

what's nu?

March 2023

Nova Scotia
Nurses
Union 



HEADLINES

National Nursing Week
May 8-14, 2023

Cross-Country
Check-Up

Winter Escape
Photos and Contest Winner

Retention Bonus: A Good Start.

Highlights

PRESIDENT'S NOTEBOOK

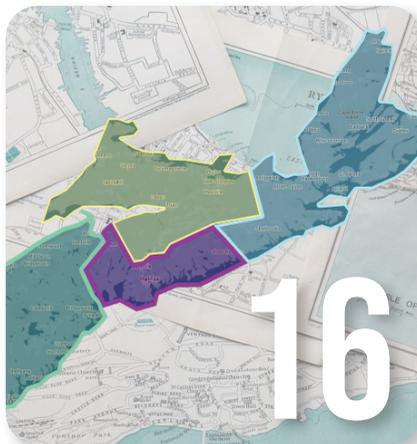
Retention Bonuses for Nurses

FEATURES

- 9** Virtual Townhalls
EDs, NPs, VON, and LTC
- 11** Intl. Women's Day
- 16** Regional Map
Facilities by Region
- 18** NSNU Members at Large
- 22** The Brick: Pay It Forward
- 23** Let Food Be Thy Medicine

BARGAINING

- 11** Bargaining Update



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Getting in Touch

While we welcome appropriate interaction on our social media pages, these channels are not the best way to contact us when you need to ask a question or reach the NSNU with a concern.

Instead of a comment or direct message on Facebook, Instagram, Twitter or the NSNU App; **we ask that you reach out to the appropriate NSNU contact by phone or email.**

You can find the entire NSNU staff directory online at **nsnu.ca/Staff**

You can find the Labour Relations Representative for your facility at **nsnu.ca/WholsMyLRR**

If you have a general question, or aren't sure who to direct your question to, you can reach the NSNU Office's front desk at **nsnu.office@nsnu.ca** or 1-800/902-468-1474.

When possible, directing your communication to the right department or individual will help us get back to you as efficiently as we can.

Are you paying the correct Union Dues?

If you work at more than one NSNU facility and pay union dues more than once in a pay period, you may be eligible for a refund from the Provincial Office.

Members who have been paid for less than 7.5 hours in Acute Care and less than 8 hours in Long Term Care in one bi-weekly pay period may also be eligible for a refund from the Provincial Office.

The provincial portion of NSNU union dues (**\$29.24 for RN's** and **\$21.48 for LPN's**) will be refunded by cheque on a quarterly basis. Your rebate will only be retroactive for a period of up to 12 months prior to contact with the NSNU.

If either situation applies to you, please contact the NSNU Provincial Office c/o B.L. Moran at **902-468-6748** or **bl.moran@nsnu.ca**.



JANET HAZELTON
BScN RN, MPA

PRESIDENT'S NOTEBOOK

Retention Bonuses for Nurses - It's a Good Start

Following a hastily extended invitation from the Premier and the Minister of Health and Wellness to participate in a virtual meeting the evening of Sunday, March 19th, close to 600 nurses, media, union personnel, political types, and curious onlookers logged-in to chat with Premier Houston about the fragility of the nursing profession.

The list of issues and recommendations that nurses put forward ranged from improving job safety to paying licensing fees for late career nurses. A broad spectrum of concerns were presented, all of which the Nurses' Union has retained for reference, close to fifty different suggestions provided to Premier Houston, along with some constructive criticism.

The next day, government announced retention bonuses for nurses working in all sectors of care across the province, which I wholeheartedly feel is a step in the right direction.

The one-time payment of \$10,000 for fulltime nurses (LPNs, RNs, NPs), with another \$10,000 incentive to be paid next year to nurses who commit to staying in the system for another two years, acknowledges the hardships nurses endured long before COVID-19 but made worse by the pandemic. However, I maintain that more must be done to retain nurses, particularly those in mid-career.

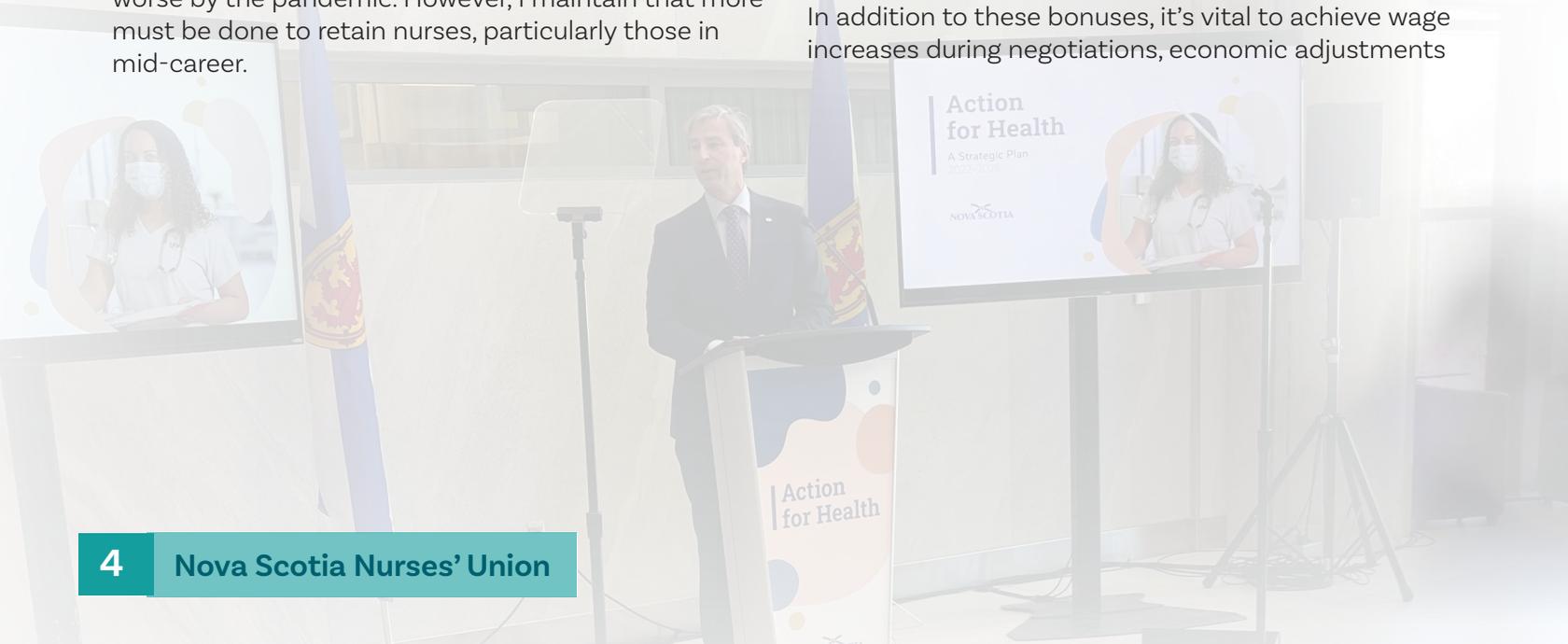
The Premier said, "Our nurses do such an amazing job day in and day out. I'm proud to recognize our nurses with these bonuses - because they've earned it."

Over the span of my career as NSNU president, I have repeatedly spoken about recruitment and retention, putting equal value on each. When the exodus of nurses began, I placed the priority on retention with the understanding that those who have stayed at the bedside, working in the public system, should be recognized for their commitment.

However, money is part of a multi-pronged approach to keeping nurses on the job, in our public healthcare system. We must restore work-life balance, ensure nurses are not working short and are not working an excessive amount of overtime.

The Nursing Council is currently at the bargaining table for acute care nurses where the teams will also address workplace violence, burnout and moral injury, time off, access to professional development opportunities, 24-hour shifts, staffing ratios, workload, incentives for mid and late career nurses, and scheduling flexibility, which are all factors in retaining nurses.

In addition to these bonuses, it's vital to achieve wage increases during negotiations, economic adjustments



that keep Nova Scotia competitive in the long run. Nurses deserve respect and appropriate remuneration in combination with other retention initiatives.

In addressing the recruitment portion of the pie, the Province will also pay a \$10,000 incentive to nurses who have left the publicly funded system if they agree to come back and sign a two-year return of service agreement.

It is my firm belief that advocacy from nurse unions, pressure and persistence from our nursing community, influenced government's decision to introduce the retention bonuses. The conditions attached to the money were determined by government, leaving some nurses ineligible.

But it will take more than money to fix healthcare and the nursing crisis. That conversation continued late afternoon, March 20th at the Premier's second Healthcare Summit - a follow-up meeting of the health-care stakeholders who gathered on January 17th of this year.

While at that meeting, I again brought up violence in the workplace, a matter of concern for all healthcare workers but particularly for our rural and community nurses who often work in isolation.

I requested a meeting with the Minister of Justice to take our concerns to the next level, and to discuss and explore local police and RCMP responses to acts of violence against nurses, something we must take very seriously.

March was an eventful month, filled with highs and some lows, changes for the better in licensure of IEN and Canadian nurses from outside Nova Scotia, and enduring closures of some of our sites due to staffing shortages. The next few months will also be eventful as bargaining efforts ramp up, members navigate the new incentives, and we continue to have conversations about how we can retain nurses.



PROVINCE RECEIVES FEDERAL FUNDING, AND SANCTIONS FOR PRIVATE CLINICS

Nova Scotia will have new funding from the federal government under a new partnership agreement.

The \$1-billion, 10-year funding agreement should help the Province continue to increase Nova Scotians' access to primary and mental health care, support healthcare workers and adopt cutting-edge technology to offer better, faster care.

The agreement in principle with the federal government focuses on four shared healthcare priorities that will help improve healthcare for Nova Scotians, including:

- access to high-quality family health services when they need them, no matter where they live
- a resilient and supported health workforce that provides them high-quality, effective, and safe healthcare services
- access to timely, equitable and quality mental health, substance use and addictions services
- access to their own electronic health information that is shared between the health professionals they consult.

However, Nova Scotia will receive \$1,277,659 less in funding in 2023-24 via the Canada Health Transfer (CHT) because of private diagnostics (MRI and CT) that are available in the province. A new Diagnostic Services Policy was announced in 2018 and came into effect April 1, 2020. This policy was intended to deter patient charges for medically necessary diagnostics. Nova Scotia currently has several private MRI/CT/ultrasound clinics.

The Annual Report on the Canada Health Act was released by the Federal government in early March. This report outlines how provinces are administering health care and whether they are in compliance with the 5 principles of the CHA.

Nova Scotia received \$1.182 billion via the CHT in 2022-23. As of April 2020, dollar-for-dollar deductions to the CHT are made for all payments made to private diagnostic clinics for medically necessary testing.

Deductions to the CHT are also planned for charges to access services including subscriptions, such as for virtual care access or monthly payment models.

NSNU Statement on Privatization

NSNU believes that achieving greater access to high-quality services, reducing wait times, and providing appropriate compensation for health care workers are all critical objectives, but the Nurses' Union rejects the notion that further privatization is the answer.

A two-tier health care system does little to address wait times and staffing shortages. In fact, privatization would exacerbate the staffing shortage. Private clinics pull from a finite pool of healthcare professionals.

There is significant international evidence that discredits claims that privatization will ease problems in the public sector. Wait times in the public system have not decreased in countries that permit the private payment of health care services, including the U.S., France, Australia and Ireland.

A select few Nova Scotians can afford to pay the high costs of private care. The vast majority would be left with limited choices, and a public health system with fewer resources and diminished capacity. Patients who

can't afford or are ineligible for private insurance will likely wait longer for care and will be forced to compete with patients who can pay out of pocket.

Unfettered privatization would erode public health care by siphoning away much-needed health human resources - thereby leading to decreased access and longer wait times and contributing to the very problem the resolution purports to address.

Access to quality care for everyone in Nova Scotia - not just those who can pay - will be achieved through greater investment and enhanced coordination of health care personnel and services, not through changes in how we pay for care.

Our best chance to fight off encroaching privatization is to provide stable, long-term funding for public health care, addressing long wait times head-on.



PROFIT DOESN'T CARE - BUT NURSES DO

SUBMITTED BY CFNU

In our emergency rooms, our community clinics, and our long-term care facilities, dire staffing shortages have become a crisis in Canada's health care system. This isn't news to nurses, long shouldering the burden of an underfunded health care system.

The federal government recently announced a \$196-billion, 10-year health care funding package. Included is \$46 billion in new funding and \$25 billion for bilateral deals with the provinces and territories. This marks a critical moment for the future of health care in Canada that could usher in monumental change to support nurses and ensure patients have access to the care they need when they need it. But without transparency and accountability, it could bolster creeping privatization.

Although privatization is touted by some to improve access to care, we know it only serves to line the pockets of investors and fuel inequitable access to health care.

One of the most striking examples of the harm privatized health care can cause is that of for-profit long-term care facilities in Canada. As the Canadian Institute for Health Information reported, Canada's COVID-19 mortality rate in long-term care during the first wave of the pandemic was the highest among all OECD countries and nearly double the OECD average.

COVID-19 cases and deaths disproportionately occurred in for-profit homes, compared to non-profit and municipal homes. A May 2020 Toronto Star investigation found that residents in for-profit homes were 60% more likely to contract the virus and 45% more likely to die from the virus than residents in non-profit homes, and four times more likely to both contract the virus and die from the virus than a resident in a municipally run home.

Inadequate staffing levels in these homes have been at crisis levels for years, only to be exacerbated by the pandemic. When for-profit long-term care homes pay exorbitant dividends to their shareholders while failing to hire enough full-time, adequately paid staff, both workers and residents suffer unjustly.

For governments and taxpayers, for-profit health care means paying more for the same service to account for profit margins.

We see this clearly as provinces and territories grappling with staffing shortages turn to private nursing agencies to fill ballooning vacancies in acute and long-term care facilities. Employers pay private staffing agencies up to four times the hourly wage of a nurse, serving to push more nurses out of the public health care system and into private agencies. Rather than line the pockets of for-profit stakeholders, this public health care funding must be reinvested into sustainable staffing solutions within the public health care system for the benefit of all Canadians.

Canada's health care crisis will not be solved with for-profit health care delivery. We tried it before both in our acute care sector and long-term care and it resulted in profits being prioritized above people. Solutions centre people: supporting the workers who make up our health care system and putting safe patient care first.

Provinces and territories must be transparent with spending, and accountable for ensuring every dollar goes towards better outcomes for nurses and patients.

Health care is not a commodity to be bought or sold. It's a human right. Canada's nurses will continue to be vigilant standing up against anyone trying to use the health care crisis to increase for-profit health care delivery.

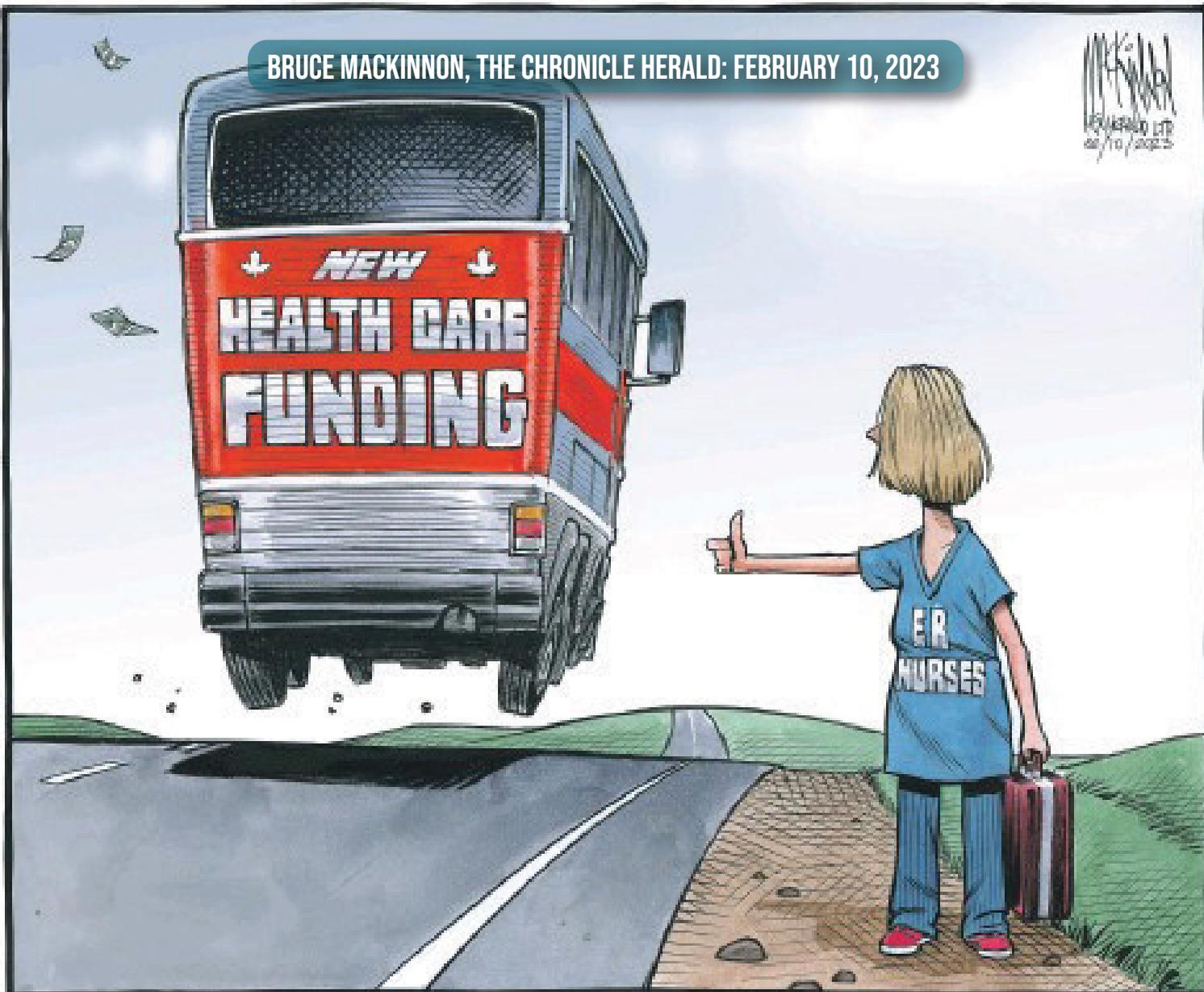
As nurse and CFNU Secretary-Treasurer Pauline Worsfold said at a recent rally for public health care, "Profit doesn't care. Profit doesn't care about people. Profit doesn't care about health and wellness. Profit doesn't care about mental health. Profit doesn't care. We care. Nurses care."



**PROFIT
DOESN'T CARE**

BRUCE MACKINNON, THE CHRONICLE HERALD: FEBRUARY 10, 2023

Mackinnon
CHRONICLE HERALD LTD
02/10/2023



FRONTLINE WORKERS COULD USE A LIFT

That was the message the brilliant, award-winning editorial cartoonist, Bruce MacKinnon wanted to convey with this February 2023 image. Healthcare workers need a lift; moral and physical relief following a global pandemic that left them forgotten by the roadside, in the rearview mirror.

Known for his incredible artist talents, wit, and political savvy, the Antigonish native has long championed the downtrodden, including nurses. He has used his skills to illustrate nursing themes and issues for many years – all with extraordinary precision.

One of Canada's most distinguished cartoonists again made an impression on nurses with his Frontline Workers Could Use a Lift sketch. Our interpretation: The bus loaded with New Health Care Funding must not pass us by.

Without funding to ease the growing nursing-vacancy numbers, we'll continue to force nurses to head-on-down the road (suitcase in hand) to greener pastures.

This poignant and spot-on depiction is no laughing matter. Let's hope others take note and promptly take action.

Union Leaders Meet at the UN

The sixty-seventh session of the Commission on the Status of Women (UNCSW) took place in New York City at the United Nations from March 6th to 17th. NSNU President, Janet Hazelton participated in the gathering of global trade union delegates from March 5-9.

Representatives of Member States, UN entities, and ECOSOC-accredited non-governmental organizations (NGOs) from all regions of the world were invited to contribute to the CSW sessions.

Also in attendance were Linda Silas, the president of the Canadian Federation of Nurses Unions and Nan McFadgen, president of CUPE Nova Scotia.

On March 8th, International Women's Day (IWD),

Janet had the privilege of celebrating this special day with over 8000 women from around the world at the UNCSW.

Hearing the challenges women and girls endure in other countries made her grateful to call Canada her home. Many of the advances made for women in Canada have been achieved by women working within unions. Though our fight for equality is far from over, during IWD we celebrate our accomplishments.

The primary theme for the conference was innovation and technological change, and education in the digital age for achieving gender equality and the empowerment of all women and girls.



Virtual Townhall Meetings

In light of the ongoing concerns and recent events in emergency departments across Nova Scotia, the NSNU held two virtual townhalls on February 1st to engage emergency nurses and hear directly from them.

The 90-minute session allowed the 60-plus emergency nurses from across the province to speak about the government's *Actions to Improve Emergency Care* plan and articulate their recommendations and apprehensions.

The sessions proved very popular, with requests from nurse practitioners, VON, and LTC members to following suit.

On February 16th, close to 70 nurse practitioners joined an NSNU virtual townhall to discuss changes in their rate of pay, their general scope of practice, and overall concerns about health care delivery.

NSNU president, Janet Hazelton hosted the session with Chris Albrecht, NSNU executive director/chief negotiator, and Justin Hiltz, government relations/research/OH&S specialist. There were significant takeaways from the event, commentary that will be

taken under advisement during bargaining and as we continue to repair healthcare in this province.

On March 1st, over 112 VON members, nurses working in community care throughout the province, participated in a 90-minute virtual townhall with NSNU president, Janet Hazelton, NSNU executive director, Chris Albrecht and labour relations representative, Farrel Huculak.

Like other sectors of care, our community care nurses are facing challenges that include short staffing and excessive overtime. Top of mind for those on the call was their pension plan, work-life balance, and workplace safety.

On March 20th, close to 50 members of the NSNU working in LTC joined another virtual townhall to express their mounting concerns about the fate of seniors and their own wellbeing.

Hundreds of NSNU nurses have participated in our townhalls since February 1st, giving voice to frontline workers while providing the union with valuable information. We thank all who participated in the sessions. Your feedback and views are informative and appreciated.

Frontline nurses celebrate **two decades** of dynamic leadership from CFNU President **Linda Silas**

The Canadian Federation of Nurses Unions (CFNU) is celebrating two decades of its President Linda Silas bringing the concerns of Canada's nurses to Canada's political and policy leaders. Silas was nominated March 10th for the 10th time unchallenged, proud to accept the uncontested support from nurses across the country.

"Frontline nurses have faced years of growing challenges, worsening working conditions and now dire staffing shortages. Time and again, Linda Silas has shown herself to be a passionate and potent national voice for nurses," said Pauline Worsfold, CFNU's Secretary-Treasurer. "Whether it has been confronting governments on the need to better support nurses, protecting Canada's cherished public health care system, or advocating for universal pharmacare, Linda has been tireless in making sure that Canada's nurses aren't ignored by politicians and policy makers."

Silas was an ICU and emergency room nurse and led the New Brunswick Nurses Union before being elected president of the CFNU in 2003. Silas ran for the CFNU presidency on a platform of bringing the issues of working nurses to national political leaders and senior public service officials.

"Our health care system is crumbling. Nurses are facing difficult working conditions and endless staffing shortages. It is critical we make sure Canada's leaders hear loud and clear from Canada's nurses," said Silas. "I am honoured to continue to serve as president of the CFNU and help amplify the voices of Canada's family of nurses. Solving today's health crisis starts with governments listening to nurses."

Worsfold adds, "We have not only become a leading national health care voice in Canada, but also a policy powerhouse. We don't just complain about what's gone wrong - we bring forward concrete initiatives to fix these problems. Linda's strong leadership, fighting for urgent action, is needed now more than ever."

NSNU president, Janet Hazelton offered congratulations. The two, Linda and Janet, have worked side by side for many years and have achieved many positive initiatives throughout their unions careers.

The CFNU is Canada's largest nurses' organization, representing Canada's frontline nurses in every sector of health care - from home care, to LTC, community and acute care, including nursing students - and advocating on key health priorities and federal engagement in the future of public health care.



Silas says it is an honour to reoffer as CFNU President and continue to make sure the voices of frontline nurses are heard loud and clear.



International Women's Day

March 8

As is custom, on March 8th several unions and labour organizations came together to Embrace Equity on International Women's Day.

The 8th Annual Nova Scotia Federation of Labour International Women's Day Breakfast was held at NSGEU welcoming early risers to a great meal and inspirational stories from speakers and presenters.

Gerie LeBlanc began the day with a traditional blessing, followed by breakfast.

Speaker, Lyon Kengis told his story as a paramedic, researcher and educator involved in building capacity and developing education for a safer work culture that embraces diversity and inclusion.

Speaker, Wendie L. Wilson, a mother, educator, artist, cultural advocate, and NSTU member, spoke about The Road to Allyship: Breaking the Silence and Speaking Up. Wendie is dedicated to elevating the profile of the African Nova Scotia community, women, and sharing her culture.

Both speaker presentations were moving, thoughtful and informative.

The Sister of the Year (Bread and Roses) Award was presented to PSAC member, Rosemarie Smith-Gimblett for her activism on the job and in her community. Rosemarie is an outstanding recipient of this honour for her commitment to service and people.

NSNU Board members in attendance included Maria Langille, Anne Boutilier, Michelle Lowe, Jennifer Rossetti, and Natalie Nymark. Some NSNU members and staff also attended the energizing event.

Congratulations to the NSFL Women's Committee for their exceptional planning. They are: Jennifer Rossetti, Chair (NSNU 1st VP), Samantha Hamilton, Laura Fryday, Maria Langille (NSNU VP LPNs), Laura MacMillan, Sharon Hubley, Rhonda Doyle LeBlanc, and Connie Rodgerson.



NOVA SCOTIA COUNCIL OF NURSING UNIONS BARGAINING UPDATE

On March 1st, the NSNU and other nurse unions in Nova Scotia circulated the following bargaining information to acute care members regarding the ongoing bargaining process.

The Nova Scotia Council of Nursing Unions, Nova Scotia Health (NSH), the IWK and the Nova Scotia Department of Health and Wellness (DHW) began face to face negotiations on February 28, 2023.

With the current Collective Agreement expired as of October 31, 2020, much has transpired since that time which has informed our bargaining goals.

On February 28th, the teams engaged in the first **interest-based negotiation** session.

Interest-based negotiation is about issues and interests. This process allows the parties to thoroughly examine and explore root causes and come to a more comprehensive understanding of the issues.

This method of bargaining has been tested and found very effective in other jurisdictions. The parties may decide to return to a more traditional bargaining format at any time.

The teams met again on March 21st with bargaining dates is scheduled into June of this year. Updates will be circulated after each session.

We appreciate your patience as we progress in this round of negotiations. Email nsnubargaining@nsnu.ca.

Cross-Country Check-Up

Canada's health care system is in crisis. Nurse unions and other groups that advocate for health-care have been waving red flags since before the pandemic – since then, an already burnt-out workforce has steadily declined, leaving fewer health care workers to keep our sinking system afloat.

Results of a recent survey by The Association for Canadian Studies (2023) suggests that the vast majority of Canadians are concerned about the state of our health-care system. In Atlantic Canada, residents are especially concerned as the region faces ongoing challenges to maintain emergency services.

Across the country, provinces are competing for the same solution: more nurses.

New Brunswick

New Brunswick is facing a severe shortage of licensed health care workers, particularly when it comes to nurses. In January, the New Brunswick Nurses Union told Global News that there are roughly 1,000 vacant positions in the province.

With a heavy focus on recruitment, New Brunswick has implemented several initiatives. Recently, the province introduced Step Up to Nursing. This initiative is a workplace-based, wage-supported model that provides education to New Brunswickers who are interested in advancing their nursing careers. This education pathway offers LPNs and PSWs the opportunity to further their nursing education – working in the health-care system on a part-time basis while completing the Practical Nurse PSW Pathway program or the Licensed Practical Nurse Bridge program, leading to the Bachelor of Nursing program. Participants are paid a full-time wage and receive tuition, both covered by the provincial government.

Additionally, UNB now offers a certificate in nursing leadership and management. The program was created with charge nurses, nursing managers, unit leaders and other healthcare management roles in mind. Horizon Health officials are hopeful that the program will show nurses that there is a future for them in the province.

Prince Edward Island

Facilities in Prince Edward Island have been so understaffed, entire departments shut down from as little as one sick call. In too many parts of the small province, one nurse is all that is keeping health care going. This is a constant source of psychological stress on Island nurses, as they know that their colleagues will bear the burden if they aren't able to make it to work.

PEINU has made several recommendations to ensure patient care and prevent nurses from resigning, going part-time or retiring early. These recommendations include introducing legislation that reduces workload by implementing safe nurse-to-patient ratios and making direct investments to support and retain nurses. The Union also recommended the expansion of training and targeting recruitment to bring more people into the nursing workforce.

While the provincial government has initiated \$8 million in retention bonuses for healthcare workers (including nurses), the Health PEI board was not involved in planning. PEINU maintains that financial incentives themselves will be ineffective in solving the nursing shortage.

While P.E.I. nurses were hoping to have a new agreement before the summer, contract negotiations have been put on hold during provincial elections. After two years with an expired contract, nurses are left feeling frustrated and neglected.

Newfoundland & Labrador

The RNUNL says the number of RN vacancies is growing, nurses are struggling with burnout and ERs are dealing with staffing shortages and closures. With more than 750 registered nurse vacancies in Newfoundland, the RNUNL is calling for new retention incentives for RNs.

Union President Yvette Coffey warned that the situation in the province will only worsen if their government fails to address retention and protect patient care. She has urged the government to take immediate action to improve retention and provide incentives to keep their nurses in the profession.

The government has stepped up its efforts to recruit doctors and nurses from abroad, most recently setting up what it calls recruitment missions in India and Ireland.

Quebec

For decades, new nurses who graduated with university degrees in Quebec would start their careers at a minimum of echelon 7, reflective of their higher education. This incentive was implemented to stop nurses from leaving the province in search of more competitive pay. If these nurses were to look for higher pay, they would find it anywhere outside of Quebec.

The starting annual full-time salary for nursing in Quebec is still the lowest in the country by nearly \$20,000 per year, even with those starting at echelon 7. Despite this, a simple incentive of higher echelons for more education succeeded in retaining many university-graduated nurses. Now, this incentive is being stripped away, leaving nurses feeling blindsided, betrayed and disrespected.

In their latest contract, all nurses who received their licenses after December 12, 2022, regardless of education level, will start at the lowest pay scale, echelon 1. This is a \$6.44 hourly difference, which adds up to \$515.20 over a two-week pay period, close to a 20% decrease in pay.

As student nurses rethink their intentions to remain in Quebec after graduation, Quebec nursing unions say they hope to fix this issue in their next collective agreement.

Ontario

The Ontario Nurses' Association started bargaining with the Ontario Hospitals Association in late January and began mediation in early March – what nurses call a “last-ditch effort” to reach a negotiated settlement. If no deal is reached through arbitration, it will go to an arbitrator in May.

The ONA has not said how much it is seeking for wages, but interim president Bernie Robinson said it's safe to say they are expecting “far more” than the past contract.

ONA has held several marches and rallies to call for higher wages, increased hospital staffing, improved working conditions and a better contract.

Manitoba

After a five day recruitment mission to the Philippines in early 2023, 350 health-care workers have been offered letters of intent. Of these recruits, there are nearly 190 registered nurses and 50 individuals with qualifications equivalent to a licensed practical nurse.

In the coming weeks, these 350 recruits will engage in the process of immigration, English language requirements and scheduling their clinical competency exams.

The government is working with the College of Registered Nurses of Manitoba to “modernize the pathways” to get these nurses into the workforce faster while they are receiving additional clinical and language training.

Saskatchewan

Saskatchewan's Health Human Resources Action Plan to recruit, train, incentivize, and retain is said to be seeing progress in all pillars of the Plan.

Bringing in health care workers from at home and abroad, the Action Plan has involved recruitment of health care professionals from the Philippines, an advertising campaign featuring testimonials from healthcare workers who have built a successful career in Saskatchewan, various training pathways and volunteer opportunities for students or adults considering a career in healthcare, as well as a Rural and Remote Recruitment Incentive.

Other incentives such as improved job offers and connections for nursing graduates are also included in the Plan.

Alberta

In an effort to make sure the priorities of frontline nurses are part of the solution to the current nurse staffing crisis, the United Nurses of Alberta shared a list of recommendations with Health Minister Jason Copping. These recommendations, focusing on retention and recruitment, are based on the practical experience of frontline nurses and can be implemented immediately to improve the retention and recruitment of nurses currently working in Alberta's public health care system.

Recommendations for retaining nurses includes eight items, including the creation of more publicly funded long term care beds along with hiring the nursing staff to care for the patients in those beds and offering financial incentives to nurses at remote and rural facilities. Recommendations for recruitment put forth five more items, including increased supports for new nurses, increased seats in nursing schools and financial supports for nursing students to encourage them to work in rural communities.

The UNA, along with doctors and other unions are concerned that the record-high health spending in the budget for 2023-2024 fails to address the big issues plaguing the health care system – particularly ongoing staffing shortages.

Most recently, Alberta has introduced a campaign to spread the word of low taxes, high wages, affordable housing and plenty of job opportunities. *Alberta Calling* aims to recruit individuals from out-of-province for work in all industries, including nursing.

British Columbia

In early March, British Columbia Premier David Eby joined Prime Minister Justin Trudeau to announce an immediate \$273 million in health funding to address urgent needs, especially in pediatric hospitals and emergency rooms, and to address long wait times for surgeries. Funding for BC also includes a \$3.32 billion bilateral agreement to help Canadians age in their homes, with access to home care of care in long-term care facilities.

The BC government said their priorities for the additional cash will be to expand access to primary health care, including in rural, remote and Indigenous communities, reduce waitlists, support health care workers, improve access to quality mental health and substance-use services, and modernize health data systems.

Prior to funding announcements, the BCNU made it clear that specific investments in nurse recruitment and retention strategies would be needed to tackle the dire staff shortage in the province.

B.C.'s Nurses' Bargaining Association, along with the Health Employers Association of B.C., commenced negotiations for their new collective agreement on December 8, 2022.

NSNU President Again Speaks Before Standing Committee on Health for LTC

For the third consecutive year, NSNU President Janet Hazelton spoke before Nova Scotia's Standing Committee on Health on February 14, 2023, to advocate for residents in long-term care facilities, specifically for the 4.1 hours per resident per day standard of nursing care.

As a minimum standard, 4.1 hours of hands-on care is below what residents require and deserve given the high acuity of care in nursing homes. In 2016, NSNU's Broken Homes study recommended 4.1 hours with 1.3 hours provided by licensed staff, RNs and LPNs, and called on legislators to change the long-outdated *Homes for Special Care Act*.

As part of the Tim Houston government's action plan for health care, the province promised residents at all of Nova Scotia's licensed long-term care facilities receive an average of 4.1 hours of direct care, every day. Government now says that promise will likely to be part of future legislation.

President Hazelton said the government has made commendable changes to the long-term care system. They've bolstered CCAs, offering better wages to recognize the value of the work they perform, making training to become a CCA more affordable and accessible, and increasing the number of CCAs working in long-term care.

She adds, we need that same momentum to carry forward clinically focused initiatives for long-term care. Now that facilities are getting approved for 4.1 hours of care for an increase in CCAs, we need to specifically increase the number of care hours of licensed practical nurses and registered nurses.

Staffing of professional staff in LTC continues to fall short, taking a huge toll. To compensate for the deficit, government is using "travel nurses" to fill gaps instead of investing in long-term, stable nursing positions in our communities. The NSNU is concerned at the costs for travel nurses (estimated at 45 million in LTC alone last year) and about the instability of using agency workers.



"We need to be planning for the needs of residents of the next decade. This means following through on campaign promises, and mandate letter commitments to a modernized *Homes for Special Care Act*, and an increase in the number of clinical staff in long-term care. We shouldn't be satisfied with a staffing increase that merely maintains the status quo and is only intended to prevent deterioration," says Janet Hazelton.

Getting the level of care where it needs to be, union leaders suggest, could come by using funds from the recent health-care funding agreement with Ottawa.

"Long-term care has always been the poor second cousin, and it can't be any longer," said Hazelton. "We've seen through COVID what happens when we neglect residents in long-term care."

TECH TROUBLESHOOTING RESOURCES

Troubleshooting is a fancy way to say *problem-solving* in the world of technology. When you come across issues with a website, software or your device, there are several steps you can take to identify and solve the problem.

Due to the online nature of many NSNU resources, communications and forms, we have created a dedicated space on nsnu.ca to help our members troubleshoot issues they may come across when experiencing problems on the web.

For instance, if you are experiencing trouble logging into your NSNU account or a specific page on our site, we advise you attempt access through a private or "incognito" browser. You can learn how to access a private browser, how to clean your cache, and more on nsnu.ca/troubleshooting.

When simple troubleshooting efforts are not successful, we ask that you make the NSNU aware of any issues you are experiencing on our website. This will allow us to remedy the matter as quickly and efficiently as possible.





OUR NURSES. OUR FUTURE.

National Nursing Week 2023

Nursing Week is celebrated around the globe to honour those who have chosen the nursing profession.

This year, from May 8-14, National Nursing Week celebrations will take place in typical fashion the same week as Florence Nightingale’s birthday, May 12th.

The theme this year is **Our Nurses. Our Future.** NSNU is adding **Our Time** to that slogan. Once again, NSNU will be sharing messages on our social, web and App platforms. We will recognize nurses publicly via video messages.

As per our longstanding practice, the NSNU will send \$100 to each local to assist in the celebrations, and Johnson Insurance is sending a Johnson-branded item to locals that signed-up to receive those items for their members.

We kindly ask you to share your stories and photos during NNW with NSNU by sending them to nsnu.office@nsnu.ca. Showcase and describe the diversity of your role, your team, and your working environment to build awareness about nursing during this pivotal week.

Some members ask why we place a high priority on this week. The answer is, NNW draws attention to nurses, increasing the awareness of the many contributions nurses make towards the well-being of Canadians. We do it to thank you, our members, and to shine a light on the profession so policy makers and government officials hear our views.

NSNU looks forward to celebrating NNW2023 with you.
Our Nurses. Our Future. Our Time.

NATIONAL EXECUTIVE BOARD MEETINGS COINCIDE WITH CHC RALLY

NSNU president, Janet Hazelton, Executive Director Chris Albrecht, and 1st VP Jennifer Rossetti joined the Canadian Health Coalition rally in Ottawa on February 7th, an event held to stop privatization and show support for universal drug programs. Jason MacLean, former NSGEU President, was also on hand.

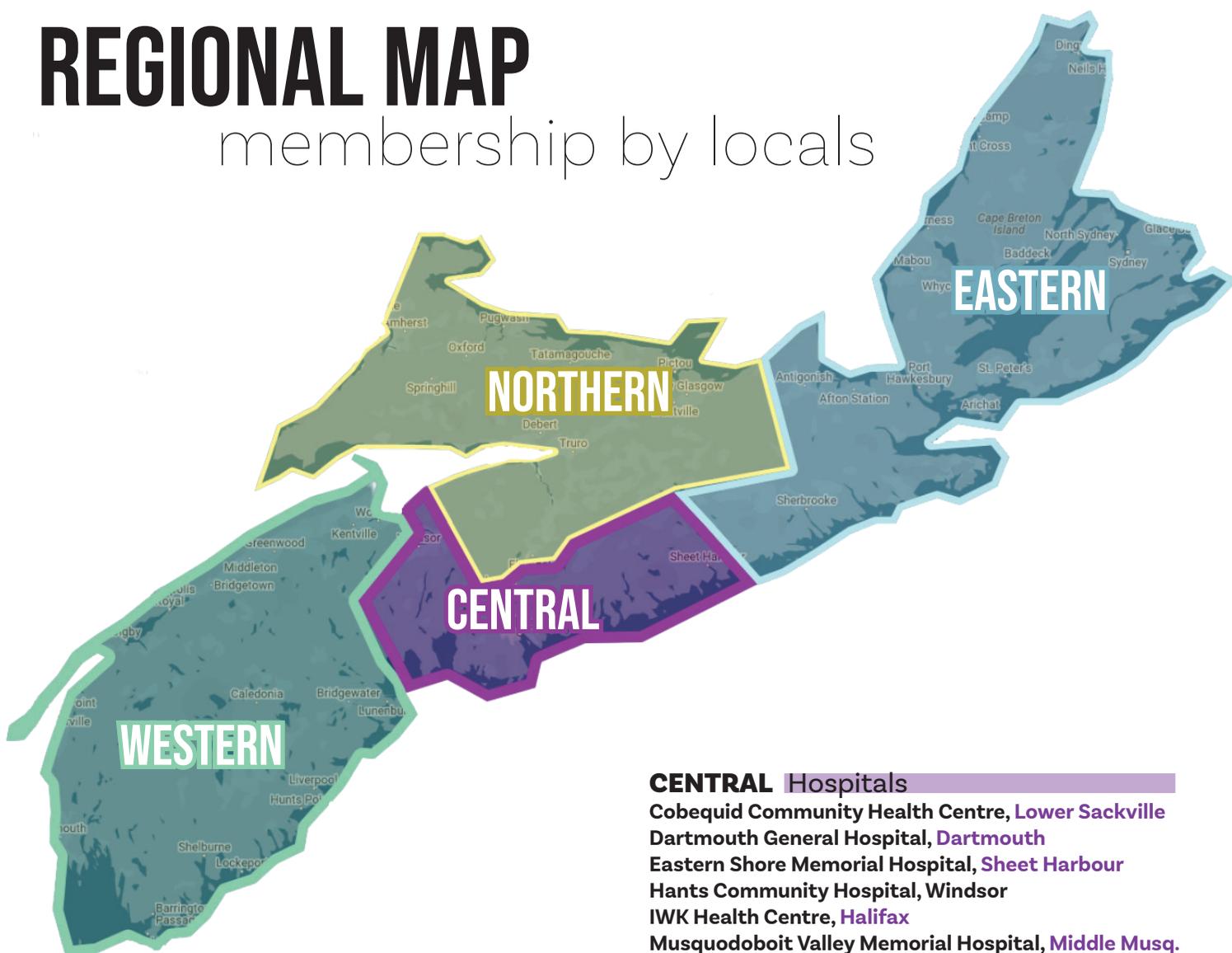
The rally took place as premiers from across the country are meeting with Prime Minister Trudeau to discuss healthcare funding. Coincidentally, the National Executive Board of the CFNU was meeting for regular meetings of the NEB.

Nurses have the solutions! Federal and provincial governments must work together and act quickly in order to retain and recruit nurses.



REGIONAL MAP

membership by locals



NORTHERN Hospitals

Aberdeen Hospital, **New Glasgow**
 All Saints Springhill Hospital, **Springhill**
 Bayview Memorial Hospital, **Advocate Harbour**
 Colchester Regional Hospital, **Truro**
 Cumberland Regional Health Care, **Upper Nappan**
 Eastern Shore Memorial Hospital, **Sheet Harbour**
 Guysborough Memorial Hospital, **Guysborough**

WESTERN Hospitals

Annapolis Community Health Centre, **Annapolis Royal**
 Digby General Hospital, **Digby**
 HSAS - Fishermans/South Shore, **Bridgewater**
 Queens General Hospital, **Liverpool**
 Roseway Hospital, **Shelburne**
 Soldiers Memorial Hospital, **Middleton**
 Valley Regional Hospital, **Kentville**
 Western Kings Memorial, **Berwick**
 Yarmouth Regional Hospital, **Yarmouth**

CENTRAL Hospitals

Cobequid Community Health Centre, **Lower Sackville**
 Dartmouth General Hospital, **Dartmouth**
 Eastern Shore Memorial Hospital, **Sheet Harbour**
 Hants Community Hospital, **Windsor**
 IWK Health Centre, **Halifax**
 Musquodoboit Valley Memorial Hospital, **Middle Musq.**
 Twin Oaks Memorial Hospital, **Musq. Harbour**

Lillian Fraser Memorial Hospital, **Tatamagouche**
 North Cumberland Memorial Hospital, **Pugwash**
 South Cumberland Community Care, **Parrsboro**
 St. Martha's Regional Hospital, **Antigonish**
 St. Mary's Hospital, **Sherbrooke**
 Strait Richmond Hospital, **Cleveland**
 Sutherland Harris Memorial Hospital, **Pictou**

EASTERN Hospitals

Buchanan Memorial Hospital, **Neils Harbour**
 Cape Breton Regional Hospital, **Sydney**
 Glace Bay Integrated Hospital, **Glace Bay**
 Inverness Consolidated Hospital, **Inverness**
 New Waterford Consolidated, **New Waterford**
 Northside Harbourview Hospital, **North Sydney**
 Sacred Heart Hospital, **Cheticamp**
 Victoria County Memorial, **Baddeck**

CENTRAL Long Term Care

The Admiral (Glades), **Dartmouth**
Arborstone Enhanced Care, **Halifax**
The Birches, **Musquodoboit Harbour**
Bissett Court, **Dartmouth**
Braeside Home, **Middle Musquodoboit**
Dykeland Lodge, **Windsor**
Glasgow Hall, **Dartmouth**
Ivany Place, **West Bedford**
Ivy Meadows Continuing Care, **Beaverbank**
Lewis Hall, **Dartmouth**
Maplestone Enhanced Care, **Halifax**

Melville Gardens, **Halifax**
Melville Lodge Care Centre, **Halifax**
Northwoodcare Halifax Inc., **Dartmouth**
Oakwood Terrace, **Dartmouth**
Ocean View Continuing Care, **Eastern Passage**
Parkstone Enhanced Care, **Halifax**
Quest, **Halifax**
The Sagewood, **Lower Sackville**
St. Vincent's Guest Home, **Halifax**
Whitehills Long Term Care, **Hammonds Plains**
Windsor Elms, **Falmouth**

NORTHERN Long Term Care

Cedarstone Enhanced Care, **Truro**
Centennial/Gables, **Amherst**
Debert Court, **Debert**
Elk Court, **Brookfield**
Glen Haven Manor, **New Glasgow**
High Crest Home, **Springhill**
Maritime Odd Fellows Home, **Pictou**
Mary's Court, **Antigonish**
Milford Haven, **Guysborough**

The Mira, **Truro**
Northumberland Hall, **Amherst**
Port Hawkesbury Nursing Home, **Port Hawkesbury**
Richmond Villa, **St. Peters**
RK MacDonald Nursing Home, **Antigonish**
Shiretown/Ivey's Terrace, **Pictou**
St. Anne Community & Nursing Care Centre, **Arichat**
Valley View Villa, **Stellarton**
Vimy Court, **Truro**

WESTERN Long Term Care

Annapolis Royal Nursing Home, **Annapolis Royal**
Bayside Home, **Barrington**
Blomidon Court, **Greenwich**
Heart of the Valley Long Term Care, **Middleton**
Hillside Pines, **Bridgewater**
Kings Regional Rehabilitation Centre, **Waterville**
Mountain Lea Lodge, **Bridgetown**
North Queens Nursing Home, **Caledonia**

Orchard Court, **Kentville**
Queens Manor, **Liverpool**
Ryan Hall, **Bridgewater**
Shoreham Village Senior Citizens Association, **Chester**
Surf Lodge Community Care Centre, **Lockeport**
Tideview Terrace, **Digby**
Villa St. Joseph, **Dayton**
Wolfville Nursing Home, **Wolfville**

EASTERN Long Term Care

Alderwood Rest Home, **Baddeck**
Breton Ability Centre (Braemore Home), **Sydney**
Celtic Court, **Sydney**
Cove Guest Home, **Sydney**
Foyer Pere Fiset, **Cheticamp**
Harbourstone Enhanced Care, **Sydney**
Highland Manor, **Neils Harbour**

Inverary Manor, **Inverness**
Macgillivray Guest Home, **Sydney**
Maple Hill Manor, **New Waterford**
Miners Memorial Manor, **Sydney Mines**
Northside Community Guest Home, **North Sydney**
Seaview Manor, **Glace Bay**
Victoria Haven Nursing Home, **Glace Bay**

CENTRAL Community Care

Canadian Blood Services, **Dartmouth**
VON of Greater Halifax, **Halifax**

NORTHERN Community Care

VON Antigonish, **Antigonish**
VON Colchester/East Hants, **Truro**
VON Cumberland, **Amherst**
VON Pictou County, **New Glasgow**

EASTERN Community Care

VON Cape Breton, **Sydney**

WESTERN Community Care

Digby/Clare Home Support Society, **Weymouth**
VON Annapolis Valley, **Kentville**
VON Digby County, **Weymouth**
VON Lunenburg, **Blockhouse**
VON Queens, **Liverpool**
VON Shelburne, **Barrington Passage**
VON Yarmouth, **Yarmouth**
Yarmouth/Argyle Home Support, **Yarmouth**

WHAT ARE OUR NURSES UP TO?

Congratulations are in order for another recipient of the Queen Elizabeth II Platinum Medal. The distinguished honour was conferred on **NSNU member and longtime activist, Alaine Halliday** in commemoration of the seventieth Anniversary of Her Majesty's Accession to the Throne as Queen of Canada and in recognition of Alaine's valuable contribution to the province.

Alaine received the award at work from her manager Raj Makhar. Well done, Alaine!

Thank you to Maria Langille, VP LPNs for sharing these photos with us.



Kim Williams, VP Community Care shared these photos taken at a **VON Cape Breton Metro professional development session** which took place in February. Knowledge is power!



Kim Williams, VP Community Care also shared a great group pic taken in February 2023 of Cape Breton Metro VON celebrating the wonderful nursing career of **Donna Stewart who is retiring from nursing after 30+ years.**

Congratulations Donna and thank you Kim!



On February 15th, **NSNU president Janet Hazelton did a walk-through and meeting at SSRH in Bridgewater.** She was on site for 2 hours, speaking with members about their concerns, including Local co-presidents Ashley Mackay and Karen Roberts, ICU nurse Olivia, mental health nurse Megan, day surgery nurse Paul, ER clinical lead Christine, and Western VP, Michelle Lowe.

President Hazelton was invited by the Local and welcomes the opportunity to speak with members face-to-face, which enhances advocacy on their behalf.



Self-made rainbows, lucky charms, leprechauns, and just a hint o' green were worn to celebrate **St. Patrick's Day in the oncology clinic at South Shore Regional Hospital.** Thank you to Michelle Lowe (second from the right) for sharing!

Chelsea Blair, an RN in the Renal Dialysis Unit at the Cape Breton Regional Hospital shared this great photo of pharmacist, Mike O'Dea and coworkers. Pictured are staff working together with Mike on his last shift before taking parental leave. It's all about teamwork and capturing those memorable moments. **Congratulations to Dr. Catherine Buhariwalla and Pharmacist Mike O'Dea on their second child together.** All the best from the Cape Breton Regional Renal Dialysis Unit and the NSNU!

From left to right, **Beth Edwards RN, Chelsea Blair RN, Joni MacDonald RN MN, Pharmacist Mike O'Dea, Amanda Sawler RN, Taylor McKinnon RN (pregnant with her 2nd baby!), Jenn Donovan RN, and Breagh MacDonald RN.**



Winter 2023 ESCAPE PHOTO CONTEST

We would like to extend a big thank you to all our members who participated in the 2023 Winter Escape Photo Contest. Please enjoy their wide range of talents, hobbies, interests and skills - how our members are escaping work-life in the dreary winter months.



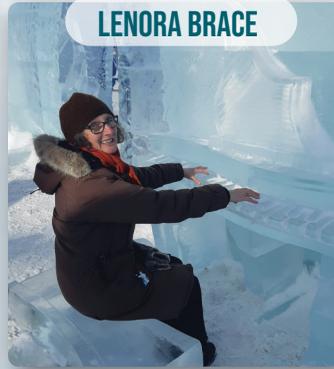
LINDA TURNBULL



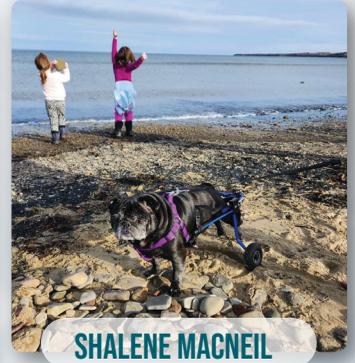
SUE ATKINSON



LENORA BRACE



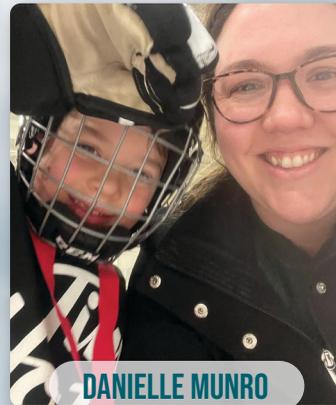
SHALENE MACNEIL



KAYA STEWART



DANIELLE MUNRO



JESSICA GERRITS



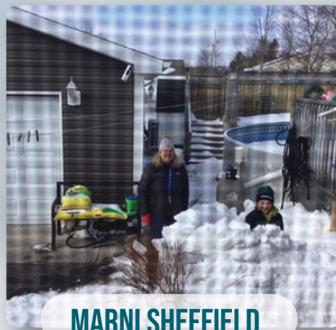
ALEXANDRA SZETO



MERLA NICKERSON



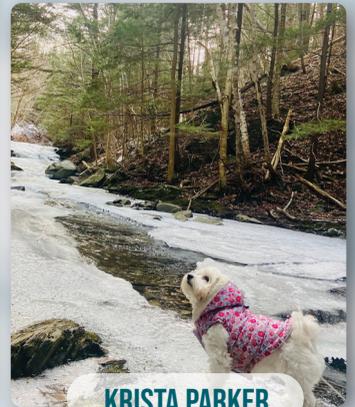
MARNI SHEFFIELD



JANET SIMMONS



KRISTA PARKER



ALYSON PICKARD



SARAH MCCRAE



EMILY DURNFORD



JENNIFER BOUDREAU

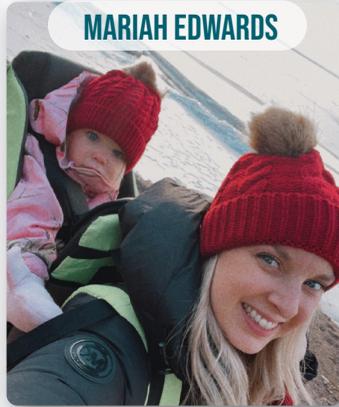




JILLYAN KAIZER



MONIQUE BULLEN



MARIAH EDWARDS



JOANAH ELOISA SIGUE



DAVE WARD



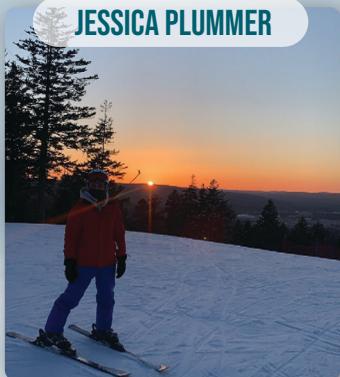
ARDIS SEWELL



YOLANDA BAKER



SUSAN DOBBIN



JESSICA PLUMMER



CAROLYN HOWLETT



KERRY HEATHER



LISA MACKINNON



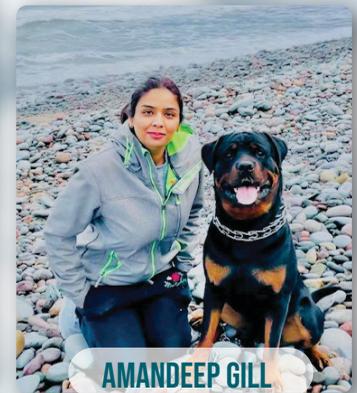
MICHELLE LOWE



SUE ELLEN MORRISON



LISA JONES



AMANDEEP GILL

See all photos, and past Photo Contest Galleries at www.nsnu.ca/escape



and **THE WINNER IS...**

WINNER OF THE Winter Escape Photo Contest

*One of my favorite
ways to relax and get
exercise - a winter hike
with my sheltie!*



Congratulations
ALLANA IVANY

Registered Nurse, IWK Health Centre



The **BRICK**. Your Purchases **PAY IT FORWARD**



The Brick continues to offer an in-store only discount and rewards program to you, a member of the NSNU. NSNU members receive a discount on furniture and mattresses that varies per item. It is available on most upholstery and leather products, bedroom and dining items, and mattress sets.

Included in the program is a rewards rebate that holds 2% of the furniture and mattresses purchased by NSNU members in an account at the store. At the end of each calendar year the amount is donated in NSNU's name to the Children's Miracle Network, which is directed to the **IWK** in Halifax. This donation is matched by The Brick.

At the end of 2022, NSNU member-purchases saw a small but important donation of \$538.54 go to the IWK.

To take advantage of this program be sure to bring in your NSNU membership card when you shop. Upon entering the store, identify yourself as a Nurses' Union member to be directed to the appropriate associates to ensure your purchase adds to the IWK fund.

So, next time you need a sofa, chair, mattress consider shopping at The Brick. Log in to the discount page at nsnu.ca/memberdiscounts for more details.

CLASSIFIED FANS BRAVE STORMY WEATHER TO ATTEND CONCERT



Earlier this year, Canadian rapper and record producer, Classified reached out to the NSNU to offer sixteen pairs of tickets to his February performance in Halifax.

To show his appreciation for all that nurses do, Classified offered up the tickets to his February 17th show at the Light House Theatre in Halifax. The response was overwhelming, with 237 NSNU members entering the draw for the limited prize.

Although Mother Nature did her best to sideline the concert with howling winds, blowing snow and slippery conditions, diehard fans made it to the Lighthouse for an evening of great entertainment.

The NSNU wishes to thank Classified and his team for their generosity and thoughtfulness. By all accounts, the evening was as big a sensation as the award-winning performer.

LET FOOD BE THY MEDICINE



Submitted by Jennifer Rossetti, RN BScN

“Let food be thy medicine and medicine be thy food.” Hippocrates, also known as the father of medicine, said this infamous quote thousands of years ago and it still holds true today. It acknowledges the importance of healthy eating and how nutrients found in a variety of food can be used to heal.

As a Registered Nurse for the past 19 years, I have had the privilege of providing nursing care to multiple individuals in Nova Scotia, Alberta, and Tennessee. I have worked in many different patient settings over the course of my career, but my current and dominant place of work has been the Dartmouth General Hospital Emergency Department where I meet a large cross section of our community with a multitude of health conditions.

Over the course of conversations, many tell me that they would love to eat better, but the ever-increasing cost of food prices, especially fruits and vegetables, is a barrier to them having access to healthy nutritious food, which then also becomes a barrier to keeping their chronic health conditions under control. These health conditions include but are not limited to hypertension, congestive heart failure, chronic obstructive pulmonary disease, and diabetes. An exacerbation of these chronic conditions not only lessens one’s quality of life, but also creates an expensive cost to the healthcare system.

The question becomes, how can we help patients, and our communities get access to healthy nutritious food during a time when food prices are ever increasing and out of reach for community members, especially those of a lower socioeconomic status?

One answer lies with our local farmers. There is a primary care clinic in British Columbia whose Nurse Practitioners and Family Doctors are writing prescriptions to patients for food. The patient then takes this prescription (or chit) to their local farmers market to buy fruits and vegetables and the farmer then sends that to the government and the government subsidizes the farmer for the price of the food. This not only makes for improved patient health outcomes, but this also supports our local economy by supporting our local farmers. The food usually has a higher nutritional value because the time from which the vegetable was harvested to the time it gets to the individual is far less, making for a more nutrient dense product.

This also has a positive environmental impact, as the fruits and vegetables we are receiving have spent a short period of time traveling from the farm to the table. The amount of gas and carbon dioxide use is lessened than fruits and vegetables coming from across the world.

Food is health. Food is family. Food is community. Food can heal. We have an opportunity to support our families and communities in Nova Scotia and also supporting our local economy and farmers by creating a program where the government subsidizes locally grown food to help individuals, especially those of lower socioeconomic status, have access to nutritious food. The impact on our communities and healthcare system will be positive and we will see individual’s reliance on the healthcare system decrease, making for a decrease in healthcare dollars spent.

This is the start of a plan as it kills 5 birds with one stone (as the saying goes):

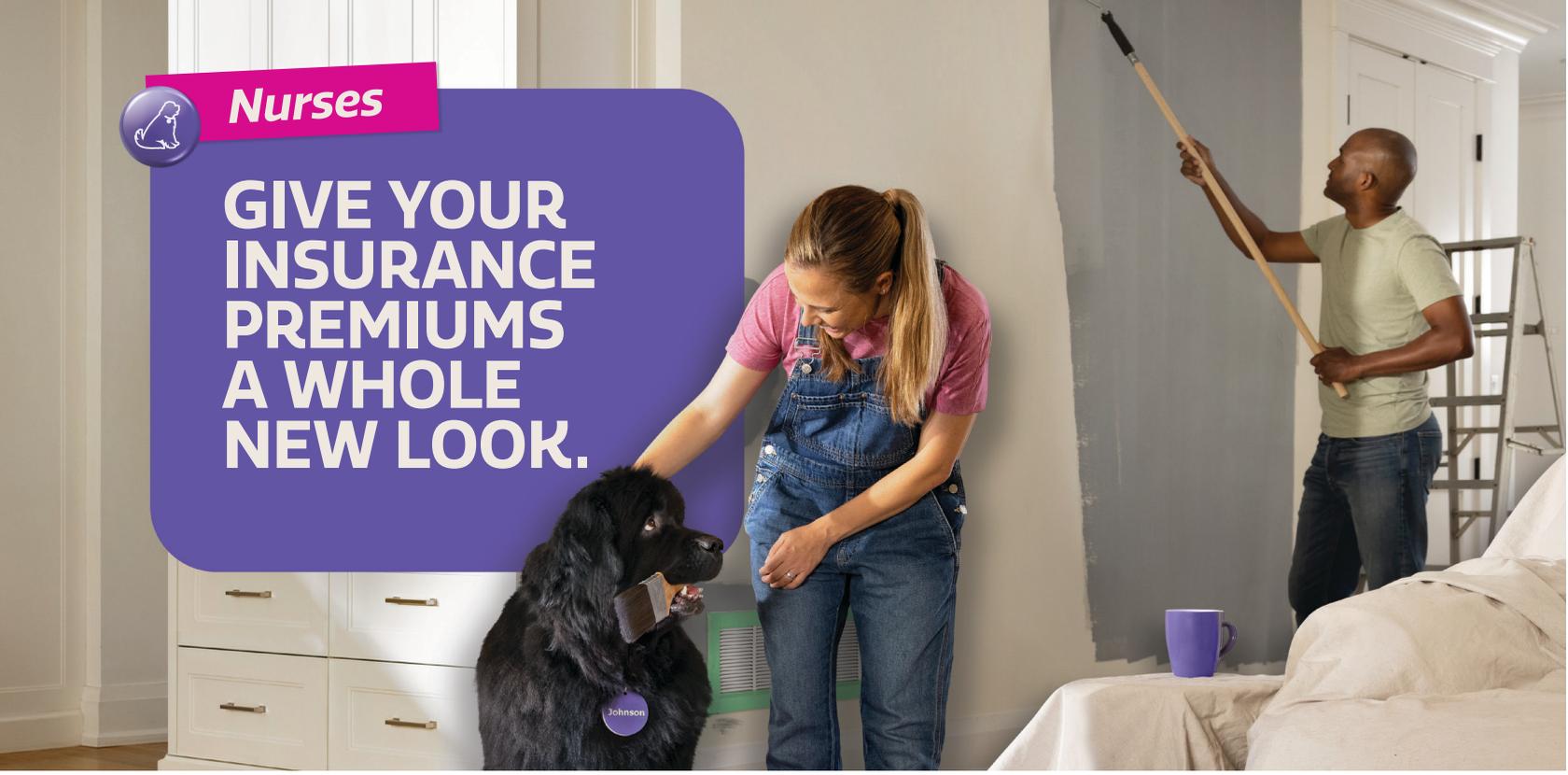
1. Supports the local economy.
2. Supports individual’s health, which makes for stronger communities.
3. Supports individuals with increasing food costs.
4. Supports Local Farmers.
5. Supports the environment.

Even if the federal government cannot see this as a viable option for health (boo to them if they cannot make the connection), I do believe this could be a provincial initiative which once proven successful here could expand to include our Atlantic provincial neighbours.

We are at a point in history where we need to start thinking outside the box. Connecting the social determinants of health and bringing our roots back to the local community is the place to start. And as the new saying goes.... Think globally. Act locally.

Nurses

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