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OUR COVER

Tough stance

A CBC-TV camera crew was among media representatives covering the keynote address at the 1979 hospital wage and policy conference. Delivered by RNABC Labour Relations Chairman Doris Shepherd, the talk urged nurses to take a tough stance at negotiations for a new collective agreement covering some 113 hospitals. The delegates took Shepherd at her word, adopting a series of bargaining positions intended to end "four years in the economic wilderness". A summary of their work appears on Pages 4-5, and the full text of Shepherd's speech begins on Page 6. With Shepherd in our cover photo are RNABC Senior Labour Relations Officer Malcolm Wilkinson (left) and Lee Hackett, who recorded the conference proceedings.

RNABC Governing Bodies

Association activities are divided into two general areas, each with its own governing body. The Board of Directors is responsible for all programs except those pertaining to collective bargaining activities, which are the province of the Labour Relations Council.

Board of Directors

EXECUTIVE COMMITTEE — President Stephany Grässel, Vice President Jeanie Tronningsdal and Directors-at-Large Barbara Burke, Sherry Fossum, Jan Kotaska, Fraeya Metler and Anne Wylie.


NON-NURSE MEMBERS - Brian McCrea, selected from chapter nominees; Mary Jane Mulligan, provincial government appointee; Barbara Rollins, Consumers' Association of Canada.

Labour Relations Council

COMMITTEE OF OFFICERS - Chairman Doris Shepherd, Vice Chairman Molly Reid, Treasurer Beatrice Patriquin and Executive Councillors Sandra Dunning and Erica Preddy.


BARGAINING UNIT REPRESENTATIVES - Provincial Hospital Agreement. Vacant; Public Service Agreement, Arlene Trustham; Other Collective Agreements, Sheila Smith.
MY TURN: STEPHANY GRASSET

Working together for a louder voice

Thank you for your vote.

During my two years of office, I hope to meet and talk with many of you. I will try to be easily accessible and always approachable.

I ask each and every one of you to remember that RNABC is your association and that you ARE the RNABC. Your board and your president can work for you only if you make us aware of your professional concerns.

So, please, give us your wisdom and some of your time, so that we can all work for the progress of our profession.

As I begin my two years of service, I reflect on my past years of involvement with RNABC. Since the 1960s, I have been an outspoken representative of nursing. I speak as a practising nurse, keenly aware of the tremendous energy, knowledge and resources that we can offer to the system. I have been disappointed by our relative impotence as a professional group.

In the 1970s, I was involved in several health care projects that demonstrated the ability of nurses to provide innovative services, the "expanded role". Capable, determined colleagues throughout the province were changing the pattern of nursing practice.

During this time, I have seen great changes in health care services. Programs such as home care, long term care and health care centres have been introduced. Nurses play a major functional role in these programs, but have had little or no influence in planning or organization.

It was in the 1970s that I first voiced my disquiet about our lack of involvement in planning and decision-making. I was critical of traditionalism in nursing and of the political naivete of nurses. I was upset by the deterioration in working conditions for nurses.

In many parts of the province, individual nurses shared my views and concerns. It became evident to me that many nurses were examining their personal and professional values — and realizing that if nurses are to have a voice in decision-making, then the profession has to become more assertive.

As individuals, we can do little; but together we can be a major influence on the type of services that are developed for our patients. RNABC is the voice of nearly 22,000 nurses and it can be a great influence, a loud voice. It is because we should be a powerful voice that I became involved in RNABC.

During my time as a board and executive committee member, I have been both encouraged and stimulated, as well as frustrated and saddened. I know that we must believe in ourselves and that we must stand together.

The nurses of British Columbia ARE the professional association and they ARE the RNABC Labour Relations Division. Both organizations exist because of us.

By working together as nurses of this province, we can receive better benefits for extremely demanding and very hard work.

Working together, we can receive better education.

Working together, we can exert political pressure for improved services.

Working together, we can provide better care.

Together we stand, divided we fail. And we shall not fail.

Stephany Grasset assumed the RNABC presidency on September 1. An instructor in the BCIT psychiatric nursing program since 1976, she occasionally works part-time as a hospital general duty nurse. Grasset is a graduate of Bellevue Hospital (New York) School of Nursing, earned a public health nursing certificate from UBC, holds a B.Sc. in chemistry from Louisiana State University and studied history and philosophy at the Sorbonne in Paris.
Hospital nurses stand tough

B.C.'s 12,500 hospital nurses are ready for a tough round of collective bargaining to get a decent collective agreement.

That was made abundantly clear by delegates to a provincial wage and policy conference convened in September by the RNABC Labour Relations Division.

The Vancouver meeting lined up a series of negotiating proposals intended to give nurses an economic catch-up—and then some. The existing agreement expires December 31, 1979, and negotiations begin this fall with the Health Labour Relations Association, which acts for 113 hospitals.

Keynoting the two-day conference was an address by RNABC Labour Relations Chairman Doris Shepherd. She received a standing ovation, declaring that getting out of the “economic wilderness” means nurses must “hold fast...when the going gets tough.” (See Page 6)

The 60 delegates spent the rest of the conference building a negotiating structure on the foundation of Shepherd’s talk. From proposals submitted during the summer by bargaining units throughout the province, they prepared this year’s negotiating positions. Among the major proposals are the following:

WAGES—The division proposes a two-part package to take effect January 1, 1980. First would be a catch-up increase, to compensate for nurses’ loss of purchasing power. The amount would vary with experience and responsibility; a beginning registered nurse’s monthly salary, for example, would go from $1,305 to $1,450. On top of that would be an across-the-board increase of 18 per cent for all hospital nurses.

HOURS—To give hospital nurses parity with nurses employed directly by the provincial government, the division proposes reducing the hospital work week from 37½ to 35 hours.

GRADING STRUCTURE—An eight-step salary classification would replace the existing six-part structure. The result would be to give more financial recognition to nurses in specialized clinical areas and to those “in sole charge” in smaller agencies.

PATIENT CARE COMMITTEE—A new article in the agreement would establish a joint committee in each hospital. With equal representation of nurses and management, the committees would determine fixed patient-nurse and workload ratios. Failure to agree on ratios would leave their determination to binding arbitration.

RNABC DISCIPLINE—A new article would establish that registered nurses could not be required to obey instructions which they believe leave them liable to RNABC disciplinary action. The employer could not discipline nurses who invoked this right.

OVERTIME—This would increase from time-and-a-half to double-time.

WEEKEND PREMIUM—Introduction of this would mean nurses working weekends would earn time-and-a-half, instead of the straight time provided by the existing agreement.

QUALIFICATION PREMIUMS—A variety of improvements are sought in premiums paid to specially qualified nurses. Examples: increasing from $70 to $100 the monthly premium for a nursing baccalaureate degree; boosting the premium for special clinical preparation from $10 to $25 a month.

MEDICAL/DENTAL COVERAGE—The division wants to increase from 50 to 100 per cent the employer’s contributions to premiums for basic medical and extended health coverages. Dental coverage would also be expanded by adding orthodontic benefits.
SICK TIME—Among proposals in this area are those calling for a cash payout of accumulated sick time: 100 per cent to nurses on retirement and 75 per cent on termination. In addition, there would be no ceiling on total accumulated days.

SHIFT PREMIUM—The division proposes an increase from $.30 to $1 an hour.

SPECIAL LEAVE—A new benefit, this would provide time off for specific purposes like marriage leave or family illness. Effective January 1, 1980, all nurses would be credited with 12 days' special leave. Additional days would be accumulated at the rate of one day every four weeks, to a maximum of 25 days.

INTEREST ON RETROACTIVE—The division proposes that the employer pay interest at current bank rates on any retroactive salary owing 30 days after the collective agreement is signed.

LIFE INSURANCE—This would commit the employer to providing $25,000 group life insurance policies for all nurses at no cost to them.

OTHER DUTIES—Nurses could not be required to perform maintenance, cleaning or security duties.

EXTENDED LEAVE OF ABSENCE—Nurses would be granted, on request, a year's unpaid leave after five years of service. There would be no loss of seniority.

STATUTORY HOLIDAYS—Nurses working statutory holidays would be paid double-time-and-a-half, instead of the present time-and-a-half. In addition, a new "floating" holiday would give nurses one more paid day off each year.

LONGTERM ILLNESS/DISABILITY—The division proposes the employer establish and fund insurance programs assuring nurses their regular salary during longterm illness or disability.

MATERNITY LEAVE—This would be increased from 17 weeks to six months.

EDUCATIONAL LEAVE—The division proposes improving the existing article by establishing a bank in which nurses would accumulate one day's paid leave a month, to a maximum of 30 days. Nurses would select the educational programs, and the employer would pay 50 per cent of expenses.

ON-CALL PREMIUM—The division proposes increasing this from $.60 an hour to:
- $2 an hour for evenings prior to or during off-duty days and statutory holidays.
- $1 an hour for any other days.

COMPASSIONATE LEAVE—This would be expanded from three consecutive days to five working days.

SEVERANCE PAY—Nurses would be entitled to existing severance benefits if they have at least 10 years' service and leave the hospital work force by their own choice. Severance pay is available now to nurses retiring in accordance with provisions of the Municipal Superannuation Plan.

Proposals set for government

While hospital nurse delegates hammered out negotiating proposals (opposite page), a similar process was underway for nurses employed directly by the provincial government.

Meeting in Burnaby, some 45 government nurse delegates looked ahead to negotiations this fall for their own collective agreement. It expires December 31, 1979, and covers some 1,500 registered psychiatric nurses and 1,100 registered nurses. Representing them are the Registered Psychiatric Nurses' Association of B.C. and the RNABC Labour Relations Division.

The two-day conference laid down guidelines for the joint bargaining committee that will meet negotiators of the Government Employee Relations Bureau. Specifics were not settled in many cases, as a good deal of time was occupied by angry discussion of GERB's refusal to implement a 1978-79 agreement settled this summer by binding arbitration.

Among the bargaining committee's guidelines are:
- At least a 20-per-cent across-the-board salary increase to take effect January 1, 1980.
- Better conditions for auxiliaries, who are without the full benefits of the agreement.
- A weekend differential of time-and-a-half for working Saturdays and Sundays, as well as improvements in existing shift differentials.
- Payment of double-time for working overtime on regular working days and of triple-time for public holidays.
- Allowing nurses to carry over five days' vacation a year for two consecutive years.
- A requirement that the employer provide first aid and survival equipment in all vehicles used for government business. This is a problem for public health nurses in remote areas.
- A year's unpaid leave of absence after 10 years of service, with no loss of seniority or benefits (the cost of maintaining the benefits to be borne by the nurse).
- Improved educational leave policies, including establishment by the employer of an education fund equal to two per cent of the total compensation paid to nurses.
- Providing extended health and dental benefits for retired nurses.

While the two associations' conference delegates prepared for upcoming negotiations, they also discussed the possibility of job action to resolve the 1978-79 agreement. A three-member arbitration board had delivered most of the contract by June, but the government was stalling on implementation.

Of the series of arbitration decisions, progress had been made only on retroactive pay — and not all nurses had been paid as of mid-September.
No more 'Nurse Nice-Guy'

Opening the 1979 Wage and Policy Conference was a keynote address by RNABC Labour Relations Chairman Doris Shepherd. Her text appears below.

Good morning, ladies and gentlemen. I won't keep you very long, as we have a lot of work to finish in the next two days. But before we start, I want to make some important points — things we should keep in mind during this conference and later in the year, when your bargaining committee sits down with management.

This is only September, but I want to tell you briefly about my three New Year's resolutions. On New Year's Eve, you see, the provincial hospital agreement expires. The resolutions I'm going to make relate to that happy event.

Most people's New Year's resolutions deal with improvements, with putting things right. Basically, that's what mine would do, because nurses have more than their share of things to put right.

Some people — governments, administrators, other professionals — some people think that nurses are pushovers. The image seems to be of someone so dedicated, or timid, that she'll roll over and play dead. Here's what I hear them saying about us:

"Don't worry about her... She'll give up her breaks... She'll mop up that mess; it comes under other related duties... She'll function on an understaffed ward, 'til she's dead on her feet at the end of a shift... Don't worry about her..."

And you know, by and large, people are right. For generations now, we've been pushovers; we've put up with situations no one else would; we've done all this to ourselves. That's why people believe nurses are so dedicated, dedicated to the point where decent wages and working conditions are secondary.

STOP BEING PUSHOVERS

Well, then, here's my first New Year's resolution: It's time to stop being pushovers.

Dedication and professionalism are important, but so are a nurse's responsibilities to family and self. I don't know about you, but nursing isn't my hobby. I nurse for a living, and I can't afford to support a badly-managed health system anymore. That may sound harsh, but it's no harsher than what's happened to nurses in the last four years.

On paper, our salaries have gone up 32.6 percent since 1975. But in the real world of groceries and children's shoes, a hospital nurse's salary is worth 7.2 percent less than in 1975. Think about it: your wages buy 7.2 percent less in today's marketplace. Do you think you're worth any less now than four years ago?

Other occupations have lost purchasing power, too, but nobody has lost as much as nurses. And many have gained. Consider the proverbial supermarket cashier. Her purchasing power jumped 12.3 percent since 1975 — and her hourly wage after one year is $9.28. Compare that with $8.28 earned by a registered nurse after one year. At this rate, nurses may soon be paying hospitals for the privilege of nursing.

None of that is fair. None of that is acceptable. None of that can be allowed to continue. And we must do more than stop the erosion of our livelihood — we must be compensated for more than four years in the economic wilderness. We are, in fact, entitled to more than our current salaries because of our education, experience and responsibility. Nurses need to regain lost purchasing power — and then some!

CATCH UP — GET AHEAD

Which brings us to my second New Year's resolution: It's time to get the decent wages and working conditions we deserve; that means nothing less than catching up and getting ahead.

You might ask how we got so far behind, and there isn't one simple answer. But the evidence points in part to four years of federal and provincial government interference in labour relations matters.

First came wage and price controls, which proved mostly that governments somehow manage to control wages, but not prices. Nurses and other public employees were easy targets for the Anti-Inflation Board, and all of us suffered — nurses more than most.

Next came the Essential Services Disputes Act. No official of this union has ever commented publicly on that law, but I will now. Whatever the government's intentions, this legislation has hurt B.C. nurses. Look at our experience. Last year, in binding arbitration under this act, hospital nurses received a

(Continued on Page 13)
Nurses’ secret ballot follows raid by HEU

A choice between the RNABC Labour Relations Division and the Hospital Employees Union faced some 90 nurses at Gorge Road Hospital in Victoria, as this issue of RNABC News went to press.

The B.C. Labour Relations Board (LRB) had ordered an October 3 representation vote for nurses at the hospital after HEU raided the RNABC bargaining unit.

HEU applied in late August to take over nurses’ representation at Gorge Road after a surprise organizing meeting, from which head nurses and supervisors were barred. About 30 nurses reportedly signed HEU membership applications.

The LRB was to rule on the union’s application after the secret ballot representation vote.

LRB delays Capital ruling

Some 130 registered nurses employed by the Capital Regional District were still waiting in mid-September for a decision on whether they come under the Essential Services Disputes Act.

The B.C. Labour Relations Board had been delaying since early August a ruling on the employer’s contention that the act cannot be used by the nurses to settle a collective agreement by binding arbitration.

The nurses provide community health services in the Victoria area, and the RNABC Labour Relations Division had applied for binding arbitration for an agreement to replace one that had expired March 31, 1979.

Negotiations broke down after three months of stonewalling by the employer’s representative, the Greater Victoria Labour Relations Association. Not only did GVLRA want to eliminate existing contract benefits, it refused to implement a cost-of-living increase required by the old agreement.

A separate arbitration was being sought to settle the COLA issue.

After the organizing meetings, RNABC Labour Relations Division elected officers and staff conducted open information meetings for Gorge Road nurses, who were also invited to arrange private talks to discuss the situation.

“What’s happening is unnecessary,” said RNABC Labour Relations Chairman Doris Shepherd. “Nurses should run their own union. You can do that with the Labour Relations Division — by participating, you control its direction.”

Gorge Road nurses opting for HEU would be a small minority “in a union which must represent a variety of interests which do not coincide with the needs of nurses,” warned RNABC Senior Labour Relations Officer Malcolm Wilkinson.

“This is a fact, no matter what you may hear.”

He also noted that HEU representation would ultimately mean that “any nurse now employed at Gorge Road Hospital (could not) move to another hospital with her accumulated benefits and seniority.

“Other hospitals are under RNABC nursing agreements; they could not accept that kind of a transfer of benefits.”

One of the nurses reportedly supporting the HEU application told the Victoria Colonist that “their contract is much better than ours. In fact, you might say we’ve been riding piggyback on the Hospital Employees Union since they came into this hospital,” said Kay Oliver.

“The HEU agreement only seems better,” said Shepherd. “Our negotiations this year will be the first since wage controls were lifted. The new RNABC agreement for provincial government nurses is an example of how the hospital contract can be improved. This fall’s negotiations will allow that.”

Shepherd blamed shortcomings in the 1978-79 RNABC hospital contract on binding arbitration and federal wage controls.

Association updates . . .

Exclusions settled

Twenty senior nurses employed directly by the provincial government have been excluded from a collective agreement held jointly by the RNABC Labour Relations Division and the Registered Psychiatric Nurses’ Association of B.C.

Acting as a single arbitrator, Vancouver lawyer Bryan Williams reached a decision on the exclusions in late June, ending two years of binding arbitration hearings on the issue.

The Government Employee Relations Division had originally applied for the exclusion of a total of 166 nursing positions, virtually all in B.C. government hospitals.

Altogether, some 2,600 nurses are included in a single certification held by the two associations.

OTEU arbitration

Binding arbitration of a collective agreement for clerical staff working for RNABC’s professional arm had not been concluded, as this issue went to press.

Hearings had been conducted in August and September before UBC Commerce Professor Noel Hall, who is acting as single arbitrator. Further sessions were scheduled in October.

The arbitration is to settle 1978-79 wages for 16 clerical workers. They staged a 10-week strike last spring in support of their demands. (See “Office workers end strike”, April/May/June 1979 RNABC News.)

The RNABC Labour Relations Division has concluded a separate agreement for its clerical workers.
Hospital budgets are no problem?

Hospital budget restraints don't seem to be bothering registered nurses to the point where they are willing to report problems to RNABC.

That's one conclusion that can be drawn from the lack of response to a request for information on how the provincial government's fiscal policies may be affecting hospital care. (See "Documentation wanted on restraints' impact", April/May/June 1979 RNABC News).

Since the request was published in June, exactly four responses have been received, RNABC Executive Director Marilyn Carmack reported in early September. Three of those were unsigned.

"It's almost impossible for us to present a case against the restraint program without hard evidence that it is a threat to patient care," said Carmack.

“We need facts, and we need to know who is providing them in case the information needs to be clarified. There is no way we would give the government or a hospital the name of a complaining nurse unless we had permission to do so.

"One thing that can be guaranteed is that submissions will be treated in confidence."

Carmack noted that the association has been most successful "dealing with the minister of health when we have been able to provide specific examples of unsafe nursing care — rather than when we have predicted possible consequences which cannot be backed up by fact."

Detailed instances of patient care problems are required for RNABC to act, she emphasized.

Earlier this year, Health Minister Bob McClelland informed B.C. hospitals that budget increases for the 1979-80 fiscal year would be limited to 7½ per cent. That was a rollback from a late 1978 position in which he had called for a 5-per-cent ceiling.

The RNABC Board of Directors decided in spring to seek input from association members on the affects of McClelland's policy statement.

Nurses wishing to report problems caused by budget restraints should write to Carmacks at RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3.

Nurse, lawyer appointed to RNABC board

An Okanagan nurse and a Lower Mainland lawyer have been named to the RNABC Board of Directors.

Mary Carrol of Peachland was appointed to represent Electoral District 5, where Judy Skelton of Kelowna has resigned the remaining year of her directorship for personal reasons.

A part-time emergency department nurse at Summerland General Hospital, Carrol has been active in local chapter affairs and in activities of the Okanagan-Similkameen Region of the RNABC Labour Relations Division. She is a graduate of the nursing program at Calgary's Foothills General Hospital, where she served on the executive of the Student Nurses Association of Alberta.

Brian McCrea of West Vancouver was appointed to the non-nurse directorship reserved for chapter nominees, his name having been proposed by the North Shore Chapter.

Active in legal professional affairs, he also serves on the board of directors of Lion's Gate Hospital and is president and chairman of the Lion's Gate Medical Research Foundation. McCrea is a Vancouver native who earned a B.Comm. and LL.B. from UBC before beginning his law practice in 1968.

Both appointments were made by the Executive Committee of the board, in accordance with the association's by-laws.

Two other non-nurse directors were reappointed to new two-year terms earlier this year: Mary Jane Mulligan of Vancouver, named by B.C. Health Minister Bob McClelland, and Barbara Rolls of Victoria, nominated by the B.C. Branch of the Consumers' Association of Canada.

Still vacant is a fourth non-nurse directorship to be filled by a nominee from a non-health labour service organization.

Taking seats on the RNABC Board of Directors are Mary Carrol and Brian McCrea.
Early findings ready in employment survey

A plurality of registered nurses responding to an RNABC employment survey cited family commitments as a major reason for not working in nursing.

This is just one preliminary conclusion of a mail survey of 1,870 B.C. nurses conducted during the summer.

A six-page questionnaire was sent to 990 non-practising RNABC members selected at random and to 880 practising members whose 1978–79 fee forms indicated they did not work in nursing. Better than 50 per cent responded in each category: 572 non-practising and 457 practising members.

Their responses have been collated for an initial report by independent consultant Edna Oberman. The association hopes to conduct a comprehensive analysis of the raw data by 1980, to determine correlations between reasons for not nursing and the categories of respondents. RNABC News will carry a detailed report of that analysis.

The initial report shows family responsibilities as the main reason many nurses are not nursing. Some 40 per cent of respondents cited that.

A concern for 30 per cent of respondents was unsatisfactory shift arrangements in most B.C. hospitals.

Among the other reasons cited were: working conditions, 27 per cent; lack of job opportunity in the immediate geographic area, 12 per cent; lack of job opportunity in a particular field of nursing, 12 per cent; poor salary, nine per cent. (The total exceeds 100 per cent because some respondents cited more than one reason.)

Asked what might influence a return to nursing, 41 per cent said hours of work would need to change, with more part-time opportunities. Some 28 per cent said a return to work would only follow some adjustment in their family responsibilities.

Nothing would induce 17 per cent of the respondents to return to nursing, while 15 per cent commented on the need for more inservice education and refresher courses.

Besides asking why respondents left active nursing, the questionnaire asked about educational preparation, how long the respondents had worked in nursing, and their attitudes toward the profession.

The survey was prompted by an acute shortage of nurses when a significant number of RNABC members were not working. Unusually high nursing vacancy rates were recorded during the summer and earlier in the year.

Performance evaluation book ready

Production has been completed of "Performance Evaluation Resources" and the RNABC guide is available either on loan or at cost from the association library.

The publication covers common questions about performance evaluation and contains an annotated list of references that will be updated periodically. It was developed as part of the RNABC Safety to Practice Program, which also saw a collection of sample evaluation forms and materials prepared for the association library.

The book will be distributed free to B.C. schools of nursing, libraries, and individuals and groups listed in the resources section. Others will be able to buy or borrow copies from: RNABC Library, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3; telephone 736-7331.

Because the book's eligibility for tax exemptions had not been established as this issue went to press, a final production cost had not been determined. Estimates put the price at about $4 a copy.

New library position filled

Pat Kolesar of Vancouver has been appointed to a new full-time librarian's position at the association's headquarters.

She is responsible for establishing a new central filing system for all internal documents relating to RNABC professional activities and will also provide back-up for Jean Melson, who will continue to operate the association library as a half-time employee.

Creation of the new internal filing system was recommended earlier this year by an outside consultant.

Kolesar has worked in a variety of library settings, including the B.C. Union Catalogue Project, the Simon Fraser University Library, and the National Library of Canada in Ottawa.

A member of the American Library Association and the Canadian Library Association, she holds an honours B.A. degree in English and an M.S. degree in library science both from UBC.

The new librarian's position is one of three authorized earlier this year by the RNABC Board of Directors. Expected to be filled later this fall are positions for managers of communications and financial services.
## MAJOR FACTORS FACILITATING QAP IMPLEMENTATION*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of Responses</th>
</tr>
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<tr>
<td>Dedicated hospital nursing staff and QAP steering committee members</td>
<td>17</td>
</tr>
<tr>
<td>RNABC support and materials (workshops, manuals and published standards, resource people)</td>
<td>15</td>
</tr>
<tr>
<td>Preliminary steps already taken (philosophy and objectives, written care plans)</td>
<td>11</td>
</tr>
<tr>
<td>Commitment and involvement of hospital administration and other professions (especially physicians and record librarians)</td>
<td>6</td>
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<tr>
<td>Ideas and materials from other hospitals</td>
<td>5</td>
</tr>
<tr>
<td>Evaluation already begun in form of chart audit</td>
<td>4</td>
</tr>
<tr>
<td>Involving all nursing staff at each implementation stage</td>
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</tr>
<tr>
<td>Use of problem-oriented record</td>
<td>2</td>
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<tr>
<td>Attacking only a few major areas at a time and not instituting the entire model at once</td>
<td>2</td>
</tr>
<tr>
<td>Flow charts that cut down charting time rather than adding to it</td>
<td>1</td>
</tr>
<tr>
<td>Familiarity with the Quality Assurance Program</td>
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## MAJOR FACTORS INHIBITING QAP IMPLEMENTATION*

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<td>Not enough money</td>
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<td>Inadequately motivated personnel</td>
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<td>Insufficient knowledge/understanding of QAP</td>
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<td>Small size of hospital</td>
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<tr>
<td>Altered charting requirements</td>
<td>8</td>
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<tr>
<td>Increased inservice requirements</td>
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<td>Other agency changes in progress</td>
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## GENERAL COMMENTS ON QAP

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<th>Comment</th>
<th>Number of Responses</th>
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<tr>
<td>Found QAP to be overwhelming</td>
<td>12</td>
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<tr>
<td>Too small to need this type of program or to develop it alone</td>
<td>9</td>
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<tr>
<td>Other agency priorities prevent action in this area</td>
<td>8</td>
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<tr>
<td>Vocabulary of QAP manual inappropriate or confusing</td>
<td>4</td>
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<tr>
<td>Would like feedback on QAP work already accomplished</td>
<td>3</td>
</tr>
<tr>
<td>Auditing of charts is best place to begin quality assurance</td>
<td>2</td>
</tr>
<tr>
<td>Would like to hear how others are doing</td>
<td>1</td>
</tr>
<tr>
<td>The QAP coordinator was not fully occupied, as other staff were not available to learn or participate</td>
<td>1</td>
</tr>
<tr>
<td>Teach QAP in schools</td>
<td>1</td>
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<tr>
<td>QAP indicated needed charting actions that were subsequently taken</td>
<td>1</td>
</tr>
</tbody>
</table>

*Some agencies responded in more than one category.
Local agencies reveal progress, problems with quality assurance

B.C. health agencies attempting to implement the RNABC Quality Assurance Program (QAP) require more consultation, according to a recent association survey.

Conducted earlier this year, the survey was intended to assess progress in quality assurance implementation among 148 hospitals, health units, outposts and mental health clinics.

The response totalled 56 per cent. Of that group, 33 agencies have initiated QAP, and 48 agencies are either considering implementation or are interested in it.

QAP is an association-developed system for defining, implementing and maintaining standards of nursing care. It is designed to be adapted in local agencies by registered nurses, working with other health professionals and consumers. The eight-step system was introduced at a series of regional nursing workshops during 1977-78.

This year's survey was to assess how many agencies had adapted QAP locally. Respondents were asked to list major factors inhibiting or facilitating implementation of the programs. These and other general comments appear on Page 10.

"From the questionnaire, we identified that a lot of people don't realize that this association can provide QAP consultations on request," said RNABC Professional Affairs Consultant Margaret Nish. "I'm trying to organize informal regional meetings early in the new year, to help questionnaire respondents who indicated they want further direction or clarification on adapting the RNABC quality assurance model to their needs."

The survey results also point out the need for a bank of resource materials on QAP, she added, as well as a way to meet that need. "We were able to determine that a lot of resources already exist in agencies which have implemented QAP and that these materials could be adapted in other agencies," said Nish. Material like standard care plans and flow charts is being collected throughout the province and should be available on loan from RNABC by the end of 1979.

"The questionnaire also validated the need for a self-learning package that would help nurses write care plans," said Nish. The RNABC Board of Directors has approved the project, which should be completed by next spring.

Among other data revealed by the survey are:

- Assignment of directors of nursing to head most agency QAP activities, although some assign responsibility for the program to nursing supervisors or in-service coordinators. Of the total, 44 agencies said they also work, or intend to work, through in-house quality assurance committees.

- Using nursing department budgets to absorb the cost of implementing QAP locally. This "rob-Peter-to-pay-Paul" approach is more prevalent than creating a specific budget item for quality assurance. One agency left in-service positions unfilled and decentralized in-service responsibilities to the unit level. Relief and teaching time for staff to work on competency charts, standard care plans, record development and audits have been changed. In another hospital, however, a special six-month budgetary allocation was made for a QAP coordinator. Still other hospitals use techniques like: charging the cost of forms to hospital administration, having a librarian's services contributed by the records department, and assigning the cost of materials to the stores department.

- General acceptance of QAP by agency administrators, with any associated problems relating primarily to funding. It appears difficult in many places to justify quality assurance activities which offer indirect benefits, when budgets are tight and priority is given to direct patient care costs like staffing and equipment.

Aid sought to demonstrate RNABC model

The association will seek private funding later this year for a project to demonstrate and evaluate the RNABC Quality Assurance Program.

Adopted in September by the Board of Directors, a project design will be submitted to the B.C. Health Care Research Foundation, the Vancouver Foundation and the P.A. Woodward Foundation. Development of the design was a six-month project by nursing consultant Jane Buchanan.

The three-year demonstration project would have four major objectives:

- Producing guidelines for QAP implementation that would require less than one per cent of a hospital nursing department's budget and manpower resources.

- Refining QAP instructional materials based on assessments of learning needs.

- Developing QAP evaluation mechanisms to be used by local health agencies.

- Evaluating how QAP achieves intermediate goals: establishing valid standards and measures of care, and identifying and resolving nursing care problems.

To meet these objectives, QAP would be implemented in three wards of a 200-bed acute care hospital for 18 months. The hospital would assign a senior nurse to act as program manager and would form a coordinating committee to monitor the program. An on-site program evaluator would also monitor the project, sharing findings with all involved health professionals.

"The value of this developmental period depends heavily on openness and sharing of information between evaluator and program operators and the development of a constructive, self-critical atmosphere," said Buchanan.

After 18 months, the program would be extended to the entire hospital.

The second major phase of the demonstration project would last 18 months and would evaluate the program's affect on nursing care. It would also question whether QAP reduces "nurse accountable" disease complications and stress felt by patients hospitalized longer than five days.

Four hospitals would be involved - two implementing QAP as set out in phase one and two maintaining their normal nursing activities. Patient welfare and nursing practice in all four agencies would be monitored during the study period.

"Nurses would be assured that information collected would not be used in any way to evaluate individual performances, and the project would proceed only in wards whose nursing staff support the proposed procedures," said Buchanan.
Total strikes and binding arbitration are not good ways to resolve contract disputes in essential services. That is the view of Paul Weiler, former chairman of the BC Labour Relations Board (LRB), whose attitudes on the subject were explored by this column in our last issue.

Having disavowed those methods of settling "public safety" disputes, Weiler proposes alternatives that fall between the two extremes. This second column examines his suggestions, the "controlled strike" and the "graduated strike".

The first option sees the union controlling the strike by withdrawing people from different work areas of the job, without ever staging a complete walkout. Weiler believes this is a particularly good means of guaranteeing that truly essential services are maintained.

**AVOID CONFRONTATIONS**

One consequence of controlled strikes, he argues, is that they avoid serious confrontations which could force legislators to "mount a full scale frontal attack on the right to strike by public employees." Weiler points out that "a more discreet use of law is conceivable: designating those services and workers who are necessary to prevent a serious and immediate danger to life, health or safety during strikes." The Essential Services Disputes Act contains such a provision.

During Weiler's chairmanship, the LRB was required to make that kind of decision for the 1976 strike by the Hospital Employees Union at Vancouver General Hospital. Based on this one experience, he is satisfied that "the exercise is feasible, and that the provision can be made a helpful instrument in the public sector bargaining system."

The graduated strike is somewhat different in its effects, and Weiler feels it especially useful in softening the impact of prolonged strikes. "A trade union does not institute an immediate, total shutdown of certain essential public services. Instead, the employees should be permitted to withdraw their services partially for an initial period. If a negotiating dispute was (sic) not resolved by the end of that week, then the trade union would have the right to escalate its work stoppage another notch for the next week. That process would continue until either a contract settlement was reached at the bargaining table or the entire operation was shut down."

Weiler points out that many problems in public sector strikes occur when services are withdrawn over extended periods, not just from the absence of a particular service. "Inadequate adjustments become inadequate, dislocations accumulate, chain reactions set in, and eventually the crisis point is reached." With public services, it is unrealistic to expect taxpayers to accept lengthy disputes. They must keep paying taxes, strike or no strike.

Those are the two options offered public service workers by this Canadian labour relations authority. What are the advantages and disadvantages?

In truly essential services, the controlled strike is probably the most harmonious fusion of the needs of public safety and the right to free collective bargaining. But there are, of course, some intricate problems for union officials who may lose control over the withdrawal of services. This may occur if the government, perhaps through the LRB, designates how many and which workers must remain on the job to maintain the essential service. (Weiler does not deal with this point, but it should be noted.)

If an outside body designates most union members essential, then the right to withdraw services becomes a sham. Even if only a minority of workers is designated essential, the membership may be divided. What happens to the salary of those designated essential and compelled to work? Do they keep it while others live on strike benefits, or are the designated workers' wages to be shared?

Despite these questions, the controlled strike theory seems a good one. The union's internal problems do not loom large in the overall scheme of things.

But there is an inherent danger in this otherwise good concept: the controlled strike is prone to overuse, according to Weiler. His example is the recently amended Essential Services Disputes Act, which makes virtually every public service "essential". The justification for this broad definition is the protection of the general public, an innocent victim of the battle between big government and big labour.

Weiler decries that argument: "The general public is not an innocent, uninformed bystander in a dispute between a government employer and its union." The public is the employer to the extent that "it elects the officials responsible and it supplies the tax money which can settle the dispute. The public must feel the pain which will make its representatives a little more accommodating at the bargaining table..." This means the government's relation to the taxpayers going without services parallels that of the union's relation to its members going without wages during a dispute. Public employees must be able to exert some leverage, some pressure on the public-as-employer.

The danger of the graduated strike is more direct, a total lock-out of the union. Weiler acknowledges this, but has nothing more to say on the subject. He indicates awareness of this large loophole and promises to deal with this paradox "elsewhere" without saying any more.

**PLUG THE LOOPHOLE**

While we wait for Weiler, let me suggest a way to plug the loophole.

The public service union which wants to act responsibly and avoid a total strike can do so only if the employer's right to lock-out is eliminated or at least severely restricted. If all public services are essential, as the government has decreed, does it not follow that lock-outs by public employers are contrary to the spirit and intent of the Essential Services Disputes Act?

Lest you think that public employers have no interest in lockouts, keep in mind one major difference between public and private employers. A corporation that locks out its employees runs the normal economic risks of lost production, lost sales and lost profits. The public employer takes no such risks.

Weiler reminds us that during public sector disputes, the employer's revenues continue "unabated during the strike, although the taxpayers do not receive the services (nor the workers their wages)." Drawing on his own experience, Weiler recalls "a number of recent disputes in which the true reason for an unduly prolonged shutdown of essential services was that the immediate government employer was making a profit."
to public strikes, arbitrations

The graduated strike seems a reasonable mechanism for pressuring a public employer without withdrawing essential services. But this is true only so long as the employer is also prevented from withdrawing essential services.

COME TOGETHER

The inevitable conclusion, I suggest, must be the removal of the lock-out right for public employers. Failing that, there should be some tax relief to compensate citizens for any loss of services caused by the employer. (If these suggestions had been adopted during the recent West Kootenays school dispute, the children of four school districts would have continued to attend classes. A strike had affected only one school district — a lockout shut down the other four.)

Before closing, it must be made clear that Weiler does not live in a "never never land" where all disputes are expected to accommodate controlled and graduated strikes. He acknowledges a place for government intervention to end essential services disputes.

First, he does not view the right to strike in ideological terms. Rather this consummate pragmatist believes, as we saw last issue, that "over the long run and in the broad run of cases, the strike is a less imperfect instrument for settling bargaining dead-locks than the short list of alternatives."

However, if the government must step in to end a strike, Weiler believes it should do so by legislation, with opportunity for debate and opposition criticism — not by order-in-council.

Finally, Weiler sees the need for some kind of commission made up of part-time, tenured "industrial relations notables". It would be tripartite in nature and charged with the responsibility for making learned judgments about individual essential services disputes. Because the government is both lawmaker and employer, Weiler argues, there must be a buffer between unions and the tendencies of politicians to try and make political hay at the workers' expense.

Those, then, are Paul Weiler's proposed innovations for dealing with essential services disputes. He extends a cautionary note that they should not be accepted uncritically: their usefulness will be "heavily dependent on a number of social and political factors." Just what those factors are remains to be seen, but I leave you with some of Weiler's concerns.

"The scope of government has rapidly expanded, especially with the nationalization of government monopolization of more and more services...."

NO LOCK-OUT RIGHTS

"Senior levels of government are taking over more and more of the financing if not the delivery of these services. As a result they have asserted control over labour negotiations which account for the largest share of their budget. Government labour relations bureaus are centralizing bargaining to avoid the unhappy effects of demonstration settlements in isolated bargaining units. In turn the unions feel compelled to come together in coalitions to gain some purchase against the central banker behind that facade.

"When negotiations become too concentrated in a single round, then each deadlock inevitably generates a massive political confrontation. Amid that all-out warfare, the notions of a controlled strike, or an Emergency Services Disputes Commission, do seem a frail reed indeed upon which to rely."

Peter V. Dent
RNABC Labour Education Officer

'Hold fast when the going gets tough'

(Continued from Page 6)

Rotten agreement. What happened was insult added to injury, compounded by inequity. This year, binding arbitration is producing what looks like a not-too-bad 1978-79 contract for B.C. government nurses. But before that arbitration is completed and implemented, we'll be bargaining for next year's agreement. And who knows if the nurses' retrospective will have been paid by then?

Given the way employers abuse the law, let's hope essential services legislation doesn't force nurses to the picket line. That would be sadly ironic, because B.C. has never before suffered a provincial nurses' strike.

So here's resolution number three: It's time to make the provincial government understand that nurses have reached the limit. The government must realize that fact in its roles as an employer and as a funding source for other employers.

Those are the three New Year's resolutions that I offer you, and I hope you will endorse them. They represent what I see as the thinking of your Labour Relations Council and the staff of the RNABC Labour Relations Division. We all agree that the crunch comes this year.

As a union of professionals, we have arrived at a critical point in our history. The coming negotiations must end the recent dangerous devaluation of nursing — and they must compensate for our members' loss of purchasing power. If those things don't happen, it will soon be a lot easier to staff supermarkets than B.C. hospitals. And that affects more than nurses; it affects all health care in this province.

So at this conference and throughout the negotiations, I ask you to resolve to stand united for three things.

One: The government must realize that the jig is up; it can't have a free ride any longer on the backs of overworked and underpaid nurses.

Two: Nurses are insisting on decent wages and working conditions, and that begins with compensation for what we've lost in recent years.

Three: No more "Nurse Nice-Guy". Nurses won't be pushed anymore into situations that are compromising in economic, moral or professional terms. That ultimately harms our patients, probably more than us.

If nurses can agree on those three propositions — and hold fast to them when the going gets tough — it just might be a happy new year after all.

Thank you.
Full program for presidents

DEJA VU — Judging from past experience, chapter officers could expect to be busy at their three-day October meeting. This picture was taken at last February’s semiannual Chapter Presidents Meeting, where delegates discussed nursing issues and exchanged views on the role of RNABC chapters.

Chapters select officials

Seven association chapters had reported the elections of officers, as this issue went to press.

Campbell River Chapter elected President Daphne McKellar, Vice-President Theo Piercy, Recording Secretary Linda Williams, Corresponding Secretary Gail Beck, Treasurer Linda Murray.

Plateau Chapter elected President Alice Sinclair, Vice-President Margaret Wootton and Secretary Vera Paquin.

Powell River Chapter elected President Jocelyn Cramb, Vice-President Christine Oorsprong, Secretary Diana Switala and Treasurer Pamela Sawchuk.

Port Alberni Chapter elected President Donalda Drew, President-Elect Joyce Campbell, Secretary-Treasurer Linda Kendall, Corresponding Secretary Anne Gray, Program/Publicity Co-Chairmen Margaret Isherwood and Norma May and Social Chairman Jean Williscroft.

Smithers Chapter elected President Carolyn Brown, Vice-President Margaret Goodacre, Secretary Susan Irvine, Treasurer Charlotte Craven.

Vancouver Chapter elected President Shauna Kayler, First Vice-President Wayne Meyers, Second Vice-President Heather Gesy, Recording Secretary Lois Hughes, Corresponding Secretary Leslie Hardy, Treasurer Jean Havens.

Vernon Chapter elected First Vice-President Penny Taylor, Second Vice-President Ruth Huband, Recording Secretary Carol Berg.

Local nursing leaders from all parts of the province were scheduled to meet October 10-12 in Vancouver for the RNABC Chapter Presidents Meeting, as this issue went to press.

The semiannual conference brings together top chapter officers for an update on association developments and a chance to discuss mutual concerns. Members of the RNABC Board of Directors and the association staff were to participate in the three-day meeting.

Among the major subjects to be covered were:

— The association’s official response to the Kermack’s Report on nursing education in B.C. (See “Controversial study released”, April/May/June 1979 RNABC News).
— Disposition of resolutions passed by voting delegates to the 1979 RNABC annual meeting.
— A review of relations between the association’s professional arm and the RNABC Labour Relations Division.

Formerly a two-day event, the meeting was expanded by one day this October to give chapter presidents a more complete review of association structure and functions and to allow time for a series of skills workshops on running meetings.

Victoria Chapter President Heather Clarke was to chair the meeting as a member of the Chapter Presidents Meeting Planning Committee.

Other committee members were Vernon Chapter President Carol Gee, board member Bette Lauridsen of Vancouver, Prince Rupert Chapter President, Elizabeth McCulloch, board member Judy Rothenberger of Prince George and Duncan Chapter President Meredith Wild. Assisting them was RNABC General Activities Coordinator Joan McCullagh.

Bursaries awarded

Nine student nurses have been awarded a total of $950 from the annual Margaret Sinn Bursary administered by RNABC.

The recipients are: Dorothy Alliott and Darlene Gee of Cariboo College; Linda Cooper and Marlene Ambrose of Douglas College, Fairlie Forrest of Vancouver Community College; Kathleen Stewart and Patricia Winchester of Selkirk College; Muriel Smith of Okanagan College and Ruth Wolfe of Vancouver General Hospital School of Nursing.
RNABC provides funding for association members to develop post-basic clinical courses or to study the need for such courses. Up to $5,000 is available for each course.

If a member plans more than one course, each will be considered on its own merits. Priority is given to: new courses, those being altered significantly, and those which can be offered throughout the province as clinical facilities permit.

**RNABC members seeking funding must:**
1. Submit applications including:
   - The title of the proposed course
   - A short course description
   - A brief timetable showing development time, the length of the course and a proposed starting date for the first offering.
2. Submit a written agreement between the member and a clinical agency, indicating that appropriate clinical facilities are available for the proposed course.
3. Submit a final report to the association, outlining how the funding was used.

More information can be obtained from
CONTINUING EDUCATION CONSULTANT
RUTH BURSTAHLER,
RNABC,
2130 W. 12th Avenue, Vancouver, B.C V6K 2N3
Telephone 736-7331

Applications should be submitted to RNABC Executive Director Marilyn Carmack at the address shown above.
EDITOR'S MAILBOX

Kermacks, loan cupboards, unacceptable salary levels

Disputing criticism

Editor:

It seems most unfair to me for the president of RNABC to criticize the Kermacks Report on the grounds that "recommendations are based on questionable research findings". (See "President's message", April/May/June 1979 RNABC News.) The comment implies that research method and design were of poor quality. I am in a position to know that they were more than adequate for the assigned task.

Kermacks was asked to first perform a descriptive study and then to attempt to draw meaningful conclusions from the data that she gathered. In the report, conclusions are labelled as the author's own interpretations; and the reader is left to make her own assessment of their validity.

Certainly, nursing should scrutinize these conclusions and, if necessary, compile data to confirm or reject them. If that is what the president meant in her remarks, then I can only hope that she will rephrase them.

—Monica Angus, Ph.D.,
Former Chairman,
Nursing Sub-Committee,
Health Education Advisory Council

Clarifying points

Editor:

I read with interest the comments by Betty Lauridsen ("Individuals face problems", April/May/June RNABC News.)

While I sympathize with the problems and frustrations with which the home care nurses are being faced, I wish to clarify some of the points raised by Ms. Lauridsen. Suction pumps are not included in Red Cross Sickroom Equipment Loan Service inventory. Our policy is to provide basic sickroom equipment, such as wheelchairs, walkers, commodes, raised toilet seats, bedpans, urinals and hospital beds. As the Loan Service is mainly a volunteer program, we do not expect our volunteers to shoulder the responsibility of assuming the maintenance required for electrical and sophisticated equipment.

It is unfortunate that a wheelchair was not available from the Loan Service when needed by the patient in question; however, it should be recognized that the demand for such items fluctuates greatly throughout the year. It is often difficult to keep up with the demand, while at other times, our supply is adequate.

It might be reassuring for the home care nurses to know that the equipment needs for the entire province are being carefully reviewed in relation to the changing trends in the health care system. It is hoped that within the foreseeable future Red Cross will be able to increase the supply of equipment to effectively meet the present health care needs.

—Anne Wallace, Director
Red Cross Health Services
B.C./Yukon Division

Becoming Militant

Editor:

We, the undersigned, of Vancouver General Hospital Emergency Department would like to strongly voice our objection to the recently learned fact that orderlies in emergency are paid a specialty rate.

Why are not registered nurses, who are the ones in closest contact with all patients, granted the equivalent remuneration? We find this totally unacceptable and request that serious consideration be given to solve this injustice.

Our second area of concern lies in the fact that less skilled workers (i.e. safety checkers) are now at a higher salary level than registered nurses.

We would like to know what the RNABC bargaining committee is proposing to do to try to bring the registered nurses' salaries up to par with other professions with comparable training, education and responsibility.

We have remained fairly apathetic thus far; but with unskilled workers continuing to receive greater annual increases, we are becoming increasingly frustrated and are prepared to become more militant in order to enjoy the same benefits granted other union workers. There is more talk between nurses of breaking away from the RNABC and giving serious thought to joining a union which will be more receptive to our concerns.

—Signed by 40 nurses

Expressing rage

Editor:

Wherever I see someone with less training and having considerably less responsibility get a greater wage than a registered nurse, I become mildly annoyed. But when I see the office workers at RNABC get a 32.5 hour work week plus their as-yet-unannounced wage settlement, I feel rage.

The office workers work day shift; I work all three shifts. The office workers work 32.5 hours a week; I work anywhere from 56.5 hours to 64.5 hours a week (seven to eight days in a row).

How dare RNABC settle with the Office and Technical Employees Union, giving them superior working conditions and a probable higher wage, when registered nurses have such medieval working conditions and totally inadequate pay?!

Really, I am tired of paying out, yearly, a great deal of my money to RNABC and the Labour Relations Division for the privilege of being overworked and underpaid. Seeing this OTEU settlement has pushed me over the edge. I feel it's time nurses quit RNABC and joined a union.

—R. Brown
Vancouver, B.C.

Thanking supporters

Editor:

I would like to take this opportunity to thank all my supporters in the recent elections.

(Continued on Page 17)
Centre fills education gap

October marks the third anniversary of the Royal Columbian/Douglas Education Centre, a unique union of health and education facilities with a mandate to bring health education programs to professionals and the public.

More than 1,800 students have taken advantage of courses in nursing, medicine, dentistry, interprofessional development and preventive health during the past three years. Courses have been, and will continue to be, heavily nurse-oriented, said centre coordinator Tony Williams.

“We would like to move into more post-basic programs. A post-basic occupational health nursing program has been approved by the Ministry of Education, and course development is already underway.”

The centre also plans to offer courses to the “more neglected” health professionals, such as those working in dietetics, ambulance service and medical records, added Williams. Emergency Health Services has asked the centre to develop its cardio-pulmonary resuscitation courses for the province which would include advanced cardiac life support programs.

The facility opened in October 1976 in anticipation of closure of the Royal Columbian Hospital School of Nursing, which graduated its last class in 1978. It functions as an independent organization with a Board of Directors consisting of two senior administrators from each institution.

The hospital provides clinical liaison, through its coordinator of education, Jenny Craig. Douglas College provides Williams’ services as coordinator. The centre has an annual budget of approximately $42,000.

The centre can draw on hospital personnel as well as the college’s educational operation. Located next door to RCH, equipment can also be brought into its classrooms providing students with much needed clinical settings.

“We are trying to make our programs clinically oriented,” said Williams. “This year we used drama students from Douglas College to simulate clinical situations involving patients and their families. The responses were great.

“We made some awful mistakes in the early courses using this method. But gradually we ironed out the problems and they are becoming good learning experiences.”

Courses are selected after recommendations from professional organizations, need surveys and tabulation of course evaluations. An advisory group is then established for each course to determine content and select a lecturer.

“RNABC has been very supportive,” said Williams. “Continuing Education Consultant Ruth Burstahler has been most helpful offering assistance.

“It has taken us three years to reach some of our early objectives; and for our size and the exposure we’ve had, we think we’re really providing a necessary service to the Lower Mainland.

“The whole concept is to work within existing budgets and facilities. It is remarkable what you can do when you are given that directive.”

Who to call
at RNABC

Professional relations

Staff members working in this area of association business can be contacted at: RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3; telephone 736-7331.

Executive Director
Marilyn Carmack
Statutory Functions Coordinator
Dorothy Baker
Registrar Helen Grice
Membership Renewal Adviser
Valerie Hooper
Approval of Schools of Nursing
Adviser Lynda Christie
Investigations Officer Darlene Steele
Career Counsellor
Marion Greenwood
Professional Affairs Coordinator Pat Cutshall
Professional Affairs Consultants
Margaret Lomergan, Margaret Nish
Continuing Education Consultant Ruth Burstahler
General Activities Coordinator Joan McCullagh
Administrative Director
Mike Johnstone
Librarians Jean Molson, Pat Kolesar
Communications Officer
Jerry Miller
Editorial Assistant Vicki O’Brien

Labour relations

Staff members working in this area of association business can be contacted at: RNABC Labour Relations Division, 7th floor, 1200 Burrard St., Vancouver, B.C. V6Z 2C7; telephone 689-4142.

Chief Executive Officer Nora Paton
Senior Labour Relations Officers Pat Freier, Glen Smale, Malcolm Wilkinson
Labour Relations Officers Bonnie Code, Pam Jackson, Dennis La Vigne, Heather Leighton, Ron Magill, Betty Morton
Arbitration Officer Roy Richmond
Education Officer Peler Dent
Administrative Assistant Doris Maki

More letters . . .

(Continued from page 16)

To the members of the Victoria Chapter who nominated me for president and put so much effort into the campaign, my deepest gratitude. To all those nurses throughout the province who campaigned and voted for me, I extend my appreciation.

At this time, I want to urge nurses to become involved in the association either at the chapter or the provincial level. It is a satisfying and educational experience.

My personal congratulations and good wishes to incoming RNABC President Stephanie Grassey. Good luck to the Executive Committee and Board of Directors. Recent events in the health care field point to a busy and challenging year.

—Peggy Mika,
Victoria, B.C.
Registered Nurses — Operating Rooms.
Applications are invited from Registered Nurses with previous experience and/or
Post Graduate in Operating Room techniques. Salary $3,050 to $3,542 per month.
Benefits as per RNABC contract. Registration essential. Please send resume to: Mrs. J.
MacPhail, Employee Relations, Vancouver General Hospital, 855 W. 12th Ave., Van-
couver, B.C. V5Z 1M9.

O.R. and P.A.R. — Head Nurse required
for an accredited 100 bed acute hospital in a
fast growing progressive community in B.C. Experience or advanced prepara-
tion required. Salary $3,500 to $3,972 per month.
Benefits according to RNABC contract. Apply to: Director of
Personnel, Fort St. John General Hospital, Fort St. John, B.C. V1J 1Y6; phone (604)
785-6611.

Director of Nursing. The candidate we are seeking should ideally have previous experience in this capacity but a combina-
tion of supervisory experience and formal education would be accepted. The salary
is negotiable and will compare with similar sized institutions. Contact: Robert D. Tar-
ney, Administrator, Fort Nelson General Hospital, P.O. Box 60, Fort Nelson, B.C.
V0C 1R0.

The Canadian Red Cross Blood Transfu-
sion Service is accepting applications from
Registered Nurses currently registered in
B.C. Must be free to travel within B.C. For more information please contact the
Personnel Office, 879-7551, local 281.

Head Nurse for 16 bed Psychiatric Unit
in a Northern B.C. hospital. Must be eligible
for B.C. registration with a minimum of
two years experience in psychiatric nursing.
Visit in writing to: Director of Nursing, Mills
Memorial Hospital, 4720 Hauگd Ave.,
Terrace, B.C. V8G 2W7.

Experienced Maternity, ICU/CCU and
Operating Room General Duty Nurses
required for 100 bed accredited hospital
in Northern B.C. Must be eligible for B.C.
registration. Apply in writing to: Director of
Nurses, Mills Memorial Hospital, 4720 Hauگd Ave., Terrace, B.C. V8G 2W7.

Critical Care Nurses. Full-time and casual
relief positions are available in our new
health care centre for registered nurses
working in the appropriate disciplines in
ICU, CCU, BAR, Emergency and Critical Care. Registration eligibility for
registration in B.C. is required. Royal
Columbian Hospital is a 60-bed acute care facility located 30
minutes by freeway from downtown Van-
couver. Apply in writing or tele-
phone to: Employment Manager, Royal
Columbian Hospital, 330 E. Columbia St.,
New Westminster, B.C. V3L 3W7.

Assistant Director of Nursing required for
Nanaimo Regional General Hospital, a
350-bed acute general hospital. Duties
commence January 1, 1980. Must have
or be eligible for B.C. registration, B.S.N. and
previous experience preferred. Please
direct applications to the Director of
Nursing, Nanaimo Regional General Hospital,
1200 Outlier Cres., Nanaimo, B.C. V9S
2B7.

Staff Nurses. We require B.C. registered
staff nurses to work in our modern
Extended Care Hospital. Positions open
immediately for full-time and casual relief.
Applicants may telephone 525-0911 to
arrange an interview or write to: Person-
nel Director, Queen's Park Hospital, 315 McBride Blvd., New Westminster, B.C.
V3L 5E8.

St. Paul's Hospital invites applications
from B.C. Registered Nurses for
vacation relief and full time positions. Vacancies
exist in general medical-surgical areas as
well as the specialty areas. Benefits are
as outlined in the RNABC collective agree-
ment. Anyone interested in a fulfilling career at St. Paul's Hospital, apply to Mrs.
S. Howse, Personnel, St. Hilda's Hospital,
1081 Burrard St., Vancouver, B.C. V6Z 1Y6.

Shaughnessy Hospital. Our growing active
community and teaching hospital invites
applications for positions within the
Department of Nursing. Why not give us
a call or drop in between 8:00 a.m. and
4:00 p.m., Monday to Friday to find out
more details as to present openings and to learn
also about Shaughnessy's changing role.
We are looking for individuals who have
a contribution to make to the delivery of
high quality health care. Your commitment
in this regard is also ours. For
further information please contact: Joanne Stagi-
lano, Personnel Department, Shaughnessy Hospital, 4500 Oak St., Van-
couver, B.C. V6H 3N1; telephone 876-
6757, local 271.

Shift Supervisor required for a 100 bed
fully accredited hospital. Must be eligible
for registration in B.C. U.N.A. course pre-
ferred. Apply to: Director of Personnel,
Fort St. John General Hospital, Fort St.
John, B.C. V1J 1Y3.

Public Health Nursing position available
end of September with progressive com-
munity health care. Ideally located on the
beautiful Queen Charlotte Islands. Job entails car-
rying out provincial public health pro-
gras in Queen Charlotte City (population
1,000) and several remote logging camps.
Could be a 4/10 contract position. For further
information contact: Coordinator, Health
and Human Resources, P.O. Box 619,
Masset, B.C. V0T 1M0.

Head Nurse. Applications are invited for
the position of Head Nurse for the Assess-
ment and Rehabilitation Unit. This unit is
part of an 110 bed acute care general
community teaching hospital. The successful appli-
cant requires 3 years recent experience in
a related area, demonstrated leadership
ability, BScN preferred. Please forward
confidential resume to: Joanne Stagliano,
Employee Relations Department, Shaugh-
nessy Hospital, 4500 Oak St., Vancouver,
B.C. V6H 3N1.

Director of Nursing. A 9 bed obstetrical
Salvation Army Grace Hospital is under
construction and will be in operation by
1981. The new facility will house a
centrally located site as well as designated
support services with two major
nursing units. The new Salvation Army
Grace Hospital will replace the exist-
ing Grace Hospital and will incorporate
the obstetrical facilities currently operated
by Vancouver General Hospital. As the
tertiary care referral center for British
Columbia, the new hospital will be the
footprint of new obstetrical services
and the site of the UBC Faculty of Medi-
cine, Department of Obstetrics. A Director of
Nursing is required to assume a role of
innovative leadership in existing Grace
Hospital to plan and direct the relocation
and amalgamation. This is a challenging
and exciting opportunity for an experi-
ned nurse professional (a minimum baccalaureate) with proven administrative
skills, ability to lead both staff and
patients and a desire to achieve and evolve a
premier service. Interested candidates possessing these qualifications should forward
resumes in confidence to: The Administra-
tor, Grace Hospital, 678 W. 26th Ave.,
Vancouver, B.C. V5Z 2E9.

General Duty Registered Nurses required
for 180 bed accredited hospital. Previous
experience desirable. Staff residence
available. Salary as per RNABC contract
with northern allowance. For further infor-
mation please contact: Director of Nurs-
ing, Kittimat General Hospital, 859 Lahakas
Bldg., Kittimat, B.C. V8C 1E7.

Instructor. School of Nursing. The Van-
couver General Hospital has a teaching
position available related to the 3 year
diploma nursing program, in the Obstetrics
area. Applicants should possess a Master's
Degree, however a B.S.N. plus experience
in the appropriate clinical area may be con-
sidered. Recent clinical experience is
essential and previous teaching experi-
sic desirable. Registration with the
RNABC necessary. Salary and benefits
as per current contract. Please send resume
to: Mary Morison, Employee Relations, Vancouver General Hospital, 655 W. 12th Ave.,
Vancouver, B.C. V5Z 1M9.
RNABC library holdings, including those listed below, can be borrowed by association members. The loan period is three weeks, and return postage is paid for materials sent to borrowers outside the Lower Mainland.

For more information or a copy of the library catalog, contact: Librarian Jean Molson, RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3; telephone 736-7331.

RECENT ACQUISITIONS

Reference

Administration
WX 155 H 43 The health service administrator; innovator or catalyst? Selected papers from a King's Fund international seminar, edited by Leslie Paone. 1978.
WY 100.3 H 86 Human needs and the nursing process, edited by Helen Yura and Mary B. Walsh. 1978.
WY 105 M 65 Moloney, Margaret M. Leadership in nursing, theory, strategy, actions. 1979.
W 84.7 P 38 Patient classification by types of care; a research report on the development and validation of the PCTC system, K.S. Bay principal investigator. 1979.

Education
WY 100 F 87 Fuhs, Sister Mary Thomasina Clinical experience record and nursing care planning; a guide for student nurses. 2d ed. 1978.
WY 152 G 86 Gunter, Laurie Education for geronomic nursing. 1978.
WY 18 P 56 Pinkham, Judith Mary Student's perceptions of clinical experiences. A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in nursing. 1976.
WY 18 T 63 Tobin, Helen M. et al. The process of staff development; components for change. 2d ed. 1979.

General Nursing Texts

Medical-Surgical Nursing
WO 704 B 87 Burns; a team approach, by Curtis P. Arzt and others. 1979.

More ads here for job hunters

General Duty Nurse — Hyperbaric Unit. Applications are invited from Registered Nurses interested in employment in the above unit. Preference will be given to applicants with previous experience in Intensive Care Nursing. Duties include operating ventilators, interpreting Arrhythmia and management of sophisticated equipment. The successful applicant will be required to pass physical and pressure tolerance tests. The hours of work are flexible and the days off will vary — however emergency overtime services may be required. Salary and benefits as per RNABC contract. Please submit resume to: Mrs. J. MacPhail, Employee Relations, Vancouver General Hospital, 855 W. 12th Ave., Vancouver, B.C. V5Z 1M9.

Assistant Head Nurse — Surgery. Applications are invited from Registered Nurses interested in the above position. The successful position will be responsible for the review, development and maintenance of nursing practice and standards of care as well as providing clinical guidance and supervision of personnel involved in nursing practice. And for the delivery of direct patient care within the unit. Experience and proven clinical expertise in the specified area essential. Salary and benefits as per RNABC contract. Please submit resume to: Mrs. J. MacPhail, Employee Relations, Vancouver General Hospital, 855 W. 12th Ave., Vancouver, B.C. V5Z 1M9.

Registered Nurses — Special Care Areas. Applications are invited for present and future openings in the Intensive Care Unit, P.A.R. and Cardiac Thoracic Unit. Applicants must have had previous experience preferably in a special care area. Salary and benefits as per RNABC contract. ($1305 to $1500 per month). Please send resume to: Mrs. J. MacPhail, Employee Relations, Vancouver General Hospital, 855 W. 12th Ave., Vancouver, B.C. V5Z 1M9.

WG 300.3 M 66 Monteiro, Lois A. Cardiac patient rehabilitation; social factors in recovery. 1979.
WY 18 S 75 Steele, Bonnie G. Self-assessment of current knowledge in general surgical nursing. 1228 multiple choice questions and referenced answers. 1978.
WY 163 S 84 Sweetwood, Hannelore M. Nursing in the intensive respiratory care unit. 2d ed. 1979.
WY 160.3 W 56 Wilson, Susan Pickert Neurourosurgery. 1979.
Obstetrics and Maternity
WQ 150 L 34 Leboyer, Frédéric Birth without violence. 1978.

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WY 159 D 41 DeAngelis, Catherine Pediatric primary care. 2d ed. 1979.
WS 460 H 64 Hofmann, Adele D. The hospitalized adolescent, a guide to managing the ill and injured youth. 1976.
WY 159 N 87 Nursing care of the child with long-term illness, edited by Shirley Steele. 2d ed. 1977.
WS 200 S 48 Schulman, Jerome L. Coping with tragedy; successfully facing the problem of a seriously ill child. 1976.

Pre Clinical Sciences
QV 4.3 R 64 Rodman, Morton J. Pharmacology and drug therapy in nursing. 2d ed. 1979.

Public Health
WY 156.7 B 47 Bemours, Loretta Sue Women's health and human wholeness. 1979.

Psychiatric Nursing
WY 160.3 D 74 Dreyer, Sharon et al. A guide to nursing management of psychiatric patients. 2d ed. 1979.
Calendar

October 11-12 — "Inflammatory Bowel Disease", an interprofessional program; Vancouver. Fee: To be announced. Contact: Bob Gaburt, Division of Continuing Education in the Health Sciences, UBC, Vancouver, B.C. V6T 1W5; telephone 228-5676.

October 13 and 20 — “Intravenous Therapy", a program for registered nurses conducted on two separate Saturdays; Vancouver. Fee: $45. Contact: Health Continuing Education, BCIT, 3700 Willingdon Ave., Burnaby, B.C.; telephone 434-5734, local 376.

October 15-26 — “Industrial first Aid", a full-time, two-week program for registered nurses and others, approved by the Workers' Compensation Board of B.C.; Burnaby. Fee: $125. Contact: ABC Industrial Emergency Training School, Inc., 302-4211 Kingsway, Burnaby, B.C. V5H 1Z6; telephone 430-4433.

October 18 — “Total Parenteral Nutrition", a one-day workshop for registered nurses; New Westminster. Fee: $25. Contact: Admissions, Douglas College, P.O. Box 2503, New Westminster, B.C. V3L 5B2; telephone 588-6404.

October 18-20 — “Cardiopulmonary Care 1979: A Practical Guide for the Family Physician and Critical Care Nurse", one day on each of the practical aspects of critical care nursing, pulmonary care and cardiac care; New Westminster. Fee: To be announced. Contact: Dr. R. C. MacPherson, Director of Medical Education, Royal Columbian Hospital, 330 E. Columbia St., New Westminster, B.C. V3L 3W7; telephone 520-4253.

October 19-20 and November 1-2/16-17 — “Basic Principles of the Disease Process", three Friday evening and all-day Saturday sessions for nurses and other health professionals; Kelowna. Fee: $42. Contact: Syd Gowland, Director of Community Education Services, Okanagan College, 1000 KLO Rd., Kelowna, B.C. V1Y 4X8; telephone 762-4840.


October 20-21 — “Holistic Health and Healing Energies", a series of six monthly weekend workshops for health professionals and others interested in an in-depth learning experience of the holistic health system and method; Vancouver. (The other five weekend dates are November 17-18, December 15-16, January 12-13, February 9-10 and March 8-9.) Fee: $750. Contact: Centre for Continuing Education, UBC, Vancouver, B.C. V6T 1W5; telephone 228-2181.

October 26-27 — “Women in Jeopardy", a weekend seminar sponsored by the National Action Committee on the Status of Women and covering subjects from pornography to sexual harassment in the workplace; Vancouver. Fee: $10. Contact: Women's Resources Centre, 1144 Robson St., Vancouver, B.C. V6E 1B2; telephone 685-3934.

October 16-17 — “Women and Political Participation", a conference examining the role of women in electoral politics and emphasizing direct participation; Victoria. Fee: $15. Contact: University of Victoria. Extension Division, P.O. Box 1700, Victoria, B.C. V8W 2Y2; telephone 477-6911, local 4805.

November 3 — “Career Planning in the Human Services", a one-day program on establishing and achieving professional goals; Victoria. Fee: $15. Contact: University of Victoria. Extension Division, P.O. Box 1700, Victoria, B.C. V8W 2Y2; telephone 477-6911, local 4802.

November 3-4 — “Burnout: A Workshop for Professionals", a weekend examination of work-related emotional fatigue, for nurses, doctors and others; Vancouver. Fee: $80. Contact: Cold Mountain Institute, 1295 Johnston St., Granville Island, Vancouver, B.C. V6H 3R9; telephone 684-5355.

November 12-17 — “Gestalt Training for Professionals", a week-long workshop for those in “the helping profession", Cortes Island. Fee: $280 (includes room and board). Contact: Cold Mountain Institute, 1290 Johnston St., Granville Island, Vancouver, B.C. V6H 3M5; telephone 684-5355.

November 14-15 — “Cardiac and Pulmonary Emergencies", a two-day program for registered nurses; Victoria. Fee: $50 (includes lunches). Contact: Parkside Emergency Physicians, 928 Pandora St., Victoria, B.C. V8V 3P3; telephone 388-4233.

November 22-23 — RNABC Board of Directors meeting, for which a limited number of spaces is available to association members; Vancouver. Contact: Executive Director Marilyn Carmack, RNABC, 2130 W. 12th Ave., Vancouver, B.C. V6K 2N3. (Reservations must be in writing.)

Post-basic clinical courses set

Vancouver Community College is offering two post-basic programs for registered nurses beginning in January.

**PEDIATRIC NURSING (Level I)** involves nine weeks of directed independent learning, accompanied by twice-weekly classes and labs, and four weeks of clinical practice. The course is for nurses with at least six months' acute care experience. The tuition is $250.

**CRITICAL CARE NURSING (Level I)** consists of 60 hours of pre-course guided independent learning and five weeks of concentrated classroom, lab and clinical practice. Students are expected to complete about three hours of homework a night. The course is intended to teach beginning skills and knowledge for nursing in general intensive care units. The tuition is $200.

Information about both courses can be obtained from: Barbara Mills, Continuing Nursing Education, Vancouver Community College, 100 West 49th Ave., Vancouver, B.C. V5Y 2Z5; telephone 324-4411, local 406.