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May 2022

President's Notebook

Janet Hazelton, BScN RN, MPA



Nurses have limits, too

But despite gruelling work, burnout and violence on the job, they continue to answer the call

This opinion piece appeared in Saltwire publications across Nova Scotia during National Nursing Week, contributed by Janet Hazelton, NSNU President

For the second year in a row, the Canadian Nurses Association (CNA) has chosen #WeAnswerTheCall as the theme for National Nursing Week (May 9-15). After missing out on the much-lauded celebrations that 2020 – The Year of the Nurse – promised, the “answer the call” theme seemed appropriate for 2021. Nurses and other dedicated health-care professionals stepped up during what was perceived to be the peak of the pandemic.

Little did we know that 2022 would be as arduous and demoralizing for our beleaguered health-care system, and those who struggle to keep it afloat, as it was at the onset of the pandemic. That’s why the CNA repeated the #WeAnswerTheCall mantra again this year — not for lack of imagination or effort, but rather thoughtful consideration of the circumstances, circumstances that have only worsened this past year.



Despite vaccines, a broadened familiarity of personal protective equipment and a workable knowledge of epidemiology, COVID-19 evades our best efforts to stop it from spreading. With the widely anticipated loosening of restrictions, we’re witnessing an increase in cases and, tragically, deaths. This was not the outcome we had collectively hoped for.

Speaking up

Over the course of my near 40-year nursing career and 20-plus years as a labour leader, I’ve maintained that, regardless of the state of health care and how taxing the system is on our valuable but dwindling nursing resources, I would remain reserved in my tone. I’ve been reticent to raise alarms that could cause the public to lose confidence in our system or be fearful to seek medical treatment. My position on publicly downplaying the gravity of the situation has reversed over the last 12 months.

It’s possible that during my 20-year tenure as the president of the Nova Scotia Nurses’ Union you’ve seen me on TV or heard me on the radio speaking about the nursing shortage, excessive overtime, violence in the workplace, fair wages, occupational health and safety and much more. I’m a regular with media outlets, as evidenced by my calendar appointments and the number of people who recognize me at Costco.

Levity aside, a great friend and mentor once told me a good day in the nurse-union business is one where the organization is not on the supper-hour newscast. She was right, and she was wrong. Right, because our goal is to attain a healthy health-care system — one that does not warrant news headlines. She was wrong

simply because that goal is unattainable. There will always be room for improvement and, sadly, job security for someone like me.

Of late, like my counterparts across the country, I've been vocal about the urgent need for a pan-Canadian health human resource strategy, one that will equip provinces and territories with the tools and information to fend off future staffing shortages and untenable conditions.

A recent survey conducted by the NSNU's national affiliate, the Canadian Federation of Nurses Unions (CFNU), indicated that 80 per cent of nurses report insufficient staffing in their workplace, with two thirds saying the quality of care has declined over the past year. Nurses also said burnout is up to 45 per cent from 29 per cent within the last two years. How is it possible that after tirelessly advocating for nurses, and talking about the decades-long nursing shortage and its impending fallout, we find ourselves in this situation?

Losing good people

The fact is, the nursing profession has never been as battered and bruised, and nurses have had enough. The women and men with hearts of gold and nerves of steel, who exude compassion and courage, are calling it quits. They are leaving full-time positions for more manageable and stabilizing part-time or casual positions. They are leaving the public system for different options in the private sector, and some are hanging up their scrubs entirely. These are the headlines that are prevalent.

Nurses make up the largest segment of the health-care workforce. It doesn't take a mathematician to figure out that as nursing numbers decline, so does our ability to safely and effectively deliver care to Nova Scotians.



Nurses make up the largest segment of the health-care workforce. It doesn't take a mathematician to figure out that as nursing numbers decline, so does our ability to safely and effectively deliver care to Nova Scotians.

Despite the efforts of governments, past and present, to retain and recruit nurses, most measures fall short of making the workplace safer or more acceptable by basic labour standards. Even before the COVID-19 outbreak, nurses had some of the most stressful and unsafe jobs. Holding your pee well beyond what's normal, being spat on or physically struck, eating lunch closer to suppertime, or having your well-earned vacation denied for the third consecutive summer pale in comparison to watching your well-earned vacation denied for the third consecutive summer pale in comparison to watching your patient die, but all contribute to a career that is likely unsustainable, bordering on traumatic.

Some admonish nurses for reducing their work availability, claiming they are abandoning their duties and responsibilities at a time when they are needed most. I think it takes a brave person to admit that their esteemed career and calling is not good for their physical or mental state. I believe walking away or limiting exposure to that which harms you is a last-ditch attempt at self-preservation.

We're not superheroes

People will say, "They knew what they signed up for when they entered the profession." To be clear, women and men who pursue a career in nursing love science, are compassionate, resilient and thoughtful. They're not afraid of long hours and the messiness of the human condition. And, at the end of their grueling and punishing shift, they show up the next day to do it all over again.

So, why are nurses now struggling to answer the call — the call that they have answered time and time again? Because health-care workers are not warriors or superheroes. They have limits too.

I commend the Houston government for its commitment to making health care a priority, but the Action to Health roadmap to better access to care in a timely manner is short on details and dates. Nova Scotians echoed that opinion in recent public polls. While a sooner-than-later approach is desired, admittedly it's

BRUCE MACKINNON EDITORIAL CARTOON: MAY 11, 2022 - Bruce MacKinnon

The cartoon shows a large green hand-cranked pencil sharpener with the words "HEALTH CARE" printed on its side. A large pile of sharpened pencils is scattered around the sharpener, and a single pencil with "NURSES" written on it lies in the foreground. The sharpener is positioned on the left, and the pile of pencils is on the right. The background is a plain, light-colored surface.

hard to undo years of neglect and resolve complex problems. I urge this government and all stakeholders to set targets and continue to make health care a priority.

As another National Nursing Week unfolds, there are some positives on the horizon. In spite of the aspersions, nursing is among the fastest-growing professions, with more students applying to nursing programs across Canada than ever before. That speaks volumes about the profession and the intrinsic rewards it extends. And nurses themselves are speaking up, not just in defiance of a broken system, but in opposition of the treatment they're being dealt and the short and long-term consequences for patients, residents and clients.

We're at the precipice of change as governments, unions, nurses, educational institutions, employers, regulators, the electorate and other stakeholders share the common goal of making work-life better and safer for nurses and others. However, effective and lasting change will not happen overnight. We must be patient and persistent.

This week, and every week, be thankful for our nursing community, and show nurses the respect they so deserve. On behalf of the NSNU, I thank nurses for showing up, speaking out and always being part of the solution.



AGM 2022

For two days, **April 26-27**, the Nova Scotia Nurses' Union held a hybrid event that welcomed over 250 nurses, nursing students and leaders from across Canada.

In all, nine resolutions were debated, full financial reporting was undertaken, we premiered a brand-new rendition of O Canada sung by NSNU members, our keynote-presenter, Ann Divine, moved the audience with her stories and knowledge of equity, diversity and inclusion, we heard from members, and we welcomed several guest speakers; both virtually and on-stage.



BEHIND THE SCENES



CHRIS ALBRECHT, EXEC DIRECTOR
DONNA GILLIS, NORTHERN VP



TOM DANIELS & JAMIE STEWART
DELIVERED A FINANCE REPORT



JEN THIELE, NSNU VP



MICHELLE LOWE, WESTERN VP



We send special thanks to CFNU President Linda Silas, CLC President Bea Bruske, and Provincial Coordinator of NSHC, Chris Parsons for joining us live at our Lord Nelson venue.

Due to the virtual nature of the event, we also had the opportunity to hear messages of support and encouragement from those who couldn't join us in person. We heard from Premier Tim Houston; Minister of Health and Wellness, the Honourable Michelle Thompson; NSFL President, Danny Cavanaugh; NSGEU President, Jason MacLean; NSTU President, Paul Wozney and many of our fellow nursing unions across the country.



CHRIS PARSONS,
PROVINCIAL COORDINATOR, NSHC



JILL HOULIHAN, LABOUR COUNSEL &
PARLIMENTARIAN FROM PINK LARKIN



BEA BRUSKE, PRESIDENT
CANADIAN LABOUR CONGRESS

Be sure to check out the videos and some behind-the-scenes photos online at nsnu.ca/AGM-2022. You'll need your login credentials to access this portal of the website. You will also find the revised Constitution, Policy Manual and other documents online at nsnu.ca, under the About NSNU tab.

Many thanks also to the staff of the NSNU and Encore, our third-party service provider, who worked tirelessly to make this Annual General Meeting possible.

While we cross our fingers to meet with everyone for a more traditional, in-person AGM next year, we are grateful to have hosted two successful hybrid events. The virtual side of things can be unpredictable, and we are appreciative to all our members who participated from home.



NSNU BOARD MEMBERS AT AGM



LINDA SILAS, CFNU PRESIDENT

NSNU Welcomes Ann Devine, Diversity & Inclusion Expert, to 45th AGM

An accomplished business woman and inclusion advocate, Ann Devine is the CEO and founder of Ashanti Leadership and Professional Development Services Inc. Ann works passionately with organizations and communities to create inclusive environments that allow individuals to be their authentic selves and have a sense of belonging.

Ann is a sought-after speaker in the areas of diversity, equity and inclusion; women's rights and leadership; unconscious bias and much more. The Nova Scotia Nurses' Union was thrilled to welcome Ann to speak at the 45th Annual General Meeting at the Lord Nelson in Halifax.



Ann delivered a captivating 90-minute keynote address, drawing on her years of experience as an ethnic minority and a woman in business. From her senior management experience at the government level to watching her mother work as a nightshift nurses' aide, Ann used relatable storytelling to tailor her message to the nursing industry. With interactive polls, Ann welcomed audience participation. Questions offered members an opportunity to reflect on the status of diversity and inclusion in their own workplaces.

With serious stories, humorous anecdotes and everything in between, Ann highlighted the importance of raising awareness and recognizing diverse voices in the workplace.

The NSNU is committed to establishing diversity, equity and inclusion for all members and we thank Ann Devine for sharing her valuable expertise with us.

VON Announces Awards in Memory of Fallen Members

On the second anniversary of their passing, VON announced the creation of a series of awards in memory of Kristen Beaton and Heather O'Brien, victims of Nova Scotia's mass-casualty tragedy in 2020.

In consultation with the Beaton and O'Brien families, VON wanted to ensure they recognized the meaningful contributions of Heather and Kristen and their profound impact on both clients and colleagues.

An annual VON Memorial Award series to honour both these women has been established in partnership with NSCC, Dalhousie University and St. Francis Xavier University. Eight awards in Kristen and Heather's names will support graduating students within CCA, LPN and RN programs.

The awards will be given to students who demonstrate attributes that both Heather and Kristen embodied in their work: caring, compassionate and dedication to community.

VON hopes the awards can offer some comfort to those who knew Kristen and Heather, both personally and professionally. VON also hopes the awards will inspire and support graduating health care professionals to approach their careers with the integrity, compassion and excellence displayed by both women.

The schools will distribute the following rewards to students:

Dalhousie University – School of Nursing:

- Two awards for graduating nursing students (RN program)
- Heather O'Brien – VON Memorial Award - \$1,500
- Kristen Beaton – VON Memorial Award - \$1,500

St. F. X. – Rankin School of Nursing:

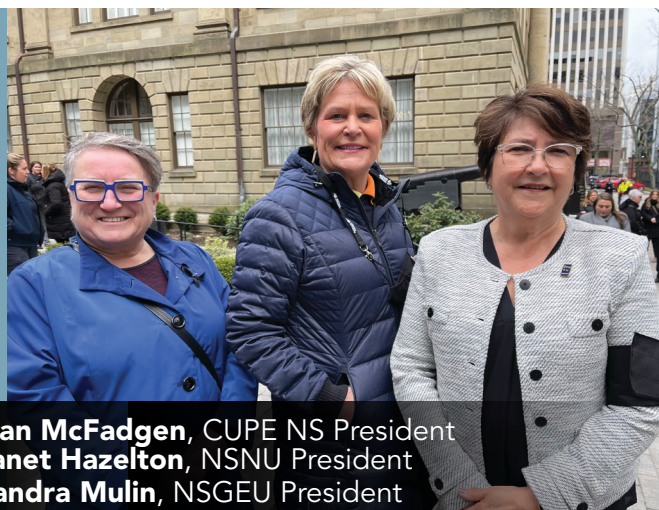
- Two awards for graduating nursing students (RN and/or LPN programs)
- Heather O'Brien – VON Memorial Award - \$1,500
- Kristen Beaton – VON Memorial Award - \$1,500

NSCC – CCA and LPN Programs:

- Two awards for graduating CCAs across Nova Scotia
- Two awards – Kristen Beaton – VON Memorial Awards - \$1,500 each
- Two awards for graduating LPNs across Nova Scotia
- Two awards – Heather O'Brien – VON Memorial Awards - \$1,500 each



DAY OF MOURNING



Nan McFadgen, CUPE NS President
Janet Hazelton, NSNU President
Sandra Mulin, NSGEU President

Each year on April 28th, Nova Scotia joins the rest of Canada and more than 80 countries worldwide to remember those who have lost their lives or suffered illness or injury in a work-related tragedy. This is not only a day to honour those lives lost or injured at work, but also to come together to renew our commitment to protect Nova Scotians by improving health and safety in the workplace.

Every day, nurses confront potential exposure to infectious diseases, toxic substances, and injury. Beyond these workplace hazards, nurses and other healthcare professionals are frequently subject to excessive stress, violence and harassment. All are unacceptable.

NSNU President Janet Hazelton attended the National Day of Mourning Ceremony led by the Nova Scotia Federation of Labour at Province House. On behalf of the Nova Scotia Nurses' Union, Janet laid a wreath to honour the lives of the 20 Nova Scotians who died due to a work-related incident in 2021.

This year marks the 30th anniversary of the Westray Mining disaster in Plymouth, Pictou County, where 26 families lost their sons, fathers, brothers and uncles in an explosion at the coal mine. At the April 28th Ceremony, Genesta Halloran-Peters shared a moving account of what it has been like to lose her husband to the mining tragedy and their fight for justice.

On May 9th, Janet Hazelton attended a beautiful ceremony in New Glasgow to remember the 26 men who never returned home from work 30 years ago. The organizers of the event – relatives of the deceased workers, the United Steelworkers Union, Nova Scotia Federation of Labour, Workers' Compensation Board Nova Scotia and the Province of Nova Scotia – did an incredible job.

We recognize workers who have been killed, injured, or suffered illness due to workplace hazards, and we are saying enough is enough. The NSNU will continue to advocate for members' health and safety at all levels. Workplace injuries and deaths are preventable.



NATIONAL NURSING WEEK

We thank all who shared photos of their celebrations with us. Please enjoy these snapshots from across the Province.



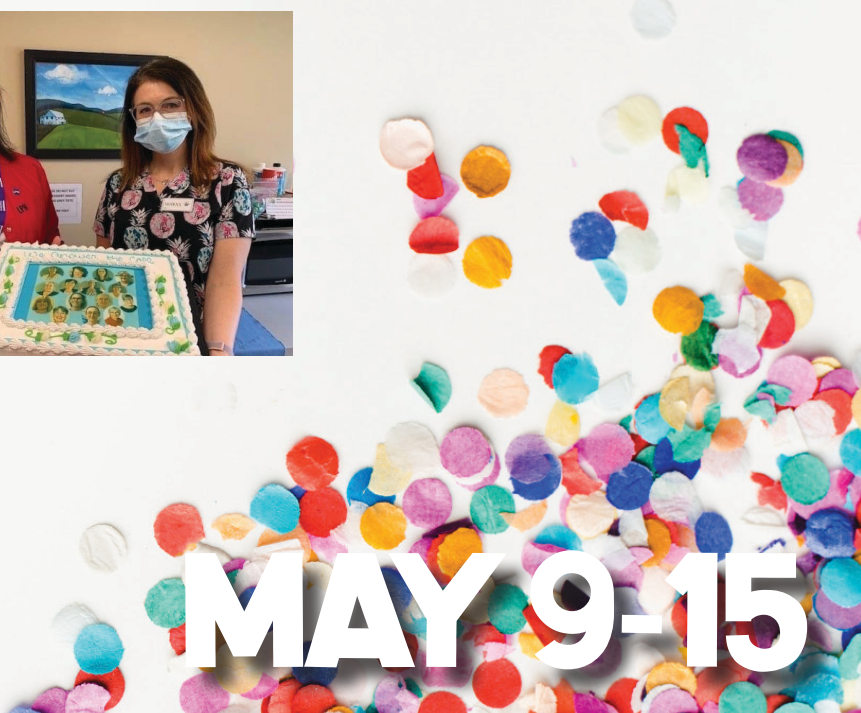
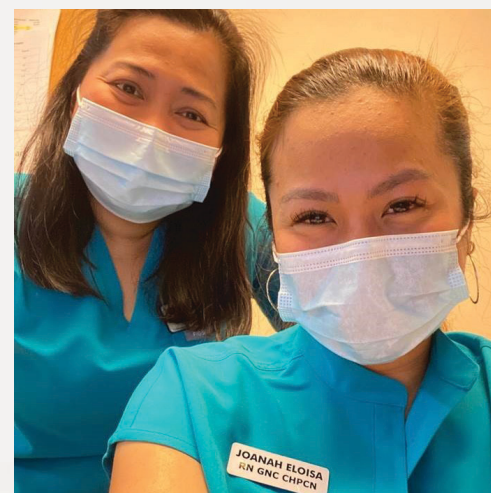
For well over two years, nurses have been trading time with their families and friends to pick up the slack in a healthcare system riddled with challenges. During these difficult times, National Nursing Week offers an opportunity for us to celebrate and show appreciation for nurses in an increasingly complex and challenging profession.

For the third year in a row, we celebrate National Nursing week in the midst of a global pandemic, but we know our members have been demonstrating the theme – #WeAnswerTheCall – for much longer. Even with long-forgotten vacations, short staffing, burnout, and combatting the pandemic by testing, immunizing and treating those infected, our nurses continue to show up – maintaining a flooding healthcare system.

While many social media posts and news outlets showed the much-deserved praise and celebrations held during National Nursing Week 2022, some offered a much more serious outlook on the reality of nursing in 2022. NSNU President Janet Hazelton spoke to numerous media outlets regarding the nursing shortage and the unprecedented strain that is currently on the healthcare system and those working within it.

Janet's interviews from National Nursing Week can be found shared on our Facebook page. A new National Nursing Week commercial and other videos and sharables can be found on our webpage, at nsnu.ca/NNW.

As always, National Nursing Week is a bright spot. A time to celebrate and appreciate NSNU members and all nurses. We thank you for your unwavering commitment to your patients, clients and residents.



During National Nursing Week, many media outlets take the opportunity to give thanks to nurses and offer a platform to share concerns and realities of the profession. The NSNU works closely with media to develop story ideas, provide interviewees and bring the theme of National Nursing Week - #WeAnswerTheCall - to life.

The following articles (pg. 12-14), featuring past and present NSNU members, appeared during National Nursing Week in the Chronicle Herald.



Rise in nurse practitioners leads to new opportunities

Exerpts

David MacDonald

Nurse practitioners are among many health care professionals who work hard – and work together – to ensure patients get the quality of care they need.

A nurse practitioner (NP) is a registered nurse with additional education and nursing experience. While the scope of practice varies in each province, an NP typically can perform tasks like order and interpret tests and prescribe medications, according to the Canadian Nurses Association.

While nurse practitioners have played a role since the 1960s, there has been a significant growth in the number of practicing NPs over the past decade. This includes Santina Weatherby, an NP from River John, Nova Scotia.

Weatherby said her decision to become an NP came while working as a registered nurse at a diabetic clinic. It was apparent to her that she could provide a higher level of care to her clients, but legislation prevented her from doing tasks like writing prescriptions, which could only be done by a physician or nurse practitioner.

“There’s so much more I could do with a client as a nurse practitioner,” Weatherby said.

When Weatherby went for her Masters of Nursing degree in 2013, there were few jobs for NPs in the province. “I was fully prepared to take this program ... with little prospect of a job in rural Nova Scotia,” she said.

But Weatherby did land herself a job in Pictou County, and the demand for nurse practitioners has gone up throughout the province. “There’s always jobs posted,” Weatherby said.

While Weatherby said nurse practitioners are not a replacement or substitute for any other health care provider, she does say that primary care NPs are an important part of rural health care, where there is often difficulty recruiting family physicians.

Newfoundland and Labrador has also seen a rise in NPs. Nurse practitioner Shannon Murphy entered the field after a stint at a clinic in northern Labrador.

Murphy points out that both NPs and RNs were working within a greater scope in the remote area at the time, compared to what they would normally do on the island.

“There were no full time physicians on the ground, so the NPs and RNs were running the clinic,” she said

Murphy now works as an NP in Bay Roberts, about an hour from St. John’s, and is also the communications director for Newfoundland & Labrador Nurse Practitioner Association.

“I think having nurse practitioners and physicians working together increases access to health care for patients,” Murphy said. “It helps in patients getting seen more quickly and reduced the number of people without a health care provider.”

Murphy said many patients appreciate the fact that NPs do not have the same time constraints as family doctors and other professionals may have. It happens often that an NP may spend up to 30 minutes with a patient. “We care for patients through their lifespan, from newborns to the elderly,” Murphy said.

In Prince Edward Island, Linda Brown’s experience mirrored that of Murphy and Weatherby, in that she also wanted to do more with the health care knowledge she had.

“I was tired of seeing people in the ICU who were really sick when, if we had adequate primary care, they probably would not have been in the ICU in the first place. I wanted to be able to do something more than just treat them when they get sick.”

When Brown began practicing as an NP in 2013, there were only six nurse practitioners in the province. There are now 82, more per capita than any other province in the country, according to Brown.

Brown, who works for Health PEI, said that an NP’s training focuses on health education and promotion, and part of that also involves being a supportive listener to patients with concerns.

“My favourite thing about being an NP is when people come in and don’t understand their disease process or how they’re feeling. As we develop a relationship, I can help them better manage their conditions, their fears and worries, so they can live better lives.”

‘There’s a lot of pressure on the system’

New survey raises awareness on mental health in the field of nursing

Caleb Freeman

After 21 years of nursing, Anne Boutilier still tries to start each shift with a reminder of why she became a nurse.

“I put the mindset on that I’m going to make a difference in at least one person’s life today. It’s what gets me through my shifts, remembering that I’m here for my co-workers and I’m here for the residents of Dartmouth and our surrounding areas,” said Boutilier.

A lifelong resident of Dartmouth, Boutilier works as a licensed practical nurse (LPN) in the emergency department at Dartmouth General Hospital, where strains on the nation’s healthcare system since the beginning of the COVID-19 pandemic have resulted in staffing shortages, longer wait times for patients, and higher workloads for nurses.

These changes have taken a mental toll on Boutilier and her colleagues.

“You go into your shift going, ‘OK, how many admissions do we have? How many people are in the waiting room waiting to come in? Are there any in-patient beds today?’” Boutilier said.

“All these things are playing in your head. So, it’s like you’re on high alert going in, and then you’re kind of on high alert the whole entire shift,” she added.

Boutilier is not alone. Health care workers across the nation have faced higher levels of stress and anxiety since the onset of the pandemic. A 2021 survey released by Statistics Canada found that 70 per cent of participating health care workers, such as nurses, reported their mental health was worse than before March 2020.

Janet Hazelton, president of the Nova Scotia Nurses’ Union (NSNU), said that nurses are experiencing fatigue and higher levels of stress.

“We’re working short all the time. That’s just a way of life now in the healthcare system,” she said. “There’s a lot of pressure on the system.”

In March, the NSNU announced that the organization was launching a survey to focus on the mental health and wellness of nurses during the pandemic. The survey will ask nurses about work-related stress, changes to mental wellbeing, and whether they are considering leaving the profession.

Hazelton said this study is meant to raise awareness about the importance of mental health in the field of nursing.

“We need to have nurses that are mentally and physically healthy,” said Hazelton.

The study comes amidst a growing push to provide more resources and improve working conditions for nurses. A 2020 study by the Canadian Federation of Nurses Unions found high levels of PTSD, anxiety, depression, and burnout among Canada’s nurses even before the pandemic began.

“The problems were definitely there long before COVID,” said Boutilier.

“It’s just more enhanced.”

In addition to higher workloads, increasing rates of harassment and violence on the job have contributed to the problem, according to Hazelton.

“It can feel like you’re walking on eggshells,” said Boutilier.

Boutilier adds that more attention needs to be paid to the difficulties that nurses are experiencing if the situation is to improve.

As the NSNU launches its survey, they hope to create awareness, highlighting the sacrifices that nurses have made and finding ways to improve working conditions.

“I hear from nurses that they are tired and they are stressed, but never – not once – did a nurse say to me, ‘I don’t want to do this. I’m not going to work anymore,’” said Hazelton.

“The professionalism that nurses have shown throughout the pandemic – it’s incredible.”



Anne Boutilier,
VP Central Region

‘I’ve always been proud to be a nurse’

Contributed - Saltwire

Christine Van Zoost started her career in nursing more than 50 years ago. Five decades of experience has given her unique insight into the profession.

“Nursing is caring,” says Van Zoost, a registered nurse at the Hantz Community Hospital in Windsor, NS. “It’s empathy. It’s making people better and supporting them when they’re at a very vulnerable time in their life.”

Van Zoost currently works in the day surgery and recovery unit, where she ensures the comfort of recovering patients and provides instruction for at-home care.

“I’ve worked the majority of my career in the operating room, so you can appreciate that, when someone’s coming in for surgery, they’re pretty nervous,” says Van Zoost.

“As their nurse, you’re the person that’s there when they wake up, and you can make them comfortable and make them feel like you’re there just for them. That’s a great part of the job because it’s one-on-one.”

Over her long career, she has seen many changes to the profession, from differences in uniforms to gaining more responsibility when it comes to patient care.

“Initially, we sort of just took orders, carried out those orders, and supported the patients, but now we are very proactive in the decision-making around the patient’s care,” explains Van Zoost.

Some parts of the profession have not changed. Nurses are still the ones at the bedside with the patients, working with them, listening to them, and making sure that each patient gets the best possible care, she says.

“What keeps me motivated is the people, the patients and the staff make me feel good about what I’m doing,” says Van Zoost.

“I really enjoy the teamwork, the social part of it and supporting people, I just love it.”

Like Van Zoost, Cheryl Barker has seen an ever-changing system that allowed for a more hands-on approach from nurses.

Barker has been a nurse for around 50 years and has spent most of her career working in the emergency room.

“My passion and love for nursing is what keeps me working,” says Barker. “You have to love what you’re doing, love the profession and have the desire to help other people.”

Barker wants to stay in the profession and support the next generation.

“I think about the younger ones that need the support of the more experienced, more seasoned people to sort of help them along because they’re just getting their feet underneath them during a difficult time,” says Barker.

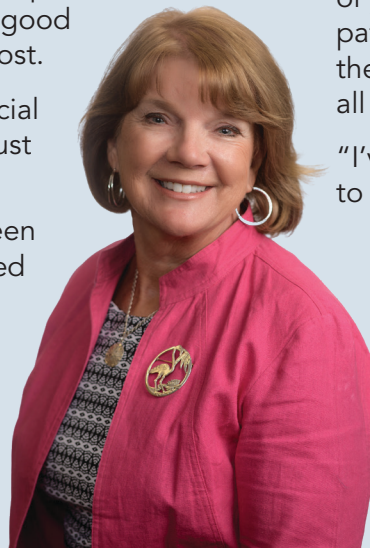
The pandemic has provided many challenges to the health care system with staff shortages, overcrowded hospitals, and the limiting of support for patients.

Barker says that it has been the support of her team and the relationship they have built over the years working together that have helped morale and kept them motivated throughout the last few years.

“We’re a very small unit and the girls we’re, you know, pretty close and supportive of each other,” says Barker.

Whether it is the birth of a child, providing somebody with pain relief after surgery or just listening to the patient’s needs and seeing them more comfortable, it’s all very rewarding, says Barker.

“I’ve always been proud to be a nurse.”



Christine Van Zoost



Cheryl Baker

JANET HAZELTON GUEST OF DALHOUSIE NURSING PROGRAM

On May 10th, NSNU president Janet Hazelton paid a virtual visit to students in the Dalhousie University Nursing program to discuss professional practice in nursing.

She talked about the importance of conducting oneself in a professional manner while upholding the standards of ethics, performance, competence, accountability and responsibility, evidence-informed decision making, and so on, that must be met in order to remain within the profession. The main purpose of speaking with students about this issue is to direct them towards maintaining safe and clinically competent nursing practice.

Janet often speaks to students in the nursing programs across the province, including nursing students enrolled at NSCC, St. Francis Xavier and the University of Cape Breton.

Janet imparts the knowledge she has gained as a practicing nurse as well as the experience she's acquired as a nurse-union leader. Her messages speak to the realities of nursing, the importance of being an active and aware member of the union, and the many intrinsic and extrinsic rewards of being a nurse.

Licensed Practical Nurses Meet to Discuss a Spectrum of Issues

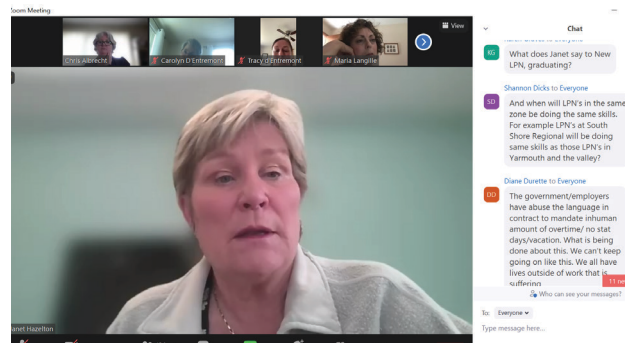
On May 11th of this year, approximately 128 licensed practical nurses participated in a virtual townhall to discuss a wide variety of issues facing that discipline of nursing. Hosted by NSNU president, Janet Hazelton and Maria Langille, LPN Vice President, the midday two-hour meeting was held on a Zoom platform, open to all NSNU LPNs.

President Hazelton gave an extensive update on bargaining, the severe staffing shortage, ongoing health and safety concerns, the status of ongoing grievances and arbitrations, and processes in place for nurses to document collective agreement violations and other workplace matters.

Of concern for the participating nurses, and those who were unable to attend, were (to name a few) the recent and much warranted CCA wage increase, the dispute regarding the calculation of retroactivity which has been referred to arbitration, LPN advocacy, scope of practice vs scope of employment across all sectors, working conditions and workload, collective bargaining, LPN responsibilities, and other important topics.

We thank the nurses who were able to join the live session and those who were not able to but submitted their questions in advance. Your feedback is invaluable and will continue to inspire ongoing conversations.

The NSNU hopes to hold similar meetings in the near future to allow more nurses to have a forum for their opinions and commentary. The NSNU is committed to engaging with members to resolve issues, broaden communication and promote nursing agendas.



MARIA LANGILLE
VICE PRESIDENT LICENSED PRACTICAL NURSES

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Maria Langille, VP of Licensed Practical Nurses, is pleased to share contact information for the LPN sector. If you have a comment or concern please feel free to reach out with the following contact information.

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Nurses celebrate NNW 2022 as NSNU prepares to welcome new local

The NSNU will soon welcome members from the New Waterford Homecare Service Society.

Located in beautiful Cape Breton Island, the New Waterford Homecare Service Society provides home care to seniors, the disabled, as well as families and individuals in stress due to illness or aging. The local assists them to maintain independence in their own homes.

Founded in 1977, the organization was originally called the New Waterford Homemaker Service Society. Two years later, the organization became a private agency and steadily growing to a current staff of 120 on the road and eleven in the office.

NSNU labour relations representative, Shannon Wark, has been working closely with Debbie and Michelle, both LPNs at NWHSS, to develop a collective agreement with their employer. Debbie and Michelle are seen in the accompanying photo enjoying NNW treats courtesy of NSNU.



ACTION FOR HEALTH

Action for Health is the Province's response to the Speak Up For Healthcare Tour. In Fall 2021, Premier Tim Houston, Health and Wellness Minister Michelle Thompson and the health system leadership team toured Nova Scotia to meet directly with frontline healthcare workers.

They met with nurses, paramedics, physicians and other healthcare providers in the province's acute care system. In addition, the government met with other healthcare groups, like professional associations and unions, to hear their insights and proposed solutions.

The Speak Up For Healthcare sessions identified 3 core issues:

- recruitment and retention of healthcare professionals
- access to care
- outdated infrastructure, both physical and digital.

The Action for Health plan presents six solutions and the objectives & actions required for each:

- become a magnet for health providers
- provide the care Nova Scotians need and deserve
- cultivate excellence on the frontlines
- build in accountability at every level
- be responsive and resilient
- address the factors affecting health and well-being.

This April, Premier Houston introduced Nova Scotians to the Province's strategic plan to address recent and long-standing problems within all sectors of our healthcare system. "This is a turning point for Nova Scotia. As we move from identifying problems to fixing them, I am confident we are heading in the right direction because we are guided by input from those who know the system best."

The plan is focused on creating a system where Nova Scotians can access world-class healthcare in a timely manner and health providers are respected, valued and heard. It commits to improving diversity and equity throughout the system.

The Nova Scotia Nurses' Union is pleased to see recruitment and retention as a top priority. However, good compensation and safer working conditions are also needed to help improve the system.

Despite these missing pieces, NSNU President Janet Hazelton is pleased to see the document in the spotlight. **"I think it's a tool we can all use as Nova Scotians to hold government accountable for promises that they made to Nova Scotians,"** she says.



ACUTE CARE BARGAINING UPDATE

The NSNU wishes to provide members with an update on our bargaining efforts and that of our fellow health care unions in Nova Scotia.

Acute care collective agreements in Nova Scotia expired in October 2020.

Prior to commencing bargaining for new agreements, the Nova Scotia Council of Health Care Unions (comprised of NSNU, NSGEU, CUPE and Unifor) determined that the Health Care Bargaining Unit would be first at the table, followed by Support, Administrative Professionals and then Nursing.

A reminder to all that the Nova Scotia Health Authority (NSHA), IWK Health Centre and the Nova Scotia Council of Health Care Unions reached a new collective agreement for health-care workers in July of 2021. The Health Care Council of Unions represents lab techs, pharmacists and other regulated health professionals.

Talks between the Health Support Bargaining Unit and Nova Scotia Health and the IWK Health Centre recently reached an impasse, with unions filing for conciliation in hopes of securing a new collective agreement for more than 3,000 health care workers across the province.

After eight days of bargaining over five months with Nova Scotia Health and the IWK, the unions say there has been little progress made in reaching a new agreement. The Health Support Bargaining Unit is comprised of members represented by Unifor, CUPE and the NSGEU. They work in classifications such as maintenance, power engineering, plumbing, electrical, laundry, food services, and environmental services.

Regarding the Nova Scotia Council of Nursing, we anticipate the earliest the Unions (NSNU, NSGEU, CUPE and Unifor) will be able to exchange proposals with employers is now the fall of this year.

To date, the NSNU has conducted a bargaining survey with members and our negotiating team is in place. Staff continue to perform research and cross-country comparisons while closely monitoring changes to compensation and contract language elsewhere.

Presently, there is no Essential Services Agreement in place for our acute care nursing sector. The Essential Health and Community Services Act is legislation that requires employers and unions to establish guaranteed staffing requirements in the event of a strike or disruption in services.

The NSNU plans to survey our nurses working in long term care and community care prior to going to the table for those sectors. Once acute care bargaining concludes, the bargaining teams for LTC and community negotiations will be determined.

Much has transpired during the pandemic, and we thank you for your dedication and patience. Rest assured that we will be well prepared for bargaining and have taken account of the changes impacting all health care workers since early 2020.



NSNU STAFF DEPARTURES



Lorna Myers

More staff changes are coming at the NSNU as we announce the departure of two admired and dedicated employees.

Lorna Myers, NSNU Executive Assistant, has been with the Nurses' Union since February 29, 2016 joining the organization after a long career with CUPE Nova Scotia. Her labour background made her an ideal candidate when the EA position became available, bringing extensive skills and union knowledge to the job.

Lorna is retiring the end of June and hopes to spend time with her family, including her three grown children. She'll have more time to enjoy her long walks with Oscar, her adorable Golden Doodle, as well as less time crossing the bridge from Halifax to Dartmouth!

We wish Lorna a long and happy retirement.

Also on the move is Shelley Richard, labour relations representative, who began working at the Nurses' Union in January 2021.

She too came to the NSNU with an impeccable resume. Her qualifications included direct labour relations experience - ten years employed in that capacity with the New Brunswick Nurses Union - making for an easy transition to the NSNU.

Shelley, a hockey-mom of two, is also a lawyer who started her career as a social worker. Her extensive skillset and knowledge of contract interpretation and labour relations made her an asset to the organization and our members.

Shelley and her family are relocating to the United States. Her last day at the NSNU is July 15th. We wish her much success and happiness in her new home.

The NSNU has advertised the two positions and shared the posts with members.



Shelley Richard



On May 6, the National Executive Board of the Canadian Federation of Nurses Unions met virtually to discuss ongoing issues in the nursing profession, issues that threaten nurses and our healthcare system in its entirety.

The nurse leaders discussed the crisis in health human resources, prevalent across our nation. At risk is the health, and welfare, of nurses and those in their charge.

Vacancies, retention and recruitment strategies and incentives, workplace injuries, travel nurses, work-life balance, and more, were topics of concern.

Joining the CFNU member organization presidents, including Janet Hazelton, were Kamil Khera, the Federal Minister of Seniors – also a registered nurse - and Jean-Yves Duclos, the Federal minister of Health. They heard first-hand accounts of the gravity of the nursing shortage and the need to urgent action.

The National Executive Board will meet in person in Ontario in June 2022 for the first time since the outbreak of the pandemic in 2020.

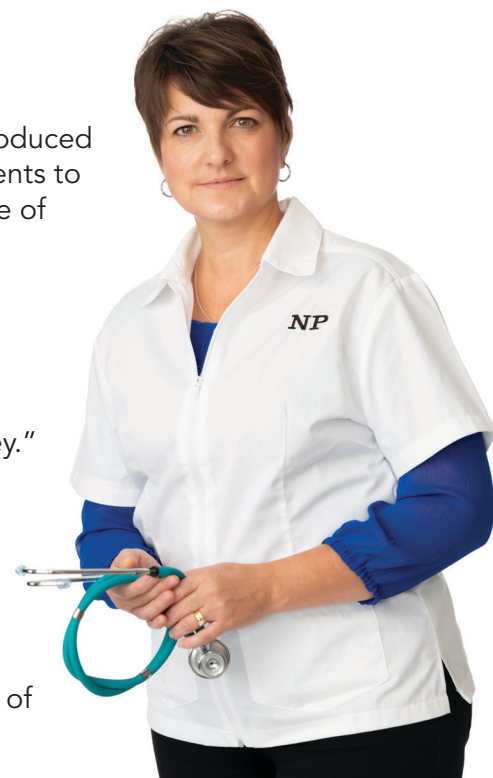
EXPANDING THE SCOPE: NEW LEGISLATION ALLOWS NURSE PRACTITIONERS TO ADMIT PATIENTS

One of the key goals of Nova Scotia's provincial Nursing Strategy is to remove barriers that prevent nurses from doing the work they are educated and licensed to do; ultimately improving patient care and health system efficiency. On March 31, 2022, the Nova Scotia government introduced an amendment to the Hospitals Act, allowing nurse practitioners to admit patients to hospital. This is an exciting move forward, optimizing nurse practitioners' scope of practice and enhancing access to care for all Nova Scotians.

"Patients deserve a positive healthcare experience from the moment they access care to the moment they can return home," said Michelle Thompson, Minister of Health and Wellness. "Permitting nurse practitioners to admit patients means timely access to care for patients, increased hospital efficiency, and improved movement of patients through their healthcare journey."

Nova Scotia Health will be gradually introducing this model of care. Previously, nurse practitioners were able to assess, treat and discharge patients, but not admit them, even though they are trained and licensed to do so.

"This is good news for our healthcare system. Allowing nurse practitioners to expand their scope will be beneficial to patient care and alleviate some of the strain on other nurses," said NSNU president Janet Hazelton. "It is a good use of health human resources and I hope to see more steps in this direction."



Quick Facts:

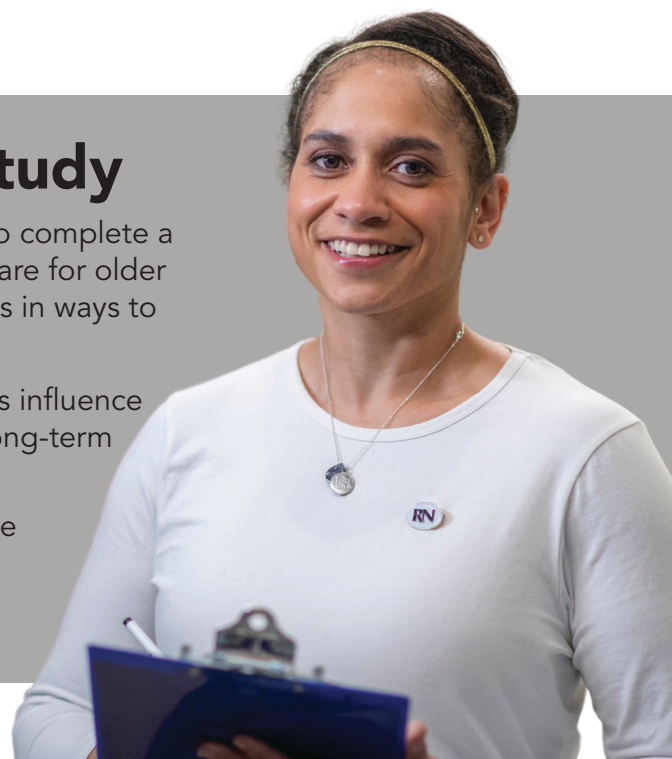
- This amendment received royal assent on Friday, April 22, 2022 and is in effect as of that date.
- Nova Scotia joins Ontario, Manitoba, and British Columbia in allowing nurse practitioners to admit patients to hospital
- The Hospitals Act was last amended in 2015 to allow nurse practitioners to discharge patients from hospital
- The Homes for Special Care Act currently authorizes nurse practitioners to admit people to long-term care facilities

Nurse Participation in Safety Study

The Safe Spaces for Aging and Care Project team invites nurses to complete a survey on their experiences either giving or receiving long-term care for older adults. The goal of the project is to examine and provide solutions in ways to prevent violence in home and long-term care settings.

The project will assess why and how features of care environments influence violence with the aim of improving prevention strategies across long-term care, as well as, promoting safety for everyone.

The survey can be found at tinyurl.com/safepacesstudy. It will take approximately 10 minutes to complete. If you require assistance completing the survey or would prefer to complete it by phone, please contact safepaces@brandonu.ca.



DARTMOUTH GENERAL HOSPITAL SHOP STEWARD TRAINING

On May 26, fourteen nurses from the Dartmouth General Hospital arrived at the NSNU office in Burnside eager to participate in a full day of shop steward training. NSNU Executive Director, Chris Albrecht stepped in to provide instruction when the original facilitator when suddenly unable to partake.

A shop steward is an employee of an organization or hospital but is also a labour union official who represents and defends the interests of their fellow employees. The position is voluntary and intended to represent the non-management employees commonly referred to as the "rank-and-file" and to be a link and conduit of information between the members and the union leadership. Duties of a steward vary but generally include informing the workers of their rights under the collective agreement monitoring and enforcing the provisions of the agreement.

Role of the Steward includes:

- Monitor workplace conditions as per the Collective Agreement.
- Ensure management and members abide by the Contract.
- Deal with complaints, investigate and attempt to settle grievances.
- Educate/inform members
- Advocate for members
- Champion members' issues
- Union's link to membership.
- Members' link to Union.



Unions Need Your Help to Repeal Bill 148

Bill 148, passed by the McNeil government in 2015, unfairly imposed a non-negotiated wage settlement onto all public sector workers and unilaterally removed long-standing articles from collective agreements. This bill suppressed public sector workers' wages for years, causing them to fall behind inflation and making it less appealing to live and work here in Nova Scotia.

Eight unions that represent public sector workers in the province, including NSNU, have requested to have this unjust legislation overturned by the courts. In August 2015, the unions' served Notice of Intended Action in the Nova Scotia Supreme Court in which we claim that Bill 148 contravenes s. 2(d) (Freedom of Association) of the Charter of Rights regarding Civil Service bargaining.

Government responded by initiating a review and sending Bill 148 to the Nova Scotia Court of Appeal for an opinion on the Bill's constitutionality. This process has dragged on for years with government using procedural matters to slow the progress. On May 12, 2022, the Court refused to

weigh in on the constitutionality of Bill 148, sending it back to the Supreme Court.

Premier Tim Houston promised to repeal the Bill during the provincial election campaign. He has since reversed that decision.

In comments made to reporters during Cabinet on May 19, Minister of Labour Relations Allan MacMaster stated his government would not repeal the public service wage suppression legislation. Furthermore, MacMaster referred to the legislation as "redundant", which is not the case. The bill continues to undermine public sector workers and interferes with their ability to bargain their wages and benefits.

The Unions want members to send a letter to your MLA and the PC government asking them to rebuild trust and labour relations by repealing Bill 148. Please see the e-memo sent to NSNU members with a link to the letter writing campaign or contact the NSNU at nsnu.office@nsnu.ca for more information.

EMBRACE

In honour of National Nursing Week 2022, the Canadian Federation of Nurse Unions unveiled a painting commissioned from Canadian artist Kris Knight, who is known for his emotive portraits and figurative paintings.

The painting, titled "Embrace", captures two nurses buried under layers of personal protective equipment and entwined in a hug. A rare comfort that sometimes ran against established policies and a symbol of the unvaluable solidarity and kinship that nurses found amongst each other.

"Nurses have lived through a tremendously tumultuous period," explained CFNU President Linda Silas. "For over two years now, unspeakable heartache has too often eclipsed small heartwarming moments."

"But it was these small comforting and uplifting seconds – these small flickers of light in our darkest hours – that kept nurses going despite significant adversity."

The CFNU intends to donate this piece to a public collection, allowing it to be seen and appreciated by a larger public and preserved as an important piece of Canadian history.



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Half our nurses are thinking of quitting: how can we

By Jane Coutts for the Canadian Federation of Nurses Unions - Edited for this newsletter publication

What are professionalism, compassion, dedication and personal sacrifice worth?

If you're a registered nurse in Ontario, \$5,000. That's the amount the province's government has promised nurses if they don't quit their jobs between March 31 and September 1, 2022.

Certainly, suggests a lot of nurses are at risk of bailing from their jobs before summer's over, doesn't it? There's a reason for that: Statistics Canada data show job vacancies for registered nurses and registered psychiatric nurses soared during the first 21 months of the COVID-19 pandemic, from 10,575 in the fourth quarter of 2019 to 22,955 at December 31, 2021 – an increase of 117 per cent. Job vacancies for licensed practical nurses also soared over those two years, growing by 190 per cent from 3,710 to 10,765, and nurse co-ordinator/supervisor vacancies increased from 420 to 595. Overall, there was a 133-per-cent increase in nursing vacancies.

In 2021, Quebec announced a program to keep people on the job but went further, offering nurses who had already quit or retired cash to come back. The size of the bonuses depends on which part of Quebec you work in – nurses in central or populous regions are entitled to \$5,000 when the program starts and another \$10,000 if they work full time for 12 months; their colleagues in more remote areas get \$8,000 up front and then \$10,000 for that year of full-time work.

In January 2022, when Omicron was surging, New Brunswick's offer for luring retired critical care nurses back to work included a one-time payment of \$1,000, an additional \$1,000 premium per 37.5 hours worked, pro-rated plus expenses and even childcare expenses, if the nurse relocated.

Trouble is, none of those schemes or the others across the country are going to solve nursing's problems, according to Linda Silas, president of the Canadian Federation of Nurses Unions (CFNU). The failure of what some are calling bribes to keep nurses on the job won't go unnoticed by patients, Silas says.

What's brought us to this point? Nursing researchers say it's only partly due to the pandemic – that COVID 19 exposed and exacerbated problems that have been around for decades.

A CFNU study done before the COVID 19 pandemic began, Mental Disorder Symptoms Among Nurses in Canada, shows that the high-stress situations nurses regularly work in can be traumatic.

The three most frequent trauma exposures nurses reported were being physically assaulted (93 per cent), a death after extraordinary efforts were made to save the patient's life (89 per cent), and the death of someone who reminded the nurse of a friend or family member (86 per cent). Twenty-three per cent of nurses screened positive for PTSD, 36 per cent for major depressive disorder, 26 per cent for generalized anxiety disorder, and 20 per cent for panic disorder. These rates of mental disorder symptoms were similar to those for public safety personnel, and much higher than for the general public.

The study also found that over their lifetimes, one third of nurses had thought of suicide, with 17 per cent planning for it and eight per cent attempting it.

With that level of trauma even before COVID 19, many nurses were in too precarious a position to withstand the tidal wave of catastrophe it would bring to the world, their workplaces and even their homes.

Two out of three nurses surveyed by CFNU in late 2021 said their mental health is worse than it was one year prior, and 94 per cent were experiencing symptoms of burnout, with 45 per cent reporting severe burnout, up from 29% just prior to the pandemic. For many participants in that survey, leaving their jobs had become the only option: more than half – 53 per cent – were considering leaving their position within the next year. The total comprised 27 per cent who would look for a different nursing position, 19 per cent who wanted to leave the profession, and seven per cent thinking of retiring.

Thoughts of leaving were more common in early-career nurses (59 per cent vs. 56 per cent among mid career nurses and just 20 per cent of late-term nurses). Licensed practical nurses in the survey were more likely, at 52 per cent, to consider quitting than registered nurses.

The top reasons nurses gave for considering leaving their workplaces were:

- 57%** Burned out or tired
- 45%** Capacity issues/not able to provide adequate care
- 43%** Insufficient staffing levels
- 36%** Lack of administrative support/poor management
- 21%** Unpredictable staffing & scheduling/redeployment
- 21%** Inadequate communication/recognition

keep them healthy, happy and helping patients

Maura MacPhee, a professor at the University of British Columbia, believes nurses are leaving the profession because they must rush to care for too many people at once and feel they are not able to give patients the care and help they entered nursing to provide. Over time, she said, nurses become emotionally exhausted and burned out. In turn, patients have also become distressed, and anger builds – sometimes to the point of violence. Nurses, unable or unwilling to take the stress, leave.

Sheri Price, a researcher and a professor of nursing at Dalhousie School of Nursing, agrees – she thinks nurses feel they have to choose between their patients' health and well-being and their own.

"Every nurse I've ever interviewed has told me they entered the profession because they wanted to use their knowledge and skills to provide care and make a difference in patients' lives," she said in an interview.

Like many people, nurses often struggle to find mental health support, and burnout -- and their depression and anxiety -- can be worsened by the guilt of being the one who couldn't keep going. The stigma attached to mental illness is as much of a problem in health care as in any other part of society, Price adds. "Nurses tell us that if they had a physical injury and were off sick, their colleagues would check in on them," she said. "But when they have a mental health leave of absence...no one asks them how they're doing."

UBC's Maura MacPhee described a list that's used to measure what essential care has been missed because of heavy workloads, developed by a British nursing researcher Jane Ball. Ball's research shows when nurses are overworked, they regularly leave essential work undone. That causes them emotional and moral distress. Another essential thing left undone is surveillance, where nurses are monitoring patients' physical and emotional status. When nurses are rushed, they don't often catch slow or subtle changes in patients – and patients can deteriorate and even die without proper nurse surveillance."

When missed care chronically accumulates, nurses can't take it anymore, and they leave, MacPhee says – resulting in other nurses facing heavier workloads and more patients at risk. Those risks and the consequences of inadequate nursing have been well documented. A CFNU paper "Nurse Staffing: More for Less, Myth vs. Reality" notes that in acute care, lower levels of nurse staffing (and higher proportions of less-skilled care providers on staff) lead to increased mortality rates, more falls and infections, and longer hospital stays for patients.

The numbers are remarkable: one U.S. study of more than 18 million hospital discharges found hospitals that increased the number of registered nurses and licensed practical nurses on staff had fewer incidents of patient harm and shorter stays by patients but did not increase costs.

So, increasing nursing care is good for nurses' mental and emotional health and patients' comfort and health. It reduces distress in both groups. How do we get there? Price says it's time to stop searching for the perfect solution and bring in a combination of responses to deal with a multifaceted problem.

Every nurse should be given more opportunities to show leadership on the job, which could start with letting them organize how they do their work on any given shift. That should proceed to having nurses bring their knowledge and experience to the table when decisions are made that will shape care.

That should start with planning to avoid another disaster such as COVID brought to the health care system. The Canadian Institutes of Health Research has provided funding for a national study to look for ways to keep nurses on the job and reduce burnout. Their approach will be to ask nurses themselves what would help.

Improving health care teams, so nurses don't feel they have to do everything themselves was a common theme in interviews. And more effort needs to go into training different types of health professionals to work as teams, starting early with inter-professional undergraduate education.

Canada's steady progress to a crisis-level shortage of nurses (even without the pandemic) was predicted more than 20 years ago and has been faithfully tracked and studied since. What's needed now, is to get health care policy makers and governments to act on the research evidence available.

Silas thinks the heart of the problem lies with governments that are well aware of the need for more nurses and for profound changes for all health care workers – but choose not to act on it. They know there's evidence available showing how health care education should be reimagined, so teamwork is established from the beginning as the key to delivering high-quality care.

"We need to paint a picture of the future, because if we paint a picture of today, it would be a bleak one," Silas said.





Nurses

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