangers of maintaining a disconnected system, and what is necessary is movement to build a blueprint for collaboration into the culture of the healthcare organizations, referred to as the Internal Responsibility System (IRS), that is embodied in occupational health and safety law and principles. Occupational health and safety does double duty: by protecting workers, it also protects patients and the public. The proper application of the IRS should not only produce powerful results for patients and workers, but also light the path of collaboration in other areas.

Leadership:

A system as diverse and complex as health care needs to have strong leadership to ensure that the common values underlying health provision are respected at every level. There is little doubt in many sectors that political leadership at the highest levels have either failed to lead or have led the health system in directions that are deleterious to the provision of universally accessible and cost-effective health care. Without confidence in the priorities of the federal and provincial governments, healthcare leaders within the system will not have the direction or ability to provide frontline management that meets patient and employee needs.

Organizational Collaboration:

Several of the papers in this collection have a similar underlying message: the importance of collaboration between the main stakeholders in the health system. Unions, employers, government departments, and employees all have a role to play to bring support to the

(Continued from page 24)

“Our new Chief Operating Officer recognized the gaps and organized a Violence Prevention Committee and a Health

Organization Team – HOT. He made sure ONA members were on the committees, along with other union reps. He understood we had a big problem. He began calling every employee that had been assaulted, verbally abused or whatever, and he called every nurse. He found out nurses were not only physically hurt, but were questioning their skill as nurses. That was profound for him.”

Ross says the nurses are coming forward a lot more now to report violent incidents or problems.

“We’ve done a lot of educating and more and more occurrence reports are coming in. We have about 90 to 100 incident reports a month, including injuries, and most of them involve nursing,” says Ross.

There are also trained ONA health and safety reps on site, as well as a Professional Responsibility Committee of ONA members.

“With 200 vacancies at my facility, workload is a problem. We see a lot of overtime and sickness,” said Ross. “I think our HOT Team will be very helpful in that regard.”



workplace. Indeed, without successful collaboration and communication, the provision of health care would necessarily be diminished. This would impact not just the ability of individual sites or units to develop and improve, but would damage the workplace on a daily basis, adding to the challenges documented many times over: under-staffing, absenteeism, retention and recruitment, unhealthy workplaces and worsening patient outcomes.

Stability:

Instability has been one of the most pernicious threats to our public healthcare systems over the last two decades. Government restructuring, unstable funding levels, staff turnover and changing care paradigms have all undermined the ability of managers to develop longer-term improvements in their worksites, the confidence of employees and frontline managers, and ultimately, the confidence of the public that their healthcare system will be there when they need it. Many initiatives, like the 80/20 program or efforts to improve the culture of safety, or the work-life balance of nurses, depend on time and commitment from all parties involved. When that commitment falters or cannot be counted on, so too will individual initiatives. But perhaps more tragically, the motivation of those on the frontlines to pursue or propose initiatives that might improve the workplace is dampened.

Evidence and Evaluation:

The research community has done a tremendous amount of work to test a wide variety of hypotheses on how to improve health care. As the papers in this collection reinforce, there are many areas that have been studied and evaluated and shown to be positive responses to these problems. We need to continue to test and challenge ideas throughout the health system.

Mentoring: Experienced and New Nurses

It was amidst the backlash of the “downsizing” and “rightsizing” of the early 1990s in New Brunswick that beginning practitioners entering the profession lost a precious professional lifeline. Squeezed out of the picture were direct supervisors such as head nurses or clinical supervisors, many opting, not out of choice, to contend with mountains of paper rather than coaching and mentoring young nurses entering the profession, as part of their everyday work.

Sheila Ebbett, a general duty nurse at the Dr. Everett Chalmers Regional Hospital, Fredericton, N.B., remembers the ripple effect of that void: “Young nurses were floundering and many journeyed a long way down the tubes before their deficiencies were recognized and addressed.”

“What was happening is that many new grads were not thriving. There wasn’t anyone to assess their day-to-day performance, recognize shortcomings, and propose supportive actions such as moving them to another area or reducing their workload,” said Sheila Ebbett.

So as a result of losing new recruits because they felt unsupported, the Dr. Everett Chalmers Regional Hospital, in 2000, introduced the concept of the “resource nurse” charged with supervising nursing care and contributing to performance appraisals. Senior nurses assume the role for a six-month period on a rotating basis.

“The resource nurse concept is working,” says Ms. Ebbett. “We’re picking up more people that need to work on certain skills or develop particular competencies. As a result, fewer new recruits (Continued)

Sheila Ebbett (NBNU)

Sheila is a general duty nurse at Dr. Everett Chalmers Hospital, Fredericton, N.B. Currently she works in the Post Anesthetic Care Unit while in the past she has worked in the ER and the General Surgery Unit. Sheila spends her off-work time parenting/coaching, playing hockey, golf, and in Union activities.



What is needed, as much as a commitment to implementation from the leadership and policy makers, is a commitment to evaluation, reiteration and improvement of initiatives. As discussed in the 80/20 and scheduling papers found on thinknursing.ca, evaluation has yet to determine the full extent of the potential impact of these changes. Anecdotal reports of improvements have, thankfully, carried many projects forward. However, the ability to quickly, accurately and meaningfully establish what works and what does not, and having the means to move forward on those results are critical to the overall success of any initiative.

Next Steps

Through our initial work on *Think Nursing!* Towards a Better Workplace, we know there are real, demonstrable solutions to the serious problems facing the nursing profession in Canada. Perhaps more importantly, however, is that these are not the only solutions, or all the solutions, or necessarily even the best solutions. Moving forward, it will be the evolution of these and other topics that we hope will provide the impetus for the rights solutions to be found for the right time and the right place.

The initial process of identifying and quantifying these and other issues facing nurses does not necessarily cause one to rejoice. However, finding solutions and putting those solutions into practice at sites across the country is cause for considerable optimism. Demonstrated successes can be used as templates to move forward and to show other jurisdictions that solutions exist and can be put in place.

(Continued from page 28)

are falling through the cracks. It's also had a positive impact on retention," she said.

"It's not a perfect system. What I'm happy about is that the importance of our senior nursing leaders and their vital role in mentoring was recognized," said Ms. Ebbett.

"I'm hopeful that further innovative ideas can be introduced to provide new graduates with an even 'softer place to fall,'" she concluded.



We invite you to visit thinknursing.ca and to share, learn, and contribute your own experiences and ideas about how to build better workplaces for nurses. In addition to profiling the research discussed above, the website will also provide links to research, policy documents and current initiatives that you can use to enact positive changes in your workplace as a nurse, a union representative or employer. For example, our website will profile the Quality Worklife - Quality Health Care Collaborative – a group that champions healthy workplaces and offers a number of tools and suggestions that can help you and your employer get on board to improving your workplace. It is the belief of the collaborative that “A fundamental way to better health care is through healthier workplaces. It is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces.” Has your employer signed the Healthy Workplace Charter? A copy of the charter is on page thirty-five, but you can download your own copy by visiting: qwqhc.ca.

The website thinknursing.ca is a place where success stories from nurses across Canada are profiled. Through the website nurses can connect and share with one another thoughts and suggestions about issues important to them.

When it comes to enacting positive and sustainable change in a system, CFNU truly believes that “it takes a village.” We hope that you will join us in our efforts to engage the entire “village” of healthcare stakeholders to be a part of positive change in the worklife of nurses.

Canadian Culture and IENs

The Manitoba Nurses' Union (MNU) is reaching far beyond its provincial borders to help reduce provincial nursing shortages in hospitals and care centres. Internationally trained nurses are finding exciting new opportunities in Manitoba, and thanks to MNU-assisted programs, they are finding the cultural education, accreditation assistance and language training they need.

In her role as Diversity Coordinator with the MNU, Manola Barlow works directly with internationally educated nurses as they begin their careers in Manitoba. She meets with nurses to assist in evaluating their language and educational needs, as well as coordinating programs which offer information on Canadian culture, work place practices and more.

Barlow points out that having nurses from other countries and cultures can bring a whole new level to patient care. "To have the workplace reflect our diverse country is excellent," explains Barlow. "If you have nurses that can talk to the patient in their first language, I think they can ultimately provide better care. As well, they know some of the cultural issues because they have experienced them first hand."

For Barlow, it is satisfying to watch the dreams of many new nurses come to fruition after they receive the training and assistance they need. "Many nurses have expressed their thanks that we've been so supportive. Connecting people to the resources they need – not necessarily being all the resources – is very rewarding."

Manola Barlow (MNU)

Her role with the MNU is a great fit for Manola who, herself, loves to travel internationally and has had the opportunity to visit a number of different countries. During her spare time she also loves to play piano and make the most of our wonderful summers with camping trips and on long walks with her puppy.



Healthy Healthcare Leadership Charter Quality Worklife – Quality Healthcare Collaborative

This Charter is intended to support the continuous improvement of the health of all Canadian healthcare workplaces and providers. It is founded on the principle that a fundamental way to better health care is through healthier healthcare workplaces, and that it is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces.

A healthy healthcare workplace is a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions, that maximizes the health and well-being of health providers, quality of patient/client outcomes and organizational and system performance.

Health human resources should be viewed and treated as core assets of the health system. A high quality of worklife is required for the retention of our finite number of resources. Quality of worklife is also important for the delivery of effective, efficient and safe patient/client care.

Our vision is for Canadian health providers to achieve optimal health and work in healthcare settings that demonstrate healthy workplace leadership, management and accountability

Child Care

The bright decorations, smiling faces of toddlers and pre-schoolers, and the warm atmosphere that greet you are telltale signs that *Near to Me* daycare is special.

As you learn more about the early beginnings of the daycare, and how it has evolved, you begin to understand how truly special it really is.

In March of 1990, the doors to this home-like daycare opened to children of employees at the Colchester Regional Hospital in Truro, Nova Scotia. The centre has since provided ease of access to healthcare workers whose shift work requires an untraditional approach to service. By opening at 6:30 am and closing as late as at 7:15 pm, *Near to Me* offers just that.

Located at the base of the slow rise that leads to the hospital, the non-profit centre is the brainchild of the hospital, and the Nova Scotia Nurses' Union and CUPE locals. In the beginning, many employees of the hospital volunteered their time to help renovate the house that would eventually become the daycare.

Near to Me now offers care for 29 children per day, 60% of whom are children of nurses and other healthcare workers. More importantly, it provides much needed peace of mind for moms and dads, and a bonus for their employer.

Sara Hazelton is the Director of the centre which employs 8 workers. She says that studies have proven on-site daycare facilities offer benefits for both the employee and the employer. (Continued)

Sara Dowe (NSNU)

Sara Dowe, a nurse at Colchester Hospital, believes that if more hospitals provided on-site childcare, some recruitment and retention issues would be resolved, particularly for younger nurses. Apart from nursing and her family, Sara enjoys cross-stitching and reading.



practices. Canada's health system needs a comprehensive and collaborative approach to workplace and workforce renewal, that does not pit one organization against another in a zero-sum quest for recruitment. By working together to build, implement, evaluate and share healthy workplace leading practices, we will achieve this vision.

We agree with these principles and will act now to:

- Make quality of worklife a strategic priority
- Assess, monitor and report on quality of worklife (QWL) indicators including the Standard QWL Indicators identified by the QWQHC
- Identify one or more priority action strategies that we will implement and evaluate
- Identify and build knowledge on leading practices related to healthy workplaces
- Exchange knowledge and network with other health leaders on healthy workplace practices

How to sign the charter?

For more information on how to sign the charter visit the website at qwqhc.ca.

(Continued from page 34)

“On-site child care goes a long way to reduce tardiness and absenteeism. It reduces turnover. For parents, there are the obvious attractions — they know their child is near should anything happen. They are invested in the daycare on so many levels,” says Hazelton.

“I moved here from Halifax with two small children. Without *Near to Me*, I probably would not have been able to work. They offer space to hospital employees first. I was able to start work right away without a break in service,” says Dowe.

Dowe says that *Near to Me* takes the worry out of raising a family and working as a nurse, enabling her to concentrate on her patients and her job.

“I’ve been called into work at the last minute and in a panic, you rush out the door with the kids. Knowing that I can take my kids to a daycare on hospital property, have time to undress them and get them settled and not have to throw them in the door and run, is a big deal to me. The hospital daycare allows me to get to work without that regular morning stress so I can start my day on a positive note.”

