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A good idea, better
COVER: Playing it safe Wyatt and Heather Holodyk and their 15-month-old son Ryan don helmets for a family bike ride. Of the approximate 20 people who are killed each year in B.C. as a result of bike accidents, the majority die from head injuries. While it's evident that bicycle helmets save lives, there is no provincial legislation requiring cyclists to wear helmets. Nevertheless, several groups, including RNABC, are actively promoting the use of bike helmets in an effort to save lives and prevent injuries.

(Cover photo by Andrew Klaver)

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A HEALTH ODYSSEY

Vancouver, B.C.
November 28, 29, 30 and
December 1, 1989

Time:
November 28, 1989
1900 to 2200 hours
November 29, 1989
0830 to 2000 hours
November 30, 1989
0830 to 1600 hours
December 1, 1989
0830 to 1500 hours

Place:
Vancouver Trade and
Convention Centre

Co-sponsors:
- Registered Nurses Association
  of British Columbia
- British Columbia
  Health Association

Fee:
- Prior to Oct. 6/89 - $ 75
- After Oct. 6/89 - $101
- Full-time student - $ 40

Program Format
- Daily Plenary Session
  Dr. Peter Hanson,
  "Stress for Success: Managing the
  Journey"
  Leah Curtis, RN,
  "Collegiality: The Preferred
  Future"
  Dean Robert Pritchard, L.I.B.,
  "Liability Control: Future
  Directions"
  Stephen Lewis,
  "2001: Odyssey to the Future"

- 70 Concurrent Educational
  Sessions sponsored by 50
  participating health care
  oriented groups/associations
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Disillusioned

As members of the Perinatal Nurses Group subcommittee on midwifery, we feel obligated to respond to RNABC's Midwifery As A Specialty of Nursing — A Discussion Paper (November 1988). Our subcommittee was delegated by the executive of the group (about April 1988) to review the 1978 RNABC position statement on midwifery and to offer our suggestions towards a new position statement.

Our proposed statement on midwifery was strongly approved at the Perinatal Nurses Group meeting held on Sept. 26, 1988.

It interests and concerns us that our proposed statement on midwifery, and its approval by the Vancouver branch of the Perinatal Nurses Group was not mentioned in either the discussion paper or the article in the January-February 1989 RNABC News, "Midwifery as a Specialty of Nursing." We would assume that the Board of Directors of RNABC would acknowledge/respect the views of the RNABC Perinatal Interest Group.

The subcommittee (consisting of nine perinatal nursing experts) formulated the position statement after a thorough review of the literature and considerable discussion over a six week period in the summer of 1988.

Gwen Hartley, RN
Richmond, B.C.

Article misleading

Morris Steele's article, "Managing Pain," in the January-February issue of RNABC News is misleading at best.

Mr. Steele fails to identify the cause of pain. Is it due to malignancy or a non-malignant condition? Neither does he mention the type of pain. Obviously the diagnosis of pain is the first step to pain control.

Narcotic Analgesics, while effective for the control of severe pain due to metastatic bone cancer, are not usually beneficial in the treatment of deafferentation pain. Furthermore, Mr. Steele neglects to mention that the oral route is the preferred method of administration of narcotics and that it should be used as long as possible.

Mr. Steele's justifications for placing patients on subcutaneous infusion pumps are incomplete and ambiguous. Not all terminally ill patients or their families are capable of coping with pumps at home and the technology of the apparatus may overwhelm them. Also, they may not be able to afford the considerable cost of the "software" necessary for the use of the pump. As well, essential support of the patient's primary physician may not be available at the community level.

Another significant problem found in this method of administration of narcotic analgesia is early tolerance. These problems have been overlooked in Mr. Steele's article.

Admittedly, chronic pain management
is a complex issue requiring careful continual assessment and interventions by all health care professionals involved with those patients suffering from a terminal illness. However, nurses inquiring about this treatment deserve a knowledgeable response from their practice consultants.

Mary Scott, RN
Vancouver, B.C.

The main purpose of Mr. Steele's article was to address the specific issue of providing pain management to palliative patients in the community through the use of subcutaneous infusion pumps. Mr. Steele agrees that the issues raised by Ms. Scott are all factors that should be considered in individual cases prior to the prescribing of such treatments — Ed.

Improper conduct

I am writing in response to the letter "Words of Encouragement," which suggested nurses "pay more attention to the only people who are in a position to judge — namely our patients and their families." Being a registered nurse, I recently was thrown into a situation where I became the patient.

On Jan. 1 of this year I was approximately 12-13 weeks pregnant when I started to bleed. Being a nurse, I knew something was drastically wrong and, of course, feared the worse. I was scared.

My husband and 18-month daughter accompanied me to the local hospital. It seemed relatively quiet and I could see two RNs sitting behind the nursing station off in the distance. We followed the well posted signs to the emergency department where we were met in the hallway by the same RNs.

They asked me what the problem was so I briefly explained my situation, but not telling I was a nurse myself. I asked if it would be possible to see a doctor and they replied no. They did comment that it was probably just spotting, but I clarified that by telling them it was more than spotting. Then they said there was nothing anybody could do for me anyway and suggested I might as well go home. I could hardly speak. I could feel the tears welling up in my eyes and the lump in my throat swell.

I was totally astonished. How could they send me home? They did not know how much I was bleeding, if or where I was bleeding. Did I take any medications or have any allergies or has anything like this ever happened before — nothing. I did eventually have a miscarriage.

The point of my story is that I was terribly upset. Being new to the community, with no family members available, I thought I might have gotten some emotional support from the nursing staff.

If these RNs want more "respect," I suggest they take a long hard look at the way they conduct themselves. Nursing is more than going through the motions. You should be capable of showing a little empathy, or at the very least, a little sympathy.

I hope the two RNs in question read this letter and take it to heart. I feel very sorry for any other members of this community who may have felt the brunt of their almighty professionalism.

Mary Ann Cameron, RN
Mackenzie, B.C.

Lessons in caring

I have worked in a small hospital most of my RN career. I had heard that often in a large hospital you are just a "number." However, I always felt nurses were caring and this couldn't happen. Or could it?

Recently my mom passed away in a large Vancouver hospital. The memory is one that I will never forget and I hope it will remind you of one of the reasons we are nurses. Mom had been in hospital for several months and was far from well. My sister, who is also an RN, and I knew that her life probably would not be long.

My sister was very tired, having sat with mom for almost 24 hours. I suggested everyone go home and I would stay with mom for that night.

After I was there for an hour a very young nurse came in. She did not introduce herself so I asked her name and told her mine. She was very efficient in setting up the medication for inhalation. I said I would hold the mask for mom. The nurse left and never came back. She did not know I was a nurse — maybe she guessed because I never called when the medication was done, I just turned it off.

Another nurse looked in about 11 p.m. and was gone seconds later.

By 2 a.m. I knew mom was not going to be with me much longer. I phoned my sister to come back to the hospital. She did not get there in time. At 2:10 a.m. mom was no longer with me.

I rang the bell for the nurse. Needless to say I had difficulty speaking when she came in. The nurse said she had to go for a stethoscope, left the room and never came back. My sister arrived at 2:20 a.m. and we both held each other and wept. Still no one came.

Another 45 minutes passed. My sister went to the desk to see if there was something we should do and was told they couldn't find a doctor. Still no nurse came, so we sat holding mom's hands.

At 3:30 a.m., I went out to the nursing station where three staff members sat and asked if I could have some bags to pack mom's things into. I was given these with no offers to help or any words of comfort. My sister and I cried and packed things up. We combed mom's hair, straightened her in bed and tucked her in. We left the hospital at almost 4 a.m., never having seen a doctor or had a nurse speak to us. We felt that mom should have been home with us as no one here seemed to care.

This is probably an isolated incident but one never to be forgotten. Please nurses, even though you have the latest in technology, computers, knowledge and wonderful contracts, don't forget to show the families of loved ones that you care — they need to know.

Mom had been an RN since 1934 and I always remember her as caring and giving; she taught me many lessons.

Roma Burnett, RN
Kitimat, B.C.

Heaps of praise

Upon a recent visit home (Victoria, B.C.) for spring break, I sifted through my mom's pile of nursing magazines. My mom is an RN at the Royal Jubilee Memorial Pavilion. Normally I don't give a blink to reading about the dynamics of the nursing profession — no insult intended.

As a sociology/English major, while scanning the countless RNABC News periodicals that had accumulated in the spare room, the December 1988 issue caught my eye. The cover showed two of four nurses involved in a new unique AIDS awareness program. I was intrigued with the article. Upon reading it, I became filled with awe at the compassion and dedication of the four nurses. The program sounds encouraging.

Yes, it is important that the high risk group be approached on this issue and the program's method sounds promising. In particular, I felt it was admirable to have someone like Mr. Patrick Loftus go out on the streets to do something about the deadly spread of this tragic disease. I am pleased with such humane actions. I wish the team the best.

Elizabeth Syring
Washington, DC
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BIKE HELMETS SAVE LIVES
Approximately 20 people in British Columbia die each year as a result of bicycle accidents. The majority of these deaths are caused by head injuries. While there is no provincial legislation requiring cyclists to wear protective helmets, several groups, including RNABC, have been actively promoting the use of bike helmets in an effort to save lives and prevent injuries.

By Laura Brown

Bicycles are fun to ride, but this does not mean they can be viewed as merely harmless equipment for recreational enjoyment. Bicycles are not just toys.

The fact is that serious injuries, and sometimes death, can result when a cyclist is involved in an accident. Statistics distributed by the British Columbia Medical Association show that bicycle accidents are the cause of 20 deaths each year in B.C. About 18 of these deaths are due to head injuries.

As for the total number of reported bicycle accidents involving motor vehicles, Lynda Griffiths of ICBC says the 1987 Traffic Accident Statistics (the most recent accumulated statistics) released by the Motor Vehicle Branch, Ministry of Solicitor General, show that there were 2,585 bike accidents throughout British Columbia that year causing injuries to 2,230 cyclists. A total of 20 cyclists died.

Statistics on bicycle accidents are hard to accumulate, as many accidents go unreported, especially if they don’t involve a motor vehicle. But it is generally agreed that it makes sense for cyclists to protect their heads.

**Getting the message out**

Last year, RNABC joined with ICBC, BCMA and the B.C. Bicycle Association of British Columbia in a campaign to promote awareness about the importance of cyclists wearing a protective helmet. These organizations formed an ad hoc committee to plan ways of getting the message out to the public: “wearing a bicycle helmet can help save your life.”

Laurel Brunke, director of nursing services, critical care at University Hospital, UBC Site, has been RNABC’s representative on the bicycle helmet committee since last year. Through RNABC’s Vancouver Metropolitan Chapter, Brunke put forward a resolution at the 1988 annual meeting asking the Association to lobby the provincial government to legislate mandatory use of bicycle helmets.

“It was quite a controversial resolution,” Brunke says. “There were a number of people who were opposed to it. It’s something like seatbelts...you deny people their right to make a decision when you legislate those kinds of things.”

But, she adds, “I have a difference of opinion, which is why I put forward the resolution.”

Delegates passed the resolution and Brunke subsequently was asked to become part of the ad hoc committee.

Not all the groups in the committee necessarily support mandatory legislation and there hasn’t been a move yet towards lobbying the government. “It may not be the time to lobby about bicycle helmets, because the use is not high enough,” Brunke explains, adding, “What we’re doing now is trying to increase awareness.”

“The BCMA ultimately wants helmet wearing to be legislated, but it’s ‘not pushing it right now,’” says Dr. Pat Doyle, who is active on the BCMA Athletics and Recreation Committee’s sub-committee on bicycle helmets. He is also a member of the ad hoc committee interested in promoting helmet use.

**Helmets prevent injuries**

Like RNABC, the BCMA’s concern is to increase awareness about the wearing of bicycle helmets. For Brunke, interest in the bicycle helmet issue is more personal: “I had worked in pediatric critical care for a long time and I’ve seen a lot of kids coming to emergency rooms and intensive care who, if they had been wearing a bicycle helmet, might not have had such severe injuries.”

Brunke says she has seen “kids with head injuries, irreversible brain damage, kids with head injuries who have recovered but have learning disabilities or seizure disorders as a result of it.”

As well, she has seen “families going through a lot of needless pain because a bicycle helmet could have prevented head injury. It’s just really sad when you see that, because you know in a lot of ways it’s preventable.”

Brunke has heard all the excuses from parents who are hesitant about buying helmets for their children. “Parents say to me, ‘well, he’s just going around the block,’” she says. However statistics show that distance, or lack of it, doesn’t make a difference. The BCMA reports that children are especially at risk of being involved in bike accidents and they have 85 per cent of their accidents within five blocks of home.

Even a relatively mild head injury can result in complications such as epilepsy, intellectual impairment, memory deficit and personality changes.

Another common excuse is ‘if I buy him a helmet he’ll just leave it at school and I can’t afford another $50’. But the committee is responding to these concerns, by examining alternatives. “Hospitals now will rent out car seats for babies for six months at a reasonable fee, and some schools in the States have the same sort of thing for bicycle helmets, where they’ll rent out a bicycle helmet for a year at a reasonable fee and then hope the parents realize the importance...”
of the helmets and will buy one for the child," says Brunke.

Brunke says the interest in bicycle helmets is growing, but it is not widespread. Toronto's Hospital for Sick Children had a project going where they looked at injuries related to bicycles and bicycle helmets and distributed flyers on the topic. But, American states are more progressive, she suggests. "Apparently in Florida they've legislated bicycle helmets and they're trying to legislate them in California. And they've been doing a bicycle campaign in Seattle." Australia has an active bicycle helmet program as well.

**How nurses can help**

How can you as a nurse and parent help promote the wearing of bicycle hel-

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**Nurses spread the message about helmet safety**

*By Laura Brown*

Members of RNABC's Spallumcheen Chapter are reaching out to cyclists in Armstrong and Enderby with the message to use their heads — and protect them — by wearing bicycle helmets.

About half-a-dozen chapter members were hard at work this spring organizing a campaign to promote the use of bicycle helmets in the two communities. They put special emphasis on getting their message to school-age kids and teenagers.

The nurses' campaign coincided with the bicycle safety program organized through local schools by the area RCMP during the first week of May and the annual bike rodeo — a popular event with the younger cyclists — held May 7.

Explaining why nurses are interested in promoting bicycle helmets, Penny Taylor, head nurse in the emergency unit at Vernon Jubilee Hospital and president of the Spallumcheen Chapter, says, "We work in emergency and we see the results of no helmets." Over the past few years, several children in the area have died as a result of brain injuries received in bike accidents. Others have been seriously injured.

None of these children were wearing helmets, Taylor says.

"In small communities we know our clients so well... any loss hits us hard." From a personal angle, Taylor has insisted her 12-year-old daughter wear a helmet when she's out on her bike. "It was quite a struggle (to get her daughter to wear a helmet) since no one else was wearing one," Taylor recalls.

The nurses' campaign has been a "total blitz" of information during bicycle safety week and at the rodeo. Taylor says they've approached parents and children every way possible, including writing to them, speaking to them and offering them some fun activities to drive home the importance of helmets.

Letters sent to parents provided information on why helmets are necessary, plus pointers on ANSI- and Snell-approved safety helmets. The nurses also paperced local schools with posters promoting the use of bike helmets.

The RNABC chapter also asked merchants in Armstrong and Enderby to
Brunke points out that not all helmets are unstylish and in fact, some manufacturers are trying to upgrade the appearance of helmets. "Actually, some of the helmets are quite spiffy looking, and the kids will start wearing them," she says.

Brunke personally challenged members of her family to think about helmets for their children. Last Christmas, for instance, she was prepared to buy helmets as presents for her sister's children. But her sister went ahead and purchased the protective helmets herself. "I put a lot of pressure on her," Brunke admits.

From a nurse's perspective, Brunke says: "What we've done here at the hospital and what we're doing at other hospitals is putting flyers into the emergency room. Because people spend a lot of time waiting in the emergency room, they're always picking up something to read. We put all the posters in emergency rooms and doctors' offices, and we're trying to get the posters into the schools.

"One of the groups we're accessing is the home and school federation, and trying to get to the parents that way."

She adds: "Lots of nurses are involved in Scouts and Brownies and Girl Guides, and again we're talking about bicycle safety because there's always bicycle safety badges. You can put helmets into those discussions."

Even on a personal level, Brunke is active in promoting bicycle helmets. "I challenge people who I see without a bicycle helmet. My husband gets a little annoyed with me sometimes," she says with a laugh. "But if we're walking along and we see somebody, I might say, 'gee, you don't have a helmet.'"

Brunke says she receives some positive feedback now and again to these observations. Every once in a while the cyclists she approaches agree they should be wearing a helmet and she believes that by questioning them, she has started them thinking about the issue.

Practicing what you preach

Brunke, a recreational cyclist herself, conscientiously practices what she preaches. "It doesn't matter where I'm cycling, I wear a helmet. Even on a country road, if you hit a rock the wrong way, you can fly off a bicycle. You don't have to be hit by a car. You can just hit a crack in the road and that's it, you fly off the bike and hit your head."

Doyle, of the BCMA, suggests that as parents, nurses can "themselves act as role models by wearing helmets." He says they should stay well-informed about the advantages of wearing helmets, so they can readily answer questions on the issue.

The BCMA stresses that helmets should be worn all the time. "You can get seriously injured without going 30 miles an hour on a bike," says Doyle. The human skull can be shattered or fractured by an impact of seven to 10 kilometres an hour, or 4.4 to six miles an hour, a speed that is relatively easy to achieve on a bicycle, regardless of whether a cyclist is riding in the park on a Sunday, or is a bicycle courier dodging through downtown traffic.

The promoters of bicycle helmets say helmets do work. The BCMA says studies in the U.S. show that cyclists "wearing helmets are less likely to require admission to the emergency departments and spend fewer days in hospital than those injured and not wearing helmets."

Selecting the right helmet

When selecting a helmet, it is recommended that you and your children wear ANSI (American National Standards Institute) or Snell (Snell Memorial Foundation) approved safety bicycle helmets. ANSI standards offer protection for the brain against injury during falls of up to one metre, with Snell standards offering brain protection during falls of up to two metres. It's expected that Canadian standards for helmets will soon be established.

Above all else, be sure the helmets are worn correctly. A brochure produced by the Bicycling Helmet Committee, which outlines how to choose a bike helmet, recommends that the chin strap be adjusted to hold the helmet securely on the head. Check that the helmet can't slip forward over the face.

Of the many barriers to overcome in encouraging the use of helmets — especially among youngsters and teenagers — is the problem of "image." The committee's 1988 bike helmet campaign, done with the help of the BCMA and the cooperation of ICBC, the Bicycling Association of B.C. and the B.C. Home and School Federation, tried to address this issue with its "Top Gear" theme. The emphasis was and still is that helmets are stylish as well as sensible.

Copies of posters and brochures can be obtained from ICBC’s Traffic and Safety Education Department, 151 West Esplanade, North Vancouver, B.C.

(Laura Brown is a Vancouver freelance writer.)
Clinical practitioners and nurses at the bedside are the powerhouse of nursing research. Those closest to nursing care are in the best position to identify problems that need to be studied. Moreover, they are the people who can best implement research findings.

By Christine Bradley and Inge Schamborzk

How do nurses acquire power? In the last decade there has been an emergence of theoretical and empirical research that is concerned with the acquisition and exercise of power in complex organizations. Findings from this research indicate that the distribution of power within such organizations often reflects the degree to which members cope, not only with the critical demands facing the organization, but also the degree to which members control those critical resources and information.

Of the power sources this research has identified, positional power and expert power have received the most attention.

Knowledge, or expert power, is essential for both the quality of service rendered and the exercise of power necessary for change. Superior knowledge allows the professional to guide and direct the organization or the client, and is essential for professional control.

While the administrator may have positional power over the professional, the latter has the expert power to knowledge to maintain and retain the client who is served by the organization.

Accepting power

To realize the potential of nurses to make valuable and unique contributions to the development of effective systems of health care, the nursing profession must acquire, develop and exercise power and influence. If nurses are to realize their full professional potential and maximize their contributions to health care, they must accept power as an essential part of their role. Power and influence in nursing bring about the leadership needed to direct the profession to revise the health care system to meet the needs of society more efficiently and effectively.

The value of a profession is measured by the quality, quantity and relevance of its practice. As professionals, nurses must identify and develop the theoretical body of knowledge on which clinical practice must rest.

In their book, Better Patient Care Through Nursing Research (1979), Faye Abdellah and Eugene Levine refer to clinical research as the “systematic, detailed attempt to discover or confirm the facts that relate to a specific problem... when the ultimate goal is the application of knowledge to improve nursing practice.”

Research and nursing

Research is an indisputable component of the profession of nursing and contributes to nursing practice by:

- developing a scientific knowledge base;
- discovering strategies and interventions for improving patient care;
- improving the health and quality of life of patients;
- documenting nursing performance that helps in establishing nursing roles; and
- establishing economic value of nursing activities.

Any nurse at Vancouver General Hospital who is motivated and committed to becoming involved in nursing research is encouraged to do so. The results of several studies undertaken by nursing staff at VGH have been used to facilitate change in nursing practice. Here are some examples.

Nurses Elame Barkey and Abby Tesfamariam looked at whether patients who participated in an educational program designed for patients undergoing extracorporeal shock wave lithotripsy (ESWL) demonstrated a decrease in levels of fear and anxiety. Using experimental design, patients were randomly assigned to one of two groups — those who participated in an educational program before undergoing the ESWL procedure and those who did not.

Contrary to expectations, there was no difference in the levels of fear and anxiety between the two groups. The data showed that the patients in the study could not, in fact, be called anxious in the clinical sense. Based on results of this study, it was concluded that it would be more cost-effective to discontinue the formal patient education program and to provide a video and written pamphlets instead to these patients.

The researchers pointed out that it should not be concluded from this study that patient education is of no value, however. Rather, before implementing educational programs for patients, it is best to consider the needs of the specific patient population.

An experimental study of postplateletapheresis arm care conducted by Darlene Swan resulted in a change in this type of care for donors of platelets in VGH's Separator Cell Unit.

Both these studies resulted in direct cost savings to the hospital.

Two other nurses, Norma Francis and Cathy Yantha replicated a quasi-experimental study done in the U.S. that compared heparin with saline solution in heparin locks. Based on their findings and those of the U.S. study, it may be possible to recommend changes that will again be cost-effective in terms of nursing time and cost to the hospital.

In the clinical setting, nurses who may wish to become involved in various levels of inquiry, including documenting practice, systematic clinical investigation, and clinical research. Nursing staff at VGH are involved in all three of these levels.

For example, staff nurses Leslie Reichart, Gordon Pauley, Gillian Hayes, Heather Bernier and Pauline Ursic are involved in developing and evaluating...
Planning and funding your research

Have you ever wondered how nurses decide what it is they should research? Two University of Alberta researchers, Drs. Marilyn Wood and Pamela Brink, say anything that has to do with human beings can provide the basis for nursing research. After all, it's people that nurses are most interested in.

Wood and Brink, speaking in Burnaby at the opening session of B.C.'s first nursing research grantsmanship colloquium, said nurses who have trouble deciding what topic to research should focus on whatever bothers them the most. "It should be personal to you — something that will hold your interest," said Brink.

The colloquium, co-sponsored by RNABC, several hospitals, educational institutions and other nursing groups, has been divided into three phases and is designed to help nurses develop proposals in order to obtain funding for research purposes. The first phase, held April 24-25, was designed to help nurses learn about the research and grantsmanship process. Phase II, held May 31 to June 2, offered consultation to nurses who are in the process of writing or modifying a research proposal for funding. The third phase will be held Oct. 13.

Those who attended phase I came from a variety of practice, education and administrative backgrounds. Their research interests were as varied, from newborns to elders. And so were their goals.

Some wanted to know how they could obtain major research grants worth thousands of dollars while others wanted to get their hospital employers to put up a few hundred dollars for a small research project.

Regardless of the size of the research, Wood, who is dean of the school of nursing at the University of Alberta, and Brink, who is a professor and associate dean of the school of nursing, recommend that the first thing to do after deciding on a topic is to ask a research question. How you research a question is determined by how you ask it, they said. A good research question should begin with something that gives direction such as who, what, where, when or why.

Research questions can be asked on three different levels, depending on what is known about the topic. Level one questions are exploratory in nature and usually there is little or no literature on the topic.

Level two questions are descriptive and revolve around a conceptual or theoretical base. Level three questions are theoretical, based on cause and effect, and require experimentation to test your hypothesis.

Experienced researchers recommend that your proposal include: your rationale for conducting the research; the conceptual framework; and a literature review.

When finished, your proposal should answer four important questions says RNABC's nursing research consultant, Dr. Heather Clarke:

- What do you intend to do?
- Why is the work important?
- What has already been done?
- How are you going to do the work?

If you would like help preparing research proposals or would like information about nursing research, contact Dr. Heather Clarke at RNABC.

nursing protocols designed to improve patient care on an orthopedic unit. As well, Carol Robinson and Inge Schamborzki are evaluating an automated documentation and record system, developed in collaboration with the Department of Information Systems at VGH.

Other nursing staff are doing descriptive studies of systematic clinical investigations. Anne Earthy, Sylvia Glaab and Diana McMillan are describing the cultural backgrounds, health beliefs, values and practices of elderly ethnic patients at VGH. Carol Rudko and her nursing staff are developing a patient profile of an adult psychiatric unit, while Janice Bruce and Tessie Orlando have recently completed an investigation of HS sedation prescribed for all elderly patients.

One clinical research study has recently received external funding and several others are currently in the proposal stage. The B.C. Medical Services Foundation awarded a grant of $21,500 to evaluate a teaching program designed to meet the needs of orthopedic staff who nurse elderly patients with hip fractures. The nurses carrying out the study are Chris Bradley, Janice Bruce, Anne Earthy, Kelly Gill, Tessie Orlando and Pauline Ursic.

The Division of Nursing at VGH has also been successful in obtaining a development grant of $45,000 from the B.C. Ministry of Health to study the efficacy of nursing practice at the hospital. The research project, which is being conducted by Chris Bradley, Inge Schamborzki and Colleen Stanton, will involve designing and assessing environments for nursing practice to maximize nursing competencies.

Nurses working together

All these studies have arisen from questions by various clinical practitioners — staff nurses, head nurses, instructors and clinical nurse specialists. They are conducted by individual nurses and nurses working together as teams. Such teams consist of staff nurses, a head nurse and a nursing director, a head nurse and a nursing instructor, a nursing director and the vice-president of nursing, and a clinical nurse specialist and a head nurse.

Webster's Dictionary defines power as the "ability to act or produce an effect." Nursing research can lead to major changes in nursing practice by improving techniques of patient care, defining nursing practice, and increasing the efficiency of the delivery of care through better use of health dollars.

If nursing research can impact on practice in this manner, then we may conclude that research is power. However, in the same way that knowledge is powerful only when used, research is powerful only when used.

At a national nursing research conference held last year in Seattle, Nancy Fugate Woods described research as the five "Ps": passion, perseverance, peer support, program support and politics. We would like to suggest two others: practice and power.

(Dr. Christine Bradley, PhD is the director of nursing research and evaluation at Vancouver General Hospital. Dr. Inge Schamborzki, DEd is the vice-president of nursing at VGH.)
Nursing: A Personal Challenge

If there was just one message coming out of this year's annual meeting, it is that, collectively, nurses have the power to make changes in the delivery of health care and their roles in the system. The challenge to nurses in British Columbia is to use that power positively.

"As we have grappled with issues of nurse manpower and health policy, our future has become clearer to me," RNABC President Sue Rothwell told nurses in her annual address, "and I have no doubt that the future of health care is entirely dependent on the future of nursing."

Health care reform is nursing reform, Rothwell said, adding that the health care system must change from one that is predominantly treatment oriented to one that emphasizes health promotion and disease prevention. Nurses, she said, may have to take the lead in effecting changes. "Seventy per cent of the nurses in British Columbia — more than 20,000 — work every day in a system that supports medical treatment," she stated. "To move away from the medical treatment mode towards health promotion means giving up a vast investment, for nurses, for doctors, for administrators, for government — for all of us who are tied into the power structure of medical treatment."

This year's guest speakers, Roberta Coutts and Iona Campagnolo, also told nurses that they have the power to effect positive change in the delivery of health care.

"I have been speaking to nurses for at least a decade about the power that you have as a group and the necessity of using that latent political power more directly to be agents of change in the system you know best," said Campagnolo, a former federal cabinet minister and past-president of the federal Liberal Party.

Said Coutts: "The personal challenge for nurses is to grab opportunities to make positive change."

This year, more than 500 nurses attended the annual meeting in May. They were there to discuss topics such as AIDS education, independent nurse practitioners and human rights violations in Third World countries. And many of them took the opportunity to take part in the first-ever RNABC convention, held in conjunction with the annual meeting.

The convention, which was open to all nurses, is expected to become an annual event. In addition to providing for hospital and corporate exhibits, RNABC arranged eight education sessions on topics such as ethics and caring, caring for the nurse in the 1980s, health care reform, and the evolving complexities of women's lives.

And, of course, time was spent at the annual meeting where over 300 delegates debated and voted on resolutions. A total of 16 resolutions were passed (see separate story).

Message from the Health Minister
The meeting opened with Health Minister Peter Dueck telling nurses that
if they want to change the way others, including other health professionals, recognize their profession, then they must engage in a dialogue with those other groups and organizations. The government cannot legislate respect for nursing, he said. "The thrust, the impetus must come from you."

In his address, Dueck highlighted some of the activities his ministry has undertaken to remedy the nurse manpower situation. It is presently reviewing the recommendations of last year's Nurse Manpower Study with RNABC and the B.C. Health Association and will be drafting an implementation plan based on these consultations, he said. He added that last year's $350,000 program to train an additional 45 nurses for critical care will be repeated this year.

"Overall, we believe that B.C. is doing a good job of meeting the demand for nurses," Dueck said, noting that the number of diploma graduates increased 29 per cent between 1985 and 1988, and the number of RNs in B.C. hospitals has increased 17 per cent (about 2,500) since 1982.

Dueck took the opportunity in his speech to announce a new program aimed at promoting wellness. Called the Hospital/Community Partnership Program, it will allow hospitals to develop health care delivery systems in surrounding communities. Up to one-half of one per cent of a hospital's operating budget could be made available to initiate community programs. The programs must demonstrate a long-term financial benefit such as fewer in-patient days or improved patient care.

Dueck also announced that the section of the Nursing Statutes Amendment Act restricting the use of the title "nurse," which had not been proclaimed along with the other sections, would be going to the cabinet at the earliest opportunity. The reason for the delay in proclaiming this section, he said, was the concern that a small number of nurses, who would not qualify under the new category of Licensed Graduate Nurse, could find their employment jeopardized. As a result, RNABC and ministry officials have drafted additional rules to accommodate individual cases of hardship that might result from the new legislation.

"This in turn will allow the government to proclaim this section, which will further enhance the professional image of nursing in our province and the leadership of your association," he said. "I propose to go to the cabinet shortly with an order-in-council which will establish August 1, 1989, or sooner if possible, as the effective date for this section."

Members at this year's annual meeting also had an opportunity to meet Judith Oulton, the new executive director of the Canadian Nurses Association, who praised B.C. nurses as leaders in improving quality health care. She noted as examples RNABC's information campaigns aimed at attracting new nurses and the development of the PRN program.

"RNABC has demonstrated that an open exchange of information between the association, the government, and most importantly, nurses themselves, works," she said. "This message is important, not only for the people of British Columbia, but for all Canadians."

Oulton also outlined activities CNA is currently undertaking, including: examining strategies for the reform of health care for the elderly; improving nursing administration so as to create better work environments for nurses to provide quality care; and working towards establishing a PhD program in nursing.

Education remains a major concern for CNA, Oulton said. A new plan for entry to practice has been approved. It replaces the five-year plan that was completed this year. A new education manager, appointed in March, is concentrating on promoting both entry to practice and continuing education for nurses.

Work life issues are also receiving high priority. A full-time managerial position in the work life affairs department was instituted last fall. As well, three nursing practice conferences focusing on the working lives of nurses have been approved by the CNA Board.

On the international scene, CNA is involved in educating nurses in a number of Third World countries and is also cooperating in an immunization program in Belize, Oulton said.

Robertta Coutts — keynote speaker

In her speech on the realities of today's health care industry, keynote speaker Robertta Coutts stressed the need for health care professionals to hold onto the human side of caring. She told nurses that in spite of today's changing social structure, "the one undeniable fact is that in the health care service industry, it is people who remain the critical resource."

As the search continues for new and better ways to provide health care, "all of us, from VP nursing to staff nurse to educator to CEO to minister of health are pushed to take a tough look at how to be more efficient and more caring and more responsive," said Coutts, who is vice-president of nursing services at Ottawa General Hospital.

Many of the social changes taking place today will directly affect changes in health care, Coutts told the audience. For instance, many of the post-war baby boomers are now in their forties and are beginning to revolutionize care as they plan for their own old age.

Social issues like AIDS, divorce and the lack of adequate housing are already having a direct impact on our health care, she added. "Incidence of psychosocial mental illness is on the rise. We're seeing more acute behavioral problems of the young and acute cerebral pathology resulting, tragically, from AIDS victims."

The crisis related to the financing of health care — corporate hospital mergers, lack of long-range manpower planning — is also giving rise to new pressures, she said. Nevertheless, out of adversity come some new opportunities such as "opportunities for change in health care delivery and opportunities for nurses to positively affect their work environment."

Coutts also suggested that claims by hospitals that they are underfunded need to be looked at very carefully. "The most successful hospitals are often seen as those with the biggest budgets, the most high-tech, and the most prestigious professionals..." she said.

And while most health care dollars are being spent on new facilities and treatment, very few dollars actually go to health promotion and home care support. "We speak prevention, but we have never funded it," she said.
One of the problems of the present health care system, Coutts said, is that "we still find it difficult to rationalize services across hospitals and too often do not look at the health care needs of the population we serve." She suggested that nursing can serve as the buffer between the corporate structure and the delivery of health care in most hospitals. "This unique role within an institution also provides the potential to be very influential on behalf of patients and staff," she said.

In describing the changing profile of nurses as professionals who are self-directed and self-managed decision-makers, Coutts said the challenge for the health care industry will be to foster and nourish these nurses. The personal challenge for nurses is to grab the opportunities to make positive change. "Don't leave it just because it's been that way, and it's been working for 20 years," she said. "Take a look at the damn thing, figure out how it works, determine if you really need it, adjust it accordingly to suit your needs, and make it work in the new engine. Be a little pushy and have fun."

Iona Campagnolo — guest speaker

"Nurses are on the front lines of public health. Society depends on you. You have more to give than your gifts of healing human beings. As vital as that is, you have an added responsibility to help heal the health care system. And only by assuming the power and authority that you need to do the job, can you be expected to actually do it." That, said Iona Campagnolo, is one of the challenges facing nurses whose jobs are growing in scope and responsibility.

As the guest speaker at this year's awards banquet, Campagnolo, who is the coordinator for international health at McMaster University, urged nurses to "demand the authority you need to do your jobs."

She talked of the "undeniable fear of the well-educated woman in our society" and implied that the "system" attempts to discourage women from achieving higher education goals by calling them "overqualified" and by not giving them the opportunities to put their education to work. She compared this to nursing where some would say, "we don't really want too well-educated, take-charge, expensive women in nursing." Calling this the voice of yesterday, Campagnolo said, "we cannot train a mind to think and then ask it not to do so."

She encouraged nurses to take "hold of those matters that concern the functioning of your profession," and urged them to become a "united force to attain public goals in health."

Canada's health care systems are in desperate need of reform, she said, and "nursing must demand and perform a frontline role in that reform."

Development of Nursing Leaders a Must says Cutshall

Identifying and developing nursing leaders, and health care reform are major issues RNABC must embrace as it enters the 1990s, says RNABC Executive Director Pat Cutshall.

In her address to members at this year's annual meeting, Cutshall said organizations like RNABC flourish because they recognize and act on changes in the environment. "While we must deal with short term exigencies like nursing shortage and contract issues, let us not forget to think strategically so that we can continue to play a formative and positive role in an evolving society as it moves toward the next decade," she said.

The strategic issues for RNABC, she stated, are leadership development in nursing and contributing to an evolutionary process of health care reform.

Leadership development

Organizations do not survive if they do not pay attention to leadership development, Cutshall said. RNABC's current ad hoc systems of looking for people to sit on committees and take on tasks to get the job done is not good enough she told members. And while part of the problem has to do with people making time commitments for these additional tasks, Cutshall suggested that if leaders' roles are made clear, then some of that time may not be necessary. She further reminded members that "there are 30,000 of us to spread the work around."

Moreover, she said, "RNABC is a mature organization with enough wealth to hire staff to do the detail work. What leaders can and must do, however, is make decisions about general direction. ... Those strategic choices are what will make the organization effective."

Equally important is recognizing that RNABC does not have to limit itself to central action. "Local and regional action on local and regional matters can extend the power of nurses to contribute to good health care," Cutshall said.

But, she cautioned, the more decentralized nurses' activities become, the more important it is to establish mechanisms for integration and coordination. "Units of RNABC who (continued on pg 19)
Rothwell: Nursing Holds the Key to Future Health Care

The future of nursing and health care was the focus of outgoing President Sue Rothwell's address to members at this year's annual meeting in May. Here are excerpts from that address:

I have no doubt that the future of health care is entirely dependent on the future of nursing.

Throughout the world, countries are struggling with the demands for more and more medical care. We somehow have come to equate medical treatment with health care. We thought that if people had equity access to medical care, that would assure equity in health. Well, has it?

Poor people in Canada have only 55 years of healthy life, free from disability, while rich Canadians have 66 years of healthy life.

Lifestyle factors

With these disparities in health between rich and poor people who have access to medical care, it is clear that something other than access to treatment is operating. Nurses don't have to read studies to know that rich people, by and large, are healthier than poor ones. (Former federal health minister Pierre Lalonde in 1974, in his New Perspective on the Health of Canadians, cited lifestyle factors as primary determinants of health. Lalonde's work, despite its brilliance, never caught on.)

Yet, steadily our treatment costs have grown over the past 10 years until we are spending more than eight per cent of our gross national product on what we euphemistically call health. In British Columbia, we are spending almost a quarter of our provincial budget on sick care.

With rising costs and the limited success of sickness care, governments all over the world, including here in British Columbia, are adopting concepts of health promotion and healthy public policy.

RNABC held its first healthy community workshop in November last year in Hazelton. The workshop was designed to identify what needed to be done to improve the health of residents of the upper Skeena.

The National Symposium on Health Promotion and Disease Prevention was held in March in Victoria. Presenters from all over Canada talked about what they were doing or planned to do to evaluate people to increase control over, and improve their health.

There seems to be acceptance of the idea that determinants of health lie outside of the usual health field and in such areas as good nutrition, more literacy, decent and affordable housing, better working conditions, elimination of dead-end jobs — in short, elimination of those things that combine to produce low self-esteem, alcoholism, drug addiction, suicide, homicide, wife and child abuse, and other violence directed towards self, family and community.

But to say that health promotion is an idea whose time has come is too simple.

A vast investment

There is an enormous investment of resources, commitment, self-interest and egos in our present system.

Seventy per cent of the nurses in British Columbia — more than 20,000 — work every day in a system that supports medical treatment. To move away from the medical treatment mode toward health promotion means giving up a vast investment — for nurses, for doctors, for administrators, for government.

It means, as Trevor Hancock has said, that we must face the limits of our sick care system and the ideology that underlies it. Those limits are biological, ethical and financial in nature.

Imagine 20,000 nurses every day caring for patients whose conditions are the result of poverty, illiteracy and poor environments; people with diseases that are largely preventable — heart disease, cancer, suicide, mental illness. As long as we continue with the same focus, we will be supporting a system that condones the causes of these diseases. We are part of the problem, rather than part of the solution.

The stakeholders

Let's look at the stakeholders in our present medical treatment system. We have physicians whose egos and financial interests are tied to keeping things as they are. Their two most defended interests are aggravated by any more health promotion.

Government bureaucracies, at least in this province, have tied at least a quarter of their resources to things as they are. Other ministries and interests do not want to see more resources going into health to build a health promotion superstructure on top of medical treatment. Health's share would then be disproportionately large.

That leaves nurses. What we have is the largest number of health care professionals who are angry about the lack of resources to do their work well, about difficult working conditions, and about powerlessness in the work setting.

And that is why I say the future of health care is the future of nursing. As nurses begin to exert their influence to rectify these conditions and acquire power to make changes for the better, then so will health care change for the betterment of all.
Delegates Approve 16 Resolutions

Delegates who attended RNABC’s annual meeting in May want the B.C. government to open up better access to the services of independent nurse practitioners. Delegates approved a resolution calling on the Association’s Board of Directors to lobby the government to fund the services of independent nurse practitioners by making them part of insured provincial health services.

The resolution on independent nurse practitioners, sponsored by the Vancouver Metropolitan Chapter, was just one of 16 resolutions debated and approved by voting delegates at this year’s annual meeting. (A resolution requesting RNABC to lobby the government to include ostomy equipment as part of insured services was ruled out of order since RNABC is already addressing this through the development of a position statement on medical equipment and supplies.)

Below are the resolutions that were approved at the annual meeting. These will be referred to the RNABC Board of Directors to determine what actions, if any, will be taken on them.

Independent Nurse Practitioners
RESOLVED that RNABC lobby the provincial government to fund, as an insured health service, independent nurse practitioners.

Extended Care Design Guidelines
RESOLVED that the Board of Directors of RNABC gather facts from RNABC members about the impact of the design of extended care units on the quality of nursing practice; and
RESOLVED that the Board of Directors of RNABC use these findings as the basis for a request to the Ministry of Health to review and revise, as necessary, the Extended Care Design Guidelines in order to ensure a positive environment for residents.

Free Needle Exchange
RESOLVED that the Board of Directors of RNABC request the B.C. Ministry of Health provide free needle exchange services for intravenous drug users in the province.

Perinatal Education
RESOLVED that the Board of Directors of RNABC lobby community health agencies to ensure that community health nurses be given resources to support home visits to all mothers with neonates and infants in order to provide teaching, support and referral.

Sun Exposure
RESOLVED that the Board of Directors of RNABC recommend to the Ministry of Health that education programs to inform the public about the relationship between exposure to the sun and non-therapeutic ultraviolet light and skin disease be incorporated into existing health programs.

Speech Pathology Services
RESOLVED that the Board of Directors of RNABC seek collaboration with the B.C. Association of Speech and Language Pathologists and Audioligists to establish effective ways for making speech pathology services available to B.C. citizens.

Support for AIDS Education
RESOLVED that the Board of Directors of RNABC support the activities of community groups engaged in education and support programs related to AIDS, and communicate RNABC’s support to the federal and provincial ministers of health, the director general of the federal Centre for AIDS and the chairman of the Provincial Advisory Committee on AIDS.

AIDS Information Strategies
RESOLVED that the Board of Directors of RNABC lobby the minister of health to support the development of realistic and effective public health information and educational strategies related to AIDS;
RESOLVED that the Board of Directors of RNABC lobby the minister of health to appoint representatives from community-based AIDS volunteer groups, nursing, medicine and government to the Provincial Advisory Committee on AIDS; and
RESOLVED that the Board of Directors of RNABC lobby the minister of health to support the development of realistic and effective public health information and educational strategies related to AIDS.

AIDS Education Funding
RESOLVED that the Board of Directors of RNABC write letters of support to the provincial government for core funding to community-based AIDS groups engaged in educational activities; and
RESOLVED that the Board of Directors of RNABC lobby, by means of a resolution to CNA, for increased funding from the federal Centre for AIDS to support the educational activities of community-based AIDS groups across Canada.

Safeguard Human Rights
RESOLVED that the Board of Directors of RNABC request CNA to establish a mechanism whereby individuals who are victims of human rights violations can be publicly recognized in a symbolic manner, such as given an award or an honorary CNA membership; and
RESOLVED that the Board of Directors of RNABC request CNA, in consultation with Amnesty International, the International Council of Nurses and the Chilean Nurses Association (ChNA), to invite Patricia Talloni (ChNA president), Hortensia Arisabal (ChNA international commissioner) and Yenny Vergara (ChNA administrative secretary) to participate in this mechanism; and
RESOLVED that the Board of Directors of RNABC request CNA, that if appropriate, CNA inform its membership, the Canadian and Chilean
governments of its actions, as well as urging these two governments to intensify their efforts to safeguard human rights in Chile.

**Human Rights Violations**

RESOLVED that the Board of Directors of RNABC, on or before the 1990 CNA biennium, request that CNA, in consultation with the International Council of Nurses and Amnesty International, speak out publicly against specific human rights violations directly to the governments involved when appropriate; and

RESOLVED that the Board of Directors of RNABC, on or before the 1990 CNA biennium, request that CNA liaise with other ICN member associations, provincial nurses’ associations and individual nurses, with the objective of generating a collective international and national response against these human rights violations.

**Earlier Retirement Option**

RESOLVED that the Board of Directors of RNABC lobby the provincial government to enact legislation to change the appropriate superannuation act so that nurses will have the option of retiring at age 55 years with full pensionable benefits and severance benefits proportionate upon years of service.

**Improved Communications**

RESOLVED that the Board of Directors of RNABC communicate with appropriate organizations regarding the need to present health and social services-related information to the public in a form that can be understood by the visually impaired.

**Qualifying Courses Fact Sheet**

RESOLVED that the Board of Directors of RNABC maintain a fact sheet containing current information on qualifying courses in B.C., which is available to applicants for registration from other countries.

**Salary Reimbursement**

RESOLVED that the Board of Directors of RNABC be strongly urged to develop a policy of salary reimbursement for voting delegates attending the annual meeting of the Association.

**Review Nomination Procedures**

RESOLVED that the Board of Directors of RNABC strike a committee to: review problems identified by the 1989 Committee on Nominations; investigate alternate approaches used by other organizations to obtain a slate of candidates; and propose solutions by the 1990 annual meeting, including changes to Article IV, Section 4-a.ii of the RNABC Constitution and By-Laws if that action is deemed necessary.

(continued from page 15)

**Development of Nursing Leaders a Must says Cutshall**

Pat Savage, president of BCNU, and Pat Fraser confer on a point before speaking to a resolution. Top right, RNABC Executive Director Pat Cutshall reports to the delegates.

Commitment to broad and long term goals, and who possess skills of communication, analysis, diplomacy and negotiation, Cutshall said. She added that such leaders are not born, they're made.

Health care reform

"Our challenge for the next decade is to make...health promotion and maintenance the very basis of our society's economic and social way of life and the foundation of what we formally know as our health care system," Cutshall told members.

She described a number of inefficiencies in the current health care system — inefficiencies that lead to the purchase of redundant equipment and inappropriate decision-making for example. She also described activities, both big and small, that contribute to health promotion.

Health care reform is a priority for RNABC and should not be ignored, Cutshall warned. "There must be a transformation in the way health care is understood, planned and delivered. We must embrace it as a responsibility and an opportunity to do otherwise would be retrogressive in the extreme," she said.
Practice Guidelines for Nurses

I've heard that RNABC has developed some guidelines for the practice of nurses. What are they and why have they been developed?

By Jane Ellis
RNABC Nursing Practice Consultant

The document Guidelines for the Practice of Registered Nurses in Licensed Health Care Agencies has been developed to help nurses, physicians and hospital administrators establish policies and procedures for safe patient care. They are particularly helpful when a health care agency makes decisions about delegating medical tasks to registered nurses (a copy of the guidelines is included as an insert in this issue of RNABC News).

Beginning in 1971 as the booklet Guidelines on Medical Nursing Procedures, the publication was revised in 1977 and issued as the Guidelines for Patient Care in Licensed Health Care Agencies.

In 1981, the Board of Directors of RNABC established a procedure to review and revise the document on a regular basis. It was subsequently revised in 1981 and 1985, and the latest revision was completed in late 1988.

While the document is a statement of RNABC, it has been endorsed by the B.C. Health Association, the B.C. Medical Association, the College of Physicians and Surgeons of B.C., and the Nurse Administrators Association of B.C. This endorsement lends credence and power to the statements in the guidelines.

As previously mentioned, the guidelines can be extremely useful to an agency when it is deciding or developing policies related to delegating medical functions. They give examples of medical functions that may be delegated and describe how these functions can be delegated once nursing, medicine and administration have agreed that a medical function should be delegated to nurses. They also give examples of medical functions that cannot be delegated, usually because of specific legislation or recognized standards of medical practice.

In B.C., individual agencies have the right to make their own decisions about policies concerning specialized nursing skills, including delegated medical functions. These decisions are based, not only on existing laws and acceptable standards of nursing and medical practice, but also on agency resources for supervision, monitoring, education and specialty expertise. For example, nurses in a large urban acute care hospital may be designated to change tracheostomy tubes as a delegated medical function, whereas that may not be the case in another smaller agency in the same city.

As stated in the guidelines, decisions regarding the delegation of functions are made jointly by the agency's board of management, medical staff and nursing department.

RNABC's Guidelines for the Practice of Registered Nurses in Licensed Health Care Agencies is an important document and should be referred to when an agency is grappling with issues on policies and procedures for safe patient care. The nursing practice consultants in the Division of Professional Services at RNABC may also be contacted for information and assistance.
GUIDELINES FOR THE PRACTICE
OF REGISTERED NURSES IN
LICENSED HEALTH CARE AGENCIES

A statement of the Registered Nurses Association of British Columbia endorsed by the
British Columbia Health Association, the British Columbia Medical Association, the College
of Physicians and Surgeons of British Columbia, and the Nurse Administrators Association
of British Columbia.
GUIDELINES FOR THE PRACTICE OF REGISTERED NURSES IN LICENSED HEALTH CARE AGENCIES

A Statement of RNABC endorsed by the British Columbia Health Association, British Columbia Medical Association, College of Physicians and Surgeons of British Columbia, and the Nurse Administrators Association of British Columbia

November 1988

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DEFINITIONS

Agency - a licensed health care facility.

Competence - means possessing the knowledge and skills for safe practice.

Medical Supervision - implies either
(A) that the physician is present or
(B) that the physician is in the hospital or could be present within a specified time as determined by the agency.

Nurse - refers to a nurse currently registered with the Registered Nurses’ Association of British Columbia.

Nursing Skills - two categories are distinguished:
A) Basic Nursing Skills - those nursing skills which are acquired through a basic nursing education program. (Complete list of skills is available in the RNABC document “Context of Practice and Nursing Psychomotor Skills 1988.”)

B) Specialized Nursing Skills - those nursing skills which are not part of a basic education program but which are acquired through post-basic nursing education programs, or agency inservice programs. Specialized nursing skills include delegated medical functions.

Physician - refers to a physician currently licensed with the College of Physicians and Surgeons of British Columbia.

I PURPOSE

This document, which replaces the Guidelines for the Practice of Registered Nurses in Licensed Health Care Agencies, May 1985, is designed to assist a wide variety of health care agencies, both institutional and community, in establishing policies and procedures for safe patient care. No part of this document is intended as a contravention to Sections 72 and 73 of the B.C. Medical Practitioners Act.

This document represents guidelines only, recognizing the need to take specific local conditions into consideration. Two categories of activities in the practice of nursing are distinguished - basic nursing skills and specialized nursing skills, including delegated medical functions.

The appropriateness of policies concerning specialized nursing skills, including delegated medical functions, will differ according to the agency’s local resources for supervision, monitoring, educational capacity and specialty expertise. When policies or resources are lacking, consultation may be sought from RNABC.

II RESPONSIBILITY FOR SAFE PATIENT CARE

When health professionals practice within agencies such as hospitals, clinics or industries they must do so within the constraints imposed by two authorities, the profession and the agency.

 Provision of safe patient care in licensed agencies is a shared responsibility of:

1. The Board of Management and the executive director of the agency.

2. The medical staff and the individual physician within the agency.

3. The nursing service of the agency and the individual registered nurse.

4. Other health disciplines practicing within the agency.

III RESPONSIBILITY OF THE BOARD OF MANAGEMENT

The board is legally responsible for the actions of employees and for establishing and ensuring the implementation of policies designed to safeguard patient welfare.

It will therefore establish a process to provide for participation of registered nurses, physicians and other appropriate health professionals through the organizational structure of the agency in the development of such policies, including those which pertain to demonstrated competence.

IV RESPONSIBILITY OF THE MEDICAL STAFF AND THE INDIVIDUAL PHYSICIAN

The medical staff is responsible for assurance that the individual physician provides a standard and quality of care acceptable to the medical staff and in conformance with the board’s policies.*

* Statement of College of Physicians and Surgeons of B.C. with concurrence of other participating organizations.
V RESPONSIBILITY OF THE NURSING SERVICE OF THE AGENCY

The nurse administrator provides for the administration and coordination of nursing service programs to ensure that the quality of nursing care meets professional and institutional standards of safety and effectiveness.**

VI RESPONSIBILITY OF THE INDIVIDUAL REGISTERED NURSE

The registered nurse practices according to the standards of professional nursing and in conformance with Board policy and therefore performs only those functions which fall within the nurse’s competence and currency of practice. This implies an individual responsibility for currency of practice.**

VII RESPONSIBILITY OF OTHER HEALTH DISCIPLINES

Individual professionals are accountable for their own competence and performance, and standard of practice defined by the professional's discipline and in conformance with the agency’s policies.

VIII CATEGORIES OF NURSING SKILLS

In the provision of patient care, registered nurses carry out a variety of interventions which may be categorized as either basic nursing skills or specialized nursing skills. Safety of the patient demands that a registered nurse carries out only those skills for which the nurse has had proven educational preparation and demonstrated competence.

A. Basic Nursing Skills - those skills which are acquired through a basic nursing education program. (Complete list of skills is available in the RNABC document “Context of Practice and Nursing Psychomotor Skills, 1988.”)

B. Specialized Nursing Skills - specialized nursing skills include delegated medical functions. Educational preparation for specialized nursing skills may be obtained through approved post-basic clinical nursing programs or in-service training and work experience with the opportunity for repeated practice in required skills.

The following are examples only of procedures which may be performed by specially skilled registered nurses.

Examples:

- Maintenance of peritoneal dialysis and hemodialysis.
- Chest tube removal.
- Setting up and supervision of operation of mechanical ventilator.
- Identification of cardiac arrhythmias and initiation of emergency treatment.
- Removal of C.V.P. lines.
- Foetal monitoring.
- Vaginal examinations in obstetrics.
- Maintenance of total parenteral nutrition for hyperalimentation.

Delegated medical functions

Some medical functions may be delegated to registered nurses providing that such action does not contravene existing law or acceptable standards of medical or nursing practice. The delegation of medical functions to registered nurses does not change the nurse’s role but rather, broadens her/his scope of activities. Nurses, as employees, must recognize that while they are legally liable for their own performance, the employing agency and the ordering physician will, at the same time, retain responsibility for the delegation of a medical function.

Each agency should establish policies and procedures for the delegation of functions. Policies identify the functions to be delegated. Procedures describe how the policies are carried out.

IX PROCESS FOR DELEGATION OF MEDICAL FUNCTIONS

When a medical function has been delegated to and accepted by nursing, the nurse is responsible and accountable for the competence of her/his performance in respect to that function.

Specified functions may be delegated from medicine to nursing as follows:

- The delegation is deemed to be in the interest of the patient.
- The Board of Management establishes a policy governing delegation of functions.

** Statements of RNABC, NAABC with concurrence of other participating organizations.
• The Board of Management decision as to whether a nurse may safely perform a delegated medical function rests upon the approval of the medical staff and acceptance by the nursing department.

• The mechanism by which a designated function is delegated from medicine to nursing shall be clearly documented.*

• Prior to any delegation of function, there shall be clearly written policies on, and plans for, the education and reassessment of nurses responsible for carrying out delegated function(s).*

• Registered nurses shall be certified competent to perform delegated functions. A monitoring system is established to ensure that (a) only those nurses who have had the instruction with sufficient practice to become competent carry out the function and (b) on-going instruction and re-assessment of skills are provided to ensure maintenance of competence.

• There should be provision for written review and evaluation of any delegated function by the appropriate medical, nursing administrative personnel at the end of an established period of time.*

Examples of medical functions which may be delegated

Medical care is the responsibility of the physician and should only be delegated when necessary and in the best interest of the patient. The following are cited as examples only of functions which may be delegated from medicine to nursing. It should be stressed that this must NOT be considered a complete listing and may be added to or reduced depending on established local practice and capabilities of personnel.

• Monitoring an oxytocic drip.
  The physician is responsible for initiating any type of oxytocic therapy and directly supervising the patient for the first thirty minutes during the administration of such drugs. However, continuing supervision of the drip, or terminating it if necessary by a registered nurse may be a delegated function.**

• Changing of settings of mechanical ventilator.

• Changing of tracheostomy tubes.

• Measurement of wedge pressure and cardiac output using a pulmonary artery line.

• Defibrillation.

The use of medical protocols in urgent situations

In certain unique health care settings, frequently remote or isolated and in the absence of a physician, the nurse may be required to make a clinical evaluation of patients, select and initiate approved treatment including medication in keeping with such clinical evaluation.

In doing so, the nurse should inform the responsible physician of such action at the earliest reasonable opportunity. The treatment must be selected from a protocol predetermined by the medical staff of the agency in accordance with agency policies, as follows:

1. Definition of medications requires the name of the medication, indications for use, permitted range of dosage, its frequency and duration, route of administration, contraindications and major side effects.

2. Definition of treatment must include the name of the treatment, its frequency and duration.

3. Treatment, as deemed necessary by the registered nurse, and in accordance with the medical protocol will be carried out without delay. Documentation will be done as soon as possible, i.e., as soon as it is consistent with safe patient care to do so.

Examples of medical functions which may not be delegated

Most medical functions cannot be delegated because of current legislation or recognized standards of medical practice. Examples of these are as follows:

• Administration of Anaesthetics
  (a) Preparation of anaesthetic agents and initiation of general anaesthesia are the responsibility of the physician.
  (b) The initiation of epidural anaesthesia is the responsibility of the physician.

* Source: Guide to Accreditation of Canadian Health Care Facilities, October 1986, p. 38, Canadian Council on Hospital Accreditation, 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6

(c) Only in extreme circumstances, in a licensed health care agency, where the physician directs the nurse on his/her own responsibility, would a registered nurse administer an anaesthetic.

- Obstetrical Delivery

Obstetrical delivery is a medical act, as defined by the B.C. Medical Practitioners Act, and as such is the legal responsibility of the attending physician.

- Certification of Death

(a) It is the responsibility of a physician to certify death in accordance with the B.C. Vital Statistics Act.

(b) The physician ensures notification of next of kin.

(c) If an autopsy is requested, it is the responsibility of a physician to ensure that written consent is obtained from the next of kin.

- Duty of Disclosure

The duty of disclosure of information regarding proposed medical and surgical treatment (informed consent) is the legal responsibility of the treating physician.

X RESOLUTION OF NURSING VERSUS MEDICAL CONCERNS

Medical and nursing teamwork is enhanced by a relationship that respects the uniqueness and the inter-dependency of the respective services of each discipline. Interdisciplinary teamwork involves ongoing collaboration in order to serve the patient well. As part of this collaborative process nurses’ discussions with patients or relatives regarding information about the patient’s medical diagnosis, prognosis or medical treatment will take place only after discussion with the attending physician. The registered nurse is expected to exercise professional judgement in providing information to the patient.

The following directive issued by the College of Physicians and Surgeons of BC in November 1976 provides a guideline for dealing with the resolution of differing opinions between medicine and nursing:

“In agencies where doctors, nurses and others work as a team or in cooperation, physicians’ orders should be carried out by those designated. If a difference of opinion arises as to the appropriateness of the order and this cannot be resolved by discussion with the physician, the physician must be informed that the order has not been carried out. The physician may then carry out his or her own orders and the matter referred to the director of the agency. If the doctor is the director then the matter should be referred to the sponsoring or governing body of the agency.”

If the nurse is the director the same applies.

Problems concerning professional competence are reported through similar agency channels and if unresolved are referred to the appropriate professional association.
XI TASK COMMITTEE RESPONSIBLE FOR DOCUMENT

At the direction of the RNABC Board in 1987 a task committee undertook the revision of the RNABC document Guidelines for the Practice of Registered Nurses in Licensed Health Care Agencies. It was felt by the committee that the rapid changes in health technology and increased complexity of medical tasks currently being delegated to registered nurses required a document which can serve as a useful tool to hospital administrators, physicians and nurses.

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<th>Members</th>
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<tr>
<td>Kathleen Murphy, RN, BN, MHSc, Chairman</td>
<td>RNABC Member</td>
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<td>Assistant Executive Director</td>
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<td>Richmond General Hospital, Richmond, B.C.</td>
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<td>Heather Dalziel, RN, Inservice Coordinator</td>
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<td>St. Joseph's General Hospital, Comox, B.C.</td>
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<td>Margaret Nish, RN, BSc(N), MS, Director of Nursing</td>
<td>Nurse Administrators</td>
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<td>B.C. Children's Hospital, Vancouver, B.C.</td>
<td>Association of B.C.</td>
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<td>Elizabeth Tovey, RN, BA, MSc, Continuing Care Consultant</td>
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<td>Clive Thompson, MB, BS, Assistant Executive Director</td>
<td>B.C. Medical Association</td>
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<td>Alan Askey, MD, Deputy Registrar</td>
<td>College of Physicians and Surgeons</td>
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<tr>
<td>Jane Ellis, RN, BA, BScN, MScN, Nursing Practice Consultant</td>
<td>RNABC Staff</td>
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DIPLOMA LEVEL COURSES

CREDIT COURSES IN NURSING
Guided Learning courses equivalent to the English and Basic Health Sciences courses in the DIP nursing program will be credited to the Nursing Program on successful admission. These courses carry credit towards the General Nursing Diploma at BCIT, East Kootenay College, Fraser Valley College, North Island College, Northern Lights College and Northwest College.

CTCR 101 Anatomy and Physiology
CTCR 102 Writing for Nurses
CTCR 103 Personal Fitness Management
CTCR 104 Physiology
CTCR 105 Human Development 1
CTCR 106 Human Development 2
CTCR 107 Sociology
CTCR 108 Microbiology
CTCR 109 Immunology

QUALIFYING/REFRESHER COURSES
Full time study courses for Graduate Nurses who require updating and RN examination preparation.

NUCE 901 Refresher Course for Graduate Nurses
NUCE 904 Obstetrical Nursing (Qualifying) 1
NUCE 905 Obstetrical Nursing (Qualifying) 2
NUCE 906 Obstetrical Nursing (Qualifying) 3
NUCE 907 Psychiatric Nursing (Qualifying) 2

ADVANCED STUDIES
Courses are being developed at the post-basic level for nurses and health technologists. These courses will be credited to an Advanced Diploma in Health Science for various specialties. Non-traditional delivery methods will be used with directed study material, teleconferences, regional workshops and/or tutorial assistance.

NURSING
ADNU 601 Physiological Aspects of Patient Care - Part 1
ADNU 602 Physiological Aspects of Patient Care - Part 2
ADNU 603 Pathophysiology
ADNU 604 Pathophysiology for Critical Care Nursing
ADNU 605 Pathophysiology for Emergency Nursing
ADNU 606 Psychological Aspects of Patient Care 1
ADNU 607 Psychological Aspects of Patient Care 2
ADNU 608 Application of Psychological Aspects of Patient Care
ADNU 609 Psychological Aspects of Rehabilitation Nursing
ADNU 610 Interpersonal Skills
ADNU 611 Individual Counselling Skills
ADNU 612 Group Counselling Skills
ADNU 613 Physical Status Assessment
ADNU 614 Mental Status Assessment

ADNU 650 Ethics in the Health Sciences
ADNU 651 Multicultural Nursing
ADNU 660 Legal Issues in Nursing
ADNU 670 Patient Care Technology

INTERDISCIPLINARY STUDIES
EDUC 600 Understanding Research in Health
HCST 610 Health Care Systems 1
HCST 620 Health Care Systems 2
HMGT 600 Health Care Supervisory Skills
RESH 601 Preparing a Health Science Research Proposal

SPECIALTIES
These programs consist of guided learning and short full time study clinical courses. Available to RNs province-wide two to three times a year.

CORRECTIONS NURSING
ADNS 670 Introduction to the Justice System
ADNS 671 Clinical Assessment in Corrections Nursing
ADNS 672 Correctional Behavior Patterns and Crises Management
ADNS 673 Health Education in a Correctional Setting

CRITICAL CARE NURSING
ADNU 604 Pathophysiology for Critical Care Nursing
ADNU 605 Critical Care Nursing: Theory
ADNU 606 Critical Care Nursing: Clinical Practicum 1
ADNU 607 Critical Care Nursing: Advanced Theory
ADNU 608 Critical Care Nursing: Clinical Practicum 2
ADNU 609 Critical Care Nursing: Preceptorship
ADNU 610 Critical Care Nursing: Recovery Nursing: Preceptorship
ADNU 611 Burns Management: Preceptorship

EMERGENCY NURSING
ADNU 607 Pathophysiology for Emergency Nursing
ADNU 610 Emergency Care Nursing: Theory
ADNU 611 Emergency Care Nursing: Clinical Practicum
ADNU 612 Advanced Emergency Care Nursing: Theory
ADNU 613 Advanced Clinical Practicum
ADNU 614 Trauma Management for Nurses
ADNU 615 Patient Care Technology

NEONATAL NURSING
ADNS 680 Neonatal Intensive Care Nursing: Theory
ADNS 681 Neonatal Intensive Care Nursing: Clinical
ADNS 682 Care of the Neonate with Hypothermia
ADNS 683 Care of the Neonate with Seizure

REHABILITATION NURSING
ADNS 690 Rehabilitation Nursing
ADNS 691 Rehabilitation Nursing 2

OBSTETRICAL NURSING
ADNS 544 Low Risk Obstetrical Nursing
ADNS 545 Obstetrical Clinical Preceptorship 1
ADNS 546 Moderate to High Risk Obstetrical Nursing
ADNS 547 Obstetrical Clinical Preceptorship 2
ADNS 548 High Risk Obstetrical Nursing
ADNS 549 Obstetrical Clinical Practicum

OCCUPATIONAL HEALTH NURSING
HMGT 611 Organizational Behavior for Occupational Health Nurses
ADNS 660 Introduction to Occupational Health Nursing
ADNS 661 Health Assessment for Occupational Health Nurses
ADNS 662 Occupational Health Assessment: Clinical
ADNS 663 Fundamentals of Industrial Hygiene
ADNS 664 Occupational Toxicology
ADNS 665 Health Surveillance
ADNS 666 Health Promotion in the Workplace

OPERATING ROOM NURSING
ADNS 500 Operating Room Nursing: Theory
ADNS 501 Operating Room Nursing: Clinical Practice
ADNS 502 Operating Room Nursing: Clinical Practice
ADNS 503 Operating Room Nursing: Theory 1
ADNS 504 Operating Room Nursing: Theory 2
ADNS 505 Operating Room Nursing: Skills Lab

ORTHOPEDIC NURSING
ADNS 623 Orthopedic Operating Room Nursing: Theory
ADNS 624 Orthopedic Operating Room Nursing: Clinical Practice
ADNS 625 Orthopedic Operating Room Nursing: Advanced

VASCULAR NURSING
ADNS 626 Vascular Operating Room Nursing
ADNS 627 Neurosurgical Operating Room Nursing
ADNS 628 Thoracic Operating Room Nursing
ADNS 901 Operating Room Nursing Refresher

PEDIATRIC CRITICAL CARE NURSING
ADNS 650 Pediatric Critical Care Physiology (Program under Development)

SPECIAL OFFERINGS
Compressed Time Frame Programs are available for students who wish to complete several courses at the same time and who are able to do some full-time study.

FOR FURTHER INFORMATION
Call 432-8376
Toll Free 1-800-665-0642

TO REGISTER
Theory courses: 434-1710
Clinical courses: 432-8376
It's not known how many of the 4,300 participants in this year's B.C. Summer Games will require medical attention, but one thing's for sure, they can bet they'll get the best care possible thanks to Dale Kastanis and her group of volunteers.

Kastanis is the first registered nurse ever to serve as the health services director for either the B.C. Summer or Winter Games. Usually the job of organizing first-aid and non-emergency health services for Games' participants has gone to a physician. But last year, organizers for the 1989 Summer Games, which will be held in Surrey between July 20 and 23, changed that when they appointed Kastanis to the position and changed the title from medical director to health services director.

With a background in ICU and medical/surgical nursing, Kastanis found herself actively involved in her community shortly after moving to Surrey from Winnipeg in 1987. Unable to find adequate child care for her three kids, she stayed home instead of going to work. Soon, however, she found herself organizing her neighbors and taking around a petition urging the municipality to take a harder look at the amount of new development going up near local parks. She and others were concerned about the safety of children playing in or near the parks and the increase in the amount of traffic resulting from the new development.

Eventually, she was appointed to Surrey's parks and recreation commission and a couple of months later she was asked to set up the health services for the upcoming Summer Games.

Working with a volunteer planning committee since last summer, Kastanis and her group are establishing a major medical and physio clinic in a school gymnasium, as well as first-aid stations at the 28 sport venues and five athlete meal sites. A physician is helping set up the medical clinic which will operate around the clock during competition. It will be staffed by two emergency RNs, two physicians and two physiotherapists. It will handle minor emergencies and send the more serious emergencies to Surrey Memorial Hospital.

Through Kwantlen College, a computer programmer is developing a health services database to computerize medical information about every participant in the games. Athletes have been asked to provide a medical history about themselves, which will be put on the computer. If something should happen to an athlete during his or her event, the computer can be quickly accessed.

Although it's difficult to anticipate exactly what health care needs will be required (participants range in ages from 13 to 80), Kastanis and her team have a pretty good idea what to expect. The various sports and activities have identified the types of injuries and treatments that are most common in their sport.

Of the 4,000 volunteers needed to make this year's Summer Games successful, about 250 health care professionals are required. Kastanis is hoping to get enough volunteer nurses for 68 four-hour shifts and three eight-hour shifts. An orientation session for volunteers will also be arranged.

Nurses interested in volunteering their services for the 1989 Summer Games can contact Dale Kastanis at 536-8863 or 597-8989, or contact the Surrey Summer Games office, 7236 King George Hwy., Surrey, B.C. V3W 5A5.
A DELICATE BALANCE
Provincial budget fails to address several pressing health care needs

By Ted Bruce,
RNABC Policy Analyst

The 1989-90 provincial budget handed down by Finance Minister Mel Couvelier does not go far enough in addressing the health care needs of B.C. citizens, says RNABC President Sue Rothwell. Responding to the finance minister’s March 30 budget speech, Rothwell said: “We are very disappointed that the government is more interested in holding the line on health care costs than it is in addressing some of the pressing health care needs of the people of the province.”

Health’s share reduced
While there has been an increase in the actual number of dollars allocated by the province to health care, from $3.9 billion to $4.3 billion, the percentage of the total provincial budget this makes up has actually been reduced from 33 per cent in 1988-89 to 32 per cent in 1989-90. While this shift is in itself a concern, it is also unfortunate especially when there are many outstanding health needs that require immediate attention. Here are some examples:

Mental health: The provincial government is on record stating that the existing level of mental health services in communities throughout B.C. is inadequate. The downsizing of Riverview Hospital has been delayed in recognition that services cannot cope with current demand. Some estimates place the need for catch-up funding at over $20 million.

Unfortunately, the increase in the budget of the mental health services division was $11 million or 7.6 per cent, barely sufficient to keep up with inflation and population growth.

Health promotion and prevention: There is nearly unanimous agreement that additional funding is required for health promotion and prevention. To its credit, the health ministry initiated a variety of health promotion projects in the previous fiscal year.

The need though is for substantial core funding so that prevention and promotion programming is embedded and properly supported throughout the health care system. This could occur either through shifting resources from other budget areas or through new funds. Given the demands placed on the existing budget, it is doubtful that a major shift is possible in the short-run. However, the infusion of new money should have longer term pay-offs, allowing for an eventual reduction in the funds allocated to curative care.

The time to make this forward-thinking investment of new funds is when the province is in good financial shape as it is now. Unfortunately, the health ministry’s budget for prevention and promotion remains below seven per cent, which is virtually unchanged from previous years.

Nursing shortage: The quality of health care revolves around nursing manpower. The commitment to this quality is not evident in the budget. The nursing shortage in B.C. is reaching crisis proportion but received no significant attention in the budget speech.

The government is providing approximately $1 million for the training of additional critical care nurses and $100,000 as seed money for innovative nurse retention projects. Although both of these are important measures (actually introduced in the past fiscal year), they do not match the magnitude of the nursing manpower problem. The efforts of this government can be compared to Alberta where a comprehensive four-year initiative costing $7.5 million in the first year was recently announced to address the nurse manpower situation there.

Continuing care: Some good news for health in the budget is the attention finally being given to continuing care. RNABC has long been concerned with underfunding in this area of the budget, particularly with home nursing which received virtually no increase in 1988-89. The government is making at least a start to rectify past underfunding.

Optimism, however, must be tempered with a realistic view of the situation. The government’s estimate of the shortage in continuing care funding was documented in an internal cabinet submission obtained by the opposition. The amount of funds required just to make up for past underfunding is estimated to be $317 million. Unfortunately, the increase of $74 million to the health ministry’s continuing care division falls well short of this mark and does not begin to account for the new health requirements of an aging population.

Medical equipment and supplies: The need to increase support for families caring for chronically ill or disabled children at home has been raised before by RNABC. Such increases are especially necessary in the area of medical equipment and supplies.

Government reports again identify substantial inequities and gaps in funding in this area. Low and middle income families without third party insurance, and elderly people in long term care facilities have been identified as groups whose ability to pay for medical equipment and supplies affects the quality of health care they receive. The 1989-90 budget is silent on an approach to rectify these inequities.

While increased funding for continuing care and the innovative health promotion and prevention projects initiated by the Ministry of Health must be recognized, there are still many areas where underfunding significantly affects the quality of health care and consequently the quality of life for many British Columbians. At a time when the province prides itself on its economic performance, the budget could have done more. As Sue Rothwell stated, “we could well afford to take the actions that are long overdue.”
Eight nurses have been honored by RNABC for their outstanding contributions to nursing. All eight are recipients of the Award of Excellence, presented to RNs in recognition of their exceptional abilities in the areas of nursing practice, education, administration and research. To be eligible for this award, nurses must not only meet but also frequently surpass the standards of professional nursing.

NURSING PRACTICE
The following are recipients of the Award of Excellence in Nursing Practice:

Chris Gilbert, now retired, was head nurse in the Central Service Department at St. Paul's Hospital in Vancouver. Committed to the development of staff training programs, her six-week orientation and training program at St. Paul's became the core of a Vancouver Community College course. A founding member and past president of the B.C. Central Supply Department Interest Group, she also found time to chair a committee to develop standards for processing O.R. instruments.

Lorna Janze was head nurse in O.R., emergency and ICU at Wrinch Memorial Hospital in Hazelton. A role model and a caring patient advocate and educator, she kept abreast of new knowledge to improve health care in her community. She was a founding member of the Hazelton Emergency Lift Program and contributed to the development of an O.R. nursing course at Vancouver Community College. Throughout her career she has been active in RNABC at the local and provincial levels. She is also a member of the board of the Hazelton Home Support Service Society.
Nan Martin, head nurse at Evergreen House at Lions Gate Hospital in North Vancouver, is a leader in developing a positive image for gerontological nursing. A past president of RNABC’s Gerontological Nurses Group, she has helped her colleagues gain the clinical knowledge and skills required to practice effectively in this specialty area. She is noted for her role as resident and family advocate and is respected for the humanistic manner in which she practices nursing.

Bernice Strachan, nurse coordinator for the Diabetes Day Care Centre at Vernon Jubilee Hospital, has been interested in diabetes since very early in her nursing career. She was the nurse at the first Camp Banting for Diabetic Children in 1958. Later, she spearheaded the development of the Diabetic Day Care Centre at Vernon Jubilee Hospital. As well, she helped produce a diabetic management computer program that has received international interest. In 1986, she was the recipient of the first Lifespan Educator of the Year Award for her endeavors in diabetic education.

NURSING ADMINISTRATION

The following are recipients of the Award of Excellence in Nursing Administration:

Maude Dolphin-Anderson, now retired as director of nursing at Maple Ridge Hospital, spent six years with the World Health Organization helping to modernize health delivery systems and improve nursing education and practice in Third World countries. Nationally, she has been a consultant, lecturer, educator and conference leader. She influenced the inclusion of nursing management courses in the nursing program at Douglas College and has served on the RNABC Board of Directors, several Association committees and as president of the Nurse Administrators Association of B.C.

Therese Schnurr, now retired as director of nursing at Chilliwack General Hospital, has represented nursing on a number of provincial and national health care committees. She is well known for her expertise in the area of nursing management and has frequently been a mentor and role model for her colleagues in nursing administration. She has presented papers and served as a resource person at education workshops, and since 1974, has been a surveyor for the Canadian Council on Health Facilities Accreditation.
Sheri Wood, administrator for the Home Nursing Care Program and acting administrator for the Long Term Care Program at the South Okanagan Health Unit in Kelowna, helped plan and open a non-profit family service centre and is involved in developing a community-based hospice program. To promote delivery of home care nursing, she guided development of a patient record and care plan system which is used both locally and provincially. She is presently an advisor and resource person for Okanagan College.

NURSING RESEARCH
The following is this year's recipient of the Award of Excellence in Nursing Research:

Joan Anderson is a professor and national health research scholar at the University of B.C. School of Nursing. Her leadership, expertise and energy have inspired novice researchers and colleagues alike. Dr. Anderson's research in areas of chronic illness and cross-cultural health care has enriched nursing knowledge and added to its theory base. She was instrumental in the establishment of a nursing research unit at UBC. In recognition of the outstanding quality of her research contributions and commitment to further development of health-related knowledge, she received a National Health Research Scholar award.

DR. DENISE CHIASSON, B.Sc.N., D.M.D.

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Remembering Yesterday

From an interview by Sheila Zerr

Dr. Helen K. Mussallem has had an outstanding career, both nationally and internationally, particularly in the field of nursing education. She is a former executive director of the Canadian Nurses Association (1963-81) and her entry in the 1988 edition of WHO'S WHO in Canada runs for several inches. But there is another side to Helen Mussallem — a side that those who haven't met her might not suspect. In an interview for RNABC's Oral History Project, she recalls a couple of incidents from her early nursing days.

"We had one month with the V.O.N. when I was a student at Vancouver General Hospital. One of my patients lived with her sister on the top floor of a three-story home and I went to give her a bath one hot day. The perspiration poured down me and the patient, but she felt so good after I'd sponged her.

"The sister was so grateful, she offered me a glass of juice. We were taught never to take anything from a patient, not even a chocolate. But I was so thirsty and so hot!

"So I sat down and drank the lovely glass of apple juice. When I started to go down the stairs, everything began to swim before me and I grabbed onto the railing. I couldn't walk down the stairs by myself, so the sister got on one side of me and the woman who I'd just bathed in bed got on the other, and they both helped me down the three flights.

"When I got to the bottom, I remember crawling on my hands and knees. Here I was in complete V.O.N. uniform, and one of them was carrying my bag for me! I said, 'Oh, please leave me.'

"I sat down on my black bag until the V.O.N. nurse came. I guess she could smell that it wasn't apple juice I'd had, but apple cider. (I didn't drink at all then; we never drank at home.) She poured me into the car and took me back to the VGH residence — she knew the side entrance — and took me up to my room.

"That put terror into my heart, as it did when we were told, 'Never run!'

"I was on a surgical ward (remember the old surgical carts with the enamel instrument trays and sponge containers?). One day I was helping Dr. Takahashi change a dressing and he wanted a forceps. When I took the lid off the instrument container, there wasn't one instrument in it.

"'Oh Lord help me,' I thought, and I walked down the ward as fast as I could. Then I dashed madly into the utility room. Suddenly around the corner came Miss Fairley, the feared superintendent of nurses. She had seen me running.

"'Nurse, nurse!' she called. 'Where's the fire?'

"'I thought, 'Dr. Takahashi doesn't have an instrument, and now there's a fire that Miss Fairley wants me to find.'"

"'So I said, 'Oh, Miss Fairley. Is there a fire, too?'

"'Well, she took and stood me up against the wall and told me what happened to nurses who ran. She said, 'If you were any kind of a nurse at all, you'd turn in your cap (for) running across the ward.'

"'But I hadn't. I had just run the last half mile.'

During the Second World War, Helen served with the Royal Canadian Army Medical Corps. Here, she recalls a story from that time.

"As our ship docked at Liverpool, the band on the wharf began to play O Canada. The tears just ran down; it was so emotional.

"At the finish of O Canada, up from all the decks below me came this great barrage of balloons. We didn't even have balloons in Canada because of the rubber shortage. How did these men get them? 'How wonderful,' I thought.

"Then one of the officers standing next to me grabbed me and took me away. He didn't know what to say to me. They weren't balloons at all, they were inflated condoms. Well, I didn't know.'

This ingenuity served Helen well when she became Director of Nursing Education at VGH. "I rarely intervened in a decision made by the instructors about a student. Just once, however, there was a student they didn't think should pass. I thought she deserved the chance. I had the feeling that she was a late bloomer, as I had been. I lived in a home where I was loved, but it was very strict, and I was afraid to break outside of the mold. So I became a late bloomer because of my timidity in some ways... The student went on to do very well.

"Really, that's the way my whole life has been. Full of good times and interesting times. Lots of fun. Tragedy, too, of course. And the nursing; I feel so privileged to have been a part of that."
Health care reform gets high priority

Following a review of RNABC’s Five Year Plan, the Board of Directors has agreed to make health care reform one of the Association’s priority areas.

The Board has asked the Executive Committee to develop a plan of action for RNABC to actively and aggressively promote changes in health care in B.C. — changes that are congruent with, but not necessarily limited to, the positions on health care reform already taken by RNABC and the nursing profession. That plan will be presented to the Board in September.

In its review, the Board found that while progress has been made on all five major goals outlined in the Association’s Five Year Plan, Goal 5, speaking out for nurses, is the newest and least developed. In relation to this, the Board concluded that health care reform, and in particular the promotion of primary health care, could well serve to provide an organizing framework for planning activities under Goal 5.

The Board also decided that members’ needs, as they relate to workplace/worksite issues, should be reviewed. To this end, the Member Affairs Committee and staff in the Division of Professional Services will look at ways that RNABC resources can be more effectively used to address nurses’ current issues, needs and problems within the worksite. They will also look at the practice support needs of nurses in areas where there is rapid change or unusually few supports. Further, they will review members’ needs for support services by evaluating current services and possibly developing new services, paying special attention to member values and demographics.

Newsmakers

AWARDED: The Registered Psychiatric Nurses Association of B.C. Award of Merit for 1989 to RNABC Nursing Practice Consultant Morrie Steele. Steele has been a member of RNABC for more than 20 years, serving on various committees and acting as a role model and mentor to his peers.

HONORED: Posthumously with an Honorary Degree of Doctor of Science in Nursing from the University of Victoria, Dorothy Kergin, former director of UVic’s School of Nursing. Dr. Kergin, who died in February is remembered as a visionary in the development of nursing in Canada. Before returning to her home province of B.C. in 1980, she helped develop the faculty of health sciences at McMaster University and pioneered the nurse practitioner program there.

HONORED: With an Honorary Degree of Doctor of Laws from McMaster University, Helen Musseallem, former executive director of the Canadian Nurses Association and a member of RNABC. Internationally known for her contributions to the profession of nursing, Musseallem has been called “Canada’s most distinguished nurse.” She is presently a special advisor to several national and international health-related agencies and sits on a number of boards of directors.

APPOINTED: Janet Asano of Vancouver as the new student member on the RNABC Board of Directors. Asano is a student in the nursing program at BCIT.

Leaders updated on RNABC activities

Chapter and Professional Practice Group presidents were in Vancouver for two days in March to hear about recent RNABC activities and provide feedback.

They received updates on several new programs such as the Retention Incentives Project and the Captive Insurance Corporation, as well as ongoing programs like the Nursing Skills and Approvals Revision Projects.

The presidents participated in several workshops, including one on how to conduct effective meetings led by parliamentarian Eli Mina, and another on health care alternatives.

They also had an opportunity to preview “The Professionals”, a new video about RNABC and the profession of nursing. “The Professionals” is available on loan from RNABC’s Helen Randal Library.

RNF Bursaries available

The Registered Nurses Foundation of B.C. has 21 bursaries available to students who are accepted or enrolled in:

- A basic program leading to nurse registration.
- Baccalaureate, masters or doctoral programs.
- Clinical specialty programs.
- Refresher programs.

Those who have completed a specialty or refresher program within the current calendar year may also be eligible.

Bursary awards range from $100 to $1,000 and more if funds are available. Eligibility varies with each bursary.

Application forms can be obtained by contacting the RNF, c/o Dianne Harding, 2855 Arbutus, Vancouver, B.C. V6J 3Y8 or telephone 736-7331.

Deadline for applications is Sept. 28, 1989. Winners will be announced in October.
More university seats required

Stan Hagen, minister of advanced education and job training, has announced that 90 new spaces under the government's Access for All strategy have been designated for the education of nurses at the baccalaureate level starting this fall.

In a letter to RNABC, the minister said the new spaces have been designated at Cariboo, Malaspina and Okanagan Colleges.

In March, Hagen announced that over the next six years, the Access for All strategy will create 15,000 additional spaces in university programs, establish full university degree programs in Kelowna, Kamloops and Nanaimo, and lay the groundwork for a new degree-granting institution in northern B.C.

In response to the government initiative, Sue Rothwell, president of RNABC, said, "It is important that we educate nurses as one way of alleviating the serious nursing shortage in B.C. We now largely depend on other provinces to educate the nurses we need."

Last year, for example, only 43 per cent of the 1,840 nurses registering in B.C. were educated in the province. The remaining 57 per cent came from other provinces and countries.

"With a world-wide shortage of nurses, we can no longer expect to import the nurses required to meet our province's health care needs," Rothwell said, adding that the greatest need is for nurses educated at the university level.

"This is essential in order to prepare nurses to manage increasingly acute and multidimensional patient care problems in more complex health care delivery systems," Rothwell said.

Promotional videos now free to borrow

A new policy on borrowing RNABC promotional videos from the Helen Randal Library is now in effect. Videos produced by RNABC which promote the professional association and nursing can now be borrowed free of charge. The videos are:

RNABC: Today's Nurse, which shows the many ways in which nurses use knowledge, skill and caring to help people maintain and regain good health.

RNABC: The Professionals, which explains how RNABC operates and describes programs and services available to members.

RNABC: Professional Conduct Review Process, which explains how the professional/conduct review process works.

RNABC: A Question of Practice, which focuses on how RNABC's professional practice services help nurses resolve nursing practice problems.

The new policy does not affect the fee charged for other videos from the library. The borrowing fee for these videos is still $15.

A videotape catalogue with descriptions of RNABC's video holdings is available for $15 from the Helen Randal Library.

Government urged to assist families of handicapped kids

B.C. can do a better job of caring for severely handicapped children and save money at the same time, says RNABC President Sue Rothwell.

The government pays the cost of keeping these children in institutions or special foster homes, but does not provide adequate financial assistance to families who wish to care for handicapped youngsters at home.

It's estimated that the extra cost to a family looking after a profoundly handicapped child at home is about $24,000 a year, while it costs $41,800 to maintain the same child in a special foster home and $45,600 to care for the child in a hospital or institution.

"Clearly it would be both more economical and more caring for parents to keep some of these children at home," says Rothwell. "However, because of the high cost of such care, few families can afford to do this without help."

Recently, B.C. Health Minister Peter Dueck and Social Services Minister Claude Richmond indicated that the government is considering providing such assistance. While this is a step in the right direction, nurses should urge the government to quickly turn its concerns into action, Rothwell says.

Education list now on computer

RNABC is participating in a pilot project with Discovery Training Network, a branch of the Knowledge Network, to provide computerized education information to nurses in B.C.

DTN provides information on diploma and degree programs, graduate and refresher courses, and short courses and workshops in B.C., the U.S. and other parts of Canada.

During the course of this pilot project, RNABC members are welcome to use the DTN computer in the Helen Randal Library to access information on education programs. Your comments and suggestions are welcome.

It is hoped that DTN will eventually provide comprehensive education information to members throughout the province.
Strategies aimed at addressing nurse shortage

The nurse shortage is a problem requiring long term solutions, but it is clear that some short term strategies for addressing the current shortage must be implemented.

While seeing health care reform as the key to a more lasting resolution, RNABC’s Board of Directors has agreed to focus attention on promoting specific short term strategies for alleviating the nurse shortage.

Following are three main points the Board has chosen to emphasize:
1. The current practice of nurses performing functions that are primarily the responsibility of other professional and non-professional staff. The board feels such tasks should be discontinued, except in emergencies, so that nurses carry out only those tasks that require their specialized knowledge and skills in providing nursing care.
2. B.C. should expand its baccalaureate nursing education programs to match the growth in the number of nurses required in the province. The capacity of graduate programs in nursing should also be increased.
3. Nurses should have greater control over operational decisions that affect their work and patient care. These include staffing, scheduling, admission and discharge decisions, and bed closures.

The board has also agreed to produce an expanded and updated version of the now obsolete 1972 publication, Guidelines for the Optimum Utilization of Nursing Personnel.

Nightingales hear from real nurses

In response to protests from nurses in Canada and the U.S., the producers of Nightingales have agreed to tone down the sexually suggestive scenes in the weekly television series.

A report from the New York Times News Service says, “the revamping of Nightingales is another example of how viewers and special interest groups are exerting an impact on the content of television programming.”

A number of B.C. nurses have written to the vice-president of programming of the CTV network objecting to various aspects of the program.

The efforts of Elaine Baxter, a member of the North Shore Chapter of RNABC, were featured in a Vancouver Sun news story on how to change TV by organizing complaints. When Baxter saw the show, the newspaper reported, “she saw her profession depicted in an unprofessional manner.” But instead of just getting mad, she wrote letters and encouraged her nursing colleagues to do the same.

The revised Nightingales may or may not be a great improvement over the original version. But now that television producers, network executives and advertisers have had a taste of the wrath of Canadian and American nurses, they are likely to be much more careful about how they depict nursing in the future.

Discipline

On Mar. 17, 1989, the Board of Directors accepted the undertaking of Barbara E. Brocklebank of Vancouver (B.C. registration no. 423344) not to apply for membership in RNABC without permission from the Board. Her name has been struck from the register of members of the Association.

The chairman of the Professional Conduct Committee accepted the undertaking signed by Sheila Shanahan of North Vancouver (B.C. registration no. 512022) and dated Apr. 1, 1989, that she will not apply for membership in RNABC without permission from the Board of Directors. Her name has been struck from the register of members of the Association.

PRN program receives additional funding

Since its implementation in 1988, RNABC’s PRN Program has had to respond to increasing demands. By the end of 1988, the program, which has one full-time staff member, was providing support to more than 100 nurses who had problems associated with substance abuse or mental health.

Not wishing to limit the present scope of services provided by the PRN Program, RNABC’s Board of Directors has allocated an additional $27,105 to the program’s 1989 budget expenditures to provide for a part-time counsellor and support group facilitators. It will also allow the program to explore alternative funding sources.

Elaine Butler was appointed to the part-time position of PRN counsellor in May. A graduate of UBC, she worked most recently in the Burnaby Methadone Treatment Program.

Best Years a winner

The Vancouver produced CBC-TV program, The Best Years, has won a Certificate of Merit from the Canadian Nurses Association for excellence in health reporting.

The certificate, presented at CNA’s annual media awards banquet in Ottawa, May 11, is for the program: Fetal tissue transplants: The facts, the furor, the future.
**NURSING RESEARCH**


Elements of Research in Nursing. Eleanor Treece and James Treece. Toronto: Mosby. WY20.5 T74.


**Book Review**

Nurses are the difference. Produced by Wade Maurice and Associates, Inc., Neenah, Wis.

Reviewed by Margaret Lennon

This video invites nurses to take an introspective look at the core of nursing practice. It encourages them to reflect on the inherent rewards of their profession and challenges them to meet new demands in a complex health care system. It further suggests that nurses have a poor image.

Synonymns used in the video for the word "nurse" emphasize positive attributes of the profession, while a remonstrative discourse defends using the substantive word "patient" rather than "client" or "customer." This prompts some nurse viewers to take umbrage at a social worker's presentation on the nursing profession.

The message unfolds through a series of real life vignettes. The image of nursing that emerges includes qualities of absorbity, logic, compassion, frustration, reciprocity, commitment, self-degradation, and self-fulfillment. The focus is on how seemingly small behaviors make a big difference to those served.

The nursing behaviors that are attributed to making a difference are touch, tone of voice, listening, being present, respect, empathy, and humor. Pertinent quotes validate the positive regard others have for the nursing profession, as well as clarifying those defined attributes.

This video is most suited for a nursing audience because it touches on the emotional heart of nursing. It is not about nursing practice as much as the range of emotional responses and rewards arising out of practice. For others unfamiliar with the expertise required to be a nurse, this could confirm the erroneous belief that caring is enough.

The video is a useful tool for stimulating movement in nursing groups from reflective thinking to practice behaviors focused on clarifying nursing roles in the health care system.

(Margaret Lennon is the Associate Director of Nursing at Holy Family Hospital, Vancouver.)


**Library Hours**

Monday — Friday
10 a.m. — 5 p.m.

Saturdays (in person only)
10 a.m. — 2 p.m.

(Sept.—April only)

Publications and audiotapes reviewed here may be borrowed, and VHS videotapes rented from the RNAIC Helen Randal Library, 2955 Arbuts St., Vancouver, B.C. W6J 3Y8, phone 736-7331 or toll-free 1-800-972-6505.
Powell River General Hospital, 5871 Arbutus Ave., Powell River, B.C. V8A 4S3.

Take a Look Registered Nurses — If you have ever had a dream of working in a beautiful seaside town. This dream can become a reality at the Powell River General Hospital. Located on the beautiful Powell River Country, the hospital offers a variety of opportunities for nurses. Starting salary: $30,000 per year; isolation allowance: $600 per year; shift differential: 70 cents per hour; on-call pay: $1 per hour; relocation cost: $1,500 per year; vacation: 150 hours per year; medical and dental package: fully paid. Powell River General Hospital is located in the heart of the beautiful Powell River Country.

Registered Nurses — Required for our 16-bed medical/surgical department, capable of handling a variety of medical conditions. Starting salary: $28,000 per year; isolation allowance: $600 per year; shift differential: 70 cents per hour; on-call pay: $1 per hour; relocation cost: $1,500 per year; vacation: 150 hours per year; medical and dental package: fully paid. Powell River General Hospital is located in the heart of the beautiful Powell River Country.

General Duty Nurses — Required for permanent full-time positions in our 16-bed acute care hospital. Starting salary: $28,000 per year; isolation allowance: $600 per year; shift differential: 70 cents per hour; on-call pay: $1 per hour; relocation cost: $1,500 per year; vacation: 150 hours per year; medical and dental package: fully paid. Powell River General Hospital is located in the heart of the beautiful Powell River Country.

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River. The city of Mission is a growing community, a mere 20-minute drive from the U.S. border and an hour from downtown Vancouver. Extended shift hours available. Must be eligible for B.C. registration. Apply in writing to: Linda Bendorson, Director of Personnel, Mission Memorial Hospital, 7924 Hurst St., Mission, B.C. V2L 3H5.

Registered Nurse — For Valemount Diagnostic and Treatment Centre. Three-quarter time with call-back. Hours 9:00-17:00, five days on, five days off. Emergency experience preferred. Please apply in writing to Administrator, Valemount D & T Centre, Box 697, Valemount, B.C. V0E 2Z0.

Nurse-Educator — The Arthritis Society, B.C. and Yukon Division, is recruiting a Nurse-Educator to work with an interdisciplinary team of four educators in a rehabilitation setting specializing in treatment, education and research in Rheumatic Diseases. The Educator is responsible for development and teaching of nursing education programs in the care and management of arthritis for staff, external health professionals, students, patients, and the public. Some clinical duties are also required. Candidates will have at least the BSN level of preparation, formal clinical and teaching experience, and an interest in chronic illness and rehabilitation. Resumes are invited. Please forward to: Alvena Teufel, RN, Director of Nursing Services, The Arthritis Centre, 895 West 10th Avenue, Vancouver, B.C. V5Z 1L7.

Registered Nurses — For private duty nursing in homes and hospitals. Flexible hours, variety of nursing experience needed. Phone B.C. Registered Nurses Directory, 731-3158, 11 a.m.-2 p.m. or 3-5 p.m.

Director of Nursing — Required for D & T Centre and 2 satellite clinics in northwest B.C.

Challenging position for an innovative person. Responsible for public health and medical treatment programs. Excellent salary and benefits. Housing, Contact Floyd Davis, Administrator, Nisga'a Valley Health Centre, New Aiyansh, B.C. V0J 1A0 (604) 633-2212.

General Duty Nurses — For casual positions (up to full-time hours) required for medicine, surgery and intensive care units. Must be eligible for B.C. registration. This 89-bed hospital is situated on the lake in the heart of the West Kootenays, providing year-round outdoor activities. Apply: Kootenay Lake District Hospital, 3 View Street, Nelson, B.C. V1L 2V1.

Cross-cultural Nursing — RNs join the team at Cooper Place, a 71-bed intermediate care facility. Casual/vacation relief available immediately. BCNU wages and benefits in effect. Contact Janet Hapke, Director of Care, 684-2545, 9-5 weekdays.

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Do you know why some of the BEST Nurses around won't answer this ad?

At B.C.'s Children's Hospital we make it our business to ensure that our patients receive the best possible health care we can offer. That's why when Pediatric and Critical Care Nurses are looking for the right place to put their skills to work, they think of us first.

We take pride in the high level of personal care offered by our nursing staff. The kind of loving care only given by those who genuinely love what they're doing. It also helps that we're located in the heart of Vancouver, surrounded by miles of sun drenched beaches, the warm breeze off the deep blue Pacific and the breathtaking West Coast Mountains (now offering year round skiing!).

We currently have opportunities available in both our General Pediatric and Critical Care areas. You'll need at least one year's experience in Critical Care nursing but not necessarily in Pediatrics.

If you'd like to learn more about the many opportunities available in our 240 bed tertiary care facility, we would love to hear from you. British Columbia's Children's Hospital is an innovative, progressive Pediatric Centre like none other in B.C. Take the first step towards a brighter future by contacting us at the address below (quoting Competition #RNBCCH), or by calling (604) 875-2126.

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British Columbia's Children's Hospital
Relocation Assistance is Available

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Lasha Osetkio
Human Resources Department
B.C.'s CHILDREN'S HOSPITAL
4480 Oak Street
Vancouver, B.C. V6H 3V4

RNABC NEWS/MAY-JUNE 1989 33
Province of British Columbia
MINISTRY OF HEALTH
Community and Family Health Services

PUBLIC HEALTH NURSE
Community Nurse 3

PRINCE GEORGE

COMPETITION HL89: 831

$30,985 - $36,304

There are two Public Health Nursing positions vacant in Prince George.

Plan/organize family focused health services for assigned area for prenatal, infant, preschool, adult/geriatric population; communicable disease programs through clinics, home/office visits to enhance individual/family/group capabilities; provide health education and promotion services; information person to public, agencies/boards; coordinates licensing of community care facilities; other related duties.

Qualifications - RN; prefer BSN (public health content) or PHN diploma and 3 years experience; may use own car on expenses. Applicant subject to satisfactory references including police record review. Certain police records may preclude appointment to this vacancy. Smoke-free policy. An eligibility list for other positions (both regular and auxiliary) in Northern B.C. (eg. Prince Rupert, Terrace and Dawson Creek) is also being established. Please state location of preference on your application.

Send application to Wendy Schmidt, Regional Human Resources Officer, Ministry of Health, Regional Human Resources Office, North, 1444 Edmonton Street, Prince George, V2M 6W5.
**RNABC's INFORMATION FOR NURSES SERIES**

**presents three new titles:**

*Advocacy*

*Theory Based Nursing Practice*

*Administration of Medications*

This nine-book series provides guidelines and essential reference material to help nurses practice according to the Standards of Nursing Practice in B.C.

Available on loan from RNABC's Helen Randal Library or purchase for $5 each or $45 for the series.

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**PRINCE RUPERT REGIONAL HOSPITAL**

**HEAD NURSE**

**Intensive Care Unit/Emergency**

- current and progressive Critical Care/Emergency experience required;
- post basic ICU or E.R. preparation;
- A.C.L.S./B.C.L.S.;
- B.Sc. Nursing preferred.

**NURSING OPPORTUNITIES**

Full-time and casual nursing opportunities exist on our medical, medical/pediatric and extended care units. Successful candidates will have RNABC registration or be eligible for registration in B.C.

Call (604) 624-2171 Local 227 collect or reply with resume to:

Johanne Fort
Director Patient Care Services
PRINCE RUPERT REGIONAL HOSPITAL
1395 Summit Avenue
Prince Rupert, B.C. V8J 2A6
FAX: (604) 627-1224

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**Royal Columbian Hospital**

At Royal Columbian Hospital we are very proud of our 126 years of “ROYAL CARING”... From our developing days in a small, rustic bungalow to today's 580 bed major referral centre having B.C.'s newest and busiest Emergency Department, we have committed ourselves to continued professional and personal growth of our health care team. We are dedicated to quality people providing quality health care.

But we don't stop there. Royal Columbian Hospital is currently on the brink of beginning an open heart surgery program! With the first surgery anticipated to take place in 1990, Royal Columbian will handle in the area of 250 open heart cases per year and we're in need of experienced Critical Care Nurses and Perfusionists to help assure we're running at peak efficiency.

**Join a Caring Team**

**Royal Columbian Hospital**

**With Royal Columbian You Will Discover:**

**CHOICE:** If you are a Registered Nurse experienced in Critical Care we can offer you an impressive choice of specialties, from ICU (Trauma, Medical, Surgical) to CORONARY CARE to EMERGENCY, through to RECOVERY ROOM, and SPECIAL CARE NURSERY.

**ADVANCEMENT:** You will have the chance to grow and advance in a progressive hospital setting. We are committed to providing staff development opportunities through our innovative in-house educational programs.

**REWARDS:** Both personal and professional. We offer extensive training and orientation, flexible scheduling, competitive salaries and a very attractive benefit package.

**EXCELLENCE:** We are proud of our reputation for excellence in all we do. Excellence that is created by professionals who truly care—professionals like you.

**It all spells CARE—ours and yours.**

And you will discover something else in B.C. A quality of life to match your quality of work. With easy access to the spectacular beauty of mountains and ocean and only 20 minutes by car or rapid transit to downtown Vancouver, you will be able to enjoy the many amenities offered in Canada's most beautiful metropolitan area.

If you are interested in a new challenge, why not join ROYAL COLUMBIA'S CARE TEAM, where you are not just another employee?

Please send your inquiries and/or resumes for immediate consideration to:

Evelyn McLean, Recruitment Coordinator
Royal Columbian Hospital
269 Sherbrooke Street
New Westminster, B.C. V3L 3M2
Phone: (604) 520-4615

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**REGISTERED NURSES (Long Term Care)**

Chilliwack General Hospital, a 250 bed regionally accredited hospital, requires regular full-time, part-time and casual (relief) Registered Nurses on its 96-bed extended care unit and on its 90-bed intermediate care facility. The rotation is comprised of 7.5 hour shifts, including 3 weekends off in 8.

The successful applicant will be registered or eligible for registration with the RNABC and preferably have long term care nursing experience. The salary range is $2,364.00 to $2,733.00 monthly and competitive benefits are offered. The present schedules provide for 7.5 hour shifts, 6 weekends off in 8 weeks and only 3 night shifts in 8 weeks.

The Upper Fraser Valley offers opportunities to pursue a wide variety of lifestyles. Housing costs are relatively low when compared to communities west of Chilliwack. Many recreational opportunities are available.

Please reply in confidence to:

Mr. R. K. Moore
Personnel Director
CHILLIWACK GENERAL HOSPITAL
45600 Menholm Road
Chilliwack, B.C. V2P 1P7

"Chilliwack General Hospital maintains a clean air policy."
CASUAL COMMUNITY HEALTH NURSES
CITY OF VANCOUVER

Casual employment opportunities exist for nurses with COMMUNITY experience in the Prevention, Home care and Long Term Care programs.

The Vancouver Health Department requires CHN relief staff for summer/fall 1989. Qualifications include current practising RN ABC registration, previous community nursing experience, BSN education for Prevention and Long Term Care positions and interest in short term relief assignments.

Please apply to T.C. Kinloch, Personnel Manager City of Vancouver Health Department, 1060 West 8th Avenue, Vancouver, B.C. V6H 1C4.

Province of British Columbia
MINISTRY OF HEALTH
Community and Family Health Services
Mental Health

REGIONAL COORDINATOR
OF ADULT SERVICES

LICENSED PSYCHOLOGIST
$44,752 - $49,451
OR
PSYCHIATRIC SOCIAL WORKER 4
$33,673 - $38,781
OR
COMMUNITY NURSE 5
$37,351 - $43,840

Competition HL89 121A

In Prince George, responsible for program management and coordinating of mental health services to adults in region; undertake administrative and regulatory functions for region; contribute to development of adult services at regional and provincial level and act as clinical resource person by providing clinical services on highly complex cases.

Qualifications - Prefer Ph.D. (Psychologists); Master's Degree (Social Workers); MSN (Nurses); minimum four years recent relevant experience; eligible for professional registration in B.C. (Nurses & Psychologists). Lesser qualified candidates may be considered. Applicants subject to satisfactory references including police record review. Certain police records may preclude appointment to this vacancy. Personal car on mileage may be required. Smoke-free policy.

Send applications to Wendy Schmidt, Regional Human Resources Officer, Ministry of Health, Regional Human Resources Office, North, 1444 Edmonton Street, Prince George, B.C. V2M 6W5.
**NURSING OPPORTUNITIES IN VANCOUVER, B.C.**

St. Paul's Hospital is a 560 bed, acute care teaching hospital located in the heart of Vancouver.

The hospital offers experienced nurses many varied opportunities for professional development, including:

- Clinical Specialties
- Education Opportunities
- World Renowned Programs

For more information please call or write:

Suzanne Forshaw or Linda Diamond
Staffing Coordinator, Nursing
1081 Burrard Street
Vancouver, B.C. V6Z 1Y6
(604) 682-5007

St. Paul's Hospital

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**Province of British Columbia**
**MINISTRY OF HEALTH**
Community and Family Health Services

**COMMUNITY MENTAL HEALTH NURSE**
Community Nurse 3

SMITHERS

Competition HL89.829 $30,985 - $36,304

As a multi-disciplinary team member provide mental health nursing care to patients with various mental disorders utilizing variety of treatment modalities/therapies; functions as consultant/educator in mental health nursing; contributes to program development.

Qualifications - RN/RPN; prefer BSN or BA (major in Social Sciences) or equivalent combination of education and experience; prefer 2 years recent related experience; knowledge of chemotherapy, dynamics/treatment or nutritive/personality disorders; group therapies; may use own car on expenses. Applicant subject to satisfactory references including police record review. Certain police records may preclude appointment to this vacancy. Smoke-free policy.

Send applications to Wendy Schmidt, Regional Human Resources Officer, Ministry of Health, Regional Human Resources Office, North, 1444 Edmonton Street, Prince George, B.C. V2M 6W5.

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**REGISTERED NURSES**

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V3L 1H6
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Local 284 (Collect)

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**THE CORPORATION OF THE DISTRICT OF BURNABY**

**COMMUNITY HEALTH NURSE – PREVENTIVE SERVICES**

We have several challenging career opportunities for innovative and committed health care professionals within our Preventive Program.

You will be responsible for providing a comprehensive community health nursing service within an assigned district, assessing, planning, developing, implementing, and evaluating a wide variety of community health programs; teaching preventive topics to individuals and groups, testing and screening for a variety of diseases, administering immunizations and liaison with other community health care professionals.

Your qualifications will include a certificate of current registration as a practicing member of the R.N.A.B.C., a Baccalaureate degree in Nursing and a minimum of two years experience in the Community Health Care nursing field. You must also hold a current B.C. Driver’s license.

We offer a comprehensive benefit package and monthly salary ranging from $2582 to $3025 (based on 1989 rates).

Please submit your detailed resume by June 26 to:

Personnel Department
The Corporation of the District of Burnaby
4949 Canada Way
Burnaby, B.C.
V5C 1M2


Jul 21-23 St. Martha's School of Nursing 75th Anniversary Reunion. (Antigonish, N.S.) Contact: Sister Clare Marie, Chairperson, St. Martha's Alumnae Reunion, Bethany, Antigonish, N.S. B2G 2G6


Sep 11-12 Toxicologic Emergencies. Drug and Substance Abuse. (Vancouver) Fee: $145. Contact: Critical Care Consultants, Box 80053, South Burnaby V5H 3X1, 438-7080.

Sep 14-16 Dermatology 88: Therapeutic Update. (New World Harbourside, Vancouver) Valuable for dermatologists, pharmacists, GPs, RNs. Contact: 204-402 W. Broadway, Vancouver V6B 1T6.

Sep 21-22 Western Neonatal Nursing Care Conference (Edmonton) Designed for nurses caring for neonates in Levels I, II and III nurseries. Contact: Arlene Laskey, NICU, Royal Alexandra Hospital, 10240 Kingsway, Edmonton, Alta. T5H 3V9, (403) 477-4682.

Sep 24-27 Canadian Association of Nurses in Oncology Second Annual Conference. (Halifax) Contact: Meetings Plus Ltd., Box 3594, South Halifax, N.S. B3J 3P2, (902) 422-6336.


Sep 27 B.C. Practitioners in Infection Control Meeting. Contact: Ann Rogers, 273-2256 (local 1446).


Oct 2 RNABC sponsored workshop on integrating nursing models into nursing practice. (Vancouver) Contact: Susan Little, Education Coordinator, RNABC, 736-7331 or toll free 1-800-972-6505.

Oct 12-13 Custody and Caring. First National Conference on the Nurse's Role in the Criminal Justice System. (Saskatoon) Contact: Dean U. Ridley, Regional Psychiatric Centre, P.O. Box 9243, Saskatoon, Sask. S7K 3X5, (306) 966-6221.

Oct 14 B.C. Native Nurses Meeting. (Victoria) Contact: Evelyn Voyager (725-3367) or Jackie Jones (372-9212).

Oct 19-20 Pacific Health Forum 89: Creative Programming Along the Health Continuum. (Sponsored by UBC Health Care and Epidemiology Alumni Association) Contact: Alex Berland, 5804 Fairview Crescent, Vancouver V6T 1W5, 875-4660.


Oct 26-27 Canadian Council of Cardiovascular Nurses Annual Meeting and Scientific Sessions. (Vancouver) Fee before Sep 15: members $135; non-members $175; students $50; late fee add $25. Contact: Venue West Conference Management Services, #801-750 Jervis St., Vancouver V6E 2A9, 681-5226.


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