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Centre de santé **Noreen-Richard**

NAMED IN HONOUR OF RN | 16



10 **Registration Renewal 2010**

CCP Audit details
enclosed.

22 **Ethics in Practice**

Considerations
During a Pandemic
(Part III)

27 **Job Opening!**

Join the NANB Team.
Learn more inside.

NANB BOARD OF DIRECTORS



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VISION STATEMENT

The vision of the Nurses Association of New Brunswick is: *Nurses shaping nursing for healthy New Brunswickers*. In pursuit of this vision, NANB exists so that there will be protection of the public, advancement of excellence in the nursing profession (in the interest of the public), and influencing healthy public policy (in the interest of the public).

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Submissions

Articles submitted for publication should be typewritten, double spaced and not exceed 1,000 words. Unsolicited articles, suggestions and letters to the editor are welcome. Author's name, address, and telephone number should accompany submission. The editor is not committed to publish all submissions.

Change of address

Notice should be given six weeks in advance stating old and new address as well as registration number.

Translation

José Ouimet

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Info Nursing

In this issue...

- 10** Registration Renewal 2010
- 12** National Awards Presented to Two NB RNs
Submitted by Vanna Wasson, RN, President of the New Brunswick Operating Room Nurses
- 14** Protecting Workers
Helping Women Manage Workplace Bullying
Submitted by Dr. Judith MacIntosh, BN, MSc (A), PhD, Faculty of Nursing, UNB
- 16** Centre de santé Noreen-Richard Health Centre
Community Health Centre Named in Honour of Registered Nurse
- 18** Beyond Borders
UNBSJ Nursing Students Embark on a Public Health Mission
Submitted by Boon Kek, Nursing Program Coordinator, UNBSJ
- 19** News from Burkina Faso
President Pooda Shares APIIB's Project Goals
Justin N. Pooda, President, Burkina Faso APIIB Association Professionnelle des Infirmiers/ères du Burkina
- 20** Regulated Nurses in Canada
What Do We Know About Them?
Submitted by Sandra Koppert, Program Specialist, Canadian Institute for Health Information
- 22** Ethics in Practice :
Nurses' Ethical Considerations in a Pandemic or Other Emergency—Part III
- 30** A Framework for Managing Professional Practice Problems
Re-Tooling for Today's Work Environment
By Ruth Rogers, RN
- 32** Highlights from NANB's 2009 AGM & Conference

Departments...

- 4** President's Message
- 5** Executive Director's Message
- 6** Boardroom Notes
- 28** Ask a Practice Advisor
- 37** Professional Conduct Review Decisions
- 38** Calendar of Events



On the cover

Community health centre named in honour of registered nurse, the late Noreen Richard.

See more on page 16.

Meet NANB's New President

BY MARTHA VICKERS, RN, MN, NP



Autumn is a season of change, and often a time when we can reflect upon not only the beautiful changes in the environment which surrounds us in NB, but also upon ourselves and what we hope to accomplish over the next year. As we continue with our busy lives as parents, partners, caregivers, friends, trusted volunteers in our communities, we carry a special common bond—the profession of nursing.

As I prepare to begin my mandate as President of the Nurses Association of New Brunswick (NANB), I reflect upon the profession of nursing today and how it has changed over the 24 years since I began—I have seen many changes, encountered and conquered many professional challenges while continuing to strive to provide safe, competent, ethical care as a registered nurse. Change is not always a negative thing, and can certainly wreak havoc with our comfort level, but it encourages personal growth. Become informed, be the change! I have learned that sometimes you just have to take that big leap, and go for it! For the past five and a half years, I have been practising as a primary health care nurse practitioner in a collaborative family practice setting in Bathurst. As an RN, I have had the opportunity to work in the fields of clinical nursing practice, education and research in NB, as well as the Ottawa and Toronto areas. Without a doubt, it is the nurse-client/patient connection that has molded and led me to where I am today.

We are indeed in the midst of unprecedented times not only for the provision of healthcare, but the economy, environment, family life, education etc. As registered nurses, we have the privilege of working with people in the most vulnerable of times in their lives. We know and see every day what determines health. We too though need to care for our colleagues as well as ourselves. Please take a moment to support one another, offer an encouraging word, and acknowledge a strength you see in a fellow nurse. As humans, we strive to belong, to be recognized and what could be a higher form of recognition than acknowledgement from a fellow nurse? Autumn presents a time of change for our future nurses as they begin their studies—more than ever we need to reach out and mentor these men and women. I have been teaching nursing students at both the undergraduate and graduate levels for the past 12 years and

feel very strongly that mentorship is crucial to fostering and ultimately sustaining our role as registered nurses. We need new ideas, their new ways of looking at the world, just as they too can benefit from the depth and breadth of knowledge each of you carry with you. What a powerful symbiotic relationship!

I look forward to working with each of you over the next two years. Your input will be invaluable as I will be engaged not only provincially but also nationally as a Director of the Canadian Nurses Association. An excellent example of member engagement was demonstrated during the NANB's recent Strategic Planning Process, your voices and views, shared at the Town Hall meetings and via the electronic survey have shaped our strategic directions for the next three years. Thank you! NANB staff has begun to formulate a plan to support these directions which will be presented to your Board of Directors as we move from planning to action.

Please consider submitting your name for a committee, attend a chapter meeting, be an observer at a Board meeting—I am positive that you will find it an insightful, rewarding and professional experience. I am excited by the potential we have together; to sustain and advance our profession and maintain and enhance the quality of nursing regulation our Association has demonstrated for over 90 years in this province.

Please join me on this journey. □

Responding to Public Health Challenges:

Epidemic, Pandemic, "Flu Watch", Influenza

BY ROXANNE TARJAN, RN

The H1N1 flu virus is a respiratory illness that causes symptoms similar to those of the regular seasonal flu. H1N1 Flu Virus has been reported around the world, and the World Health Organization (WHO) has declared it a pandemic influenza virus. Governments around the world and the World Health Organization are engaged to investigate and address this situation. The Public Health Agency of Canada (PHAC) continues to work with federal, provincial/territorial and international governments to address this situation, and will share more information with Canadians as it becomes available. — [Public Health Agency of Canada](#)



Influenza is a viral infection that affects mainly the nose, throat, bronchi and, occasionally, lungs. Infection usually lasts for about a week, and is characterized by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and rhinitis.

The virus is transmitted easily from person to person via droplets and small particles produced when infected people cough or sneeze. Influenza tends to spread rapidly in seasonal epidemics.

Most infected people recover within one to two weeks without requiring medical treatment. However, in the very young, the elderly, and those with other serious medical conditions, infection can lead to severe complications of the underlying condition, pneumonia and death. — [World Health Organization](#)

Annual human influenza epidemics occur because the influenza viruses change their antigenic structure ('antigenic drift') to produce new strains that can cause infection in persons who have been previously infected or vaccinated with different strains. The influenza viruses are also capable of major changes to their antigenic structure ('antigenic shift') to produce new strains that can potentially infect any person. Pandemics, or world-wide epidemics, occur when antigenic shift causes the sudden and unpredictable emergence of a new human influenza virus to which most of the population is susceptible.

Three influenza pandemics occurred during the 20th century, the "Spanish" (1918), "Asian" (1957) and "Hong Kong" (1968)

pandemics. The Spanish pandemic resulted in 20–40 million or more deaths (mostly in young adults) worldwide, while the Asian and Hong Kong pandemics resulted in 1–4 million deaths (mostly in older adults) worldwide. By comparison, "inter-pandemic" influenza results in 0.5–2 million deaths (mostly in older adults) worldwide each year. — [Centers for Disease Control and Prevention](#)

As frontline health care providers, Registered Nurses in New Brunswick are key players in the current pandemic influenza. "H1N1" is a novel virus; a virus that is still *growing up*, and one that experts are still *getting to know*. A column in the August 13th edition of *The Economist*, labeled the past summer in the UK "a summer of apprehension" and refers to a "sense of ambiguity". It seems a pretty timely characterization. Clearly most of us weren't around during the 1918 pandemic. Considering that the average age of registered nurses in New Brunswick is about 44, some of us will have some memory of the Asian (1957) and more of the Hong Kong (1968) pandemics.

The NANB has ensured you have access to the most up-to-date information possible by establishing links on our web site (www.nanb.nb.ca) to the New Brunswick and national resources. Ensure you are fully informed of the policies and guidelines in your work place concerning the response to the current pandemic influenza. If you have specific questions related to nursing practice contact the practice consultation service at 1 800 442-4417. The development, testing and production of a vaccine is well underway and our government as well as others across the world are establishing protocols and logistics for immunization on a scale we have not recently experienced and which will require a massive effort. Meanwhile, keep yourself informed and follow the recommended practices of good respiratory hygiene and frequent hand washing. They remain our best defense for staying healthy and minimizing the spread of most infectious agents in the population in general.

Before closing and on behalf of all registered nurses in New Brunswick, a sincere thank you to our out-going President, Monique Cormier-Daigle and warm welcome to our incoming President, Martha Vickers. We are very fortunate to have such individuals committed to the ongoing leadership of our profession. □



The Board of Directors met on June 1st and 2nd, 2009 at NANB Headquarters in Fredericton

Healthy Public Policy

Following the screening of the video, 'Lawn and Garden Pesticides: Reducing Harm' provided by the Canadian Association for Physicians of the Environment (CAPE) and a teleconference with Gideon Foreman, Executive Director of CAPE, who answered questions and further discussed the issue of cosmetic pesticide use; the Board unanimously supported urging the provincial government to legislate a ban on the use and sale of cosmetic pesticides. The Association's press release can be viewed on our web site.

A formal announcement of this decision by the President was delivered to members at the 2009 AGM & Conference.

Ends Review

The Board reviewed strategic ends and confirmed the Association's Vision, Mission and Board Ends / Goals. NANB staff will integrate the newly identified strategic directions into current ends for the Board's consideration this fall.

Executive Committee Appointments

The Board appointed two region directors to its Executive Committee for a one-year term, effective September 1, 2009 to August 31, 2010 and are as follows:

- **Ruth Alexander RN,**
Director—Region 2
- **Margaret Corrigan RN,**
Director—Region 5

Policy Review & Monitoring

The Board reviewed policies and approved monitoring reports related to:

- Governance Process
- Executive Limitations
- Board-Executive Director Relationship

Public Director Nominations

The Board of Directors is composed of 12 members, three of whom are members of the public. The role of the public director is to provide the Board with a public, non-nursing, consumer perspec-

tive on issues as they relate to nursing and health care in New Brunswick.

The term of one public director, Robert Stewart, expired August 31, 2009. This public director position is appointed by the Minister of Health from a list of candidates submitted by the NANB. The newly appointed public director is Roland Losier, Moncton.

2009 Elections

Elections were held for the President-Elect and Director positions—Regions 2, 4 & 6. A total of 2,188 votes for the President-Elect position were cast, representing approximately 30 per cent of all registered members. Election results were announced during the 2009 Annual Meeting. Terms of office for these newly elected Directors are effective September 1, 2009 to August 31, 2011, inclusive.

Congratulations and thank you to all candidates. Candidates are listed below:

President-Elect:

- Darline Cogswell, Rusagonis

- France Marquis (elected),
Edmundston
- Bonnie Matchett, Miramichi

Directors:

- Region 2—Ruth Alexander RN
(re-elected)
- Region 4—Noëlline Lebel (elected)
- Region 6—Marius Chiasson (elected)

Committee Appointments

The Board approved the following appointments to NANB Committees:

Education Committee:

- Cynthia Roy Legacy, RN (new)
- Patricia Seaman, RN (new)
- Mary Lue Springer, RN (new)
- Suzanne Harrison, RN (re-appointed)
- Sherry Williston, RN (re-appointed)

Complaints Committee:

- Marise Auffrey, RN Chair(new)
- Alice Firth, RN (new)
- Sylvie Friolet, RN (new)
- Carol Ann Thériault, RN (new)
- Édouard Allain, Public Member
(re-appointed)
- Brian Stewart, Public Member (new)

Discipline / Review Committee:

- Claire Cyr, RN (new)
- Mariette D'Amboise, RN (new)
- Shirley Bellavance, RN (re-appointed)
- Sharon Smith Okana, RN
(re-appointed)
- Nancy Waite, RN (re-appointed)
- Louisel Pelletier-Robichaud, Public
Member (re-appointed)
- Wayne Trail, Public Member
(re-appointed)
- Solange Haché, Public Member (new)

Nursing Program Review/Approval

The Nursing Advisory Committee proposed two review teams of two candidates each to serve on the University of New Brunswick (UNB) and the Université de Moncton (UdeM) Nurse Practitioner Approval Teams. They are as follows:

- Dr. Ruth Martin-Misener, team leader & Dr. Shirley Hiebert (UNB). Dr. Faith Donald, alternate team member.
- Dr. Kimberley Lamarche, team leader & M. Roger Pilon (UdeM). Ms. Suzanne Lebeau, alternate team member.

NANB Document Review / Approval

The Board approved the following:

New Document

- *Medication Standards*

This document was created to support RN practice. The new document emphasizes the main principles nurses need to ensure safe medication administration.

Revised NANB Document

- *Working Together: a framework for the Registered Nurse and Licensed Practical Nurse*

Revised NANB position statement

- *Employment of Student Nurses*
- The Board also approved the removal of two position statements: *School*

Health and Nursing Workload Measurement.

*Documents and position statements are available on the NANB Web site.

2009 NANB Awards

The Board accepted recommendations of the 2009 award recipients from the Awards Selection Committee.

Awards were presented during the 2009 Gala Awards Banquet, June 3rd, 2009. Pictured below (left to right) are:

- **Nancy Doiron-Maillet, Fredericton**
Award of Merit: Education
- **Linda LeBlanc, Edmundston**
Award of Merit: Administration
- **France Martin, St. Basile**
Entry-level Nurse Achievement
- **Jeanne Breau, Miramichi**
Excellence in Clinical Practice
- **Sylvie Robichaud-Ekstrand, Moncton**
Award of Merit: Research
- **Suzanne Cole, Rothesay**
Award of Merit: Nursing Practice



2009 NANB Award Recipients



Board of Directors Meeting, June 2009.



National Nursing Week

May 11–17, 2009

Nursing—You can't live without it!

Approximately 20 members' submitted written descriptions of this year's theme for the Nurses Week Poster Competition. Excerpts from all entries were taken and designed to appear in the 2009 Nursing Week Poster which was distributed across the province to the Board, Chapters and stakeholders.

Congratulations to Katherine Brinson of Moncton, NANB's Grand Prize Winner, and thank you to all members who contributed to this successful initiative.

Monitoring Ends

The Board approved monitoring reports for both the Executive Limitations and Governance Process Policies.

Next Board

The October Board of Directors meeting will be held at the NANB Headquarters on October 14, 15 and 16, 2009.

2009–20010 NANB Board of Directors

- **President**
Martha Vickers RN
- **President-Elect**
France Marquis RN
- **Director, Region 1**
Mariette Duke RN
- **Director, Region 2**
Ruth Alexander RN
- **Director, Region 3**
Darline Cogswell RN
- **Director, Region 4**
Noëlline Lebel RN
- **Director, Region 5**
Margaret Corrigan RN
- **Director, Region 6**
Marius Chiasson RN
- **Director, Region 7**
Deborah Walls RN
- **Public Director**
Roland Losier
- **Public Director**
Robert Thériault
- **Public Director**
Aline Saintonge

93rd Annual General Meeting & Conference

The 93rd Annual General Meeting & Conference Day occurred on June 3rd & 4th, 2009 at the Delta Hotel, Fredericton. Approximately 200 RNs were in attendance over the two days of meetings. An overview of the Auditor's Report and highlights of activities current and future were presented as well as the outcome of NANB's Strategic Plan.

For interested members, the 2008 Annual Report including the 2008 Auditor's Report is available on the NANB Web site under Publications/Info Nursing (www.nanb.nb.ca). □

www.nanb.nb.ca

NANB Launches New Web Site

Our web site has been re-branded and features improved functionality with intuitive navigation. Our address remains the same www.nanb.nb.ca. This web site will be used more interactively incorporating webinars and on-line tutorials to better serve members, stakeholders and the public.

New features include: search engine; address update; calendar of events; and much more.

Stay tuned for future developments and improvements!



Global Nursing Connections

Building a strong global nursing network to deliver quality care worldwide

<http://www.connections.cna-aiic.ca>

Explore a world of nursing experience

Are you a nurse who has worked abroad? Are you considering working abroad and want to learn more? Share your experiences or read about the projects, programs and research of your peers.

Global Nursing Connections – where nurses connect online on global health.



CANADIAN
NURSES
ASSOCIATION

Name change

In order for NANB to change your name, we require a copy of your official documents indicating your new name.

Self-employed or working in a non-traditional role

Your practice must be approved by NANB in order for your hours to count toward your registration renewal and for you to be able to use the title nurse or registered nurse (RN) while practising. You may request to have your practice assessed by NANB. Contact NANB and complete the required documentation to do so.

Working in another province/country

If you are practising nursing in another province or country and wish to maintain registration with NANB you must have the licensing body in that province or country send a verification of registration and confirmation of your hours worked directly to NANB to be eligible for registration renewal. Hours worked outside of New Brunswick and not ver-

ified by the employer cannot be added to your file. To avoid any unnecessary delay in processing your renewal application you are advised to make these arrangements with the appropriate authorities well in advance.

Continuing Competence Program (CCP)

The NANB Continuing Competence Program is mandatory.

In order to renew registration for the practice year 2010 you must have:

- ☐ completed a self-assessment using the NANB Standards of Practice for Registered Nurses to determine your learning needs;
- ☐ developed and implemented a learning plan that outlines learning objectives and learning activities;
- ☐ evaluated the impact of your learning activities on your practice; and
- ☐ reported on the registration renewal form that you have completed the CCP requirements for the practice year 2009.

Registration renewal forms returned unprocessed

Your registration renewal form will be returned unprocessed for any of the following reasons:

- ☐ your form is incomplete;
- ☐ your form is not signed;
- ☐ you have not answered the question on criminal conviction;
- ☐ you have not answered the question on continuing competence;
- ☐ your payment is not enclosed; and/or
- ☐ you worked outside of New Brunswick in 2009 and NANB has not received a verification of registration and hours of practice.

Late registrations

A late fee of \$56.50 will be charged for any form received at NANB after December 31, 2009. The registration renewal will not be processed and you will be unable to work until the late fee is received. It is illegal to practise nursing without a valid registration.

Registration Renewal 2010

In order to ensure that NANB has sufficient time to process more than 8,900 registration applications before they expire on December 31, 2009, NANB has an administrative deadline of December 1, 2009 for the return of registration renewal forms and payment of fees.

Please note: all other documents are also required at NANB before this deadline in order to renew your registration (e.g. verification of registration and hours worked if you worked outside of NB).

How to Renew Your Registration

2010 Registration Renewal Form

NANB mails the registration renewal forms yearly to nurses in mid-September. Should you misplace the form or not receive it, you can register online or download a copy from the NANB web site at www.nanb.nb.ca.



Office Hours The NANB office is open Monday to Friday 08:30 to 16:30. Please note: the office will be closed December 24th, 25th, and 28th 2009 and January 1st, 2010. For assistance please contact NANB Registration Services at 1 800 442-4417 (toll free in NB) or 1 506 458-8731.

Unauthorized Practice Fee

The *Nurses Act* (1984) requires that a nurse must be registered with the NANB in order to practise nursing in New Brunswick. It is the responsibility of the nurse and the nurse's employer to ensure that registration is current. The registration year is from January 1 to December 31. Once the registration renewal form and the registration fee are received by NANB, a registration certificate is sent to the nurse.

A nurse who practises while not being registered, is in violation of the *Nurses Act* (1984). As soon as this is discovered, the nurse and the nurse's employer are informed that the nurse must stop working immediately until the registration has been renewed. Subsequent to this, a letter from the Registrar is sent to the nurse and the employer notifying them of the seriousness of the incident and of the expectation that such an incident will not reoccur in the future. Any hours worked during this period are not

counted towards future registration requirements and liability protection would not have been in effect.

In order to reinforce the serious nature of such incidents, the NANB Board of Directors at their meeting in June, 2009, approved the establishment of an Unauthorized Practice Fee of \$250+ tax. This fee will be charged in addition to the registration fee and late fee should a nurse practise without a valid registration.

Verification of Registration Status for Employers and Members

- 1) Employers are required under the *Nurses Act* (1984) to annually verify that nursing employees are registered with NANB. In order to enable employers to quickly and efficiently verify the registration status of their nurse employees, employers can go to our web

site www.nanb.nb.ca and access the employee registration verification system. You can find this on the NANB home page under Quick Links. For more information contact the Registration Department at (506) 458-8731 or 1 800 442-4417. □

CCP Audit

IMPORTANT: A random selection of members will be audited this fall for compliance with the Continuing Competence Program (CCP).

Selected members will receive a CCP Audit Questionnaire by mail and will be required to complete and return it to NANB no later than September 30, 2009.

For more information, contact (506) 458-8731 or 1 800 442-4417.

Online registration renewal... it's quick, easy and secure!

Online registration renewal is available on the NANB web site from October 1 to December 31, 2009 at 4 pm. Your registration certificate and receipt will be mailed to you the next business day. It's that easy!

Online Payroll Registration Renewal—Pilot Project

In October 2008, NANB initiated a pilot project with Zone 3 to enable RNs on payroll deduction to renew their registration online. The pilot project went very smoothly with 62% (515) of RNs on payroll deduction using the online system to renew their registration.

This fall several other zones are participating in the pilot project. Employers who are participating will inform their staff of this opportunity to renew online. If you are on payroll deduction and are not in one of the participating zones, complete your registration renewal form, sign it and submit it to your employer by the date requested, normally between October 15 and November 1, 2009.

Please note, you cannot register online if:

- 1) you have a non-practising registration and want a practising registration in 2010; or
- 2) you are on payroll deduction (unless your employer is participating in the online payroll renewal pilot project with NANB).

National Awards Presented to Two NB RNs

SUBMITTED BY VANNA WASSON, RN,
PRESIDENT OF THE NEW BRUNSWICK OPERATING ROOM NURSES



Bettinah Kennah, recipient pictured in the centre.

At the 21st National ORNAC Conference held in Nfld, two NB RNs were awarded:

Medline Mentorship Award

Bettina (Tina) Kennah, RN, Administrative Director for Surgery with River Valley Health

The *Medline Canada Mentorship Award* was established in collaboration with ORNAC to acknowledge the significant role mentorship plays in the perioperative nursing environment. The *Medline Canada Mentorship Award* was presented during the National Conference to the top six perioperative registered nurses who were recognized by their peers as outstanding mentors and role models. The award amount of \$6,000 was divided equally between the six recipients.

Isabelle Adams Award for Excellence in Perioperative Nursing and ORNAC, Muriel Shewchuk Leadership Award
Karen Frenette, RN, Manager of Perioperative Services for Chaleur Regional Hospital, Bathurst

The *Isabelle Adams Award for Excellence in Perioperative Nursing* is presented to an outstanding nurse, who through major commitment has made a significant contribution to operating room nursing in Canada. The Award winner reflects the practice and ideals of Mrs. Isabelle Adams of Montreal. The Award is one of high profile recognition with no monetary value.

The *Muriel Shewchuck Leadership Award* is presented by ORNAC to a perioperative registered nurse whose leadership has made an outstanding contribution to the profession of perioperative nursing at the local, provincial/territorial, national or international level.

The recipient of the Award receives \$2,500, a certificate, and a pin. An additional \$2,500 is donated to promote perioperative registered nursing education to the provincial/territorial local/regional/work site education fund selected by the recipient.

Ms Frenette was also elected President Elect of ORNAC to become President in 2011. □



Karen Frenette, recipient pictured on the left.

UPDATE: H1N1 Influenza Pandemic

In June 2009, the World Health Organization (WHO) declared the H1N1 Influenza virus as being at phase 6-Pandemic, meaning that there is widespread human infection of the H1N1 Influenza virus. (WHO, 2009).

In order to support nurses in meeting their professional and personal responsibilities, NANB's Practice Department has published, since winter 2008, a series of articles in *Info Nursing* on professional, ethical and personal responsibilities of nurses during a pandemic:

Info Nursing—Winter 2008, vol. 39 p.20, *Nurses' Ethical Considerations in a Pandemic or Other Emergency—Part I*

Info Nursing—Spring 2008, vol 39, p.28, *Preparing for an Influenza Pandemic*

Info Nursing—Fall 2008, vol 39, p.21, *Influenza Pandemic and Implications for Nurses*

Info Nursing—Winter 2009, vol. 40, p.24, *Nurses' Ethical Considerations in a Pandemic or Other Emergency—Part II*

Additional general information about the H1N1 Influenza Pandemic and pub-

lished articles are available on NANB's web site at www.nanb.nb.ca.

For more information about your responsibilities during a pandemic, you can also contact NANB's Practice Advisor at 1 800 442-4417 or email nanb@nanb.nb.ca. □

World Health Organization (2009). *What is phase 6?*, Geneva; Author.

www.who.int/csr/disease/swineflu/frequently_asked_questions/levels_pandemic_alert/en/index.html

globalization: its impact on nurses & health systems

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Challenge the nursing profession?

Affect nurses at work?

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Activity undertaken with the financial support of the Government of Canada provided through the Canadian International Development Agency (CIDA)

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Protecting



Canadian women report a high incidence of workplace bullying (Leck, 2000) and healthcare workers are bullied sixteen times more often than other workers (Elliot, 1997).



SUBMITTED BY DR. JUDITH
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(Co-Investigators on this study were
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Over half of Canadian women work outside the home (Statistics Canada, 2009). Working affects health directly by providing income (Brooker & Eakin, 2001) and indirectly by offering support and resources (Lowe, 2004). Workplace bullying diminishes the benefits of working by creating a hostile work environment, affecting health, and damaging careers. Canadian women report a high incidence of workplace bullying (Leck, 2000) and healthcare workers are bullied sixteen times more often than other workers (Elliot, 1997).

Workplace bullying is repeated physical, psychological or sexual abuse, threats, harassment, or hostility at work and consists of behaviour that is known, or ought to have been known, to be unwelcomed or unwanted (MacIntosh, 2005). Both men and women are bullies and both men and women are targets. While most bullies (over 70%) are in superior positions to their targets, co-workers, subordinates, and clients are also bullies (Workplace Bullying and Trauma Institute [WBTI], 2007). Workplace bullying is sometimes called abuse, harassment, mobbing, horizontal or lateral violence, hostility, and incivility.

Workers:

Helping Women Manage Workplace Bullying

Purpose

To understand how workplace bullying influences women's engagement in work, we designed a grounded theory study. Following ethical approval, we used newspaper advertisements to recruit participants. We interviewed thirty-seven women between the ages of twenty-four and sixty-two (mean = forty-five) in communities across New Brunswick. About half worked as professionals in social work, nursing, and management; the rest worked as non-professionals in clerical, retail, and personal care jobs. Most participants experienced psychological bullying by women bosses.

Findings

Participants loved their work and saw themselves as effective and responsible workers. In return, they expected to be respected and paid for their work. The central problem for bullied women was they could not continue to work in a 'business as usual' mode. Bullying interfered with approaches to work, health, and overall lives. One woman said "[it was] like somebody was pushing me down...you are a competent person but you weren't allowed to be competent in this organization." We named the four-stage process women used to manage this problem *Doing Work Differently*.

In stage one, *Being Conciliatory*, women had not identified their experiences as bullying. They responded almost automatically by making excuses for it ("she's having a bad day"), questioning themselves ("what did I do to deserve that?"), and trying to smooth situations or avoid them. Women felt increasingly anxious and reluctant to go to work.

In stage two, *Reconsidering*, women began to assess experiences and tell family and co-workers about them. Talking confirmed one woman's ex-

perience and helped her label it. Her co-worker responded, "'She's a bully.' And as soon as she said the word...I could see that behaviour over the past three years." Many women experienced disturbances in sleep or gastrointestinal patterns, social withdrawal, and depression which led them to physicians. Other people helped women explore and weigh options for action.

In stage three, *Reducing Interference*, women used three main strategies to protect themselves from bullying and its impact. Some women persevered hopefully, remaining at work until bullies moved or retired. Other women used available resources like formal reporting, unions, and workplace services to address the bullying. Some women left workplaces by quitting jobs, taking sick leaves, or retiring early, but this was not a preferred option because of the financial impacts.

In stage four, *Redeveloping Balance*, women began to re-establish equilibrium. They decided how much energy and effort to invest in future work commitments. They sought closure. Some women hit a new stride by taking on new jobs or by accepting their unemployment. Many women found renewed energy for work and re-negotiated equilibrium only after a long time. How women moved through the process varied according to dynamic influences of three factors: organizational responses, extent and sources of support, and women's resources and health impacts.

What can nurses do?

Nurses can help women identify, name, and manage bullying. Although women feel consumed and trapped by bullying and may lose self-confidence, they often do not identify it immediately as bullying. Nurses can help women reflect on experiences, locate the sources of problems, and begin to manage them. Nurses can help increase awareness

of bullying among the public, employers, and employees. People need to understand the devastating impact on women, their health, and their lives. Nurses can advocate for workplace prevention activities and appropriate workplace resources for targets. Nurses who understand that women's health problems may be related to their work can be very helpful. They can help women discuss bullying safely and explore options. They can help examine workplace policies and practices to ensure that bullying is not inadvertently supported.

It is important to remember that this study included women only. Men also experience workplace bullying and need help to address it! □

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Centre de santé Noreen-Richard Health Centre

Community Health Centre Named in Honour of Registered Nurse

After ten years of determination, collaboration and perseverance, the Centre de santé Noreen-Richard Health Centre pays tribute not only to an admirable woman and devoted mother of five, but also to a nurse who made a remarkable life-long contribution to the progress of the nursing profession and the advancement of health care services in the French language.

Noreen's remarkable nursing career spanned more than four decades. "She was fully committed to nursing," shared Josée LeBouthillier, Noreen's daughter. "Her philosophy was always that the profession should be there to help heal not only physical suffering, but the whole person." She rose quickly to leadership roles in various sectors and was viewed as a mentor and role model. Whether locally within her own community or through her various workplaces, her expertise was highly regarded. She was an early advocate of evidence-based practice and a fervent promoter of the tangible difference registered nurse practice makes to patient outcomes.

Her contributions to policy development and legislative change were numerous and include the introduction of the nurse practitioner role in New Brunswick and the ability of RN's to discharge patients from the emergency room. In particular she will be remembered for her leadership and strategic direction in professional practice and health policy at the Nurses Association of New Brunswick (NANB). Noreen's life both personally or professionally was one of giving to others, of leading by example and of exemplifying the characteristics of an exceptional nurse.

On June 4th, 2009 the provincial government officially opened the Centre de santé Noreen-Richard Health Centre. "It is extremely touching to see my mother's efforts recognized and celebrated," stated Josée LeBouthillier. "The Health Center, bearing the name of a woman proud of her profession, also



Proudly, Noreen's five children participate in the Centre's official opening.

honours all the nurses whom, like my mom, work tirelessly, in the background, to help others."

This new satellite health centre is offering health and wellness promotion programs utilizing the skills of its registered nurse, community developer, and administrative support primarily to francophone residents in the greater Fredericton area. "I want to keep my mother's memory alive," expressed Rachel LeBouthillier, Noreen's daughter. "To that end, the Francophone community of Fredericton helped me greatly, and I am extremely appreciative."



Noreen Richard, RN

Nursing Specialties

Have you considered CNA certification?



Offered by the Canadian Nurses Association (CNA), the Certification for Nursing Specialties (competencies) is part of a respected national certification program that will help you stay current by testing your specialized knowledge and skills in your area of specialty. It is a voluntary program that allows you to build on the solid foundation of your RN registration and the clinical experience you gain in your specialty.

The purpose of the certification program is:

- to promote excellence in nursing care through the establishment of national standards of practice in nursing specialty areas;
- to provide an opportunity for practitioners to confirm their competence in a specialty; and
- to identify, through a recognized credential, those nurses meeting the national standards of their specialty.

The certification credential indicates to patients, employers, the public and professional licensing bodies that the certified nurse is qualified, competent and current in a nursing specialty/area of nursing practice.

CNA now offers certification in the following 19 nursing specialties or areas of nursing practice:

- Cardiovascular
- Community Health
- Critical Care
- Critical Care Pediatrics
- Emergency
- Enterostomal Therapy
- Gastroenterology
- Gerontology
- Hospice Palliative Care
- Nephrology
- Neuroscience
- Occupational Health
- Oncology
- Orthopaedics
- Perinatal
- Perioperative
- Psychiatric/Mental Health
- Rehabilitation
- Medical-Surgical (NEW 2010)

See Table 1 for the number of New Brunswick RNs with a valid CNA Certification by specialty for 2008. Information provided by CNA's department of Regulatory Policy (2009).

In order to get more information or to apply for the 2010 CNA certification by exam scheduled for April 17th, 2010, you will require the Application Guide and forms that can be found at: <http://getcertified.cna-aiic.ca> or by calling 1 800 450-5206. □

Application Deadline: October 16, 2009

Table 1

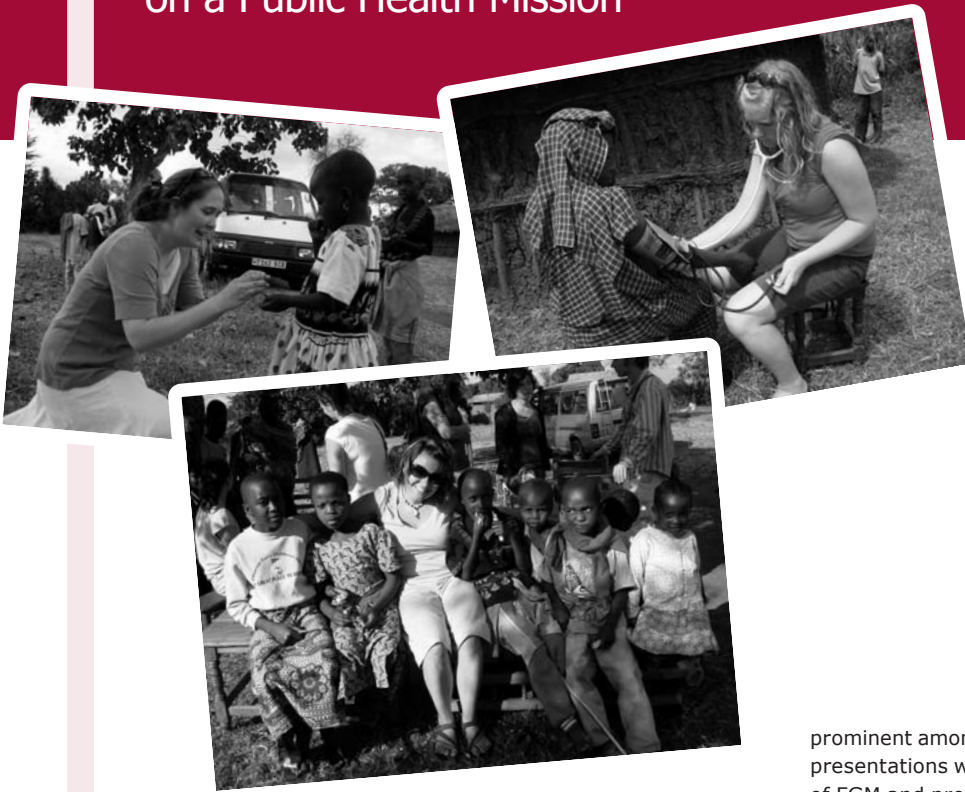
2008	Number of New Brunswick RNs with CNA certification
Cardiovascular	63
Community Health	8
Critical Care	44
Critical Care-Pediatrics	0
Emergency	110
Gastroenterology	**
Gerontology	71
Hospice Palliative Care	41
Nephrology	27
Neuroscience	17
Occupational Health	**
Oncology	43
Orthopaedic	25
Perinatal	45
Perioperative	75
Psychiatric-Mental health	66
Rehabilitation	6
Total	666

Canadian Nurses Association (2009). Department of Regulatory Policy. Author: Ottawa.

www.cna-nurses.ca/CNA/nursing/certification/default_e.aspx

Beyond Borders

UNBSJ Nursing Students Embark on a Public Health Mission



SUBMITTED BY BOON KEK, NURSING PROGRAM COORDINATOR, UNBSJ

In July of this year, a group of 10 third year UNBSJ nursing students embarked on a public health mission to Tanzania, a beautiful country on the Eastern side of Africa. Tanzania is best known for Mount Kilimanjaro and African Safaris but it is also home to 40,213,000 citizens where 6.2% live with AIDS and many die due to complications from diarrhea, malnourishment and malaria. Statistics show that for every 1,000 Tanzanian children, less than five years old, up to 118 die from preventable diseases (CIA World Factbook, 2009)

Before leaving, the students researched teaching skills on: hygiene; oral health; diabetes; hypertension; HIV; STI's; female genital mutilation; wound care; nutrition; pregnancy; and menstrual cycles as well as women's and children's rights.

While in Tanzania, lodging was provided at Basecamp International, a Canadian based organization for volunteers. Daily travel could be two hours to each rural destination where villagers lived in 'bomas', small huts with dirt floors and straw roves, and practiced Massai beliefs. The Massai have many beliefs and practices that are very different from that of Canadians such as polygamy, discipline by force and female genital mutilation (FGM). Female genital mutilation is still very

An important goal of the students' presentations was to bring awareness about the illegal practice of FGM and promote the right of women to say no.

prominent among the Massai. An important goal of the students' presentations was to bring awareness about the illegal practice of FGM and promote the right of women to say no.

In many villages, the students were the first people to bring awareness and knowledge of basic health practices. Communicating was a huge barrier; presentations were translated into Swahili, with some presentations translated twice to include their tribal tongue.

It was difficult to witness the heartache, the limited access to health care and resources compared to that in Canada. Many children are malnourished, orphaned and unable to attend school due to lack of finances or access.

The very core of nursing remains the same while abroad. Caring, setting aside judgements, being present with people, teaching, compassion and the code of ethics followed them to Tanzania. The students learned how much nurses can influence a person or a community in a small amount of time and how valuable and meaningful registered nurses can be. They learned how to work with limited resources and that they can make a difference with little technology at their fingertips as long as they use our critical thinking skills. The experience was much more than a public health mission; it was a life changing event. □

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Vicki Campbell, SNNAP Program Manager & President Pooda, APIIB.

News from Burkina Faso

President Pooda Shares APIIB's Project Goals

SUBMITTED BY JUSTIN N. POODA, PRESIDENT, BURKINA FASO APIIB
ASSOCIATION PROFESSIONNELLE DES INFIRMIERS/ÈRES DU BURKINA

Established in 1960 under Act No. 16/AL dated 31/8/59 relating to associations, l'Association des Infirmiers (ères) Voltaïques (APIIV) was renamed Association des Infirmiers et Infirmières du Burkina (APIIB) in 1985 following a change in the political regime in 1984, which led to renaming the country Burkina Faso.

APIIB has been affiliated with the ICN since 1982. The Association presently has 320 members and brings together nurses from every level. The goal of the APIIB is: *to promote quality nursing care for the benefit of the population.*

Burkina Faso has grounded its health development in primary health care (Alma Ata declaration of 1978) and the Bamako revitalization strategy adopted in 1987 by the African Region of the WHO.

The health conditions of the country are characterized by a very high morbidity rate, mainly due to local endemo-epidemics and non-communicable diseases. Care for these diseases is provided mostly by nurses, especially in rural areas, where physicians are very scarce. This situation could prevail for many more decades.

Such is the context in which nurses must work. Nurses have a great responsibility to provide quality care to the populations they serve. The nurse has the skills to advise, inform, educate, help and provide general care to individuals, families and communities.

This is why the Association must ultimately promote nursing care through the delivery of care by its members in order to become more operational and more visible. This visibility will

allow the Association to have a long term influence on health policy development and on accessing the strategic positions which still eludes it.

Although established since the 1960s, APIIB has only 320 members today, which is barely 1/10th of the total workforce of 5254 nurses nationally.

It is urgent for the association to focus its efforts on recruitment through raising awareness among nurses in all the country's provinces. These efforts should also contribute to regain the trust of former members and bring them back to an active role in the Association.

Indeed, one cannot refute that promoting quality nursing care necessarily involves having effective organization and management of the Association in order for it to reach all regions of Burkina Faso. This is why, with the help of the Canadian government and its Canadian International Development Agency (CIDA) and the Canadian Nurses Association, a support project has been developed to strengthen the Association.

Description of the Project

Goal: Reinforce the ability of APIIB to promote quality care.

Objectives:

- Implant for the Association an operational management and organizational system to ensure an efficient day-to-day operation of APIIB.

CONTINUED ON PAGE 27

Regulated Nurses

What Do We Know About Them?

SUBMITTED BY SANDRA KOPPERT, PROGRAM SPECIALIST,
CANADIAN INSTITUTE FOR HEALTH INFORMATION

As the largest group of health care professionals in Canada, the regulated nursing workforce continues to be one of the Canadian health care system's vital signs. For the first time in recent history, this workforce spans four generations, presenting challenges and opportunities for health human resource planners and managers.

In 2007, there were more than 332,000 regulated nurses working in Canada, according to data collected as nurses register in their profession. Of these, 77% were registered nurses (RNs), 21% were licensed practical nurses (LPNs) and 2% were registered psychiatric nurses (RPNs). These proportions

than the Canadian population, while the RPN workforce growth kept pace with population growth in Manitoba, Saskatchewan, Alberta and British Columbia over the same five-year period.

Nurses come from a variety of educational backgrounds. Close to 7% of the regulated nursing workforce was educated outside Canada, with most being educated in the United Kingdom and the Philippines.

Generally, nurses stay close to home: more than 80% are working in the jurisdiction where they graduated. Regulated nurses age 40 to 49 are the least mobile of all age groups, with the lowest num-

tion which has remained stable since 2005.

It is interesting to note that since 2003, the number of nurse practitioners (NPs) has doubled across the country. In 2007, there were 1,395 NPs registered in Canada. The increase in the workforce is largely due to the implementation of legislation. NPs are RNs with more extensive training and experience, but are still counted within the RN group.

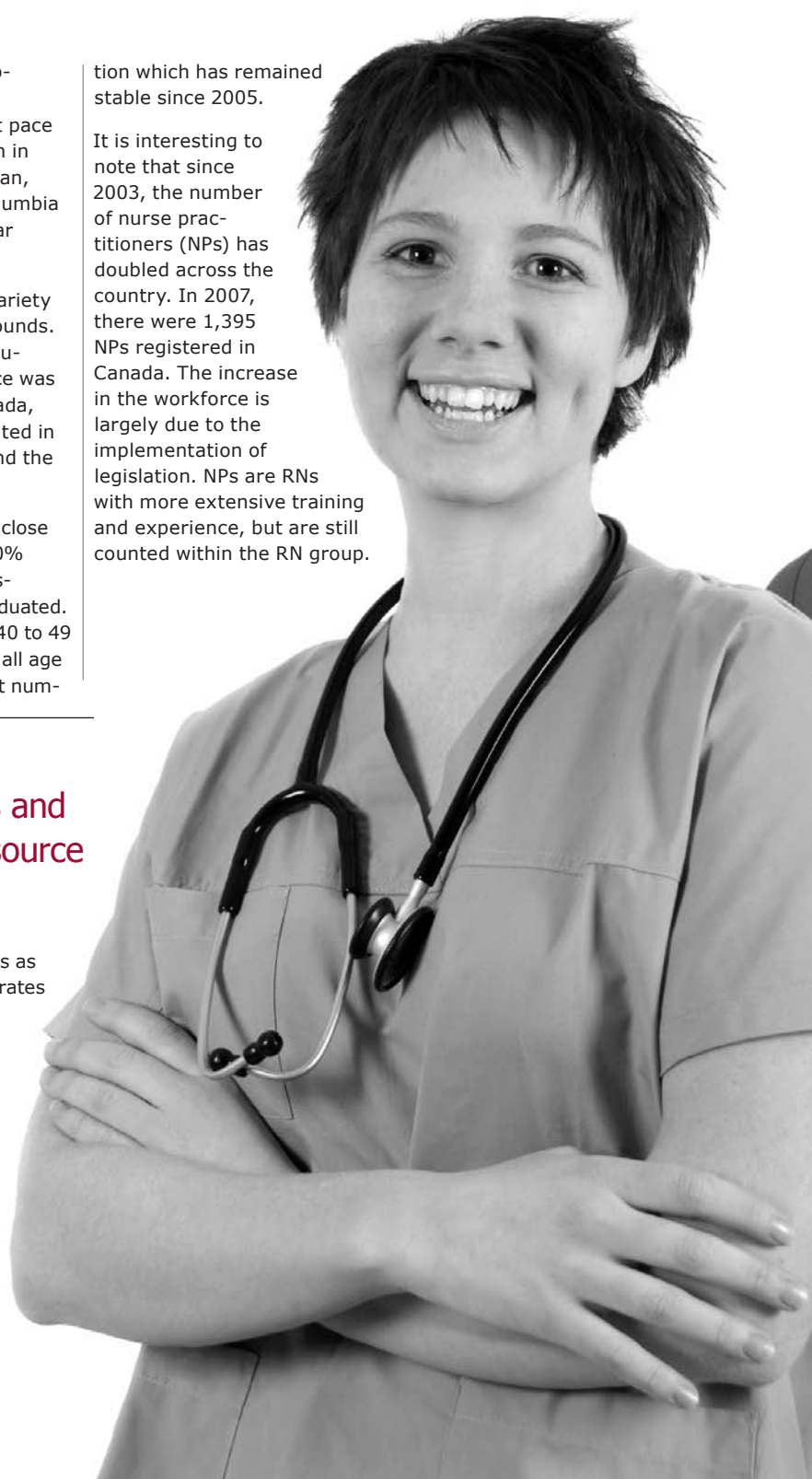
The nursing workforce spans four generations, presenting challenges and opportunities for health human resource planners and managers.

have remained relatively steady since 2002, when the Canadian Institute for Health Information (CIHI) first began collecting provincial and territorial information on LPNs and RPNs.

The number of regulated nurses in the workforce grew by close to 2% annually from 2003 to 2007. Both the RN and LPN workforces grew at faster rates

than the number of new registrations as well as the lowest exit rates from the profession.

RNs have enjoyed a steady increase in annual growth of close to 2% per year, with an employed workforce of almost 258,000 in 2007. There are 782 RNs per 100,000 people in Canada, a propor-



Who are Regulated Nurses?

Regulated nurses are the largest group of paid health care workers in Canada. The regulated nursing workforce is made up of three types of professionals: registered nurses (RNs, including nurse practitioners or NPs), licensed practical nurses (LPNs) and registered psychiatric nurses (RPNs).

Registered nurses work both autonomously and with others. They coordinate health care; deliver direct services and support patients in dealing with health, illness, injury and disability. RNs contribute to the health care system through their work in direct practice, education, administration, research and policy in a wide array of settings.


Nurse practitioners are RNs with additional educational preparation and experience. NPs may diagnose order and interpret diagnostic tests and prescribe pharmaceuticals, medical devices and other therapies, as well as perform procedures within their legislated scope of practice. NPs often work in primary care settings such as community health centres and remote nursing stations.

Licensed practical nurses work independently or with other members of the health care team. LPNs assess clients, promote health, prevent illness, provide palliative and rehabilitative care and assist clients to achieve an optimal state of health. Most LPNs work in hospitals, nursing homes or long-term care facilities.

Registered psychiatric nurses are educated and regulated as a distinct profession in the four western provinces of Canada. RPNs provide services to clients whose primary care needs relate to mental and developmental health. The majority of RPNs work in hospitals.

LPNs are the second-largest group within the regulated nursing workforce. Their numbers have increased by about 10% since 2003. The employed workforce is now more than 69,000 strong, representing 211 LPNs per 100,000 people. Only 2% of these LPNs are internationally educated—the smallest proportion among the three regulated nursing professions.

With only 5,124 in 2007, RPNs comprise just 2% of employed regulated nurses. Representing only the four western provinces where they are regulated, there are 51 RPNs per 100,000 people. Some 23% of these RPNs are male, a significantly higher percentage than in the other regulated nursing professions, which are more dominated by women.

Because generational and demographic challenges continue, different strategies may be required to entice and motivate the members of each generation. This will call for a thorough understanding of each group's unique set of characteristics, values and perceptions of the ideal workplace. 

Ethics in Practice

Nurses' Ethical Considerations in a Pandemic or Other Emergency Part III

"The nursing profession plays an integral role in all aspects of emergencies, including mitigation, preparedness, response and recovery" (CNA, 2007, p. 1). The following examples highlight some of the different challenges that nurses may experience in relation to a pandemic or other emergency.

- Shelley works in the emergency department in a large urban hospital. She is a single mother with two small children. During an influenza pandemic, she is torn by apparent conflicts among the financial need to work, her responsibilities to her employer and patients, and her worries that she will become infected and in turn infect her children.
- George is the nursing union representative on the joint worker-management health and safety committee in his community hospital. The committee is reviewing the hospital's draft pandemic plan. He wants to ensure that all nurses are given the best protection as well as sufficient information to protect their health and safety in the case of a pandemic.
- Adele works in a nursing home, and on the basis of her personal beliefs she has decided not to have the annual influenza vaccine offered by her employer. She doesn't know what she would do during a pandemic if she is required to take antiviral medication or be vaccinated.
- Lashmi works in a public health agency. She has been asked to set up a clinic in the community that will be used to triage sick people in the event of a large-scale emergency.
- Roseanna works in the out-patient clinic of her hospital. She fears that during a pandemic she will be redeployed to the medical floor, an area where she does not feel competent to practise.
- Antonio has just completed his fourth night shift in a row. He is asked by his nurse manager to stay and work an extra shift: the floor is short-staffed because many of his colleagues are sick.

Editors's note: This is the final article of a three part series. It contains an excerpt from the Canadian Nurses Association (CNA)'s Ethics in Practice paper Nurses' Ethical Considerations in a Pandemic or Other Emergency. (For a complete copy of the paper visit: www.cna-aiic.ca)

Reciprocity between Health Professionals and Society

Reciprocity requires that society supports those who face a disproportionate burden in protecting the public good and takes steps to minimise their impact as far as possible. In an influenza epidemic, measures to protect the public good are likely to impose a disproportionate burden on health care workers, patients, and their families (Thompson et al., 2006, Table 2).

The *Canadian Pandemic Influenza Plan for the Health Sector* (PHAC, 2006) states that health-care workers will be the first group to receive the pandemic influenza vaccine as soon as it is available. The principle of reciprocity between the public and health-care workers is implicit in this priority setting. That is, in exchange for priority in receiving prophylaxis, health-care workers are expected by the rest of society to provide care during a pandemic. Ruderman, Tracy, Bensimon, Bernstein et al. expand on three reasons from Clark (2005) why health-care professionals provide care during an outbreak: "(1) The ability of physicians and health care professionals to provide care is greater than that of the public, thus increasing the obligation to provide care; (2) By freely choosing a profession devoted to care of the ill, health care professionals have assumed risk; (3) The profession is legitimated by social contract and therefore its members should be available in times of emergency. Society has granted and permits professions to be self-regulating on the understanding that [health-care professionals will respond in an infectious disease emergency]" (2006, p. 3).

Thus, the example of Adele, the nurse working in a long-term care facility who does not think she will take the antiviral medication or be vaccinated during a pandemic, is ethically challenging. During regular influenza season, health-care professionals working with elderly people are encouraged to take the annual influenza vaccine to protect their own health and that of their patients. This immunization is not mandatory in any province; however, during an influenza outbreak in a health-care facility, public health units have the mandate to withdraw from the workplace health-care workers who are not immunized. This is an example of the public health ethics notion of balancing the rights of the individual with the protection of the public's health (CNA, 2006). At the moment, there is no

clear legal decision or directives about the right of health-care workers to refuse antiviral medication or vaccination during an influenza pandemic. Pandemic planners, public health agencies and health-care organizations all anticipate that health-care workers would take the prophylaxis offered, with the expectation that health-care workers will provide care.

A controversial issue is the possibility of emergency legislation compelling health-care workers to work during a crisis. The following is taken from Annex H: Resource Management Guidelines for Health Care Facilities during an Influenza Pandemic of the Public Health Agency's *Canadian Pandemic Influenza Plan for the Health Sector* (2006, p. 12–13):

3.2.2 Review Emergency Legislation Pertaining to Health Care Workers

Emergency Preparedness Legislation makes many provisions for the management of workers during a crisis. This includes the recruitment of professional and other paid staff as well as volunteers, managing human resources and protection of people who volunteer...

The following provisions of legislation are particularly applicable to human resource issues including:

- authority regarding licensing and scope of practice issues, and the ability of government to make unilateral changes during a crisis;

- safety and protection of workers, (one of the primary responsibilities);
- fair compensation;
- insurance, both site insurance, workers compensation and other forms of insurance;
- training;
- provision of clothing and equipment;
- protection of the jobs of workers who take leave to assist during the crisis.

Compelling Workers

Under Emergency Legislation, provinces/territories may have the authority to designate "Essential Services" and workers and have the ability to compel people's time or property with due compensation *as a last resort*.

This issue has been raised both because of the existing shortage of health care workers and concerns that health care workers and others may refuse to work during a pandemic due to changed job responsibilities, fear of infection, family responsibilities or other reasons. However, the [Resource Management] Subgroup notes the extreme difficulty of enacting or enforcing such legislation and would strongly encourage the jurisdictions to review all other methods of obtaining health care workers, in advance of a pandemic.



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GUIDANCE FROM THE CNA CODE OF ETHICS
(CNA, 2008, P.48–49)

In anticipation of the need for nursing care in a disaster or disease outbreak, nurses:	When in the midst of a disaster or disease outbreak, nurses' ethical obligations are to:
work together with nurses and others in positions of leadership to develop emergency response practice guidelines, using available resources and guidelines from governments, professional associations and regulatory bodies;	refer to regulations and guidelines provided by government, regulatory bodies, employers and professional associations;
learn about and provide input into the guidelines the region, province or country has established regarding which persons are to receive priority in care (e.g., priority based upon greatest need, priority based upon probability of a good outcome, and so on);	help make the fairest decisions possible about the allocation of resources;
learn how support will be provided for those providing care and carrying the physical and moral burden of care;	help set priorities in as transparent a manner as possible;
request and receive regular updates about appropriate safety measures nurses might take to protect and prevent themselves from becoming victim to a disaster or disease;	provide safe, compassionate, competent and ethical care (in disasters, as much as circumstances permit);
assist in developing a fair way to settle conflicts or disputes regarding work exemptions or exemptions from the prophylaxis or vaccination of staff; and	help determine if, when and how nurses may have to decline or withdraw from care; and
help develop ways that appeals or complaints can be handled.	advocate for the least restrictive measures possible when a person's individual rights must be restricted.

Obligation to Anticipate and Prepare

The main lesson learned from the SARS outbreak and all other recent emergencies is the importance of planning ahead and being prepared. Certainly, pandemic planning and generic emergency preparedness is well underway in Canada. However, each nurse must ponder some of these issues for himself or herself: "Deciding whether to report to work in a disaster is not always easy. But being prepared, individually and through institutional policy, is the primary ethical demand disasters make of health care professionals" (Olsen, 2006, p. 57). To anticipate, deliberate and prepare is part of the "social contract" or duty of health professionals to provide care (ICN, 2006). The *CNA Code of Ethics* (2008) presents a number of helpful ethical models for reflection and decision-making in its appendices. Multiple accountabilities are shared among professional associations, unions, regulatory colleges, employers, governments and all key stakeholders. All parties need to work together in a transparent and collaborative manner to analyze the issues and make appropriate policy decisions for everyday situations and in preparation for pandemics and other emergencies.

Conclusion

Nurses value the ability to provide safe, compassionate, competent and ethical care. Current legal frameworks, collective agreements, standards of practice and ethical codes provide a foundation for nurses in their ethical deliberations concerning their work during a pandemic or disaster. Individually, nurses need to reflect upon and think through their ethical responsibilities, including their competing duties and personal and professional values, before an emergency occurs.

The examples at the beginning of this paper point to differing priorities in decision-making. Shelley must weigh her family's financial and physical well-being and her responsibility to her patients. In his role as a nursing union representative for a community hospital, George has to advocate for the safety of nurses. Adele must examine her own values surrounding vaccinations and determine whether she can fulfill her professional duties. Roseanna and Antonio both need to examine the limits of their competence so that they are aware of how to perform safely in the event of being posted to another floor or being asked to work an extra shift. Before setting up a clinic, Lashmi needs to work with her employer and various stakeholders to plan for a disaster. But ethical responsibilities do not apply only to individual nurses. Employers, public health officials, and rep-



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representatives from professional associations, regulatory bodies and government must also collaborate and make decisions both in anticipation of and during an emergency in a “reasonable, open, transparent, inclusive, responsive and accountable” manner (Upshur et al., 2005) so that the public is protected as much as possible from harm and so that nurses may practise in the best interests of the public.

CNA's website (www.cna-aiic.ca) provides valuable information and links on pandemics and other emergencies:

Documents

- *Code of Ethics for Registered Nurses* (2008)
- Position Statement: Emergency Preparedness and Response

Information

- Emergencies, Disease Outbreaks and Disasters—What Every Nurse Should Know. *This webpage includes helpful links to government websites and other resources.*

Links

- NurseONE: The Canadian Nurses Portal
Includes emergency and surveillance links.
- Provincial and territorial nursing regulatory bodies

Have you recently moved?

If so, be sure to contact the Association and let us know. It's easy. Call toll free at 1 800 442-4417 or send us an email: nanb@nanb.nb.ca.

Attn: Registration Services—Change of address

Nurses Association of New Brunswick
 165 Regent Street
 Fredericton, NB E3B 7B4

Toll free: 1 800 442-4417 Ext. 51

Tel.: (506) 459-2851

Email: nanb@nanb.nb.ca

Be sure to include your name, old and current address, and your registration number.

The full references noted in this series can be found in CNA's publication *Nurses' Ethical Considerations in a Pandemic or Other Emergency* at www.cna-aiic.ca.

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Burkina Faso

Continued from page 19

- Ensure the continuing education of its members.
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- Establish a partnership with government to carry prevention activities and for the continuing education of nurses.

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By strengthening its institutional abilities, APIIB will have an operational management and organizational system, including good governance, which will allow it to provide services to its members and its populations. This will reinforce the leadership and skills of nurses so they can influence health policies and provide quality care with a view to achieving the Millennium Development Goals. □

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JOB OPENING

Regulatory Advisor/Consultant

The Nurses Association of New Brunswick (NANB) is seeking a candidate for the position of Regulatory Advisor/Consultant.

As a Regulatory Advisor/Consultant, your responsibilities will focus on NANB's Professional Conduct Review Process as well as other related to regulatory services. You will: provide consultative service to the public, nurses, and employers regarding the formal complaint process under the Nurses Act; support the strategic directions of the Association on regulatory issues; contribute to the development and promotion of regulatory policies and processes and monitor emerging trends and issues in regulation.

The ideal candidate will demonstrate an ability to think conceptually and analytically in the provision of regulatory services to NANB members and other stakeholders, and in the development of resources that support quality and effective nursing practice.

Availability to work full-time is preferred. Work location will be at the NANB headquarters in Fredericton.

Qualifications

- Master's in nursing preparation preferred.
- Excellent knowledge of nursing practice and human resource management acquired through a combination of relevant education and a variety of nursing experience.
- Ability to think conceptually and analytically with strong skills in problem solving and conflict resolution.
- Comprehensive understanding of legislation and NANB Bylaws, as well as the principles of administrative law and natural justice would be an asset.
- Project management skills and ability to work individually and as part of a team.
- Strong organizational skills including an ability to meet deadlines while working concurrently on multiple projects.
- Excellent verbal and written communication skills in both official languages.
- Currently registered, or eligible for registration, with NANB.
- Knowledge of Microsoft Word, Outlook, Power Point and Internet would be an asset.

Salary

NANB offers a competitive salary and benefits package.

Deadline

Please submit your letter of application and resumé to Roxanne Tarjan, Executive Director on or before October 30, 2009.

Mail to:

NANB c/o Roxanne Tarjan, Executive Director
165 Regent St, Fredericton, NB E3B 7B4;
Fax: (506)459-2838 or email: nanb@nanb.nb.ca
(indicate *Job Opening—Regulatory Advisor/Consultant*)



You've asked a Practice Advisor:

"My nursing unit has recently moved to a team nursing care delivery model with Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). As the RN team leader, what is my responsibility regarding assigning client activities among my team?"

BY VIRGIL GUITARD, RN

Background

Systemic change to the health care system and service delivery models are being driven by and affected by, the number, deployment and utilization of nursing resources. The ongoing changes to skill mix and service delivery models create new working relationships between registered nurses and other nursing care providers. RNs need a clear understanding of how these changes affect their professional practice as they are increasingly required to work with others to achieve patient outcomes. In many care delivery models, the RN is not the only health care worker offering nursing services to patients. Many models are based on collaborative work with nursing care provided by both RNs and LPNs.

When working with others in a team nursing care delivery model, one of the responsibilities of the RN is the assignment of the nursing work and the establishment of the degree of oversight required.

When RNs and LPNs work together, the nursing care delivery model must support collaboration and cooperation among the nursing team members, respecting the contribution of each professional, to help ensure safe and appropriate client care.

Assignment Within the Nursing Team

When working with others in a team nursing care delivery model, one of the responsibilities of the RN is the assignment of the nursing work and the establishment of the degree of oversight required. Assignment within a team refers to the allocation of clients or client care activities among health care providers that fall within their scope of practice. Assignment occurs not only at the beginning of a shift, but throughout the shift as client needs change. The RN provides directions and clear expectations of what activities need to be performed, monitors performance, obtains and provides feedback, intervenes if necessary and ensures proper documentation. When accepting their assignments, team members are responsible and accountable to ensure they have the necessary knowledge and skills to provide the nursing work assigned to them and for communicating with the RN team leader as necessary. Although RNs are not responsible or accountable for another provider's practice, the RN needs to understand client care requirements and conditions to coordinate the care appropriately.

When accepting their assignments, team members are responsible and accountable to ensure they have the necessary knowledge and skills to provide the nursing work assigned to them and for communicating with the RN team leader as necessary.

RNs and LPNs each have responsibilities and accountabilities related to assignment, as outlined in Table 1.

Additional Resources

The following other documents or resources may also be of assistance:

- *Standards of Practice for Registered Nurses* (NANB, 2005)
www.nanb.nb.ca/pdf_e/Publications/General_Publications/StandardsofRegisteredNursesE.pdf
- Nurses Association of New Brunswick, *Adapting to the New Workplace Reality: Part 1: Professional Nursing Practice: Requisite Capacities, Info-*

Nursing, spring 2007, vol.38, Issue 1, p.8. www.nanb.nb.ca/PDF/Info-Nursing/Info-Spring2007-Eng-Final.pdf

- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 2: Professional Practice: the rule of three, *Info-Nursing, September 2007*, vol.38, Issue 3, p.10. www.nanb.nb.ca/PDF/Info-Nursing/Info-Sept2007-E-Final.pdf
- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 3: Organizing patient care, *Info-Nursing, March 2008*, vol.39, Issue 1, p.18. www.nanb.nb.ca/PDF/Info-Nursing/Info-March2008-E-Final.pdf
- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 4: Working Together, *Info-Nursing, September 2008*, vol.39, Issue 2, p.12. www.nanb.nb.ca/PDF/Info-Nursing/Info-Sept2008-E.pdf
- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 5: Directing Care, *Info-Nursing, winter 2008*, vol.39, Issue 3, p.18. www.nanb.nb.ca/PDF/Info-Nursing/INFO-Winter2008-ENG.pdf
- Nurses Association of New Brunswick, Adapting to the New Workplace Reality: Part 6: Re-Tooling for today's work environment, *Info-Nursing, spring 2009*, vol.40, Issue 1, p.16. www.nanb.nb.ca/PDF/Info-Nursing/INFO-Spring2009-ENG-Web.pdf

For more information regarding the RN responsibilities and accountabilities when working with others, contact NANB's Practice Advisor at 1 800 442-4417 / 506 783-8745 or by email at nanb@nanb.nb.ca. □

Association of New Brunswick Licensed Practice Nurses and Nurses Association of New Brunswick (2009). *Working Together: A Framework for the Registered Nurse and the Licensed Practical Nurse*. Fredericton: Authors.

Table 1: Assignment Responsibilities and Accountabilities

Registered Nurses	Licensed Practical Nurses
The RN making the assignment...	The LPN accepting the assignment...
is responsible for assigning and reassigning client care appropriately	accepts assignments from a care provider that has the scope of practice for the required care being assigned
must be familiar with the client population, the practice setting and the nursing practice within the setting in order to make safe and appropriate decisions about assignments	accepts assignments within the employing agency's model of nursing care delivery, which provides a reference about who is responsible for decision-making about client care, how work is assigned to staff and how client care is communicated
makes an overall determination of client status	is aware of own limitations of practice determined by educational preparation, competencies, knowledge, critical thinking and the ability to apply clinical judgment
decides which team member has the required competencies to meet client care needs by considering the client, the tasks and the practice environment	ensures clarity of role expectations and lines of communication
uses a collaborative approach to assign clients and/or functions and to clarify responsibilities related to the assignment	ensures consultation with others when requirements to provide safe, competent and ethical care exceeds personal limits (knowledge, skills and judgment)
provides support to team members providing care	ensures effective communication and collaboration when consulting with others
is responsible for identifying employer policies and supports regarding assignment, following the agency process for evaluating assignment decisions, and providing feedback to employers related to this process	is able to determine the client's complexity status on the continuum from less complex, predictable and probable outcomes to highly complex, unpredictable and potentially high-risk negative outcomes

Revised NANB Document:

A Framework for Managing Professional Practice Problems

BY RUTH ROGERS, RN

During the February 2009 NANB Board of Directors meeting, the revised document 'A Framework for Managing Professional Practice Problems, 2009' was approved. This framework was created in 2002 to support RNs in meeting indicator 5.3 of the Standards of Practice for Registered Nurses "...responds to and reports professional practice problems" (NANB 2005).

This document details a four-step process that assists Registered Nurses to identify, evaluate, communicate and resolve professional practice problems in the workplace.

What is a professional practice problem?

Problems of a professional practice nature are identified as any situation in the workplace that:

- has or could place clients at risk;
- interferes with a nurse's ability to practise in accordance with the *Standards of Practice for Registered Nurses*, the *Code of Ethics for Registered Nurses*, workplace policies, procedures or other relevant legislations, standards and guidelines; and
- is beyond the ability of an individual nurse to resolve.

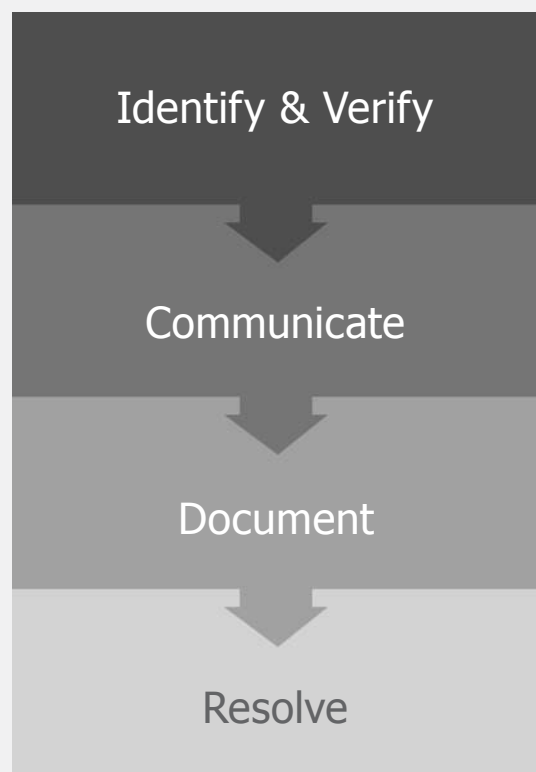
A professional practice problem is distinguishable from employment or personal problems in the workplace.

Examples of professional practice problems

- staffing that is inadequate in number, education or experience;
- lack of written policies to provide direction for nursing practice;
- lack of appropriate supplies or equipment;
- lack of access to essential medical or other health care professionals;

As professionals, nurses have a responsibility to work in accordance with accepted standards, and to appropriately inform their employer when unable to meet those standards.

Responding to Professional Practice Problems in 4 Steps



- inadequate communication/documentation systems to support decision-making about client care; and
- conflict between professionals.

The goal of nursing practice is to achieve the best possible health outcome for the client, with no unnecessary exposure to risk or harm. Nurses are accountable for decisions that are consistent with safe, competent, and ethical practice. As professionals, nurses have a responsibility to work in accordance with accepted standards, and to appropriately inform their

employer when unable to meet those standards. In responding to potentially unsafe work situations, each nurse is expected to consider the specific circumstances of the situation, the professional obligations as well as any contractual obligations with the employer (NANB & NBNU, 2007).

The following additional documents or resources may also be of assistance in managing professional practice problems:

- *Nurses Act, (1984)*
[www.nanb.nb.ca/PDF/legislation/NursesAct E-F 2008.pdf](http://www.nanb.nb.ca/PDF/legislation/NursesAct%20E-F%202008.pdf)
- *Code of Ethics for Registered Nurses (CNA, 2008)*
[www.nanb.nb.ca/PDF/practice/CNA Code of Ethics.pdf](http://www.nanb.nb.ca/PDF/practice/CNA%20Code%20of%20Ethics.pdf)
- *Standards of Practice for Registered Nurses (NANB, 2005)*
www.nanb.nb.ca/PDF/practice/StandardsofRegisteredNursesE.pdf
- *Working Understaffed: Professional and Legal Considerations (NANB and NBNU, 2007)*

[www.nanb.nb.ca/PDF/practice/Working Understaffed Brochure.pdf](http://www.nanb.nb.ca/PDF/practice/Working%20Understaffed%20Brochure.pdf)

- *Framework for a quality professional practice environment for registered nurses (NANB, 2005)*
www.nanb.nb.ca/PDF/position-statements/FrameworkQualityProfessionalPracticeEnvE.pdf
- *Patient safety (CNA, 2004)*
www.nanb.nb.ca/PDF/position-statements/CNAPatientSafetyE.pdf
- *Canadian Nurses Protective Society for free consultation on legal/liability issues (1 800 267-3390) practice advisor/consultants for support in defining the problem, the appropriate resources and approach for problem resolution (1 800 442-4417/1 506 458-8731 or by email at nanb@nanb.nb.ca.*

All of NANB's document can be downloaded from the NANB web site (www.nanb.nb.ca) free of charge, unless otherwise indicated. If you wish to order printed copies of NANB publications, please contact the Communications Department at 1 800 442-4417 or email nanb@nanb.nb.ca. □

In responding to potentially unsafe work situations, each nurse is expected to consider the specific circumstances of the situation, the professional obligations as well as any contractual obligations with the employer (NANB & NBNU, 2007).

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CANADIAN
NURSES
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Highlights from NANB's 2009 AGM & Conference

REGISTERED NURSES: MOVING FORWARD...CREATING SOLUTIONS!



On June 3rd and 4th NANB hosted their 93rd annual AGM & Conference Day at the Delta Hotel, Fredericton. This event brought together approximately 200 RNs.

The ballroom was filled with energy and enthusiasm over two days of general business and guest presentations by Judith Oulton, Martine Mayrand-Leclerc, Linda Desrochers, Patsy Smith and Imarjean Bajnok speaking on topics relevant to today's nursing challenges.

Election Results

President Monique Cormier-Daigle announced France Marquis, Edmundston as President-Elect effective September 2009–2011.

Region Director positions for regions 2, 4 and 6 were elected by acclamation. Successful candidates are Ruth Alexander, Sussex (re-elected), Noëlline Lebel, Edmundston (elected), and Marius Chiasson, Bathurst (elected).

Award Recipients

NANB honoured six exceptional registered nurses at the Awards Banquet this past June. The evening celebrated the recipients' accomplishments both professionally and personally in the presence of family and friends.



Excellence in Clinical Practice Award

Jeanne Breau, Miramichi is the 2009 recipient of the Excellence in Clinical Practice Award for fostering excellence in clinical practice and for her significant contributions to nursing.

Currently employed as the Clinical Coordinator of the Sexual Health Program in zone 7, Ms. Breau personifies lifelong learning. Three particular professional achievements that demonstrate the breadth and scope of Ms. Breau's commitment to client care and professionalism include: planning, development, organization and implementation of the Sexual Health Center in Miramichi; being one of three members to develop a manual for sexual health care for incarcerated women; and being a member of the UNB Faculty of Nursing RN/BN program.



Award of Merit: Education

Nancy Doiron-Maillet, Fredericton is the recipient of the 2009 Award of Merit: Education. A tenured Senior Teaching Associate with the Faculty of Nursing at UNB, Fredericton Campus. Ms. Doiron-Maillet has held various positions as a nursing instructor at UNB since 1991. Over this course, she has worked hard to strengthen the faculty's connection with stakeholders in various health care regions and to maintain her connection to practice.

Ms. Doiron-Maillet has been the Acute Care Clinical Coordinator for the third and fourth years of the program and recently assumed the position of Advanced Standing Program Coordinator. She extends her enthusiasm and expertise as a teacher with students and when mentoring new or experienced faculty.



Award of Merit: Research

Sylvie Robichaud-Ekstrand, Dieppe is the recipient of the 2009 Award of Merit: Research. Ms. Robichaud-Ekstrand is a Professor and also

Director of the School of Nursing at l'Université de Moncton. She is recognized for her continuous influence and contribution to research in the health field.

Ms. Robichaud-Ekstrand is described as a person with an innovative and creative mind, and as a visionary in research. She has received many grants from prestigious health research organizations, which attest to her recognition. She was one of the first nurses to receive a grant from the Research and Development Program of the Canadian Institutes of Health Research (CIHR). Ms. Robichaud-Ekstrand is a role model and a mentor for the advancement of research in nursing.



Award of Merit: Administration

Linda LeBlanc, Edmundston is the recipient of the 2009 Award of Merit: Administration. Ms. LeBlanc is renowned for her leadership

and management abilities in her role as Director of Clinical Services at the Edmundston Regional Hospital.

Furthermore, Ms. LeBlanc's leadership in ensuring quality of working life is reflected in her active involvement in the planning and implementation of the nursing care reorganization for facilities in health zone 4. She also presides a nursing project steering committee and is member of the optimization of the role of nursing care providers committee.



Award of Merit: Nursing Practice

Suzanne Cole, Rothesay is the recipient of the 2009 Award of Merit: Nursing Practice. A Masters prepared Nurse Practitioner. Ms. Cole is

currently working at Loch Lomond Villa, where she provides primary care, acute care, chronic care, and palliative care for the residents.

Ms. Cole has a vital role in improving communication among stakeholders throughout the health care delivery system and averts translocation stress experienced by the residents through decreased ER visits and hospital admissions. She sustains a long-term collaborative working relationship with attending physicians and provides direct care to the residents in her care.



Entry-level Nurse Achievement Award

France Martin, Edmundston is the recipient of the 2009 Entry-level Nurse Achievement Award. Ms. Martin has shown great resourcefulness

and leadership. She works within a team and collaboratively with her colleagues. She listens to the needs of her clients and their families whether they are physical, emotional or spiritual, which has brought her special mentions in client satisfaction surveys.

Ms. Martin is presently working as a bedside nurse in the Intensive Care Unit at the Edmundston Regional Hospital. Always ready to help her colleagues, she surpasses what is expected of an entry-level nurse.



HIGHLIGHTS FROM NANB'S 2009 AGM & CONFERENCE

Valuing Nurses

Monique Cormier-Daigle Reflects on Her Term as President

Editor's note: The following is an abridged version of Monique Cormier-Daigle's presidential address delivered at the 2009 Annual General Meeting this past June.

Relecting on my presidency of these last two years, there is one element that stands out: valuing nurses.

The year 2008 was one of great celebration. It was the CNA's Centennial Year. Several activities contributed to valuing the outstanding work that nurses have been performing for a century. The most moving event was probably the ceremony during which CNA highlighted the contribution of 100 nurses to the nursing profession in Canada. In 2008, valuing the role of the nurse in the society was front and center.

My second year was characterized by a major reform of the health care system in NB. The nursing profession was turned upside down, and we still feel the impact. This restructuring brought much uncertainty, which increased our vulnerability and plunged us into an identity crisis. We question our role. We wonder if we are still an essential part of the health system.

The health reform results from many factors that are familiar, including the increase of health care costs, the shortage of nurses and other health care professionals, and the increase of chronic diseases due to the aging of the population. These factors force us to look at other care models. The reform arises from a context of economic, environmental and political crisis on a world scale. It is not surprising that we feel confused and vulnerable. In this context, it is easy to forget who we are and what our role is in this ever-changing society.

Even if the work environment and the delivery of care are different, who we are and what we represent do not change. We are still nurses. We are there to provide care of the high-

est quality to our patients, our clients and their families, our communities and our society. We have the knowledge and the skills to do so.

The reality of nursing is that a great part of our work is invisible, which makes it difficult to articulate what we do. This is a major factor that contributes to our sense of value or non-value. But we should not forget why we are here. Society, governments, other professionals and the public need to hear that we have the knowledge and the skills to do our work...it's not only about caring. Doris Grinspun, Executive Director of the Ontario Nurses' Association, explains it well, and I quote: "Talking about our knowledge is not something nurses naturally do. Most instinctively place caring and nurturing at the forefront of their conversations leaving little or no time for sharing details of the breadth and depth of their clinical expertise. Nursing is much more about cognitive abilities and effort than it is about physical and emotional work..." (Doris Grinspun, Registered Nurse Journal, Jan-Feb 2009, p.6)

In these critical times, we must prioritize, specify and publicize our vision. We must promote it to the public, our colleagues and the government. We must regroup and, in a very deliberate fashion, we must share our message and cleverly shout it everywhere!

I am amazed and forever proud of the number of NB nurses who have become nursing leaders at the national and international levels to the point where outsiders are wondering what New Brunswickers have in their water to produce such strong leaders. Here are a few examples: Judith Oulton past Chief Executive Officer of the International Council of Nurses and past Executive Director of the Canadian Nurses Association. Lucille Auffrey past Executive Director of the Canadian Nurses Association and replaced yet by another New Brunswicker, Rachel Bard, who



was past President of Canadian Nurses Association. Linda Silas, Executive Director of Canadian Federation of Nurses Unions.

On the academic scene, to name a few, we have Judith Ritchie, a nurse researcher, past President of the Canadian Nurses Association and was also part of the Prime Minister's National Forum on Health. Jeannette Leblanc, Professor of Nursing at l'Université de Moncton who serves on the Kirby Commission for Mental Health, and was past President of the Moncton Chapter.

On the provincial scene, New Brunswick has strong leadership within its nursing organizations, for instance, Roxanne Tarjan Executive Director of NANB and Marilyn Quinn, President of NBNU. Through the restructuring of the NB health care system, there are many nurses who hold positions at the senior management level such as Lise Guerrette-Daigle, Suzanne Robichaud, Lise Roy, Annette Lebouthillier in Region A, and Geri Geldart, Nancy Savage and Fonda Kazi in Region B. In the newly formed Health Council, Shirley Smallwood holds the position of Executive Director. We can definitely appreciate that nursing has its place in the NB health care system!

My intent today was to remind you of what you already know and to reawaken within you the broader sense of continuity as you remember who we are and where we're going. Last year we celebrated 100 years of nursing history in this country. Throughout this 100 year period there have been many crises but nursing thrived and evolved due to the belief and determination of nurses like you and me. As the landscape of illness and the way health care is delivered changes, we must not lose our vision. We must not lose sight of who we are. We must value who we are and what we do. We must not abdicate our role. Despite these challenging times, we can choose to be victims or we can choose to become the standard of care. No matter what happens, no matter how the health care system

changes, we will always hold our vision—to provide safe competent ethical care.

We are knowledge workers who understand patient care. Let us be the ones who help patients embrace the age of responsibility. Let us be the ones who offer real solutions to the health care crisis. In a world characterized by evolving knowledge and new technologies, nurses have opportunities to revitalize the health care system. We should work towards evolving our practice to include prescribing authority for registered nurses, advocating for greater access to health care services, advocating to bring health services back to the community with a stronger focus on health promotion and prevention of illness. We need to commit enough resources to improve our practice environment.

There are few opportunities in one's professional life quite like that which was granted to me back in 2006, when I began my term as President-elect. I had the chance to work with a group of distinguished colleagues from across the province and jurisdictions in Canada in shaping the architecture and direction of the Canadian Nurses Association. It has been an extraordinary privilege and pleasure. I am particularly delighted to be passing this critically important work into Martha Vicker's capable hands, and believe that her background and experience will bring unique strengths to the Nurses Association of New Brunswick.

I wish to thank Roxanne Tarjan as well as the staff of NANB for their dedication and hard work as well as the Board of Directors.

Last but not least, I would like to honor my husband and life partner, Fernand who has been a great source of encouragement, a great sounding board, who is a trusted and true friend. You know when you accept the responsibility of President of NANB; you do not do this in isolation. □

Staff Changes at the NANB



Angela Catalli

Fredericton, has accepted the position of Administrative Assistant: Registration with the Nurses Association of New Brunswick (NANB), effective April 27, 2009. Ms. Catalli brings over four years bilingual experience working in medical administration and reception. In this new role, Ms. Catalli will assist with meeting coordination, data entry, filing, registration, as well as a variety of other responsibilities.



Christine Stewart

Fredericton, has accepted the position of Administrative Assistant: Practice with the Nurses Association of New Brunswick (NANB), effective March 25, 2009. Ms. Stewart joined the Association from Transcontinental Printing bringing experience in customer service, statistical data entry and excellent communication skills in both official languages. Among her varied responsibilities, Ms. Stewart will assist in

organizing and coordinating practice department events, as well as editing and updating NANB documents and position statements. She is responsible for maintaining the practice call database, analyzing caller trends and maximizing the value of this service. She holds a Bachelor of Business Administration from the University of New Brunswick.

NANB Documents

Supporting Good Practice

The NANB Board of Directors recently approved the following additions/deletions/revisions to five NANB documents:

NEW

Practice Standard: Medication Standards

NANB's practice standards apply to all registered nurses regardless of their role or practice area. This document contains four standard statements, each with accompanying behavioral indicators that describe a nurse's accountabilities related to medication practice. All New Brunswick registered nurses will receive a copy of these standards.

REVISED

Working Together: A Framework for the Registered Nurse and Licensed Practical Nurse

This joint NANB and ANBLPN document highlights some of the differences between registered nurses and licensed practical nurses and will assist in understanding the expectations of their practice and the contributions both bring to the care setting.

REVISED

Employment of Student Nurses

During the period that the student nurse is not under the aegis of the university faculty/school of nursing, the former may be employed as a nursing student employee. This position statement outlines the responsibilities of the employer, the registered nurse and the nursing student employee.

REMOVED

School Health and Nursing Workload Measurement

Two position statements were removed from NANB's publication list.

Publications are available on NANB's web site www.nanb.nb.ca under Publications and Resources.

Reinstatement of registration

In a decision dated March 17, 2009, the NANB discipline committee granted reinstatement of the registration of Mylène St-Coeur Roussel, registration number 022272. The discipline committee further ordered that conditions be imposed on the registrant's registration.

Suspension continued

On April 1, 2009, the NANB review committee found Andrea Dianne Duguid (former names Fleming and Swinimer), registration number 019768, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing, and having demonstrated professional misconduct by practising nursing while incapacitated by her illness.

The review committee ordered that the suspension imposed on the member's registration be continued for a minimum period of one year and until conditions are met, at which time the member will be eligible to apply for a conditional registration. The committee also ordered that she pay costs to NANB in the amount of \$5,000.

Conditions lifted

The conditions imposed on the registration of Brenda Margaret Taylor, registration number 017437, have been fulfilled and are hereby lifted effective May 8, 2009.

Conditions lifted

The conditions imposed on the registration of Michel Paul Joseph LeBlanc, registration number 019999, have been fulfilled and are hereby lifted effective May 22, 2009.

Registration revoked

In accordance with a decision of the NANB review committee dated June 12, 2008, the registration of Marie Suzanne Levesque Cormier, registration number 012173, is revoked effective June 16, 2009.

Reinstatement of registration

In a decision dated June 17, 2009, the NANB review committee granted reinstatement of the registration of

Deborah Ann Hawkins, registration number 022094. The registrant is eligible to apply for an unencumbered registration.

Registration revoked

On June 23, 2009, the NANB review committee found Trudy Lynn Cormier (née Higgins), registration number 016982, to be suffering from ailments or conditions rendering her unfit and unsafe to practise nursing, having demonstrated conduct unbecoming a member as shown by three criminal convictions and professional misconduct by practising nursing while unfit or incapacitated by her illness.

The review committee ordered that the member's registration be revoked and that she be prohibited from practising nursing or representing herself as a nurse. She shall be eligible to apply for reinstatement two years from the date of the committee's order. The committee also ordered that she pay costs to NANB in the amount of \$3,000.

Registration suspended

On July 23, 2009, the NANB complaints committee suspended the registration of registrant number 017472, pending the outcome of a hearing before the discipline committee.

Registration suspended

On August 5, 2009, the NANB complaints committee suspended the registration of registrant number 014852, pending the outcome of a hearing before the review committee.

Conditions imposed

The NANB Registrar has issued a conditional registration to registrant number 026824 effective August 12, 2009. □

ATTENTION!

Health Canada would like to inform you that a new document entitled 'Guidelines for Reporting Suspected Adverse Reactions to Antiviral Drugs During an Influenza Pandemic' is now available at:

www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_guide/2009-ar-ei_anti_guide-ldir/index-eng.php

Visit MedEffect™ Canada web site at www.healthcanada.gc.ca/medeffect or call 1 866 234-2345 for more information on reporting adverse reactions to antiviral drugs via the Canada Vigilance program during an influenza pandemic.

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MP1433 (11/2008)

Conference: Interdisciplinary Viral Hepatitis Education Workshop

- September 24th–25th, 2009
- Bernard Snell Hall, University of Alberta Hospital, Edmonton, AB
- www.bccdc.ca

Conference: Respiratory Health Symposium "Breathe Easy 2009"

- September 25th, 2009
- Crowne Plaza, Fredericton, NB
- www.nb.lung.ca

Conference: Canadian Association of Critical Care Nurses Dynamics of Critical Care 2009 Conference

- September 27th–29th, 2009
- Delta Hotel, Fredericton, NB
- www.caccn.ca/enevents/dynamics_2009/dynamics_2009_delegate_information/dynamics_2009_brochure.html

Do you have a story idea?

Do you have a story idea or article you'd like to see in *Info Nursing*? Do you have someone you'd like to see profiled or an aspect of nursing you'd like to read more about?

Please submit your ideas and suggestions to:

Jennifer Whitehead,
Manager of
Communications
and Membership Services

165 Regent Street,
Fredericton, NB E3B 7B4

fax: (506) 459-2836

email:

jwhitehead@nanb.nb.ca

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Conference: Canadian Association of Advanced Practice Nurses CAAPN 2009 Biennial Conference

- September 30th–October 2nd, 2009
- Fairmont Hotel, St. John's NL.
- www.caapn.com

Conference: 'Life Support' for Nurses

- October 5th, 2009
- Studios in the Exchange, Winnipeg, Manitoba
- www.yourlifeunlimited.ca/home.html

CRNE Exam

- October 7th, 2009

NANB Board Meeting

- October 14th, 15th & 16th 2009

Conference: Pediatric Emergency Care 2009

- October 16th, 2009
- IWK Health Centre, Halifax, N.S.
- www.iwk.nshealth.ca/index.cfm?objectid=AF373215-BC14-74CC-01E2C7B6D869F846

Conference: 20th National Canadian AWHONN Conference

- October 15th–17th, 2009
- Fairmont Hotel, Winnipeg, Manitoba
- www.awhonncanada.org/en/awhonn/2009_National_Conference_p579.html

Conference: CFMHN Biennial Conference

- October 21st–23rd, 2009
- Halifax Marriott Harbourfront, Halifax, N.S.
- www.cfmhn.ca/conference.html

Conference: 16th Annual Canadian Conference on International Health

- October 25th–28th, 2009
- Crown Plaza Ottawa Hotel, Ottawa, Ontario
- www.csih.org/en/index.asp

Conference: 3rd International Cancer Control Congress

- November 8th–11th, 2009
- Cernobbio, Como, Italy
- www.cancercontrol2009.com

Conference : 13 journées annuelles de santé publique – Des réseaux et des gens

- November 23rd–26th, 2009
- Queen Elizabeth Fairmont Hotel, Montreal, Quebec
- www.inspq.qc.ca/jasp

Conference: Global Perspective on Chronic Disease

- November 23rd–26th, 2009
- Hyatt Regency, Calgary, Alberta
- www.cdmcalgary.ca



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