

**Remarks by ONA Vice-President Anne Clark, RN**

## **Nursing as a Social Force**

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**University of Ottawa**

*Check against delivery*

- Hello, everyone, and thank you so much for inviting me to participate today.
- You are soon to enter the world of nursing, which is both exciting and scary!
- There's a great deal happening in Ontario with regard to our profession right now, and there's never been a better time to speak about nursing as a social force.
- As vice-president for this region, and as a registered nurse, I speak from experience when I tell you about the role of ONA and of nurses in effecting change. After all, who better than to be an advocate than nurses?
- I think you all know about the organization I represent – the Ontario Nurses' Association, or ONA. You know that we are the largest nurses' union in Canada, and we represent about 54,000 RNs and allied health professionals, as well as more than 10,000 nursing students.
- Of course, ONA provides a multitude of services for its members, from collective bargaining, legal services if needed, professional practice advocacy and so much more.
- ONA is out in front in its efforts to advocate both for its members and for quality patient care – the primary concern of nurses world-wide.
- Nurses need the strength of ONA behind them as we face the challenges before us.

- In fact, there are so many challenges that it's difficult to decide where to start.
- As a nurse, I think it's natural to begin with the threats to quality patient care.
- The threats come for a variety of reasons.
- For instance, in Ontario, we know that our government provides the third-lowest funding per capita for hospitals in the entire country.
- And we know that last year, a full one-third of hospitals had budget deficits, which are not allowed under legislation passed by the Liberal government.
- We know that many, many more hospitals will be in a deficit position in the coming year, as the numbers being thrown about for hospital funding are rumoured to be zero, one or perhaps – at best – a two-per-cent increase – well below the rate of inflation.
- And we know that when hospitals crunch the numbers, they'll be looking, as always, to the front lines to fix the bottom line.
- This means that despite the serious shortage of nurses, and despite the more than 1,200 RN cuts we've seen during the past year, we're in for more nursing cuts.
- It's difficult enough now to provide the quality care our patients need and deserve with the nursing shortage.

- The thought of more cuts when those already made amount to the loss of more than one million hours of nursing care yearly is frightening to imagine.
- That's why ONA, in its role as advocate, is getting set to relaunch a public affairs campaign called Cutting Nurses, Cutting Care.
- ONA ran this modest but successful campaign last winter. It urged Ontarians to visit a dedicated website, [www.cuttingnursescuttingcare.ca](http://www.cuttingnursescuttingcare.ca), and send an e-mail to the Premier, Health Minister and their local MPP to stop nursing cuts.
- Thousands of people responded to the ads and sent these e-mails. But we face this new round of cuts and it's time to take the campaign more local.
- Our president will be travelling to various parts of the province in the coming weeks to talk to journalists, politicians and communities about what cutting nurses is doing to our public health-care system.
- It's an example of advocacy at its best.
- Every year polls reveal that nurses are in the top-three most trusted professions in the view of Canadians.
- As nurses, we see clearly the issues that impact our patients and our communities, and it is imperative that we act.

- By speaking to those who can effect change to improve care, ONA continues to use both local and broader efforts to make a difference.
- We know – from numerous scientific studies performed both in the U.S. and in Canada – that there is a direct correlation between RN staffing levels and patient outcomes.
- For every patient added to an average nurses' workload, morbidity and mortality rates rise 7 per cent.
- Cutting nurses compromises patient care, plain and simple.
- If health-care facilities aren't busy cutting RN jobs, they seem to be cutting RN hours.
- We know that every RN position cut represents the equivalent of 1,950 hours per year of patient care.
- Multiply that by 50 RN positions, and you have almost 100,000 hours per year less care.
- Those are scary facts, and they are much of the reason that ONA invested in this campaign.
- We can't be effective givers of quality patient care if there are too few of us to do so.

- Therefore, as advocates for our patients, ONA members find the extra time and energy to stage local rallies and information pickets, to write letters to the editor or do the odd media interview, so our communities understand what is happening to their RNs and the implications for themselves and their families.
- ONA also effects social change by participating in the work of numerous committees at multiple levels.
- For instance, our representatives meet with the Minister of Health and Long-Term Care and her staff regularly, we meet with the Minister of Labour Relations to advocate for safer workplaces, and we meet regularly with the Nursing Secretariat and Chief Nursing Officer.
- We have health and safety staff participating in pandemic preparation committees, ONA belongs to a number of health-care-related organizations such as the Ontario Health Coalition, which fights for quality patient care.
- Hundreds of ONA members participate in their workplace committees, which deal with everything from fiscal advisory to joint health and safety matters.
- ONA staff are also active on nurses' behalf. Currently, through our affiliation with the Ontario Federation of Labour, we are contributing our expertise to a new video on workplace sexual harassment to teach younger workers about this issue and what they can do about it.

- ONA speaks out about the issues we see that are impacting quality patient care and the worklife quality of our members.
- We do so through active media relations. Members of the Ontario press corps know that ONA is a reliable and available source for the facts on a very large range of developing stories.
- Our members are active at the grassroots level, holding local rallies or information sessions about local and provincial issues.
- And ONA works through the legal system as well, as an intervener in hearings and coroner's inquests when appropriate.
- For instance, an ONA member died last February in a London hospital from complications of MRSA.
- The employer has a less-than-stellar history of occupational health and safety preparations and of harassing ill nurses to come to work, even while ill.
- The Ministry of Labour investigated the death and opted to not write orders for the hospital to improve the training and enforcement of infection control, even though the nurse had just cared for a patient who died of MRSA and many procedures had not been enforced.
- ONA has appealed this decision, has gone public with the story and hopes that there is a positive outcome.

- ONA did not go public through any need to “punish” the hospital. Our hope is that the appeal will mean that the Ministry writes – at minimum – a series of recommendations that ALL hospitals can learn from in an effort to ensure that both patients and the nurses who care for them are safer from infection.
- And that is the secret of effecting change.
- ONA knows its facts before we go public.
- We do so with the best of intentions – to improve the care for our patients and to improve the work life of our members.
- There are so many examples of ONA’s intervention in its 35-year history, and many examples of successes.
- But we are entering yet another round of serious cutbacks in health care, and we must be prepared to continue our efforts.
- As new nurses, it is imperative that you begin to develop your advocacy skills.
- ONA is there for its members. Our services are second-to-none.
- But as we face more cuts, we need support, we need the public to get angry and demand that public health-care and nursing care be maintained.
- If we don’t speak up – and I don’t just mean ONA – we will all suffer the consequences.

- So thank you all for listening.
- I hope that as you graduate and enter the nursing work force, I will meet you again as ONA members.
- And I hope that knowing that ONA is speaking out on behalf of nurses, and on behalf of our patients, is comforting to you as you begin caring for patients.
- If you have any questions, I am happy to answer them.