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Fall 2022

# Practical Nursing

**Enough *is Not*  
Good Enough**



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# We are Practical Nursing

## FALL 2022

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5025 Orbitor Drive  
Building 5, Suite 200  
Mississauga, ON L4W 4Y5  
T 905.602.4664  
TF 1.877.602.4666  
Email [membership@werpn.com](mailto:membership@werpn.com)

**Publisher**  
WeRPN

**Editor-in-Chief**  
Erin Brand

**Associate Editor**  
Carrie Stephens

**Advertising**  
[info@werpn.com](mailto:info@werpn.com)

**Circulation Manager**  
Rocio Lock  
[rlock@werpn.com](mailto:rlock@werpn.com)

**Contributors**  
Dianne Martin, Suzanne Schell, Steven Cedrone,  
Anne McKenzie, Trae Robinson, Meagan Carter,  
Navneet Kaur, Lydia Mead, Olivia Berkovits,  
Melanie Coulson

**Art Direction & Design**  
Parcel Design

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**Finding  
Resilience  
in Nature**



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may be available!



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to learn more!



# Enough is *Not* Good Enough

This summer, the pressures placed on nurses in Ontario reached a boiling point with ER closures in communities across the province. Our Minister of Health was shockingly out of touch, saying the closing of ERs was “not unprecedented,” especially during “vacation time”—completely ignoring the fact that vacations did not cause the shortage but are actual part of normal staffing pattern. Meanwhile, our Premier suggested that nine out of 10 high-urgency patients were receiving care within targeted times—and that was an acceptable standard of care.

## **We disagreed. You disagreed. Patients disagreed.**

In fact, in this issue, we share the story of one patient, Steven Cedrone, who forwarded a letter to WeRPN that he wrote to the Premier about his experiences when admitted for a spinal cord injury. During his lengthy stay, staff shortages meant he had to wait 40 minutes for calls to be answered (imagine waiting 40 minutes for a bedpan) as nurses ran around frantically trying to hold everything together as best they could.

Although the attention has been on ER closures, the strain on nurses is not only an acute care problem. It's everywhere. Imagine the horrors Steven experienced, like waiting over 40 minutes for a nurse to come with a bedpan. What does that look like multiplied by 10 in a long-term care facility?

This is where programs like our BEGIN program provide a start to address the issues—by getting more skilled RPNs in the facilities that so desperately need them. But it doesn't address the underlying problem that RPNs—all nurses—need to be compensated fairly and have solid, fully staffed working environments. We need to return to the well-researched and proven standards of care that made Ontarians feel safe—and made nurses feel proud.

This ongoing advocacy work by the WeRPN team—including our research study: *The State of Nursing in Ontario: A 2022 Review*—has brought your experiences to the forefront. Every major media outlet has picked up and repeatedly cited the statistics highlighted in this study. And not one has questioned the validity of your experience—or whether recent closures were about nurses asking for an unfair wage.



The fact that one in two nurses is considering leaving the profession is universally devastating. I've been motivated by the degree to which the media and the general public get that nurses aren't a replaceable group of people.

My goal is to ensure that the provincial government agrees and takes all the recommended actions we've outlined in our research study. This may take time, but with the public on our side, our voice will be heard.

Because when the premier of our province goes on record saying that nine out of 10 patients are receiving appropriate care within our health parameters—and that's just fine—we need the public to understand that this is NOT our measuring stick.

Nine out of 10 babies being born safely would never be acceptable. Nine out of 10 people in long-term care homes getting fed each day would never be acceptable. Nine out of 10 people getting bedpans and not having to soil their beds is similarly not acceptable.

So one of our calls to action is to keep urging the public to inquire about the level of care they're receiving. They need to ask, will there be the normal number of nurses? Not “enough” nurses, but the normal number of nurses they are supposed to have on this unit on any given shift. Because that is what we know is the safest and most ideal number.

The government has been getting away with normalizing that there are “enough” nurses on staff for too long. And with the public's help, we'll ensure that stops. We need to return to a normal standard of care for patients and a normal standard of treatment for nurses in this province. We've had enough.

A handwritten signature in dark ink that reads "Dianne Martin". The script is fluid and cursive.

**Dianne Martin, RPN**  
CEO, WeRPN

# We Are Grateful



This will be my final President's address, and it's been the hardest one to write. I will step down in October and another President will take my place. I am grateful to have the opportunity to serve one more year as past president before leaving the WeRPN board entirely.

My entire presidency has been during COVID-19. Not once during my presidency was I able to see you at an AGM and listen to your amazing stories about your work. Meeting you and hearing your stories was always my favourite part of the AGM—so not to experience one as President was disappointing.

But we nurses have experienced more than our fair share of devastation these past two years. An unimaginable illness threatened our lives, the lives of our loved ones and the lives of our patients, residents and clients. We all witnessed or directly experienced incredible pain and anguish.

We managed by seeking out help as we needed it. We supported our fellow RPNs and lent a hand to all nurses in need. We took advantage of the online support systems. We got through our days by getting to work. We always, without fail, put our patients, residents and clients first.

Day after day, we demonstrated to all Canadians that RPNs are strong, resilient, professional nurses committed to excellence in patient, resident and client care. I see it every day in my workplace and I read about it in your messages. You truly are an inspiration.

I'm proud that WeRPN also rose to this challenge. I could not be prouder of the team's work with the BEGIN program, the government advocacy for increased wages, better nurse-to-patient/client resident ratios and online educational opportunities.

But we have so much more to do. And since I will no longer be in the role of President, my last request is this: continue to advocate and support WeRPN efforts with its government advocacy. Support this organization as it has supported you. We need each other more than ever.

I've been so proud to be President of WeRPN during these unprecedented times. And thanks to you, I've never been more proud to be an RPN.

A handwritten signature in black ink that reads "Suzanne Schell". The script is fluid and cursive.

**Suzanne Schell, RPN**  
President, WeRPN

## WeRPN Team

**Dianne Martin, RPN**

Chief Executive Officer  
dmartin@werpn.com

**Pia Ramos-Javellana**

Chief Financial Officer  
pjavellana@werpn.com

**Kristel Flores**

Coordinator, Programs  
& Office of the CEO  
kflores@werpn.com

**Annette Weeres**

Senior Director, Professional  
Practice & Research  
aweeres@werpn.com

**Norma Tomlin, RPN**

Director, Professional Practice  
ntomlin@werpn.com

**Sharon Foster, RPN**

Professional Practice Associate/Edu-  
cation Coordinator  
sfoster@werpn.com

**Francine Georgopoulos, RPN**

Professional Practice Associate  
fgeorgopoulos@werpn.com

**JP Munro, RPN**

Professional Practice Associate  
jpmunro@werpn.com

**Carrie Stephens**

Communications Specialist  
cstephens@werpn.com

**Nancy Snobelen**

Research Consultant  
nsnobelen@werpn.com

**Carolina Ramirez Gonzalez**

Administrative Assistant  
cramirez@werpn.com

**Tiff Blair**

Director of Policy and  
Communications  
tblair@werpn.com

**Craig Swatuk**

Director of Membership  
& Marketing  
cswatuk@werpn.com

**Rocio Lock**

Director, Customer Relations  
& Administration  
rlock@werpn.com

**Olivia Vargas**

Customer Services &  
Administration Specialist  
ovargas@werpn.com

**Ruth Hernandez**

Customer Services &  
Administrative Associate  
rhernandez@werpn.com

**Itzel Gonzalez**

Customer Services &  
Administrative Associate  
igonzaiz@werpn.com

**Nasa Byambaa**

Accounting Administrative  
Assistant  
nbyambaa@werpn.com

**Meena Bhatia**

General Accountant &  
Payroll Specialist  
mbhatia@werpn.com

**Aleli Santiago**

Accounting Administrator  
& HR Support  
asantiago@werpn.com

## BEGIN Program

**Julia Scott**

Director, Innovation  
& Program Initiatives  
jscott@werpn.com

**Kimberley Reid**

Case Manager Coordinator  
kreid@begin.werp.com

**Grace Felix**

Case Manager  
gfelix@begin.werp.com

**Laurette Kaba-Kaba**

Case Manager  
lkaba-kaba@begin.werp.com

**Brenda Mundy**

Case Manager  
bmundy@begin.werp.com

**Oliver Marilyn E.**

Case Manager  
moliver@begin.werp.com

**Avigail Topacio-Favis**

Case Manager  
atopacio@begin.werp.com

**Noura Osman**

Associate Case Manager  
nosman@werpn.com

## WeRPN Board of Directors

**Suzanne Schell, RPN**

President

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**Lindsay Pentland, RPN**

Board Member  
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# Flatlining: The critical state *of health care* *in Ontario*



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Steven Cedrone could be any patient. He suffered a spinal cord injury in April and was taken to the emergency room of an Ontario hospital with severe back pain.

Although he first arrived at the ER with normal feeling and function in his legs, bladder and bowels, he slowly started realizing things were getting worse. He waited for 15 hours for diagnosis and surgery, at points waiting in a hallway with morphine to help him with the pain.

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*“I feel like the time I spent in the hallway waiting to see an ER doctor (one hour), the six hours waiting for a doctor to diagnose me and then the eight hours before a surgeon was available created delays that could have been the difference between a full recovery and ending up as a paraplegic with non-functional neurogenic bladder and bowel disorder. Minutes can make a difference in cases like mine, let alone hours,” Cedrone says.*

His life forever changed, Cedrone spent 84 days after his surgery recovering in hospital.

“During my 84-day stay in hospital, I was touched by many health care professionals working extremely hard in a very under-resourced hospital system.”

Cedrone says he could see that the hard-working nurses were literally run off their feet trying to keep up the pace.

“The care I received was extremely delayed and it always felt like they were using a garden hose to put out a raging forest fire,” he says.

Cedrone says he had to wait more than 40 minutes for a bedpan on multiple occasions, only to be told there were no nurses available, and that he should defecate in his bed and would be cleaned up later. He also faced having to wait more than two hours for assistance from nursing staff to help him eat his meals.

When he did receive care, he says “the nurses who cared for me were amazing. They were genuinely caring and dedicated to their profession. They always tried to give me the best care they could in the one minute of time they had to spend with me. They always seemed extremely exhausted, running on caffeine and no sleep.”

He was so devastated by the care he received “from a major hospital in a major Ontario city” that he had to speak out—especially when he saw Ontario Premier Doug Ford say at

an early August, 2022 press conference that nine out of 10 patients are treated in a reasonable, timely manner.

“I’m absolutely astounded,” Cedrone began his email to the Premier, one he shared publicly to raise awareness of his experience while spending 84 days in hospital.

“In that time, I had the pleasure of being cared for by many nurses in multiple units at the hospital and rehab facilities I was admitted to. I can tell you without a doubt that we are experiencing a healthcare crisis and the service to me as a patient was absolutely atrocious during that time,” he continued.

“It was no fault of the nursing staff; it was the fault of the hospital and rehab facilities not being able to adequately staff the shifts. There wasn’t a day that went by that nurses weren’t run off their feet and had nine-to-one patient ratios as a regular occurrence.”

He finished his letter to the Premier by stating that Ontario health care has “a massive problem” and that the province needs to get to work fixing it, rather than pointing fingers.

### **Sadly, Cedrone’s experience is not unique.**

This summer, ER shutdowns across Ontario—as many as 20 ERs were reportedly closed over the August long weekend—have brought attention to the conditions nurses have been working under since the onset of the pandemic.

Ontario Premier Doug Ford and Minister of Health Sylvia Jones have argued that ER closures are not unprecedented, and many are due to nurses taking vacation time.

Those who work in health care know that’s not the case. In a comprehensive WeRPN study highlighting unsafe workloads in hospitals are putting patients at risk, nearly seven in 10 nurses said they are unable to provide adequate care due to lack of available time and resources.

“Alarming, this is now being normalized,” said Dianne Martin, chief executive officer, WeRPN when the report was released.

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The comprehensive survey, conducted in May 2022 and entitled “*The State of Nursing in Ontario: A 2022 Review*,” polled more than 760 RPNs in Ontario. It is a follow-up study from a December 2020 survey that has enabled WeRPN to measure the conditions of provincial healthcare systems through the eyes of those caring for the public on the front lines every day.

The study also highlighted a huge potential to lose almost half the nursing workforce. Nearly one in two RPNs said they were considering leaving this critical profession; this has risen to 47 per cent from 34 per cent in 2020.

The Ontario Hospital Association began warning of the decline in hospital patient care in February 2022.

“Over the past two years, Ontario’s hospitals have continued to step up and serve as the anchor of the pandemic response. Organizations, leaders and teams have demonstrated extraordinary dedication, innovation and resilience, even under the most punishing conditions. However, hospitals and the health care system entered the pandemic in a state of under-capacity and misaligned resources and services,” The OHA stated in a press release.

While noting that beds have been added to hospitals over the past two years on a time-limited basis to address pandemic needs and to mitigate “hallway health care,” the system’s capacity is still a serious and growing problem, the association warned six months ago.

“With the worst of the last wave behind us, now is the time to ensure the health care system is supported in a manner that meets the current and future health care needs of the people of Ontario,” Anthony Dale, President and CEO of the Ontario Hospital Association stated in the news release. “The Government of Ontario has been a strong funding partner with hospitals throughout the COVID-19 pandemic. Now is the time for a dialogue about what’s needed to fundamentally strengthen our healthcare system into the future.”

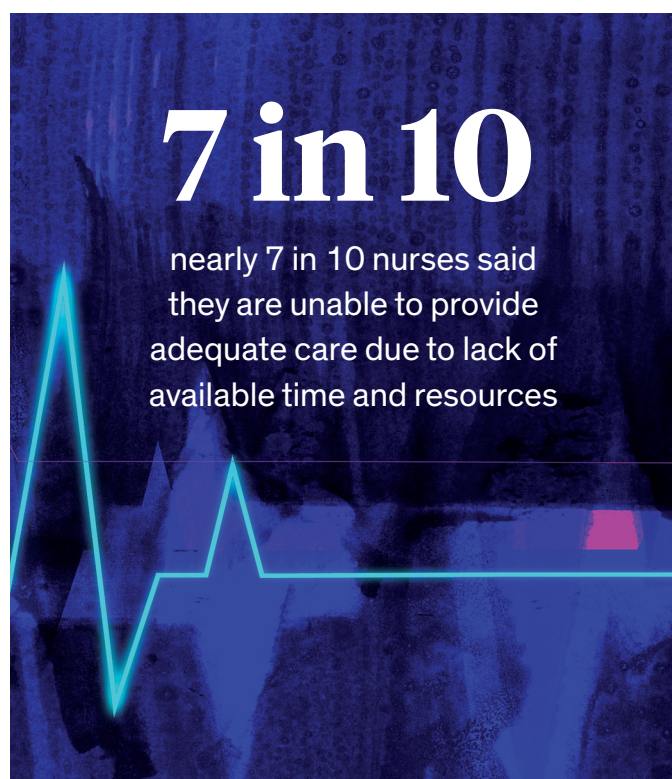
As part of that dialogue, the OHA recommended funding and government policy support to hire at least an additional 10,000 registered nurses and 3,500 registered practical nurses and other critical health care workers over the next five years.

Fast forward to mid-August, when the provincial government held a press conference to announce changes to a health care system on the brink.

The Ontario government introduced on August 18 its Plan to Stay Open: Health System Stability and Recovery. The province said the plan further bolsters Ontario’s health care workforce, expands innovative models of care and ensures hospital beds are there for patients when they need them.

“When we released our first Plan to Stay Open in March 2022, we made a promise to build an Ontario that is ready for the challenges of tomorrow because we can no longer accept the status quo,” said Jones. “The second phase of our plan will provide the support our health system needs to address the urgent pressures of today while preparing for a potential winter surge so our province and economy can stay open.”

Jones said this next phase of the Plan to Stay Open will add up to 6,000 more health care workers, including nurses and personal support workers, to Ontario’s health workforce. She said it will also free up more than 2,500 hospital beds so that “care is there for those who need it,” and “expand models of care that provide better, more appropriate care to avoid unnecessary visits to emergency departments.”



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**Jones continued to detail the five-point strategy to give Ontario health care a shot in the arm at a press conference that day:**

- **Preserving hospital capacity** through Covid-19 testing, vaccine boosters and access to rapid antigen tests
- **Providing ‘the right care in the right place’** – giving paramedics the flexibility to divert patients from emergency departments to ‘reintroduce respite services in long-term care,’ community paramedicine for seniors in their homes before going to long-term care
- **Reducing surgical waitlist times** by working with hospital partners to identify solutions, including increasing number of OHIP-covered surgical procedures performed at independent health facilities, and investing more to increase surgeries in pediatric hospitals and private clinics covered by OHIP
- **Easing pressure on Emergency Departments** by adding 400 physician residents to support a workforce in northern and rural Ontario, working to expedite the registration of doctors, including those from out of province
- **Expanding Ontario’s Health Workforce** by increasing funding for a supervised practice experience partnership program that will see 400 international nurses gaining experience and language requirements needed; reducing financial barriers so that retired or internationally trained nurses can begin practicing by covering the cost of examination, application and registration fees (\$1,500)

“The province is aware that agency rates have increased significantly, creating instability for hospitals, long-term care homes and emergency departments. In response, Ontario will engage with our frontline partners to better understand how we can bring stability to hospitals and emergency departments, while protecting quality of care,” The press release concluded.

Reaction to the province’s plan was swift. Almost immediately after it was released, a group of senior care advocates and critics warned planned changes to the long-term care sector are a fundamental violation of patient rights.

The pressure on critical care centres hasn’t eased at all. A day after Premier Ford and Minister Jones revealed their plan,

another Ontario hospital warned patients to anticipate ‘much longer than expected’ wait times.

Dr. Andrew Arcand, Chief of Emergency Medicine at Markham Stouffville Hospital, said the alert to the community was due to a sudden surge in patients, a lack of beds and a shortage of staff.

A sudden influx of patients left the hospital scavenging for bed, an ‘all hands-on deck’ call out to staff, and some patients left residing in hallways.

“Our current state since June has been really difficult and really challenging,” Dr. Arcand told CTV News. He stated the hospital was facing staffing shortages due to the high rates of COVID-19.

Ontario Health data shows on average patients admitted to Markham Stouffville Hospital spent almost 14 hours in the emergency department, with only a third admitted within the province’s target time of eight hours.

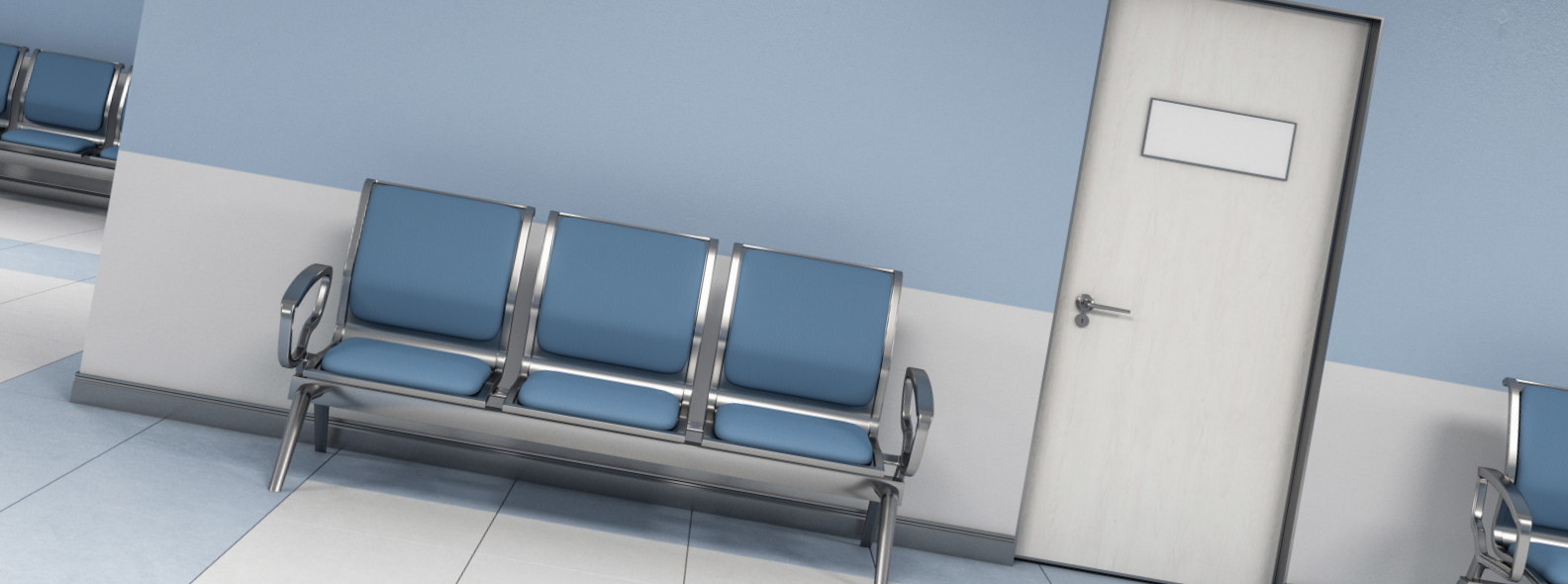
Fourteen hours is close to the time that Steven Cedrone waited for his spinal cord surgery once he arrived at an Ontario hospital’s Emergency Room.

*“We all need healthcare and we will all have a time in our lives where we need critical healthcare and it’s important that these support systems are there and properly functional for us when we need them. We are at a critical point where our system is collapsing. I experienced some of the effects.”*

Cedrone says government officials such as Premier Ford and Minister Jones need to “stop paying lip service to the public, assuring us that everything is fine—and pointing their fingers elsewhere,” he says.

“They are literally affecting patients’ lives like mine and it’s cruel. I should never have had the experience I did.”





## *A patient's perspective*

It was a normal February evening for Michael\*—until it wasn't. After developing chest pain, shortness of breath and heavy sweating, he was taken in an ambulance to the ER. He was having a heart attack.

His wife was told she couldn't come with him, but she would be updated by phone. He waited in the ER for almost an hour until the cardiac team arrived for the angioplasty. The system at that point was working as it should.

But it was when Michael was moved to the intensive care unit, and was told he had two other areas of concern and was looking at bypass surgery after six weeks of recovery, that he saw how stretched the system was.

While Michael says he had amazing nurses in the ICU, he witnessed two code blues that occurred concurrently. The second code was discovered by a nurse responding to the first code, and ultimately the second patient died. He could see that the nurses were shaken by this, and as they knew he had witnessed it, they came to ask Michael if he was okay.

"Even though I received excellent nursing care, I could see from the body language and confusion at the nursing station that there was a shortage of nursing staff," he says.

"I kept thinking what if that was me."

What alarmed Michael most about the care he received while in the hospital's ICU—for the initial heart attack and follow up surgery—was the obvious stress of the nurses' patient load.

Nurses were constantly apologizing to Michael for the little time they had to spend with him. He says they were almost robotic with a list of required things to do, and had no time to get to know patients.

While ICU nurses were able to check on him often, Michael says that on the ward it could take up to an hour before a new nurse arrived to introduce themselves after a shift change.

Both ICU and ward nurses seemed frustrated and hurried. Several times they would forget to take things with them that they might need for the next patient. Much of the equipment they needed was broken.

"No one came into your room unless they absolutely had to for some required procedure or to hand out medication," he says. He adds that any time he used the call button because he required repositioning help, he could see the nurse wasn't sure who they could find to help assist with the task.

Michael is telling his story because he hopes all Canadian governments will pay attention to what is happening to patients in the community, not just data from a survey or think tank.

"We all know that health care is very expensive, but it is also a right of Canadian Citizenship. No one should have to check a website to see when or if their ER is open."

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\*WeRPN is respecting Michael's wishes to protect his privacy as a patient, and has elected not to use his real name or name the hospital he attended for his care.

# Finding Resilience *in nature*

By Anne McKenzie and Trae Robinson



Distress and burnout have plagued healthcare professionals (HCP) in recent years. A review of literature revealed consistent reports of stress, anxiety and depressive symptoms in HCPs as a result of COVID-19<sup>1</sup>.

Support for HCPs has included psychological counseling, resilience training and social support, but for many workers rest and time in nature is a key practice for resilience<sup>2</sup>. What insight can nature offer in chaotic times for complex problems?

Like a dragonfly in stages of transformation, nature is always evolving. In relationship with the rhythms and cycles of nature, we can connect with the wisdom of nature and derive many physical and mental health benefits from time spent outdoors.

A recent literature review found that 90 per cent of the articles reviewed observed at least one positive association between nature-based recreation and mental health. This included improvements in affect, cognition, restoration and well-being and decreases in anxiety and depression symptoms<sup>2</sup>.

Here are some practices that can help:

## 1. Forgetfulness and a constant feeling of grief are just under the surface

The buildup of pain and suffering can make it difficult to know where to begin when it comes to taking care of yourself. When I felt foggy or lacking clarity, getting outside and connecting to nature provided focus.

## 2. Nature is engineered to be resilient

Navigating natural settings encourages a connection to the present moment, and the slower pace brings back the calm and perspective needed. Go into nature and notice your breath; move into the environment without a task or target; notice what is attracting your attention. What can you smell, hear, see and touch?

## 3. Reclaim your extraordinary life

While walking in nature, I recently had a magical encounter with a young moose. In the stillness of that moment, I felt connected to life all around me.

Circumstances and disappointments in life can cause us to lose sight of the extraordinary life we had once envisioned for ourselves in our youth. Reclaiming that vision by nurturing yourself and surrounding yourself with positive people and experiences can open an exciting new chapter of possibility.

## 4. Be inspired to create joy

During a wellness retreat in northern Ontario, I created a personal inspiration statement. An inspiration statement is spoken with an emphasis on the positive; what you want to receive or create and how you will be supported in achieving that. When I look at my inspiration statement, it reminds me that I always have choice in life—and like nature, I am always evolving.

## 5. Be the giver

As a nurse, I know first-hand that we are givers. Even when we need time to recharge, we are the least likely to take the time we need. But it's not selfish to take care of yourself. For me, attending a nature retreat exposed me to several wellness practices including yoga, dance, stretching, hiking, sauna, sharing circles and creating meaningful moments. But the beauty of finding resilience in nature is that it's completely free. All we have to do is take the first step.

1. Shreffler J, Petrey J, Huecker M. The impact of COVID-19 on healthcare worker wellness: a scoping review. *Western Journal of Emergency Medicine*. 2020 Sep;21(5):1059.
2. Lackey NO, Tysor DA, McNay GD, Joyner L, Baker KH, Hodge C. Mental health benefits of nature-based recreation: a systematic review. *Annals of Leisure Research*. 2021 May 27;24(3):379-93.





WeRPN Research Advisory Council invites you to attend our inaugural RPN-focused research knowledge exchange and translation symposium.

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Registered Practical Nurses  
Association of Ontario





# BEGIN

## a new career path



**Meagan Carter** has wanted to become an RPN ever since she took an aptitude test in grade 8 that concluded she should be a nurse. Although she started in the RPN program, she switched to the personal support worker (PSW) course after only one semester because she felt like she didn't have the hands-on training or foundation required to be a nurse.

But after working as a PSW in LTC on-and-off for the past 10 years, Meagan has boldly decided to return to school and complete her training to become an RPN.

She initially learned about and became interested in the Bridging Educational Grant In Nursing (BEGIN) Program when she was looking for more resources to help with her education. She was concerned about whether she would be able to cover the cost of her tuition now that she is an adult with more responsibilities, including two dogs and a mortgage.

Meagan shares a home in Warkworth, Ontario with her husband, who is so supportive of her dreams and education that he took a well-paying job out west just so that she could work part-time and focus on school. Meagan and her husband only get to see each other every few weeks, but it's a sacrifice they're both willing to make so that Meagan can follow her dreams.

Unfortunately though, Meagan still required another source of income to help pay her tuition fees.

It was then that one of her professors told her about the BEGIN program and how it provides students with courses

and education. Meagan loved the idea because "there's lots of things with nursing outside of what they teach you in school that you don't get to learn, but you can learn through programs like [BEGIN]."

She also described the BEGIN staff as very patient and approachable, laughing about the fact that she emailed them questions so often that she thought they would get sick of her. But every time, they just responded promptly and politely and were extremely helpful. Meagan also appreciates the fact that "the BEGIN staff treat [her] as though [she is] already a nurse."

"I didn't think it would be possible [to go back to school] to begin with," she says, "but now I feel like I have WeRPN backing me; I have my husband backing me; I've got the college backing me. Everybody is just so incredibly helpful!"

Meagan is also grateful for the support of the Crown Ridge Retirement Residence where she works. Her employers not only support her and allow her to work around her school schedule, but her time working as a PSW has also helped prepare her to become an RPN and even provided her with a unique perspective.

"PSWs aren't involved in care conferences; we're not involved in care planning," she says. "I feel like PSWs are the backbone of long-term care. So when I become a nurse, I would like to find ways to incorporate more information and involve everybody within the circle of care, including the PSWs."

She also believes that all nurses would benefit from working as a PSW for a year prior to becoming an RPN or RN. In doing so, nurses "get the foundation," she says. "If you work in long-term care or a hospital, for example, you're not going to have a PSW to make the bed for you or feed the residents. The foundations and therapeutic communications [you get as a PSW] help improve your nursing skills."





Meagan plans to continue working in the LTC sector when she performs her Return of Service (ROS), which every BEGIN participant must enter into, providing one year of service in either the HCC or LTC sectors for every year, or portion of a year, for which BEGIN funding is received.

Part of the reason for Meagan's decision lies in the fact that she feels "there are a lot of things being missed in long-term care in every facility."

"I want to be more of an advocate, as I feel like my voice is somewhat stumped as a PSW," she says. "I would like to try to open the page and have everybody [including PSWs, RPNs and RNs] working together."

But Meagan's ultimate goal, once she completes the BEGIN program, is to commit the rest of her career to tackling Alzheimer's. After seeing the effects of the disease on patients in nursing homes and their families, Meagan would like to be able to learn more about Alzheimer's so that she can help families stay together by determining what the best times would be for them to visit (i.e., times when patients are calmer and more lucid). She says she would be able to achieve this by regularly observing patients and their behaviour.

PSWs observe this behaviour on a daily basis, she explains, which is why it is so important to involve them in patients' care.

"Maybe there's something that we're missing [when it comes to Alzheimer's], and we need to involve more of the hands-on people," she says. "[PSWs] might have more insight even though they don't have medical degrees and aren't scientists."

**Navneet Kaur** is also a participant in the BEGIN program. Originally from Chandigarh, India, Navneet came to Canada seven years ago, after completing high school, to pursue her dream of becoming a registered nurse (RN); however, the prospect of enrolling in a BScN program and having to pay international fees for a four-year course did not appeal to her. So instead, she decided to take a two-year program to become a registered practical nurse (RPN) while simultaneously working toward becoming a permanent resident and gaining valuable experience working at a retirement home for two years.

Little did she realize at the time that this decision and resulting experience were both foreshadowing and preparing her for her future in the BEGIN program.

Shortly after receiving her permanent residence last year, Navneet signed up for an online bridging program at Seneca College, which would allow her to fast track to becoming an RN. It was then that she discovered the BEGIN program, although she thought it sounded "too good to be true" at first. Thankfully, Navneet's fears were quickly alleviated after she looked at the BEGIN website.

"The best thing about the program is that all of the answers I needed were online," she says. "That's what I liked the most; it was very transparent."

The program also fit with Navneet's goal of buying a home. "[At least] my education will be paid, and all I have to do is work in long-term care (LTC) or in a community setting."

"With school and working part-time, there's a lot of pressure. With this financial help, I might be able to focus more on school and feel less stressed."

Because Navneet had worked at a retirement home in Muskoka, Ontario, for two years, she already had an idea of what to expect when entering the program. "I liked my two years [working in LTC]," she explains. "I think that as the starting point of my career, it made me a very patient, compassionate person and gave me a different point of view."

Navneet was pleased with the prompt replies she received from her case manager and the entire BEGIN team throughout the application process. "If you have a question, they respond pretty quickly," she says. "I think [the BEGIN team] did amazing. I didn't have any issues applying; it wasn't stressful."

For Navneet, the BEGIN program offers a good opportunity for nurses and could potentially help with retention. Currently working at the Brampton Civic Hospital in the Oncology unit, she's experienced the mass nursing exodus from the front lines, as well as the resulting agonizingly long wait times and patient frustration that is often directed at nurses.

"I don't think it's the solution [to the nursing crisis]," says Navneet. "We have to do more than this, but it's a good start."

"A lot of nurses walked out of long-term care and it was a disaster ... We also have cancer patients who go to the [LTC] homes, and then we don't have nurses to support them. It's very hard to get a home-care nurse, and these patients need help with pain medication and more at home. The BEGIN program is a good step toward getting nurses into the long-term and home and community care (HCC) setting."

Navneet believes it's critical that Ontario has more nurses in LTC and HCC, because patients need a place to go after they

leave the hospital. "When they go home, they need help; they need support; they need nurses who can go to them," she says. "When I worked in long-term care—in the retirement home—we had nurses who came in to do things like IV medications, wound care and dressings, and offered a helping hand to the nurses that work in long-term care with 30 or 60 residents."

"It's a good step to retain nurses in long-term care, especially the RPNs who are doing the bridging to become RNs; they know they have to [work in LTC or HCC], so why not do it while making money? I know I'm going to be an RN for sure, so why not get the help that I have the opportunity to receive and do what I do while making some extra money?"

Navneet believes that the BEGIN program is not only a helpful step in securing more nurses in LTC and HCC, but also that it's crucial to the future of these sectors. "The nursing shortage is happening all over Canada," she says, "but the home and community care and long-term care sectors are facing an especially hard time."

Once she has completed the program and become a full RN, Navneet has some very ambitious long-term goals, such as eventually becoming a director of care. But she isn't ready to leave bedside nursing just yet.

"I know a lot of people are leaving bedside nursing, but I want to do more," she says. "I think I can do a little more and offer my help. I want to care for the people I can. I'm not ready to leave that yet."

Despite their diverse paths and unique experiences with the BEGIN program, both Meagan and Navneet agree that regardless of where they started or where they end up—whether as a PSW bridging to an RPN or an RPN transitioning to an RN—all healthcare providers are equally important and play an essential part in caring for the public.

"It's not the RNs vs the RPNs," Navneet adds. "We are all nurses."

BEGIN is a partnership between WeRPN, the Ontario Ministry of Long-Term Care and the Ontario Ministry of Health. To learn more, visit [begin.werpn.com](https://begin.werpn.com).

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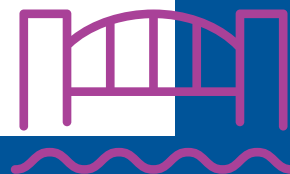
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Participants must agree to work for a time in long-term, home or community care post-education.

Visit **[begin.werpn.com](https://begin.werpn.com)** to apply.











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# The State of Nursing in Ontario: **A 2022 Review**

## **Nursing in Ontario is in a state of crisis.**

In May 2022, WeRPN commissioned a study to examine the issues currently facing nursing professionals in the province. The findings prove what many of us already fear: that for most nurses in Ontario, working conditions are only getting worse.

The study, “The State of Nursing in Ontario: A 2022 Review,” was a follow-up to a December 2020 poll and was conducted to compare present-day realities to nurses’ experiences at

the height of the pandemic. A total of 762 RPNs were surveyed across all sectors, including Long-Term Care and Home and Community Care.

It’s well known that the COVID-19 pandemic has been one of the most challenging events for healthcare providers; staff shortages, burnout and pay stagnation crumbled an already taxed workforce.

And yet, even though the pandemic began over two years ago, these issues have not been resolved.

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The findings of WeRPN's study are alarming, and the public is starting to take note, with local and national media coverage via *The Globe and Mail*, *Global Toronto*, *CTV News* and *City News*.

Despite many aspects of life returning to a pre-pandemic normal, nursing professionals remain under-supported and overworked—a startling reality which will directly impact the provision of healthcare in Ontario.

It already has. In an interview with WeRPN's CEO, Dianne Martin, *City News* reported that some Toronto intensive care units (ICU) are either at capacity or so understaffed that they cannot keep all beds in operation.

WeRPN is urging government leaders and policymakers to take action. "If we don't start to solve the problem yesterday," said Martin, "patients who are critically ill...we are going to lose some people."

The report's key findings are broken down as follows:

### **Unsafe workloads have become the new normal, and it's impacting patient care.**

According to WeRPN, 90 per cent of nurses in 2020 said their workloads had increased due to the COVID-19 pandemic. But this trend hasn't flatlined. Today, 93 per cent agree that their workloads have continued to increase over the last two years.

Alarming, 68 per cent of surveyed nurses reported that they do not have the time or resources available to provide adequate care to their patients, and 4 out of 5 have experienced moral distress due to their job. Many are now required to perform duties outside their scope of practice, actions they feel unprepared and unequipped to perform.

The consequences of unsafe workloads must not be overlooked: nurses are experiencing rising levels of distress and, despite their best efforts, patient care is being compromised.

### **Working conditions continue to worsen.**

The vast majority of RPNs have been directly impacted by staff shortages, which has increased their job-related stress and led many to work unpaid overtime hours.

As quoted in the survey, one RPN stated, "The expectation is to do more than is humanly possible, throughout the shift, for every shift. And I constantly feel pressure to stay longer hours, with the guilt of not supporting the team if you don't pitch in to do more, working through breaks, starting early and leaving late, and not being compensated for that. There is an overall lack of understanding and respect for an RPN's work."

This distressing trend led 59 per cent of respondents to say that their mental health has worsened as a result of staffing shortages.

### **A staggering number of RPNs are leaving the profession.**

Ontario is at risk of losing almost half of its nursing professionals. According to the survey, 47 per cent of RPNs are actively considering changing careers, and 59 per cent of those plan to leave the healthcare sector altogether. RPNs are critical to our healthcare system, but current wages, workloads, unfair compensation practices and unsafe environments make many reconsider their postings.

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As one RPN expressed, “honestly, no one should be surprised that RPNs are leaving. It is not worth the pay for so much work that never ends. And this job could not only make me sick but potentially also my family.”

**Morale is low and dissatisfaction is high; nursing is now taking a personal toll.**

In 2022, only 36 per cent of respondents felt supported in their jobs, compared to 67 per cent just two years earlier. This lack of support is manifesting in low job satisfaction and burnout. Nurses feel emotionally drained and unable to effectively support patients as a result.

As a healthcare worker, the stakes are always high. The consequences can be devastating if nurses do not have the appropriate financial, practical and emotional support. As one RPN describes, “when considering RPN pay, think about what human life is worth. Good care—that is what the pay should reflect. It should reflect those values. I medicate more than 40 patients. One error can kill someone. Extreme precision, knowledge, energy and alertness are needed. You must not be tired, sad or unfocused.”

**Nurses are reaching their breaking point.**

A shocking 94 per cent of nurses feel that their daily experiences at work have become significantly more stressful in the last two years. Part of this increased anxiety is related to financial stress—75 per cent of nurses in 2022 are experiencing financial hardship, with 62 per cent seeking extra shifts, 54 per cent working overtime and 43 per cent working a second job just to make ends meet.

This stunning under-appreciation and inadequate compensation is impacting RPNs’ mental health. Some no longer feel nursing is a sustainable career option. As one respondent said, “There is a lack of nursing staff, lack of support from management, lack of basic supplies (I was providing my own out of pocket). No vacation or time off, poor access to COVID-19 testing, miscommunication between facilities, inappropriate patients being admitted and no raise despite workload increase.”

**RPNs are experiencing wage stagnation.**

In April 2022, the Ontario government announced permanent wage increases for personal support workers (PSWs). RPNs

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**59%**

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mental health has worsened as  
a result of staffing shortages

**85%**

expressed feeling  
undervalued in their role

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supported this increase, but many were surprised that other health workers would not experience similar raises.

Though their role is closer to that of a Registered Nurse (RN), RPNs are now paid similar wages to PSWs. Some—in fact, 15 per cent of respondents—are currently managing PSWs earning more than them.

Despite higher workloads and less support, this wage stagnation has left many RPNs feeling unfairly compensated. And this issue is not only financial—85 per cent expressed feeling undervalued in their role.

One RPN clearly expressed this frustration: “I want to be recognized for what we do in our role. I am a surgical nurse and work to full scope. I am doing a job closer to an RN role than a PSW. I was a PSW for 20 years and went back to school to get a better education and earn more money per hour. Now I am making the same as a PSW. I agree PSWs should be paid more, but so should RPNs.”

### **Government leaders must focus on Ontario's Long-term Care Sector.**

As in other sectors, RPNs working in long-term care are overwhelmingly dissatisfied with their work and considering leaving the profession. Strikingly, 39% of nurses in this sector have said that workplace violence contributes to job dissatisfaction. These are unsafe and unsustainable working conditions that leaders must address.



## **WeRPN's Calls to Action:**

This study illuminates some of the critical issues facing the nursing profession today. In the aftermath of the global pandemic, nurses are being unfairly compensated, poorly supported, and as a result, compelled to leave.

WeRPN has released three main calls to action for government leaders and policymakers.

### **1. Repeal Bill 124 and increase RPNs wages.**

WeRPN estimates that RPNs wages must be increased by at least 20% to be proportional to other nursing groups. Though long-term strategies will be necessary to address staffing shortages, increasing wages could improve RPN retention and provide a much-needed boost to morale.

### **2. Counteract the ongoing normalization of unsafe workloads.**

This issue has become urgent and must be addressed. Leadership must acknowledge the unsafe workloads, the unfair expectations placed on nurses, and the consequences their patients face as a result. WeRPN recommends more full-time positions for RPNs and environments where nursing professionals feel safe and heard. At a minimum, RPNs should be able to take their entitled rest and breaks.

### **3. Include RPNs voices in policy making.**

RPNs have a unique perspective that must be heard when envisioning new policies for the nursing profession. Their first-hand experience and expertise should be used as a resource.

As advocates for RPNs across Ontario, WeRPN is raising the alarm over worsening conditions in the nursing profession. Unsurprisingly, workloads soared, and stress increased during the global pandemic, but these realities are becoming a new normal that cannot be maintained.

Leaders must prioritize nurses' safety and well-being to revitalize the healthcare sector and protect Ontarians.



# WeRPN Self-Care and Mental Health supports are available



## TELUS Health MyCare

WeRPN members receive a special \$30 discount on 50-minute sessions (25% off) on TELUS Health Dietician and Mental Health counselling.

Log in to the WeRPN members' site and visit the TELUS Health MyCare page to learn more about booking video appointments with a Family Doctor, Dietician and Mental Health Counsellor.

## Self-Care Toolkit

To be able to offer the best care to patients, nurses have to make sure they're caring for themselves. To support self-care for nurses, WeRPN has developed a series of self-care resources, focused on three domains: mental well-being, physical well-being, and emotional well-being.

Learn more at [werpn.com/learn/practice-resources/self-care-for-nurses/](https://werpn.com/learn/practice-resources/self-care-for-nurses/)

# Queen's Park Dispatches

With the Ford government winning their second majority mandate and Minister Christine Elliott not running for re-election, changes were expected throughout the Ministry of Health. Sylvia Jones' appointment to Minister of Health has resulted in many staffing changes in key roles.

In response, the Ontario government recently released *Plan to Stay Open: Health System Stability and Recovery*, which aims to attract 6,000 healthcare workers—including internationally-trained and retired nurses—and increase the number of surgeries done at private-sector clinics.

In May 2022, prior to Premier Ford winning his second majority mandate, WeRPN conducted a comprehensive survey entitled “The State of Nursing in Ontario: A 2022 Review”, which polled more than 760 RPNs in Ontario to assess the state of the healthcare system. Some of the survey results, which WeRPN shared with government officials and policymakers, include the following:

- **68 per cent** of nurses say they do not have enough time or resources to allow them to adequately care for patients;
- The nursing shortage has directly impacted **88 per cent** of nurses, who have had to work more hours and in more isolating conditions, which is causing them to consider leaving the profession;
- **4 in 5** nurses are experiencing moral distress on the job due to situations where nurses feel that the ethically correct action to take differs from what they are tasked to do;
- **86 per cent** of nurses admit that their mental health is being adversely affected by their work, while **67 per cent** do not feel like they have enough mental health support;

- **4 in 5** nurses admit that they've experienced a breaking point related to their job, a statistic that has increased since the pandemic started;

- Nearly **1 in 2** RPNs are considering leaving the profession, primarily due to wage dissatisfaction.

“While these findings can feel dire, there are concrete actions that can be taken and, in fact, must be taken to restore the quality of healthcare that Ontarians expect,” says Dianne Martin, CEO, WeRPN.

“This is why we at WeRPN are urging the government to commit to a permanent wage increase for RPNs and reverse the dangerous normalization of unsafe workloads that is currently taking place. We must bridge this gap to secure the future of Ontario's health care system.”

The provincial government's response was to introduce the More Beds, Better Care Act, 2022 (known as Bill 7), legislating the ability to move elderly patients into long-term care (LTC) homes they have not chosen. Patients can potentially face fees—more than \$1800 per day at the hospitals' discretion—for refusing to move from acute to long-term care.

However, Bill 7 does not address the reasons why nurses are leaving the profession or provide meaningful solutions to Ontario's health care crisis. “This bill simply normalizes unsafe staffing rates, while the government should be focused



on retention strategies to stem the tide of nurses leaving the profession due to unsustainable workloads, thus leaving Ontarians without adequate support,” says Martin.

Opposition politicians and advocates for long-term care residents warned that the plan could potentially harm vulnerable seniors. The plan also neglects to address the reasons why nurses are leaving the profession. The government moved a motion to advance the bill directly to the third reading; therefore, it was not considered by a committee or subject to public hearings, leading to limited debate and engagement from stakeholders.

The government faces many challenges with an uncertain economy experiencing soaring inflation, rising energy prices and interest rates, a labour shortage, an overpriced housing market at risk of sudden decline, and a healthcare system stretched to its limits after two years in a pandemic. We can expect a Fall Economic Statement, which will inform the budget and the annual business planning process this fall.

Nurses may also face further implications leading up to the implementation of Bill 7, including the debate on for-profit versus not-for-profit homes in Ontario and ending aspects of Bill 124. Not to mention, ongoing professional negotiations, including teachers’ negotiations, may or may not affect nursing negotiations when Bill 124 expires in March 2023.

Unfortunately, the Throne Speech did not suggest that

Premier Ford and Minister Jones are seeking to repeal Bill 124. So more work needs to be done to ensure that nurses receive a permanent wage increase in 2023.

WeRPN has provided examples of the impact the \$3 per hour pandemic pay awarded to PSWs had on compressing the wage differential between RPNs and PSWs. The differential in no way recognizes the knowledge, skill and responsibility that RPNs bring to the workplace.

It has always been WeRPN’s position that nothing short of a wage increase will keep nurses in the profession. While we acknowledge that PSWs are deserving of the increased pay, we are equally frustrated that RPNs are not being included in receiving an increase that is representative of the value they bring to the healthcare system.

WeRPN will continue to press the government to extend the \$3 per hour pandemic pay to RPNs retroactively—as well as push for a provincial minimum wage for RPNs that is proportional to an RN wage.

We will never waver in our advocacy for quality working environments, including staffing levels and compensation for RPNs.



# Resilient. Proud. Necessary:

A Portrait of Courage



WeRPN will be virtually hosting its 64<sup>th</sup> Annual General Meeting (AGM) on October 20, 2022 at 7:00 p.m. EST.

This year's theme, "Resilient, Proud, Necessary: A Portrait of Courage", is a nod to the strength Ontario nurses have demonstrated during the past year and throughout the pandemic.

There is no doubt that this year has been difficult; however, this signature event will bring RPNs together to reflect on the accomplishments of the previous year and celebrate the profession as a whole. Together, we will honour the outstanding work of Ontario's RPNs as we look ahead.

This year's agenda will include addresses by our CEO—Dianne Martin—and president—Suzanne Schell—nomination results for our new board of directors and a review of WeRPN's key activities and achievements from the past year through our annual report.

## Virtual Door Prize



This year, Johnson Insurance is generously sponsoring our 2022 AGM door prize—a \$1,000 Flight Centre e-gift card.

COVID-19 restrictions are lifting and there's no doubt that Ontario's hard-working nurses deserve a break, so you won't want to miss your chance to win this special prize.

### Excellence in the Care of Older Ontarians

In dedication to Martha Thumlert, an older adult and an exceptional woman who died unnecessarily from a hospital-acquired infection. This award celebrates the dedication of an RPN who provides exceptional care to our beloved older adults in a manner that is respectful, compassionate, professional and exemplifies nursing excellence. In particular, this award acknowledges a nurse who is focused on the improvement of the safety and well-being of older Ontarians by demonstrating knowledge, innovation and leadership.

### The Michael & Werner Geidlinger Award for Palliative Care

In honour of the memory of Michael Geidlinger and Werner Geidlinger, whose lives were lost too soon, this award recognizes the unique character and tremendous care delivered by RPNs to patients at the end of life. Specifically, this award celebrates an RPN who demonstrates specialized knowledge and understanding of the philosophy of palliative care and delivers exceptional, compassionate and therapeutic care to their patients.

### Award of Excellence in Mental Health

The WeRPN Mental Health Award of Excellence, sponsored by TELUS Health MyCare, will be presented to an RPN who has contributed in a significant way, on an ongoing basis, within the area of mental health in Ontario. The winning RPN will have also demonstrated exemplary nursing practices and innovation to enhance the patient experience, while promoting mental health awareness and providing supportive care.

### Employer Award of Excellence

This award recognizes an employer that has demonstrated outstanding achievement in improving the utilization of RPNs in innovative and creative ways to create a safe, respectful, empowering and multi-disciplinary team environment for all health care workers.

### Award of Excellence in Research – RPN

Presented to an individual RPN who has contributed in a significant way, on an ongoing basis, to research in practical nursing in Ontario and whose efforts have demonstrated evidence-informed nursing practices.

## Awards of Excellence



The evening will close with our annual Awards of Excellence Ceremony celebrating outstanding RPNs and RPN-employers across Ontario who demonstrate a commitment to excellence in care throughout a variety of practice settings.

There are three new awards this year: The Excellence in Research Awards—one for an individual RPN involved in research and one for an employer who supports PN research—and the TELUS-sponsored Mental Health Award.

The full slate of Awards recognizes:

### Award of Excellence and Innovation

Presented to an RPN who has contributed in a significant way, on an ongoing basis, to the profession—and/or practical nursing in Ontario—and whose efforts have demonstrated exemplary nursing practices.

### Preceptor Award of Excellence

The role of the preceptor is to provide guidance to a student entering the practice setting by creating a positive learning environment in which the student can expand his/her knowledge and skills to successfully integrate nursing theory into practice. The Preceptor Award of Excellence is bestowed upon a Registered Practical Nurse (RPN) in recognition of outstanding contributions as a role model for a practical nursing student.



### Award of Excellence in Research – Organization

Presented to an organization that has contributed in a significant way, on an ongoing basis, to the creation, utilization and/or participation in research that supports or informs practical nursing in Ontario. The winning RPN will have also optimized and/or advanced evidence-informed RPN nursing practices.



## Registration

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Meet Lydia:

# Recipient of RExPN support



In her first year of nursing school, Lydia Mead saw a posting for a WeRPN board member position. Now working as an RPN in in-patient surgery, she began her one-year term as Student Representative in October 2021.

Despite her heavy workload, Lydia knew being a WeRPN board member would be an important role.

Having graduated from Conestoga College as recently as May 2022, she's keenly aware of the challenges nursing students face—especially those learning to practice during a pandemic.

“Online courses were very difficult for many people, and for those living off campus, it could be extremely isolating. Luckily my cohort had in-person placements, but some did not—it's demoralizing to work so hard and to be faced with so many obstacles,” says Mead.

In a time when the nursing profession is fraught with staff shortages, job dissatisfaction and burnout, it's now more important than ever to encourage and assist incoming students.

The Student Representative board member position presented the perfect opportunity for Lydia to advocate for other nursing students.

In this role, she regularly talks with students and faculty to get their perspectives on issues facing the nursing profession, changes in colleges, new programs and funding opportunities.

These insights are then assembled into a report, along with her own guidelines and recommendations, and presented to other board members at each quarterly meeting.

The Student Representative is also a key decision maker for the allocation of the Education Trust Fund (ETF). Every year, WeRPN dedicates one dollar from every membership to the

Fund to offer practical nursing student members access to educational bursaries valued at \$1000.

Reading scholarship essays, discussing the nominations and determining the recipients has been a way for Lydia to uplift fellow nursing students.

But as her term as a board member comes to an end, so does her time as a student. While practicing with a temporary license, Lydia has been studying for the REx-PN exam. This is a new Canadian Practical Nurse exam developed for the British Columbia College of Nurses and Midwives (BCCNM) and the College of Nurses of Ontario (CNO).

This new entry to practice exam became effective on January 4, 2022, for those applying to become an RPN in Ontario. It tests for the knowledge, skills and judgment nurses need throughout their careers and improves exam writers' experience by giving year-round access to the exam and faster results.

Mead plans to keep working in in-patient surgery, where RPNs are used to their full scope and are constantly challenged with new and different cases. “I'm always learning. Every day I see something new,” said Mead.

Most notably, she's been struck by how collaborative the work can be and how willing her coworkers are to help. Even while working through an unrelenting pandemic, her colleagues always offer thoughtful advice.

This sense of compassion and drive has made Lydia an important addition to WeRPN's board of directors.

## **Dr. Leigh Chapman named CNO of Canada**



Canada once again has a Chief Nursing Officer (CNO). Dr. Leigh Chapman was elected to represent nurses at the federal level and provide strategic advice to Health Canada.

The CNO position was discontinued in 2012; however, the federal government reinstated it earlier this year.

“Reinstating the role of CNO reinforces that the federal government understand the value and contribution nurses make to improve the health of all Canadians,” says Dianne Martin, Executive Director of WeRPN. “With nurses across the country facing unprecedented and unsustainable pressures, we believe that Dr. Chapman’s appointment as CNO will provide a stabilizing force.”

Dr. Chapman is a strong advocate for RPNs. In fact, she was the recipient of WeRPN’s 2021 President’s Award, which honours an individual, group, or organization that demonstrates outstanding commitment to furthering the utilization and recognition of RPNs in Ontario.

Chapman is a registered nurse and received her Ph.D. from the University of Toronto’s Lawrence S. Bloomberg Faculty of Nursing. We look forward to working with her to support Ontario RPNs and help improve the provincial health care system.

## **Dr. Karima Velji appointed Chief CNPP of Ontario**



Dr. Karima Velji has been appointed Chief of Nursing and Professional Practice (CNPP) of Ontario. In this role, Dr. Velji will provide the provincial government with advice on health care practice, education, research and policy from a nursing perspective. She will also help create links to health professionals and RN and RPN partners across sectors. Dr. Velji will also position nursing as a central element of the Ontario health care system and advance professional practice in nursing and other health professions.

Dr. Velji has more than 30 years of leadership experience in the health care sector. She has held prominent leadership roles in Canada—including the President of the Canadian Nurses Association—and has also provided innovative solutions for the care of special populations including seniors, those who live with mental illness and remote, rural and Indigenous populations.

WeRPN looks forward to working with Dr. Velji to support Ontario RPNs and help improve the province’s health care system.

WeRPN is pleased to share the results of our Call for Nominations for the association's Board of Directors. Two new board members have been acclaimed to the Board.

### Region 2

#### **Deanna Clatworthy**

Acclaimed



Deanna Clatworthy is a nurse, health educator and public speaker who is passionate about equitable, accessible and holistic healthcare for marginalized communities. She has extensive training in HIV, infectious disease, sexual health and transgender health and has worked in LTC, mental health, primary care, L&D and wound care.

Deanna believes she learned everything you need to know about being a nurse in her RPN program. She is a lifelong learner and has recently completed her Masters of Nursing—Leadership at Western University.

She is a mom of two children and is blessed to now also be a grandmother. Deanna previously spent five years on the WeRPN Board of Directors and is excited to be a part of this incredible organization again.

Deanna looks forward to representing the RPNs in Region 2 and helping to be a voice for all RPNs as we work to move forward together after the past few stressful years.

### Region 6

#### **Angela Corneil**

Acclaimed



Angela Corneil graduated from Fleming College in Peterborough as a Registered Practical Nurse and has had the opportunity to practice to full scope in both the Long-Term Care and hospital sectors.

Throughout her career, Angela has been a strong proponent for innovation and change in health care, including advocating for enhancing leadership opportunities for RPNs. Angela has worked as an informal leader with acute medicine teams, evolving into a quality consultant at Peterborough Regional Health Centre.

During the pandemic, Angela stepped into a formal leadership role as COVID-19 operations manager, providing leadership to the vaccine clinic, COVID-19 assessment centre and screening and access teams. Stemming from this experience came the opportunity to innovate and change as a leader in a new way. Angela has joined the diagnostic imaging team as a quality and systems program support partner and is the first RPN to become part of this team.

Angela is committed to bringing her nursing experience and the RPN lens to every situation while continually advocating for leadership opportunities that allow RPNs to evolve and showcase their innovation and talent. Angela is currently progressing towards completing a Bachelor of Health Administration degree to enhance her contribution to the health care system.

Angela is currently the Board Member-At-Large for WeRPN and is genuinely proud to support Ontario's RPNs on a broad level. Being part of this outstanding group of nursing leaders is inspiring, and Angela hopes to continue promoting registered practical nurses as integral leaders in health care. She also strives to contribute to a positive future for the profession and the health care system.



# A productive year in *RPN-focused research*



With so much change happening within the health sector this past year, the WeRPN research team has focused considerable study on the impact on RPNs, conducting four academic research studies, two RPN research fellowships and a formal RPN-focused literature review.

This marks the second year that the WeRPN research team has worked to implement the WeRPN Research Strategic Plan. A second call for academic research proposals and RPN research fellowships was completed, and two academic proposals and two RPN research fellowships were awarded:

## Academic Research Grants:

### **Dr. Christopher McIntyre**

Lawson Research Institute, London Health Sciences Centre, Western University:

*Improving Care for Hemodialysis Patients through a Patient Optimization and Education Program.*

### **Dr. Winnie Sun**

University of Ontario Institute of Technology:

*Examining the Critical Need for Virtual Self-Instructional Micro-Credential Learning for LTC Staff to Advance Expertise in Palliative Care for Persons with Dementia.*

## RPN Research Fellowship Grants:

### **Justin Dorie, RPN**

London Health Sciences Centre:

*The Hemodialysis Patient Optimization and Education Program.*

### **Jen Calver, RPN**

University of Ontario Institute of Technology:

*Staffing Stability in Long-Term Care.*

In addition, a second \$25,000 Social Sciences and Humanities Research Council of Canada Partnership Engagement Grant was awarded to Dr. Denise Connelly and WeRPN. The study, entitled “*Resiliency on the job as a home care nurse: experiences of Registered Practical Nurses to inform recruitment, retaining and revitalizing this workforce*,” is in the design and ethics approval stage with partners St. Elizabeth Health Services and VHA Health Services.

To promote more knowledge exchange and translation, an inaugural WeRPN Research Symposium will be held on December 2, 2022, in person at the CHSI Conference Centre in Mississauga, Ontario, as well as virtually via Zoom. The symposium will showcase recent RPN-focused research studies on workplace health, clinical practice, psychological health, leadership, roles in rehabilitation, long-term care and acute care and career transitions.

Registration is free. WeRPN members and non-members can register via **werpn.com**.



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