ARNBC 2012 Consultations Report

October 2012

Association of Registered Nurses of British Columbia

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President's Letter to B.C. Nurses

I am writing to share this report on ARNBC's consultation with B.C. nurses held February to May of this year. As you are aware, ARNBC is actively engaging B.C. RNs to re-build what was a strong and effective professional association and voice for nursing in the province. You are also aware that we are navigating a complex and shifting political landscape of organizations involved in nursing practice and health care delivery (See *Understanding the Implications of the Changing Regulatory Environment in Nursing*, ARNBC Publication June 2012 http://www.arnbc.ca/images/pdfs/news-arnbc/understanding-implications-changing-regs.pdf) It is a time where the voice of the profession is needed, now more than ever. In our discussions with nurses across the province and nationally, we are encouraged by the optimism and conviction that B.C. nursing can continue to make a significant difference to health. The challenge is to come together with a common voice, conviction and sense of the future and to exert the influence we know we have in matters of nursing care delivery and health. Your participation in this report through consultation or in supporting the concerns and issues of the day will move us forward.

The ARNBC Board of Directors believes the report is consistent with what nurses have been saying about the state of nursing in the province in other sessions and discussions held over the past several years. Furthermore, the Board feels strongly that the report provides direction for how a professional nursing association can and will make a difference to the issues of the day that matter most.

The consultations revealed how B.C. nurses are feeling about their practice, their profession and the health care system. In all sessions, nurses shared insights in honest and respectful conversations that point to concerns about directions in the profession and the health system along with hope that the voice of the profession can make a difference to their experience of nursing and the health and safety of the public they serve.

Specific recommendations nurses shared within consultations include:

- Strengthen nursing leadership and influence at policy tables in health authorities and government
- Negotiate with CRNBC to share resources that previously supported the functions of a professional nursing association
- Develop a shared vision for advocacy on behalf of the profession to ensure evidence-informed care delivery models and nursing practice
- Rekindle the professional identity of nurses through a strong provincial policy presence
- Re-build nursing connections within geographic regions and practice specialties
- Ensure B.C. nurses are connected to their profession provincially, nationally and internationally
- Enhance nursing's role in primary health care, including expanded nursing capacity at point-of-entry to the healthcare system

We encourage you to use the report in discussion with your colleagues and to support issues that you are working with. As ARNBC, we are committed to working with you to achieve a strong nursing voice and moving forward with the direction you have provided to us in these consultations. We want you to know that we have heard you.

We remain interested in your thoughts and ideas as you read and reflect on this report. As we move forward into our next mandate, we will be actively seeking your voice and influence in rebuilding mechanisms for a strong and effective voice for the profession of nursing in British Columbia.

Thank-you all for your participation and sincere commitment to your profession, nursing practice and the public you serve.

Warm regards
Susan Duncan, RN
ARNBC President

Introduction

From early February through early May 2012, the Association of Registered Nurses of BC (ARNBC) led a series of consultation sessions with B.C. nurses[1] in the communities where they live and work. In addition to 'spreading the word' about the new Association, the goals of the consultation process were to:

- Consolidate and clarify the Association's primary messages related to health and social policy
- Gather ideas on ways the Association can help advance the nursing profession
- Explore preferred methods of communication and engagement with members
- Explore options for achieving financial sustainability of the Association

Nurses identified clear and specific directions for ARNBC to take on their behalf:

- Negotiate with CRNBC with respect to functions and resources previously owned and managed by the nursing association (RNABC)
- Work to connect nurses across regions and specialty groups
- Promote leadership and advocacy in support of the profession
- Promote nursing's influence in government and health authority policy processes
- Promote the professional identity of nursing within the profession and the public
- Advocate on behalf of nursing for healthy public policy
- Advocate to correct health inequities

The consultations were not only an opportunity to talk to nurses, get a sense of validity, direction and focus, but enormous traction was gained in terms of simply spreading the word about the Association and drawing people to the website and social media platforms. As a result, since January 2012:

- More nurses have asked to be added to our direct email list
- Visits to our website and blog continue to rise
- Email and voice mail to our admin office has increased
- More nurses are responding to our blogs

In what follows, we provide an overview of the consultation process, specific themes that arose during the consultation process, directions nurses have endorsed for the ARNBC, diverse issues nurses suggest that ARNBC become involved in, and conclude with a sense of the direction we take from this consultation into the Association's future.

[1] 'nurses' in this report refers to registered nurses and registered nurse practitioners in the province of B.C.

The Consultation Process

The plans for the consultation process evolved throughout the fall and early winter of 2011/2012. Initially, ARNBC considered hosting one large forum (approximately 100 – 150 people) in each health authority, followed by two or three smaller sessions in key identified communities. Consideration was paid to budget, inclusiveness (e.g. geography, population-base, Aboriginal nursing, etc.), time constraints (to meet the goal of having results to share prior to the first ARNBC AGM in May of 2012,) and the desire to engage individual Board Members in as many of the consultation sessions as possible. As the plans moved forward, it was quickly realised that large sessions in each health authority were not practical at this time. Instead, we targeted small sessions (10 – 50 people,) during working hours; either onsite or at locations that were accessible to nurses from the workplace. (See the Appendix for the full list of communities and sessions that were held).

Members of the ARNBC Board met with the B.C.Health Authority Chief Nursing Officers to ascertain the level of support for the consultations among this key group of nursing leaders, and to determine the level of involvement the CNOs might have during the consultation process. As a result the CNOs offered generous support and planning around the consultations, such as providing meeting rooms, setting up conference calls, requesting help from nurse managers and others to set up sessions, and advertising the sessions.

Customizable e-posters and a modest level of catering were made available to hosts. In many sites the contact person was a professional practice leader in the organization, and in others it was an executive assistant to the CNO or another nursing executive. All known nursing special interest groups, specialty practice groups, and nursing societies operating in B.C. as individual entities or affiliated with CNA were also contacted by email and offered an opportunity to host a session. Personal Board and staff contacts and informal nursing networks also provided some good connections into more rural and remote communities.

The ARNBC consultation team travelled with their own laptop, projector, ARNBC banner, and print materials about the Association to minimize dependency on host resources. Contact information was collected about the host organization and from individual nurses at each session who wanted to be on the ARNBC mailing list.

In total, 48 sessions were planned, although three of them had to be cancelled by host sites on short notice for various reasons. Participating nurses worked in community health, public health, hospitals, colleges and universities, and host venues were held across a cross-section of these work settings.

Each session followed the same general format and ranged from 60-90 minutes in length. For each:

- Ms. Barb Reece, a B.C. nurse and expert facilitator of all sessions, set the tone and ground rules. Participants were requested to speak candidly and authentically, keep discussions confidential (“what is said in this room stays in this room”) and were advised that they would not be personally identifiable in any reporting of their comments.
- Barb spent approximately 10 minutes providing the history of and basic information about ARNBC so that group discussion would emerge from a common knowledge base.
- Barb reviewed the roles and mandate of a professional association, union and regulatory college. This segment was augmented in most cases by a set of slides that included a diagram showing the relationship between a nurse and the CRNBC, BCNU and ARNBC. The diagram proved such a popular teaching and

communication tool that it was reproduced as a poster after the first few sessions and provided to attendees on request to promote awareness of ARNBC in their workplaces/schools.

- Facilitated discussion was invited around the following set of key questions (with additional prompts and clarification as necessary to stimulate conversation):
  1. *Thinking about 'a professional voice for B.C. nurses', what things come to mind?*
  2. *Thinking about health and public policy, what are important issues for the ARNBC to work on in the near future?*
  3. *What should the Association keep doing? Start doing? Stop doing?*
  4. *What is the most effective way to communicate with you?*
  5. *What would a successful/valuable Association look like? What would inspire you to get more involved?*

Participant responses were captured through detailed note-taking by the ARNBC consultation team. A summary of each session (featuring anonymous comments) was posted on the ARNBC Consultations webpage as a means of further engaging members and honouring the ideas and participation of those who attended sessions. Continuous engagement of members took place through the Consultations webpage and included opportunities to read and contribute to a blog, follow the consultation process on a Twitter feed, and watch You Tube videos of Board members discussing the process and the importance of having an association in B.C.

Key Themes in What We Heard From BC Nurses

1. Shared concerns about the status of nursing in BC today

One of the most prevalent themes was the fatigue nurses are experiencing -- physically, mentally, and emotionally. There was not one session where nurses didn't express their frustrations with the health care system, and identify the impact to their own professional practice and performance. While these nurses felt somewhat supported by their direct leadership (manager, hospital, etc.) they did not always feel supported by government, their health authority, the College or the public.

Many nurses who participated in the consultation felt that the profession has 'lost traction and respect' with the public, that many patients don't actually know the difference between an RN and other members of the healthcare team, and that their professional RN role has been reduced and replaced.

Further, many nurses in the consultations felt as if they and their profession are under attack "from all sides." They told us that budget cuts across the health authorities have resulted in less staff and more paperwork, hallway nursing is becoming a 'norm' in many hospitals, interaction between health professions has not improved, and nurses are overwhelmed and stressed with new challenges for which they have not been supported by regulatory clarity, in relation to their responsibilities in supervising Licensed Practical Nurse (LPN) practice. As a result, most nurses we spoke to indicated that they come to work stressed and worried, and leave work tired, morally fatigued and disillusioned with the system. Nurses have enormous pride in their profession, but many are concerned that they cannot provide the quality of care that they know their patients require. The majority appear to feel an enormous sense of helplessness and hopeless, and while we did not speak with all nurses in B.C., most felt that their counterparts would say much the same:

> *"We are so tired. The more tired we are, the more we respond poorly to one another and our colleagues. Care suffers. The patient suffers. It's demoralizing. It makes me want to go and get a job at Safeway."*

> *"Can you just ease the pain? Can you give us an outlet to voice our concern?"*

As they shared perspectives on these challenges, many nurses commented that the degree and quality of nursing leadership has an impact on their quality of worklife, degree of hopefulness, and sense of power or autonomy. A number of nurses told us that they feel as if they have nowhere to turn with ideas for improvements, to bring forward concerns or to share interests or frustrations. Many feel as if the leadership (or lack of leadership) related to the delivery of patient care is contributing to the downfall of the nursing profession. In some cases, they said, individuals who are not healthcare professionals have been hired to manage nurses and this has resulted in a great deal of fear, frustration and dismay -- not only for how things are being run, but in the observation that some individuals holding formal practice leadership positions do not appear to be interested in tapping into the expertise of highly trained, skilled nurses at the front lines of care.

Many nurses who attended the consultation described feeling underutilized for their critical thinking skills and that their work has become more task-oriented. They expressed that they want to be involved in the decision-making process at every level of the healthcare system, and believe that they have the experience, knowledge and expertise to do so. They often feel as if opportunities are provided only to the 'select few' and that many nurses who want to be involved have no way of meaningfully contributing their knowledge. At the same time, they feel that nursing influence is too diluted in terms of conceiving, delivering and roll-out of changes.

2. Challenges around changing models of care

A number of struggles and fears, and considerable levels of distress were expressed in the consultations over the decisions in some health authorities to replace RNs with LPNs. For example, one attendee indicated that, within the past year, six RNs had been 'let go' from the hospital's onsite long-term care facility, and replaced with LPNs – leaving one RN in charge. This was not an unusual type of situation for us to hear about, and nurses expressed a great deal of fear that the lower cost of LPNs will continue to be embraced by health authorities who are looking to save dollars.

> *"I don't feel as if I've been trained to know and understand the scope of practice of LPNs, and yet I'm supposed to be supervising their work. How am I supposed to know what they can and can't do, or what they've been taught? It adds another layer of stress to my day, because suddenly I'm trying to figure out what they can and should be doing."*

The introduction of the Care Delivery Model Redesign (CDMR) in one BC health region has been recognized by government, health authorities and health leaders as being an effective, cost-saving, streamlined approach to managing healthcare expenses. However, some nurses in the consultation process who are working under CDMR told us that they are extremely unhappy with the impact it has had on their practice and working environment. The nurses from other regions who participated in the consultation were also concerned that the CDMR model will be adopted as a "best practice" and spread, without anyone taking into account the difficulties and challenges it poses for nurses.

At the time of our consultations, the BCNU was moving to bring LPNs into their union. Numerous questions were raised by nurses about how this would impact an Association, and whether the association would also move to include LPNs. Opinion on the benefits of one Association was fairly equally split – some nurses, particularly those who had been displaced or fear displacement by LPNs, felt that one Association would actually help to bring the groups together, and provide some commonality for LPNs and RNs, as well as a place to celebrate their shared successes and air out problems. Others felt that they would prefer to have an Association dedicated to listening to their challenges in dealing with LPNs and that they would not feel free to share their concerns about LPNs if that group was part of the Association.

There was agreement amongst the nurses we consulted that strong bridges must be built between the ARNBC and the LPN Association of B.C. over the coming weeks and months. Nurses also agreed that an organization like the ARNBC was needed to help investigate care model redesign initiatives, to provide a

counterpoint to what are being put forward as exceptional health care delivery models to government and health authorities:

> *"But who do we complain to? Our nurse managers can't do anything, they aren't highly enough placed in the health authority. And the leadership at the health authority doesn't care how much we hate it or how much we see it hurting patients and our own profession. They just think about dollar signs. But even then, the way they evaluate it is totally flawed. It's like they decided something will work, and it doesn't, but they refuse to listen to the voice of reason saying 'this is not the panacea you think it is. If they'd only let some of us who are actually doing it sit at the table…"*

3. Confusion and frustration about the changing landscape of nursing organizations in the province

   Many nurses expressed concern that their long-term assumptions about the role of the regulatory body no longer hold true. Specifically, they noted that the College:

   - is not allowed to advocate on behalf of the nursing profession,
   - provides liability insurance for nurses, while also being the disciplinary body (nurses perceive this as a conflict of interest),
   - has withdrawn its membership in the Canadian Nurses Association (CNA), and
   - is no longer there to 'protect them' should they be part of an adverse incident and require assistance and/or legal support.

   > *"I always thought that If I do something wrong, say a medical error or something like that, the College will be on my side, provide support, make sure I have a lawyer and advocate, and above all, protect me from my accusers. I've believed that my entire nursing career."*

The nurses who participated in the consultation generally felt as if the RNABC/CRNBC did not fully communicate the implications of moving to this new organizational model. They also expressed frustration about the loss of the professional nursing assets that had been held by the RNABC. As a result, many nurses said they felt as if they had been 'duped. '

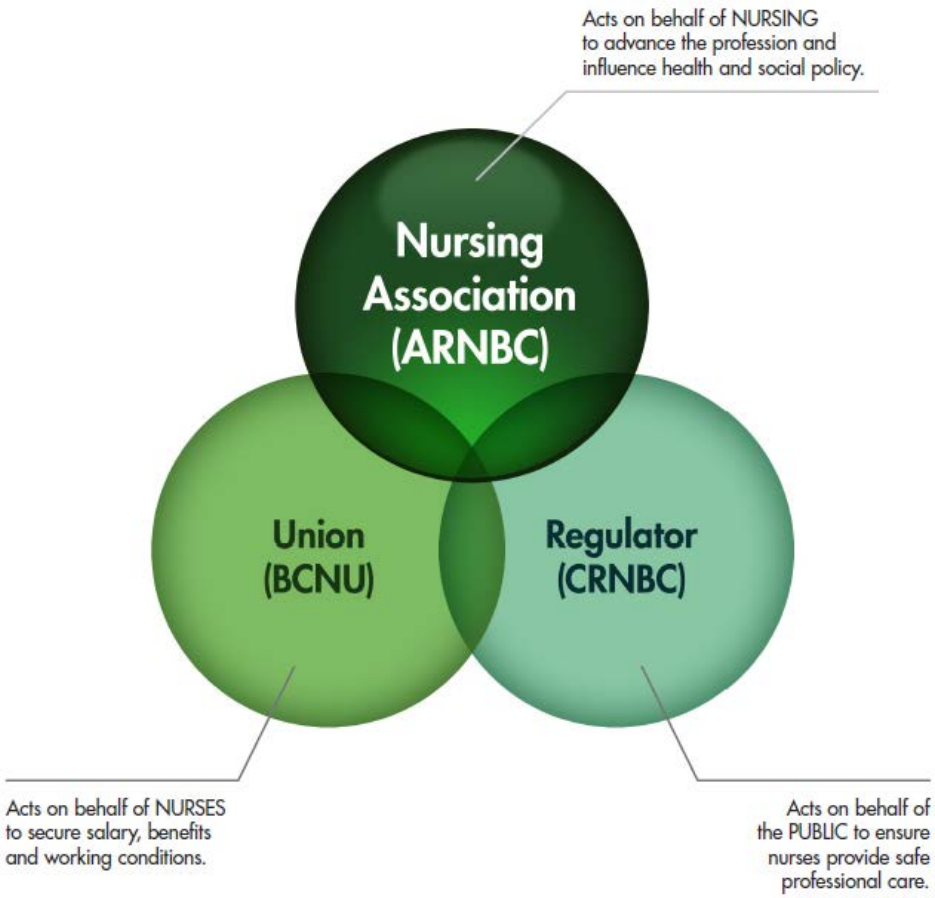
> *"Why didn't anyone tell us any of this would happen? Nurses are smart people. If someone had made it clear what would happen with this move to the College model, we would have stood up and said something."*

Over the course of the consultation process, the consultation team members experienced surprise and dismay at the level of fear and distress that nurses were feeling in relation to their workplaces and the College. Although our consultation approach did not prompt dialogue in this direction, in numerous locations, nurses mentioned that they had "heard" the College was 'punishing' nurses who asked too many questions, raised concerns, or wrote letters indicating dissatisfaction with something the College was doing. Many apparently felt that the College was sending a clear message that negative feedback or dissenting opinions were not welcome and could result in punishment. .

4. Agreement on the need for a nursing association

The vast majority (at least 95 per cent) of nurses attending a consultation session were enthusiastically in favour of the development and advancement of a nursing association within the province that could advocate on behalf of the nursing profession. One group of nurses that expressed some initial hesitation about the idea was new graduates, for whom an association was not part of their nursing experience. Another small group who expressed some reservations about the need for a new association self- identified as BC Nurses Union (BCNU) representatives. However, this was a minority view, since all or most of the nurses attending were BCNU members and many perceived a value for both organizations. Even where nurses expressed some reservations, they listened actively, participated in discussion and asked valuable questions. Several indicated by the end of the session that they were uncertain as to why the BCNU was apparently not in favour of the new association. Most nurses in the consultation process were committed to returning to their BCNU meeting to ask further questions about why there cannot be three nursing organizations in British Columbia:

> *"It's funny, the union said 'don't go to the meetings or support this new association', but curiosity got the better of me. And now I'm confused. I look at this diagram, which makes sense, and I don't really see what the problem is. I need to go back to the union and ask …about this."*



We found that nurses around the province found this visual representation a useful way to begin to conceptualize the primary distinctions in function and focus between a union, a regulatory body and a professional association. Although we recognise that it oversimplifies the significant common ground between the three types of organization, we believe that it remains a useful device to clarify fundamental distinctions that may be relevant to organizational clarity and collaboration into the future.

A key question that had arisen in our preliminary discussions with other organizations was whether B.C. nurses actually felt the need for a new association. What we found throughout the provincial consultation with front line nurses, similar to the message we received at an invitational forum we held for B.C. nursing leaders in September 2011, as well as throughout our ongoing discussions across B.C., at the CNA Biennium, from email correspondence, and through our social media, was that there was an urgent need and overwhelming support for a new professional association in BC.

Nurses Ideas About Directions for the ARNBC

Having laid out their primary concerns participants went on to offer sincere and deeply felt recommendations for the association's process and function going forward. These were among the main themes of those recommendations:

1. Nurses Want to be Heard

   Across the province and in every meeting we attended, we heard a plea to find ways to help nurses feel that their perspective is valuable in shaping the present and future for their profession and its unique contribution to health care. While there was some initial concern that the Association leadership hailed primarily from academia, the reality is that the ARNBC membership and Board are comprised of practicing nurses, management/leadership and academics. The focus of the Association is on grassroots nursing and this enables the Association to bring forward issues that important to all nurses, no matter their background.

   "If the Association could focus on grass roots – giving us back professional practice groups, raising the visibility of RNs, networking us – most of us would be happy with that as a start. It's fine to want to do some policy work, but don't get so focused on that that you lose sight of the fact that nurses just want to be heard."

2. Nurses Want to be Involved in the Policy that Affects Them

   Nurses want to understand and have input into the policies that affect them. At the time of the consultations, the national nursing exam was among the "hot topics." They want assurance that the professional association will keep up the pressure on government and regulatory bodies to ensure that the distinctive values that make up the Canadian content are represented and respected in the education and regulation of nurses.

3. Professional Image and Identity are Important

   Many nurses reflected on a loss of professional pride and identity in relation to some of the organizational changes that have occurred in BC in recent years, and thought the ARNBC might play a meaningful role in facilitating discussions or tackling guidelines around those issues. Several decried the casual attitude toward attire that seems to mirror the shifting in professional pride. Others talked of the increasing use of cellphones, especially among younger nurses, seeing this as a social media distraction from practice. And we noted a generational difference in terms of whether these devices were being used for social purposes or as guides to professional practice, looking up information, accessing practice guidelines, asking questions of mentors, or generally doing research into a practice issue they are currently facing.

   Nurses told us that it would help to have an Association that could provide some general commentary on promoting a professional image and identity within a diverse range of practice settings and across generations of nurses.

4. Nurses Need Professional Networks

Nurses around the province noted that chapter and professional practice groups are desperately missed by nurses. These groups provided an important opportunity for engagement and interaction, helped nurses establish their own 'peer group' of individuals with whom they could ask questions or call for support, and ensured that nurses were connected and connecting with individuals from within the province. Many felt that these groups were discontinued very abruptly by the CRNBC and many of the small things they had come to rely on (e.g., some funding for meetings, the use of teleconferencing or room booking services, etc.) are now struggling or non-existent.

5. Nurses Need Workplace Connections

Many nurses reminisced fondly about the RNABC's Workplace Representative Program, which ensured that virtually all nurses in the province had a local support person who was able to answer questions around regulation, support them through the complaints or injury process, assist with networking, etc. While the CRNBC has carried on the workplace representative program, many nurses told us that they have no idea who their workplace representative is, what they do, or what sort of issues they can help with. Several have heard the message, "That's not me anymore" when they've gone to ask questions or register a problem. As a result, many nurses feel as if there is no support within the workplace, no liaison between them and management and/or the College, and no means of sharing their ideas, voices and suggestions.

6. Nurses Need to Feel Part of the Wider Nursing Conversation

We heard often from nurses that they use the resources of other associations, particularly the RNAO, in their daily work. Many noted that while this is helpful to them, they would love to see some of these resources re-interpreted for the B.C. context. Some suggested that it would be amazing to have an 'open call' to all nurses interested in forming a committee to study the materials developed by the other Associations, speak to the Associations about their experience, and then help ARNBC build a plan to develop its own key materials and documents based on those discussions. In conjunction with that, most nurses would like to see ARNBC develop practice guidelines, focusing on some of the key issues raised during these consultations.

7. Nurses Expect ARNBC to Negotiate with the College on Behalf of all B.C. Nurses

Nurses believe that it is time someone stands up for them and approaches the College to negotiate some of the key issues they believe are in the best interest of B.C. nurses and the patients, families and communities they serve. Nurses recognize that some of this may not be 'easy' and that discussions could be confrontational on some points, but they also note that these are issues that are of the utmost importance to them individually and as a group of professionals. Generally speaking, most nurses noted that they would like to see a good working relationship between the Association and the College as well as the Union. Many would like further information on the specific roles of the three organizations--perhaps in the form of case studies that describe an issue and highlight how it would be handled by the College, the Association and the Union.

Specifically, nurses told us they would like to see ARNBC negotiate, come to agreement, and update all B.C. nurses on:

- CRNBC Fees: Why has the College increased registration fees when they've actually dropped half of their mandate (the advocacy piece)? Even if the self-regulation model is more expensive than the previous model, how is it possible that the costs continue to go up? Why are B.C. registration fees so much higher than other provinces – including Ontario which has a similar legislative model? Why is there no transparency around what the fees go towards?

  "So we don't get to know what our fees go to, we just have to pay them, more than anywhere else in the whole country, even though they're no longer advocating for us. They keep upping the fees, but won't say why or where they go"

  "CRNBC should give money to ARNBC but not in a 'you're getting a grant this year, but you might not next year'. I hate game playing, and they're playing a game with you guys right now. It's embarrassing."

- The CRNBC Building: Many nurses told us that they remember the letter coming from the former RNABC suggesting that it would be much more beneficial for nurses in B.C. to actually buy the building on Arbutus rather than continuing to rent space.

  "Years ago RNABC sent me a letter saying they wanted to implement a big jump in membership fees because then they could buy the building. This was a big jump, and I thought, no problem, now that they have the building the membership fee would go down, but it has not. And now it's worse. We don't own the building anymore, but we should own the building, because we PAID FOR IT. We lost our money that we put into that building and they won't even throw us a bone and let us have meetings there, use the parking, have an office"

  Nurses feel as if they paid for this in good faith, with the understanding that the building would belong to them when paid for. There is a great deal of frustration over the fact that the building is now occupied by what is essentially an arms-length government organization. The "History of Nursing" Group noted that they are, to date, the only professional practice group that has been allowed to continue to meet in the CRNBC building. However, there are strict limitations on what they can and cannot do, what facilities they can use, and where they can park, etc. Many nurses identified the fact that it's not only no longer their building, but there's not even a tiny 'space' where ARNBC can run operations from or professional practice groups can meet. Nurses believe that the ARNBC needs to at least negotiate some small office space within the building, and should not have to pay rent to an outside organization. Many nurses also noted that the library has suffered since moving to the CRNBC, and the service levels have been significantly reduced:

- Liability Insurance: Nurses told us they would like some very specific answers around the insurance question. Most recognize that insurance is usually the domain of a professional association. In this case, many have recognized a 'conflict of interest' in having the regulatory (disciplinary) body also

being the insuring body. They would like ARNBC and/or the College to develop a paper or fact sheet describing how the insurance currently is held and what steps are being taken/have been taken to address any concerns.

- BC Nursing Mailing List: Throughout the consultations process, the consultation team members were honest with nurses when nurses asked why the ARNBC had not mailed or emailed them all at once. The consultation team explained that the ARNBC did not have access to a master list of all postal or email addresses of nurses registered in B.C. Nurses who were part of the consultation were shocked to understand that they were not automatically linked to their emerging professional association. Many thought that the College withholding contact information was "ridiculous" and indicated that they would like access to nurses' contact information to be negotiated. They offered the following suggestions, in order of preference: 1) The CRNBC should share the contact list with the ARNBC; or 2) mail/email all B.C. nurses on behalf of ARNBC (use their list but don't give us their list); or 3) include a checkmark/box on the CRNBC registration form saying 'check here to hear more about ARNBC'.

Other Examples of Issues Nurses Have Suggested for Future ARNBC Involvement:

During the consultations, one or more nurses raised further ideas and suggestions for the kinds of things they would like to see ARNBC doing over time. We have made note of these as illustrative of the diversity of public policy and advocacy issues that are top of mind for B.C. nurses at this time.

Population Focused

- Inequity—Advocate in relation to inequities in social determinants of health as they affect the health of British Columbians.
- Primary Health Care--Focus on issues around primary healthcare – help nurses get actively involved in access issues, public health concerns, preventative health programs.
- Health Authority Cooperation--Health authorities each have their own practices and procedures, lots of duplication of effort, lots of overlap, not a lot of talking together. How can ARNBC facilitate better discussion between health authorities – especially where nursing is concerned?
- Smoking Cessation Programs – Only fit one segment of the population (those in the Lower Mainland who have cell phones)
- Tanning Beds--Raising awareness of dangers of tanning beds for the entire population (not just those under the age of 18)

Workplace Focused

- Respect--Increasing the respect of the nursing profession in the general public and within the health care system.
- Workplaces—Addressing issues such as horizontal violence
- Collaborative Teamwork –There is acknowledgement that some sort of work needs to take place to improve collaborative teamwork between health care providers (especially between RNs/LPNs/RPNs/Care Aides etc.)

- Hallway Nursing – Some nurses think it should be eradicated, whereas others (particularly younger nurses) think it is so much the norm they just want to make sure that they have the appropriate equipment and access to power, lighting, and oxygen in the hallways to provide safe care.
- International Nurse Recruitment – Provide leadership in advocating to the College for more standardized processes of recruitment and immigration so that all health authorities are doing the same thing and the same practice standards are being applied across the province..
- Professional Continuing Education/Professional Development – Nurses want to do this, but have limited access to paid time away for work or scholarship to cover out of pocket expenses.
- Nurse Practitioners (NPs) – Many are not working as NPs, funding is short-term. Need better engagement, better distribution, information about how public accesses them, etc.
- Career Counselling--Provide advice on career pathways for RNs
- Clinical Decision Support Tools – These are changed so often (and from unit to unit) that there is confusion about what is current and what is not.

Conclusions

The ARNBC consultations were an amazingly rich experience for all attendees (nurses, ARNBC Board members, and consultation team facilitators), and provided an exceptional opportunity for open and informed dialogue on many of the key challenges facing the nursing profession in B.C. today. The consultation facilitators told us how deeply impressed they were by nurses across the province—impressed by their passion, their insights, and their commitment to furthering the nursing profession in B.C.

While nurses are facing a lot of challenges in the workplace, there is also a renewed enthusiasm to help build an Association that moves the voice of nursing forward and supports nurses to provide the best possible care for British Columbians. Nurses recognize that there is a lot of work to be done, and there are many different roles the new Association could play in doing so. However, by and large, nurses recognize that if the Association picks a couple of strategic areas to focus on, it can set the stage for further growth and success in the future. Many nurses referred to the dominant, instructive and helpful resource that RNAO has become in Ontario as a model for what ARNBC might aspire to in the future.

Key issues around ARNBC funding and sustainability remain a priority for many nurses, but there is renewed hope across the province that with effective ARNBC leadership, combined with strong collaboration and cooperation between ARNBC, CRNBC, BCNU and CNA, these issues can be resolved for the long-term. It is important to nurses around the province that their three provincial nursing organizations learn to work well together.

The overwhelming message from BC nurses going forward is *"keep talking to us".* Nurses felt appreciated and valued during the consultation process, and want to feel as if they 'own' the Association. They truly believe that "their voice is the Association's strength". The vast majority of the nurses who participated in the consultation process envision themselves as actively supporting the continued evolution of the ARNBC as a strong, member-led organization into the future.

APPENDIX – Sessions held[2]

Date 2012	Group/Location
20-Feb	BC Chapter, Canadian Association of Critical Care Nurses (CACCN)
22-Feb	Community and Hospital Infection Control Association (CHICA)
02-Mar	St. Paul's Hospital
07-Mar	Intertribal Health (Nanaimo)
08-Mar	South Okanagan Prevention Services, Penticton
09-Mar	Penticton Regional Hospital
12-Mar	Kelowna General Hospital
12-Mar	Capri Health Centre CHNs
13-Mar	BCCA Kelowna
13-Mar	UBC Okanagan Nursing
14-Mar	DTES Community Health Centre, Vancouver
15-Mar	Community Health Nurses (CHN) of Canada - teleconference
16-Mar	Mount St. Joseph's Hospital, Vancouver
16-Mar	Surrey Memorial Hospital
19-Mar	Vancouver General Hospital
19-Mar	Richmond Hospital
20-Mar	Richmond Hospital
21-Mar	Vancouver Coastal Health, Community Health
22-Mar	Lionsgate Hospital, North Vancouver
22-Mar	GF Strong, Vancouver
22-Mar	Vancouver General Hospital
23-Mar	Lionsgate Hospital, North Vancouver
23-Mar	Surrey Memorial Hospital
26-Mar	Peach Arch Hospital, White Rock

[2]All consultation contact information for host organizations is being archived for future use of the Association

-Mar	VCH Community Health, Vancouver
26-Mar	Royal Columbian Hospital, New Westminster
27-Mar	VCH Community, North Vancouver
27-Mar	UBC Hospital, Vancouver
28-Mar	Teleconference: Mental Health & Addiction Services - Port Alberni, Parksville and West Coast General Hospital; VGH Perinatal Services
28-Mar	Parksville, Vancouver Island, Teleconference: VIHA Nurse Practitioners Community of Practice; VIHA Professional Practice
28-Mar	Parksville, Vancouver Island, Teleconference: Saltspring Island nurses, Lady Minto Hospital, residential care, home and community care, public health; Duncan Public Health
29-Mar	Parksville, Vancouver Island, Teleconference: Port Hardy and Port McNeil Rural Nurses
29-Mar	Cowichan District Hospital, Duncan, Vancouver Island
29-Mar	Cowichan District Hospital, Duncan, Vancouver Island
30-Mar	University of Victoria, Center on Aging - Palliative Care Hospice nurses group
30-Mar	Royal Jubiliee Hospital, Victoria
0-Mar	Royal Jubilee Hospital, Victoria,
02-Apr	University Hospital of Northern BC, Prince George, Community Health nurses
10-Apr	Royal Inland Hospital (two sessions)
10-Apr	Queen Victoria Hospital, 1200 Newlands Road, Revelstoke
11-Apr	Selkirk College, Mir Centre for Peace, Castelgar
11-Apr	Kootenay Lake Hospital, Nelson
12-Apr	History of Nursing Group - CRNBC building, Vancouver
13-Apr	Fraser Health Community Health - Surrey
01-May	Smithers, Bulkley Valley District Hospital
02-May	Wrinch Memorial Hospital, Hazelton
03-May	Prince Rupert Regional Hospital
03-May	Kitimat Hospital and Health Center
04-May	UNBC Campus, Terrace