

nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

*"You can
make a
difference
more than you
think."*

SYLVAIN BROUSSEAU

PH.D., INF/RN, FFMRC SI, M.SC.

**ENCOURAGING UNITY
BETWEEN CANADA'S
NURSING ORGANIZATIONS**

CANADIAN NURSES
ASSOCIATION PRESIDENT,
RESEARCHER, PROFESSOR



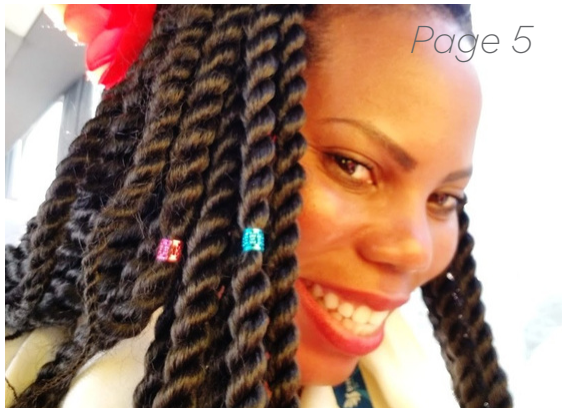
#INTHEFIELD
NURSE KASEY SHARES
HOW SHE WANTS TO
REVOLUTIONIZE
HEALTHCARE

HOW TO MAKE THE MOST OF
PROFESSIONAL DEVELOPMENT AS
A NURSE & WHY IT'S IMPORTANT

CANCELING STUDENT DEBT WILL
AFFECT NURSES—HERE'S HOW

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we share stories from nurses in the field and tips on everything from leadership, to mental health. At the heart are our weekly nurse features, highlighting nurses in innovation, education, and at the bedside.



#InTheField

Nurse Kasey shares how she wants to revolutionize healthcare



How to make the most of professional development as a nurse & why it's important



Canceling student debt will affect nurses—here's how



SYLVAIN BROUSSEAU

Encouraging unity between Canada's nursing organizations

This week, we sat down with Dr. Sylvain Brousseau, the current president of the Canadian Nurses Association. Dr. Brousseau is a nurse researcher with a specialty in studying nurse managers, and clued us in to some useful information for how nurse managers can take care of their staff and themselves.

nurse social



New post

Question

Article



NurseDeck is for everyone. Whether you're a student, new to the field, seasoned scrub or retired - our community involves you.

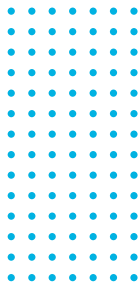
On NurseSocial, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

Photo/Video

File

Post Anonymously

post



Join the community

Our leaderboard shows which NurseSocial users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for the all-time top 10!

- Katrina Buchholz**
7,634
- Christina Aylo...**
3,546
- Carolyn Harmon...**
2,590
- Mariah Edgington**
2,228
- Rachel Grace**
2,226
- Ottamissiah Mo...**
1,561
- Melissa Sherman**
1,520
- Divyanshu sing...**
1,416
- Jennifer Rodri...**
1,325
- Bern Jennette ...**
1,110

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Meet all requirements? Apply at nursedeck.com/scrub-verified.

#InTheField

Nurse Kasey shares how she wants to revolutionize healthcare



Kasey Pacheco, a community and public health nurse from Sebring, Florida, believes now is the moment to reform our healthcare delivery, and that healthcare practitioners must fully embrace holistically healthy lifestyles for themselves and encourage them in all aspects of our lives.

Q: TRUE or FALSE: “Nurses eat their young.”

A: Yes this does happen, however I think nurses are realizing that collaboration takes each person a lot further than competition.

Q: What does cultural competence mean for healthcare providers?

A: Cultural Competence means that you are emotionally aware of your prejudice and have the ability to set aside your preferences and

biases to help other people be their best, irrespective of your personal beliefs and perspectives.

Q: What current events in the nursing field are you most passionate about?

A: I am on a mission to revolutionize healthcare. This is the time for us to change our delivery of Healthcare and my thoughts is that first as healthcare providers we must truly embrace holistically healthy lifestyles for ourselves and promote it in every dimension of our lives. Nursing is the future of healthcare and this is their time to rise! 📖

HOW TO

make the most of
professional development as
a nurse

& why it's important



Professional development is an important part of the success and career advancement of a nurse. With rapid changes in technology, healthcare innovation, best practice standards, and government regulations, professional development is a crucial part of a nurse's career.

It's also a lifelong journey. For some, this may be pursuing career advancement, attaining higher education, or becoming certified. For all, it is seeking new knowledge and professional improvement strategies in order to be a proficient and skilled nurse working at the highest scope of practice.

Professional development is the continuing process, outside formal undergraduate and postgraduate training, that allows us to maintain and improve standards of practice through the development of knowledge, skills, attitudes, and behavior. Professional development should also encompass specific changes in practice.

For many nurses, the largest obstacle in attaining professional development is knowing what it is and how to pursue it. Too often it is assumed that advancing a degree is the only way to develop professionally. There are many opportunities through continuing education, nursing certification, leadership courses, joining a professional organization, becoming a member of an organizational council, and a multitude of informal programs to assist you in reaching your career and professional goals.

Another detractor is engaging nurses to pursue professional development. During a time of extreme nursing burnout and job fatigue, many nurses have no desire to take on additional professional obligations, especially when these are optional. Barriers such as cost, time, and home responsibilities are also strong considerations for why many nurses lose interest in attaining professional development.

This proposes huge obstacles in professional development among the nursing population



that can be harmful to the patients we serve and can lead to stagnant organizational culture.

Developing your professionalism is a great way to improve your practice, deliver higher-quality care to your patients, advance your career, and remain engaged in the nursing profession. Creating your personalized plan can be relatively simple following a few basic steps.

Start small

Simple ways to start the journey of professional development are through connecting with like-minded individuals and thought leaders. Expanding your professional circle is a great way to inspire new ideas and goals. Networking on NurseSocial and other platforms like LinkedIn are great ways to gain new ideas and research ways you would like to develop yourself. Reading articles, watching videos on social media platforms, and listening to podcasts are all fantastic ways to rapidly gain knowledge and strategies to improve yourself.



Set goals

Teaching nurses how to create personal and professional development plans are important to help them structure measurable, obtainable personal and career goals. Meaningful goals and metrics for career growth are critical to nurses' professional development. Using SMART goals in developing your personalized plan can simplify the process. SMART goals is an acronym that stands for specific, measurable, achievable, relevant, and timely. Using the SMART goal format is an excellent strategy to implement your improvement plan and can also be used to assist your patients in achieving health goals.


Assess your progress

Set time aside each week to review your goals, the steps you are taking to implement your plan, and evaluate the effectiveness of your progress. Make necessary adjustments when needed and take time to relish in your successes. Be sure to give yourself grace when needed. Taking steps to improve yourself as a nurse is not easy, but the rewards are endless.

Reflect and evaluate

Taking time to reflect on your progress and the plan you created to achieve your professional development goals is a great way to provide feedback to yourself.

Freshening up your resume each year is an excellent way to reflect on where you've been and where you would like to be. Ongoing professional evaluation, self-reflection, and making adjustments are key components and crucial to meeting your goals. Small changes multiply into considerable changes that are often difficult to recognize along the way, yet make all the difference.

I developed a professional development plan for myself a few years ago and then again more recently making further adjustments. It has made all the difference, both professionally and personally. Making big changes or even incremental changes can be scary, stressful, and hard to do. Getting started can be the most difficult step. Think about what type of professional development you would like to see for yourself, set a goal, and then develop and implement your own plan. Start small and build from there. When you look back after putting these changes in place, you will be grateful and proud of yourself that you were able to take that leap of faith. 



Carolyn Harmon, BSN, RN, is a nurse columnist with NurseDeck. She has over 24 years of nursing experience. She is currently a Perioperative Optimization Clinic staff and charge nurse. She also has 14 years of knowledge acquired from her role as an adult and pediatric ER and trauma nurse. Carolyn is passionate about mentoring and supporting nurses in all stages of their careers, as well as healthy work environments. Find her on NurseSocial as @carolyn (Carolyn Harmon) and on Instagram as @carolyn_bsn_rn.

CANCELING
STUDENT
DEBT WILL
AFFECT
NURSES—

HERE'S HOW



By RN Breanna Kinney-Orr
NurseDeck Ambassador

In August, President Biden announced a plan to forgive a portion of student loan debt for federal student loans borrowers. The plan provides for a \$10,000 reduction for people earning less than \$125,000 yearly and a \$20,000 reduction for Pell Grant recipients. In addition to the loan forgiveness portion, the plan also calls for decreasing a borrower's monthly payment. Previously, monthly payments were capped at 10% of a borrower's monthly income; the new limit will be dropped to no more than 5%. Lastly, the loan forgiveness plan details improvements to the oft-fraught Public Service Loan Forgiveness (PSLF) program previously available.

The bottom line is this: obtaining a college degree used to mean a ticket towards financial security. These days, it accounts for the heavy financial burden that 45 million people bear in owing a debt to the federal government that has more than tripled in the past decade-plus. For many nurses—one of our country's most sought after careers—canceling student debt has the potential to be life-changing. We'll explain how below.

Where nursing loan debt currently stands

Many seasoned nurses certainly have their own debt load, but it's nothing compared to that of nurses who graduated in the past 5-10 years, since the cost of nursing school began skyrocketing. According to the National Student Nurse Association (NSNA), canceling student debt will affect the majority of new nurses most significantly.

Currently, seven out of ten graduating nurses begin their careers in debt. Nursing is a highly employable field with decent starting salaries for GNs; yet borrowers consistently show that they struggle under their financial burden. Within two years of repayment, currently one in eight default on their loan.

Even for those who manage to make payments on time month-after-month, many become frustrated with how long it takes to get these loans paid off in full. No



matter how many months payments are consistently made, the balance seems to hardly budge.

With student loan forgiveness being a trending topic lately, no doubt you've all seen the graphics and posts detailing the maddening math of student loan repayment. (In case you are social media-shy, they go something like this: "I've made every payment on my student loan for the past ten years and I currently owe \$xxx more than the original amount!") Borrowers who take the time to really summarize their loan amounts in comparison to their payment history on said loans tend to come to the same sobering conclusions.

It is the interest—which, for federal loans, is compounded daily—that has contributed to the student debt crisis in this country. Far surpassing credit card and car loan debt combined, the magnitude of the \$1.7 trillion dollars now owed is incomprehensible to imagine. The reality of a debt burden to each nurse, however, is not.

There are currently 5.3 million people working in the nursing industry in this country. Ranging from CNAs to CRNAs, many millions of these nurses have dealt with or are currently dealing with student

loan debt. In a time where so many are leaving the profession from stress-related burnout, canceling even a portion of outstanding student debt for our newer nurses is a significant move in the right direction.

The impact of the student loan forgiveness plan on nurses

Nurses just beginning their careers can expect to make at least \$70,000/year. Three quarters of these nurses will have—on average—\$23,000 in debt from the BSN degrees required by their first jobs. That debt-to-income ratio seems manageable at first assessment. But for some, after cycling through periods of default, forbearance, and grace periods, it's not uncommon for many borrowers to find themselves trapped in repayment limbo for much of their decades-long careers. In fact, a 2019 Medscape survey found that 20% of nurses over the age of 55 still carry significant student loan debt. Potentially halving that amount—or forgiving it in its entirety—would make a dramatic impact on nurses working right now.

The second aspect of Biden's loan forgiveness program promises to significantly reduce a borrower's monthly payments past the \$10,000 forgiveness. This sudden increase in discretionary funds will naturally benefit all nurses, but most importantly, it will greatly impact racial equity advancements.

According to the U.S. Department of Education, the majority of Pell Grant recipients (those borrowers being forgiven for \$20,000 of their student loans) come from Black families getting by on \$60,000 or less annually. Consequently, the loan amounts that Pell Grant recipients tend to need to get through school are significantly higher — meaning they graduate with much more debt.

This cycle directly contributes to the racial wealth gap. Targeting relief to these borrowers by doubling the student loan

forgiveness amount available to them is one way to help level this disparity, a conclusion supported by a corresponding Urban Institute study. Representation matters so much in nursing—potential nurses want to become what they can see. We can't afford to lose anyone in the field now; certainly not our BIPOC nurses that are already underrepresented. Any correction aimed at leveling the imbalance of the racial wealth gap should be encouraged.

Lastly, Biden's plan pledges to fix the existing PSLF program—the last, much-hoped-for loan forgiveness program that flatlined upon its release. You may recall: under this program, those working in certain environments like non-profits, the military, or for designated government organizations were supposed to have loans discharged after 120 payments.

Until now, the program has been plagued with bureaucratic problems galore; upwards of 99% of applicants were denied outright when the plan went live. To their credit, the Department of Education acknowledges the disaster that was the first version. In the last year, they have already begun unraveling its red tape to the tune of over \$10 billion being awarded in loan forgiveness since improvements began. More positive change is promised.

Am I eligible for student loan forgiveness?

Loan forgiveness eligibility is determined by the type of debt you carry. Four types of student loans are eligible for the new loan forgiveness program:

- Direct subsidized and unsubsidized federal student loans
- Direct Stafford loans
- Parent PLUS loans
- Grad loans

The program is expected to kick off in mid-October 2022, although an exact date has not yet been specified. Borrowers interested in applying can sign up for forgiveness plan updates on the U.S. Department of Education website.



One recent change in the program (that resulted from Republican-led lawsuits) is that borrowers with Perkins loans and Federal Family Education Loans (FFEL) are now barred from the forgiveness plan. These loans, while technically being government-guaranteed loans, were ultimately arranged by private banks. The suits argue that forgiving debt would therefore unfairly lower revenue for these banks. Can we also take this opportunity to remind you to vote in the midterms coming up?

Tips to help you with your loan

In addition to the loan forgiveness program, there are several strategies to help you stay ahead of your student loan debt, and/or pay it off more efficiently.

- Look into tuition forgiveness through your employer
- Adjust your repayment schedule
- Refinance with a private lender to pay loans off faster
- Take advantage of the Student Loan Pause which has been extended until 2022's conclusion.

Are you a prospective nursing school student? Get ahead of the game—we've got a great guide to look at regarding tuition repayment options [on NurseDeck's website!](#)

The bottom line

For all these reasons and more, Biden's student loan forgiveness plan stands to significantly lessen the debt burden on nurses - especially new nurses and recent graduates. At a time when we so desperately need more nurses - and retain the experienced nurses already in the field - loan forgiveness contributes a valuable win for our uber-stressed workforce. It's not the end-all-be-all solution, for sure; as we've written about many times, higher pay, safer staff-patient ratios, stronger benefits, and simply showing nurses respect for the hard work we do are all important pieces of the puzzle.

But - if you're a recent nurse grad or seasoned nurse still saddled with debt - be sure to take advantage of the upcoming loan forgiveness program. Nursing is a rewarding - and challenging - career, and some financial relief could make all the difference.

8



Breanna Kinney-Orr has been a registered nurse since 2008. Her clinical background in is neuro, trauma, and ED nursing, as well as nursing leadership. After having two sets of identical twins (yes, really!), she started her career as a nurse-focused writer and content creator. Breanna has a passion for story-telling and amplifying the collective nurse voice. Find her on Nursesocial as [@breanna_orr](#) ad on Instagram as [@breanna_nurse_host](#).

INTERVIEW HOST



BREANNA KINNEY-ORR, RN
NURSEDECK AMBASSADOR &
INTERVIEW HOST

Nurse Breanna hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck community.

Breanna has been a Registered Nurse for 15 years. She specializes in creating communities where nurses are supported, focusing on amplifying nurses' voices across the healthcare community. She also specializes in content creation, editing, and copywriting, with an emphasis on medical, health, and wellness topics.

I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base.

I love that there are people like NurseDeck trying to shake things up because we desperately need it.

WANT TO HOST AN INTERVIEW?

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email julia@nursedeck.com.

A close-up portrait of Dr. Sylvain Brousseau, a middle-aged man with short, thinning hair, wearing black-rimmed glasses and a dark suit jacket over a patterned shirt. He is looking directly at the camera with a slight smile. The background is a plain, light color.

SYLVAIN BROUSSEAU

PH.D., INF/RN, FFMRCISI, M.SC.

Encouraging unity between Canada's nursing organizations

an exclusive interview

Dr. Sylvain Brousseau is a doctor of nursing sciences and nurse administration. He received his baccalaureate in nursing from the University of Ottawa and his masters in nursing from the University of Montreal. In 2015 he finished his doctorate at the University of Montreal. His Ph.D. research concerned the effect of a quality work-life balance on nursing managers. He served as a board member of the Quebec Board of Nurses from 2006-2008. He founded the Regroupement for the Future of the Nursing Profession of Québec (RAPIQ) in 2014 and served as chair until 2017. RAPIQ became the Québec Nurses Association in 2017, which he chaired transitionally through 2018. In 2020, Dr. Brousseau was elected as the president of the Canadian Nurses Association. He also serves as an associate professor at the University du Québec en Outaouais.

Breanna Kinney-Orr (BKO): Today we are welcoming Dr. Sylvain Brousseau. Dr. Brousseau serves as president of the Canadian Nurses Association, and has over three decades worth of clinical and educational experience. His current role as an associate professor-slash-researcher focuses on both nursing governance and sociopolitical leadership. So Dr. Brousseau, welcome. Thank you for making the time for us today. Let's start from the beginning. How did you find your way into the nursing profession? What made you decide to get into nursing?

Sylvain Brousseau (SB): Well, thank you very much. It's a pleasure and honor for me to be here today with you. This is a great question. If you bring me back to 1986 when I started - not as a nurse, but as a personal health worker - to do the care bays to help nurses, my chief nurse said to me one day, "Sylvain, how come you didn't study nursing? The way you are talking to the nurses, where you are always in the front, to help the person first - you always make differences in the unit. You're always there to empower others, and it seems you are very passionate about what you do." I said, "Okay, I'm going to do all the processes because here in Quebec, we have to enter into practice and we still do the same today. I went to college to get my diploma. Even in my first year of my courses, it was challenging for me because of learning how to understand all the technical words. I wanted to make a difference to people's quality of work, life, and to help the person to improve themselves and prevent injuries. I love to offer direct care to the patients, and that's why I decided to do it and because I recognize the nursing profession as a scientific profession as doctors and physicians

or physical therapists.

BKO: Yeah, it's interesting that even early on, you're not just focused on patient care, but your co-workers around you, and how to improve on both the experiences of the patients and the nurses. I think sometimes that comes to nurses later on in their careers. But it sounds like for you, it was an early recognition of that.

SB: Yes. I think that's why I decided to go into the nursing profession, but to be honest with you, for me, being a nurse is not a job. It's not a task. It's a role and responsibility. At the time, I would say like 20 years ago, the environment was perfect. But in a way, it's like the current environment has evolved, but the way we do things, it's like we still manage in the way we did in some places in the 60s or 70s.

BKO: True, especially with the big problem of trying to retain nurses right now. That's a huge issue we deal with in the States. So it sounds like a common experience. Tell us how you went from the nurse's aide to deciding, "Okay, maybe nursing school is something I should look at more seriously." Then, now in your role as a professor and a nursing leadership, how did you get from point A to point B in your career?

SB: I think it's all about professional nursing engagement, in respect to our conviction and having the courage to move forward, instead of staying in the same scope. I'm someone that doesn't like the status quo. Over the years, I found out it is essential that, as a nurse, we make a difference in the healthcare system and in the nursing profession. I also believe we must be engaging on different decision tables. That's what I learned over the years. I said,



“everyone is deciding for us, I think it's time that we decide for us but also for the patient.” After my college diploma I finished in 1993 in Montreal, I went to the Ottawa University. I said to myself, “I need to learn more – to get more tools in order to improve my nursing intervention.” I said, “I need to do my bachelor’s degree.” Then I was working in the hospital and I went to work in home health care services, because we do have a public health service for home health care. I decided to work in this area, in community health, but in order to work in this area I had to do my bachelor’s degree. At the end of my baccalaureate degree, I fell in love with courses regarding nursing theory, and nursing research, and even my professor said to me, “Sylvain, you will go far in nursing research.” I said, “No, no, I'm doing my baccalaureate degree because I want to do something else. I want to work in other areas of practice, such as community health.” Then in 2003, a year after I finished my baccalaureate, I decided to do my

master's degree. I was still working all the time. I was still working in direct care. My master's was about males in nursing and under-quality of work life, because we didn't have any much data about it, and after that, I decided to go to do my Ph.D. Because of that I started to see nurse managers. What is the quality of work life? Why are some of them leaving the profession? There is something I started to look at in the literature review, and I said, “Something's happening. that's concerning.” Because if we don't have enough nurse managers in leadership positions, that's going to weaken the profession. I finished my Ph.D. in 2015. I looked at Canada, and in each province, there is a nursing association, but the only province which doesn't have it is Quebec. Well okay, so we developed a group. If I translate from French to English it is, “The group of the future of the nursing profession in Quebec.” In 2017, that was transformed to the Quebec Nurse Association, and I was a transition chair of the association. Because some people in the

Canadian association knew I developed this, they came to me in 2017 asking me if I would like to submit my name to become part of the board at the Kennedy Center. I decided to submit my statement and I was elected in 2017. In 2019, I finished my mandate, and in October, someone texted me and said, "We're going to have an election for the Canadian Nursing Association for the president. Why don't you submit your name and see? We will support you." I said, "Are you sure? Give me three weeks to think about it." It's challenging for me because I'm Francophone. But now, I've been president elect for about two years. I'm the 52nd, president of the Canadian Nurse Association, and the second Francophone from Quebec. I don't know where I'm going to be in 10 years - I hope I will be retired because I'm 56 - but I don't know what I will do in 5, 6, 7 years.


BKO: One of the issues we have talked about more and more is diversity, equity, and inclusion within the nursing profession. In 2020 with the death of George Floyd, race relations became a very big topic of conversation again, and it brought up the topic of disparities in healthcare here. How do you define or how do you demonstrate being a strong advocate for these types of issues within the nursing profession?

SB: I always believed since I've been in the nursing profession - even before - that we must contribute to inclusivity by being culturally sensitive and considering patient preferences. Wherever they come from, or if they are people of color, indigenous, LGBTQ, while providing proper nursing intervention, you advocate for patients wherever they are from. You must work to understand who they are first. You

must also lead by being a role model. You must be a role model to promote inclusivity and equality in the healthcare setting by preventing any kind of stereotyping of patients and other nurses because you do have diversity among your colleagues. First of all, you have to make sure the nurses are educated - that you provide literature to make sure they understand and coach them to encourage them to share their views. Give them a voice because they have ideas, provide opportunities to develop cultural awareness to deliver care that is congruent with the patient's cultural beliefs and practices. I also think diversity in nursing is essential because it provides the opportunity to administer quality and safe care to patients who come from diversity, or different cultures. When I used to take care of patients from other cultures, I always questioned them, "Why?" Because I wanted to understand them.

BKO: Absolutely essential. You touched on what your master's thesis was pertaining to. I'm definitely curious about that. But talk to us a little bit about the focus of your research. How has it benefited your healthcare system?

SB: I will go with my Ph.D. because I don't work anymore on the area of



*No, nurses?
There's no
healthcare
system and no
services.*



my master's research. Now, it's focusing on human caring, because I don't know if you know, but most of my research is about quality. It's about humanistic quality. I also developed a new humanistic quality of work life model in 2015, published it in 2017. It's based on a human caring approach to have a more integrated view of the quality of work life because findings have provided a lot of recommendations that we shift the way we organize the care system from a biomed to a more humanistic approach. I think if you make sure your environment is based on a humanistic approach, then you will gain some retention and people will have a quality of work life. We need a national policy base that will promote organizational humanization where people can work and self care and be comfortable wherever you work, when you go to work. If you don't want to work in a dehumanized organization, you finally work in a place that you can emancipate and empower yourself. I'm sure that will probably be my next next study -

how humanistic organizations can strive to keep people and to retain their souls in the organization.

BKO: Yeah, I think people are paying a lot more attention to healthcare systems than they ever have before, and realizing the products that come out of healthcare systems and how it directly affects your quality of working life, which affects your home life and your work-life balance. You've taught all through COVID. What are some of the academic challenges in nursing education, both as a response to the pandemic, and also how the quality of nursing education was maintained during periods of quarantine and lock downs?

SB: When the pandemic arrived at my university, I was the director of the nursing baccalaureate program. It's been a challenge to make sure we are providing courses, theoretical courses, and training and simulations at the lab that gain competencies through the education. It was a challenge because we have to review simulations because we cannot be in person in the lab. We developed these to make sure that the nursing students are prepared to go into practice. It was challenging for us. I was working 12 hours a day to support my colleagues. So how do we do that? Because in my career, yes, I've been a nurse bedside. I've been in community health and I also worked as a nurse in prevention of infection and infection control for five years. Naturally, this experience helped me to make sure that we respect all the sanitary measures. We advocated to the Canadian Nurses Association for education and training, we have to increase the system capacity for education of nurses and allied workers. We have advocated for funding, and the

expansion of seats in nursing schools because funding should address the shortage of faculty as well as clinical leaders, and increasing capacity for clinical placement.

BKO: Right. Well said. Nursing has been part of the mainstream conversation for the last couple of years now. So a lot of issues many people wouldn't have been aware of before are now well known. For future nurses coming up, what is your best message to encourage them to accelerate their passion to keep pursuing their nursing careers despite what they might be hearing on social media or the news feeds?

SB: I would say, first of all, nurses are some of the most trusted professionals in Canada, in the world, and their voices carry weight and are constantly being ethical, honest, and patient. They are very patient-centered, but I have to say to them: be involved in nursing governance. They have the opportunity to have their voice heard and impact outcomes, and also impact the determinants of health, climate change, and even the evolution of the nursing profession. I'd tell them to network with their local national nursing association, nursing council, nursing union, or even go to your municipal board, because if you don't participate, it is someone else who is not a nurse who will decide for you. I'd say to take care of themselves, because if you don't take care of yourself, who will take care of you? In order to take care of others, it's important.

BKO: Absolutely. You've been engaged with policymaking, governance, and nursing for some time. What can you say about the current working conditions for nurses? Do you think there's anything

that can be done to help them in real time at this stage of the pandemic?

SB: Across the world, working conditions had deteriorated even before the pandemic. It was there, and the pandemic amplified this. Nothing has been done over the last two decades to improve the nursing working conditions and work environment. Now that we see what we see, it's a shortage. In some places, there's a shortage of retention. When you see 82% of nurses report that current staffing is not sufficient to safely provide care, and 70% of sister workplaces are regularly over capacity according to the Canadian Nurses Association or the Canadian Federation Nurses Union, we have a problem. Even what we observe: one nurse is taking care of 10 patients, even sometimes 15, in medicine or surgery. It doesn't make sense. We know that according to studies, in ideal conditions, one nurse will care for four or five patients. I mean, this is unacceptable, and many have faced 16 hour plus shifts. It doesn't make sense, and they are leaving the organization and working in other areas that are more acceptable, or they will quit the profession.

BKO: It's true. I'm going to change gears a little bit here. I want to hear more about the Canadian Nurses Association. We talk a lot about the benefits of joining organizations here in the States. Can you tell us a little bit more about the Canadian Nurses Association, the purposes, the goals, mission statements? Why should the nurses join the Canadian Nurses Association?

SB: The Canadian Nurses Association is the national and global professional voice of Canadian nursing. We represent not just the

registered nurse, we also represent the nurse practitioner. As a national and global professional voice of Canadian nursing, we advance the practice of nursing and the profession to improve the health outcomes in a publicly funded, not-for-profit health system by unifying the voice of nurses because it's important and we know we are stronger together. We also promote the role of nurses by making sure their voice is heard when key decisions are being made about how healthcare is delivered in Canada. CNA speaks for Canadian nursing and represents the profession to other organizations and to government, nationally and even internationally. We give nurses a strong national association to which they can support each other and speak with one voice. Because we know that if we speak as one person, it's not enough. We must be together.


BKO: Yeah, incredible. You guys are doing so much work in so many different areas.


It's just amazing, the reach you have and the accessibility for nurses to join it. At NurseDeck, we talk a lot about the importance of community and belonging somewhere where you feel validated in your experiences. How do you think nurses can benefit from either our community or just belonging somewhere where they're really heard?

SB: Nurses want to be in a safe space. They want to be able to talk. For me, nurses must be part of the dialogue, decision and action in order to transform the healthcare system and that means engaging, leading and communicating, sharing knowledge. Discussing different nursing topics, being part of a

community of practice such as clinicals, that's giving tools they will use in the community after that and changing the world of healthcare and nursing profession by providing a vast area of knowledge and resources to the community nurse. I think it's important. We must invest in nursing, because nurses are the backbone of the healthcare system. No, nurses? There's no healthcare system and no services.

BKO: Yes, I 100% agree. Very well said. Well, I've loved getting a glimpse into Canadian nursing. But even just for people that aren't familiar, you've brought up some incredible topics that are relevant to anyone, anywhere, for any nurses working anywhere right now. We always like to leave off with this question: if you have a message for future nurses, seasoned nurses, nurses about to retire, what message would you like to leave them?

SB: Using your nursing voice, wherever you work, whether you are a retired student, you work in community, acute care, whatever. Use your voice. Investing in nursing is investing in health and in the economy. It strengthens the healthcare system, wherever you practice across the world, because you can lead and you can advocate and you have the leadership. It makes a difference. You can make a difference more than you think. 



If you don't participate, it is someone else who will not a nurse who will decide for you.



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NAME	Product	Learn More
Lorna Brown, LPN	Career Coaching Services	lbcareercoaching.services
Richard Darnell	Travel Nurse Rich - Private Membership Group	social.nursedeck.com/group/travel-nurse-rich-private-membership
Melissa Sherman, RN	Magical School Nurse Designs	www.magicalschoolnurse.org
Netra Norris, RN	Mental Savvy Nurse Program	netranorrisemprise.com
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	revitalizelife.teachable.com
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Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	nursekeith.com
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	theresabrownrn.com
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop



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