



Ontario Nurses' Association members show their support for publicly-funded Medicare in the Canadian media

▶ **PROFILE**

Winning hearts and minds

🇨🇦 **Get the public onside and the politicians will follow, says Canadian nurses' leader Linda Silas**



CFNU President Linda Silas

'Two thousand handwritten letters to the minister for health had a big impact'

The Lamp: What is the challenge facing Canadian nurses right now?

Linda Silas: The heavy workload due to insufficient numbers of nurses. In the 1990s politicians decided we didn't need as many nurses so they laid them off. Then they said, we don't need to spend so much money on nursing education either, so they closed schools of nursing and reduced seats of nursing (they also did the same for doctors). Ten years later governments began to realise that they needed more nurses, but we couldn't get them fast enough. Our mission has been to fix the system the politicians broke.

The Lamp: How have you campaigned to reduce workloads?

LS: First, we did our own research and also convinced governments to fund research. We succeeded in proving that shortages existed and that the workload was increasing and getting dangerous. Through job actions, rallies, lobbying and media work we focused public attention on the

solutions and achieved some important breakthroughs. In 2002 the Canadian government created a national nursing advisory committee (CNAC) which included the CFNU. The committee adopted a lot of our suggestions. After one year the committee came up with 52 recommendations on how to boost the nursing workforce. Many of these are being put into practice but more government funding is needed.

The Lamp: What solutions did the union successfully propose?

LS: Student nurses in Canada will often graduate with a \$40,000 debt, so we proposed more government funding for student loans and a bursary system. We also proposed phased-in retirement for older nurses. Instead of taking full retirement at 55 you'd continue to work part-time. Over 28% of our workforce could retire by 2006 because they would have reached 55. When I mentioned this to nurses in NSW they said, 'you could have been talking about our

nurses!' We are now carrying out research on ways to keep older nurses in the system. Is it a higher salary or part-time work or mentoring position? To be effective in retention strategies, we need to know.

The Lamp: What about conditions for younger nurses?

LS: There's a problem at that end of the spectrum too. Thirty per cent of nurses under 30 want to leave the profession. They're run off their feet every shift and they don't see any light at the end of the tunnel. Part of the problem is the way the education system has changed for nurses. A lot of them are thinking, I'll go into community nursing or management or research but the reality is 70% of our work is in hospitals. We've been working hard with the universities and employers to take a more realistic approach because hospital work can be a very rewarding career.

The Lamp: What role did public opinion play in your campaign?

LS: After doing the research and getting the facts we launched a public relations campaign across the country, mostly focused on different provincial state situations, but as part of one overall campaign.

I travelled across the country meeting nurses and asked them to write a letter to the national minister for health saying, 'you need to act on CNAC's 52 recommendations' and at the same time telling a very personal story about how the heavy workload was affecting them and their patients. We got 2000 letters in two and a half months. This made a bigger impact than a hundred letters from union presidents. I even had a group of seniors I was speaking to ask me if they

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could write a letter. That night 70 of them sat down and wrote letters to our federal health minister of their experience with the nursing shortage.

The Lamp: What other tools did you use to push your workloads campaign?

LS: We developed 'work situation reports', similar to incident reports, which are filled out for errors etc. We get individual nurses to fill out a report advising management whenever they were working in an unsafe situation – either for themselves or their patients.

The Lamp: So you effectively made workloads an occupational health and safety issue?

LS: Yes, occupational health balanced with patient safety. We have made 'patient safety' a key phrase in Canada over the last 18 months. If the workload is that heavy, if injury rates to nurses are that horrifying (80% higher than the average Canadian worker), what do you think happens to the patient? The CFNU has started working on a patient bill of rights. We've also developed a good relationship with the nurses' professional body (similar to the NSW Nurses' Registration Board) in order to achieve stronger measures to protect the public: our patients.

The Lamp: Grassroots action among nurses is a feature of your campaigning. Can you give an example of a campaign or a strategy within a campaign, that was created or driven from the ground up?

LS: Over the years, we've found that if you only have the leaders out there, knocking on doors and in front of every rally, it doesn't work. Our last Federal Election campaign involved 125,000 unionised nurses across Canada distributing a scratch card, like the lottery scratchies, with questions printed on them, e.g. what should be the percentage of federal funding towards health care, and three boxes to scratch and you'd find the answer under each one. Local nurses sent them directly to people in their localities to ask appropriate questions to candidates: not just empty promises from politicians who only want to get elected!

The Lamp: You had a major victory recently in lobbying for more funds for health care, including a national scheme to subsidise medicare, called Pharmacare.

What did you achieve, and how?

LS: Financing of health care has been a big issue for quite a few years. Certain people claimed funding levels were unsustainable and were pushing privatisation as the solution. We knew we needed evidence to counter that, so we commissioned a progressive health economist to compare our system with other countries', and to show that what we had was affordable and a strong federal government role was needed. We came up with three solutions – Pharmacare, more federal funds for provinces (state) infrastructure, and establishing a bursary system for nurses and doctors. I've already mentioned some of our lobbying efforts to achieve these goals.

The Lamp: Was it just a matter of convincing the Canadian government?

LS: We achieved our biggest breakthrough at the annual conference between the Prime Minister and premiers. Some of the premiers backed our proposals and the PM hesitated and then agreed to a \$4.1 billion increase in federal funding over six years. The extra money will finance important measures.

The Lamp: Such as?

LS: The main items are a national plan to provide home-based care, to shorten wait times; a national plan for primary health care and health promotion; and to start-up a national Pharmacare program. The agreement between the PM and premiers also requires each province to create a plan to address staff shortages and to report back to the federal government.

The Lamp: Heavy workloads are something nurses here and in Canada have in common. What are some of the main differences between the two countries' health and nursing systems?

LS: Over 90% of the health care sector in Canada is public. There are very few private – sector nurses. Aged care is public sector too except for a few private, not-for-profit organisations. Canadian legislation ensures all nurses are automatically union members unless they're in higher management. The CFNU has 125,000 members, about 80% of the nursing workforce. And like NSWNA, we work towards the advancement of the nursing profession with the ultimate goal – quality patient care. ■