

# The Canadian Association of Critical Care Nurses: *Greater Edmonton Chapter*

July 2008

## President's Address

This year is one of celebration and recognition for critical care nursing in Canada. Critical care is one of the newer specialties in nursing, historically connected to changes in provision of care during surgery in the 1940s, the polio epidemic and the advent of ventilator assistance in the 1950s, and monitoring and early intervention post cardiac events in the 1960s.

The roots of the Canadian Association of Critical Care (CACCN) were in the 1970s, and the organization is celebrating a milestone this year of **25 years as a national association**. A chapter of the CACCN was started in the 1980s in Edmonton, with the Greater Edmonton chapter initiated in 1996.

This year has been an active one for our chapter; we

- initiated and uploaded the chapter website,
- hosted 2 education workshops including 2 members presenting,
- expanded newsletter distribution to electronic format,
- had 12 members attend Dynamics 2007 and 4 presented research findings in critical care,
- nominated and acclaimed one of our members as the Western Regional representative (Teddie Tanguay),
- and kept very busy as an executive.

We have numerous "thank you's" as we move into the next year:

- **Tracee Pratt** (former treasurer) and **Cindy Fundak** (former vice-president) for their contribution as executive members,
- **Gwen Thompson** for taking on the role of treasurer in addition to keeping that of secretary,
- **Ellen Reil** for taking the role of vice-president,
- **Shane Heavener** for uploading the web page,
- **Cynthia Kuntz** (moving to member at large) for her work on the newsletter and **Sara Pretzlaff** who is assuming the responsibility,

➤ and **Margo Miller**, responsible for bursaries.

We also welcome 2 new members at large – **Twyla Spoke** and **Liane Manz**.

Some of you may be novices in the specialty of critical care, others celebrating your own milestones, but collectively we are part of the specialty not only our chapter and national association – so congratulations and thanks to each of you!

The following is from the CACCN website and might be of interest:

### Historical Perspective

(<http://www.caccn.ca/en/about/history.html>) The National Society of Critical Care Nurses (NSCCN) based in Toronto, a chapter of the American Association of Critical Care Nurses (AACN), was established in 1975. On February 27, 1979, a group known as the Niagara Association of Critical Care Nurses (NACCN) was formed; the NACCN changed its name in 1981 to the [Canadian Association of Critical Care Nurses \(CACCN\)](http://www.caccn.ca/en/about/history.html). In 1983, both the NSCCN and CACCN existed as separate associations. The two groups merged as the Canadian Association of Critical Care Nurses (CACCN), adopting the logo of the NSCCN. During that first year, a Co-President structure existed consisting of the Presidents of the NSCCN and original CACCN. While the membership began with a heavy base in Ontario, national representation took off with the merger of a strong Manitoba critical care group and the introduction of additional chapters across the country.

Other news –

- there is a request for volunteers from the National Office to work on standards for CACCN,
- there is potential funding available for those planning to attend Dynamics 08 in Montreal,
- and don't forget Edmonton is host of Dynamics in 2010.

*Charlotte Pooler*

## Dynamics Update

On September 28 – 30, Dynamics 2008 will be held in **Montreal, QC**. Plan to attend! Funds to support tuition costs will be available from the Greater Edmonton Chapter – application forms are available on your unit's CACCN Information Board, or contact our Bursary Chair, **Margo Miller**. These funds can be accessed to support most learning activities. For details just check the bursary application form.



Our chapter will have a **free tuition and a \$100.00 coupon** towards Dynamics tuition to give away. If you would like to be in on the draw for these great prizes, please let any member of the executive know, and we'll make sure your name gets into the hat.

**Dynamics 2010** will be held right here in Edmonton!

## Education Bursaries

Remember!! All members of CACCN Greater Edmonton Chapter are eligible to apply for bursaries of up to \$250.00 to help pay for attendance at many educational events or conferences. Planning to go to **Dynamics 2008** in **Montreal, QC**? Remember to apply for a bursary! Refer to the Bursary Application attached to this newsletter, or contact any member of the GEC executive for more information or an application form.



## Chapter Education Event

Our next education day will be held on **November 19, 2008, at the Chateau Louis Conference Centre**. Our Annual General Meeting will be held before the education part of the day starts and we will have some important updates to talk about.



Our education day will focus on new protocols and evidenced based practices, presented by several speakers, both familiar and new. Set the day aside, and plan to attend.

## 25<sup>th</sup> Anniversary Raffle Winners!

In celebration of CACCN's 25 years as a national association, the executive of CACCN GEC held raffles in ICU's in each of the hospitals in Edmonton, and St. Albert. Winners received gift cards to Chapters.

Congratulations to all the winners!

Since no one from the executive had time to drive there, Nurses in the ICU's in Fort McMurray, Grande Prairie, and Yellowknife enjoyed the contents of gift baskets.



## Lateral Violence

It seems to be the new buzz word. **Lateral violence** (or horizontal violence) has been described in the AACN's "Healthy Work Environments" initiative as behaviors that denigrate a nurse's dignity. I first came across this topic at a recent CACCN conference in Regina.

Lateral hostility is nonphysical intergroup conflict manifested overtly and/or covertly in hostile behaviors. It refers to a variety of unkind, discourteous, antagonistic interactions occurring between people at the same hierarchy level. **In other words, it's bullying!**

Horizontal violence can take many forms...

- Gossiping (destructive, negative), talking behind an individuals back
- Belittling gestures (deliberate rolling of eyes, folding arms, staring straight ahead or "through" when communication is attempted- body language designed to discomfort the other)
- Constant criticism, scapegoating, fault-finding
- Elitist attitudes regarding work area, education, experience
- Humiliation
- Ignoring, isolation, segregation, silent treatment
- Inequitable assignments
- Inflammatory angry outbursts, impatience
- Insults, ridicule; patronizing, or condescending language or gestures
- Intimidation, threats
- Judging a person's work unjustly or in an offending manner
- Making excessive demands

- Sabotage, undermining
  - The “freezing out” of colleagues: excluding them from activities and conversation, work related or social
  - Unwarranted criticism sarcasm
  - Withholding information or support
- The phrase “Nurses eat their young” was coined for a reason and sometimes we eat our old as well...

*Just how prevalent is this sort of behavior in critical care?*

A Saskatchewan study by Pekrul in 1992 found that:

- 80.9% of nurses reported being victims of verbal abuse;
- 38% experienced sexual harassment;
- 53.7% had been physically abused.

Conflict in the workplace has increased 85% in the past 5 years. One study from ON found that nurses are 16 times more likely to experience abuse than other professionals. (Muzio, 2004)

*Why are we facing such grim numbers?*

There are a couple of theories of why this is increasing in our workforce. We have easier targets: Newer nurses who are unsure of their actions have become an easy target for aggressors, and let’s face it; we have an abundance of strong personalities in ICU. In other instances, some may feel they have “earned the right” to abuse others. Others say that nursing is an oppressed discipline: nurses feel inferior and powerless in the healthcare hierarchy and may attack one another to vent their frustration.

Probably the most relevant theory to date is the growing pressure placed on one another to work harder with less. Nurses are under tremendous pressures due to staffing shortages and work excessively longer hours and more OT than ever. Regardless of the reason, lateral violence is psychologically, emotionally and spiritually damaging behavior and can have devastating long term effects on the recipients and the workplace. (Wilkie 1996)

*What are the impacts of this disturbing trend?*

Nursing is already facing issues of recruitment and retention. We have an aging workforce, fewer nursing programs and seats, short staffing leading to overwork, increased acuity and perceived/actual lack of administrative concern. The numbers are frightening: the impact of lateral violence on recruitment and retention indicates that

- 13.6% of RN’s studied had left a position because of verbal abuse;

- 62.5% of nurses believe that verbal abuse contributed to high staff turnover;
- 68.7% believed that lateral violence was also contributing to the shortage in nursing. (Sofield & Salmond, 2003)

Anecdotal evidence also reports that RN’s are moving to part time positions to limit their exposure to bullying.

So what can we do as staff, educators, managers and most of all, as professionals? Strategies that have been implemented in other health care institutions include:

EDUCATORS must ensure:

- formal training for all preceptors of nursing students with a component on horizontal violence (HV)
- formal mentorship programs with training provided to mentor and mentee

MANAGERS need to:

- be aware that successful strategies come from the top and require an ongoing commitment to culture change concerning HV
- have regular meetings about HV and address the issue in real time
- provide education about processes to promptly report incidences of victimization and encourage people to do so
- monitor staff morale and address issues which negatively impact upon morale
- conduct exit interviews
- foster an environment of open collaboration, exploring and healing of issues, rather than fault-finding and blame
- have a policy which delineates the process for dealing with this issue and follow it

EMPLOYEES should:

- engage in reflective practice – keep a journal, raise your self awareness about you own values, beliefs and attitudes and your own behavior
- begin or continue a path of personal growth – ensure you are part of the solution, not part of the problem
- name the problem = use the term “horizontal or lateral violence” to refer to the situation
- raise the issue at staff meetings – break the silence
- ask about a process for dealing with the issues
- ensure self caring behavior
- be willing to “Stand up, speak up and speak out!!!” when you witness it happening
- address the behavior immediately with the perpetrator – most people have no idea they are doing it.

*What if it is happening right now?*

- Stay calm and be polite,
- be aware of your nonverbal language,
- stay focused on the manner at hand,
- avoid retaliatory remarks,
- set limits and move the conversation to private area but within eyesight of others,
- think logically and not emotionally
- and be willing to examine your own behavior.

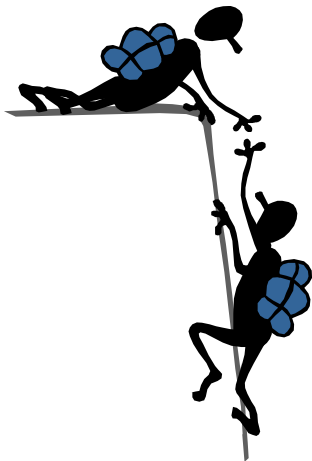
AND REMEMBER...

You cannot change what you do not acknowledge.

*Tracee Pratt*

[www.caccn.ca](http://www.caccn.ca)

Check out the updated website and our chapter's web page. You can also register for dynamics by going to [www.caccn.ca](http://www.caccn.ca) and clicking on 'Events', then Dynamics 2008.



## Help Wanted:

We are in need of a **contact or liaison at the Grey Nuns ICU**. We currently don't have anyone on the executive or on our mailing lists to be the representative for CACCN GEC in this unit. If you are willing to take on this role, please contact any member of the executive for more information. Thanks!!

## Chapter Contacts

- **President:** Charlotte Pooler (Critical Care Initiatives)  
Email: [poolerc@gmail.com](mailto:poolerc@gmail.com)
- **Vice President:** Ellen Reil Email:  
[ellen.reil@capitalhealth.ca](mailto:ellen.reil@capitalhealth.ca)
- **Secretary/Treasurer:** Gwen Thompson (UAH CNS GSICU) Email: [gwenhompson@capitalhealth.ca](mailto:gwenhompson@capitalhealth.ca)
- **Education Committee:** Shane Heavener  
Email: [sjheavener@shaw.ca](mailto:sjheavener@shaw.ca)
- **Newsletter:** Sara Pretzlaff (CNE, RAH DICU),  
Email: [sscurrie@shaw.ca](mailto:sscurrie@shaw.ca)
- **Membership:** Liane Manz Email:  
[bltjmanz@shaw.ca](mailto:bltjmanz@shaw.ca)
- **Member at Large:** Margo Miller, Cynthia Kuntz, Twyla Spoke, Liane Manz
- **Liaisons:** Elsie Boomer (**SGH CCU**), Sara Pretzlaff (**RAH DICU**), Sandy Hohn (**MIS**) email: [shohn@shaw.ca](mailto:shohn@shaw.ca), Edith Cooper (**RAH Recovery**)  
Email: [edith.cooper@capitalhealth.ca](mailto:edith.cooper@capitalhealth.ca)
- **Bursary:** Margo Miller Email:  
[margomiller@ehmail.com](mailto:margomiller@ehmail.com)  
Or mail to: 8740 - 180 street,  
Edmonton AB T5T 0Y2
- **Website Contact:** Shane Heavener Email:  
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## GREATER EDMONTON CHAPTER of the CACCN APPLICATION for EDUCATION BURSARY

The Greater Edmonton Chapter is committed to supporting its members in professional development. Continuing education, integral to the acquisition of new knowledge and professional development, is an important factor in fostering the best possible nursing care. To this end, the Chapter encourages its members to pursue continuing education and will assist its members financially to attend **critical care** education programs.

### Eligibility Criteria

- ❑ Applicant **must** be a current Chapter member.
  - ❑ Applicant **must** have attended at least one Chapter-sponsored education program within the previous year.
  - ❑ **Funding preference** will be given to applicants who contribute to the Chapter. Examples of personal contribution include:
    - Executive Committee member.
    - Chapter Committee member.
    - CACCN hospital liaison.
    - Invited speaker at a Chapter meeting or education program.
    - Contributed to the Chapter newsletter, i.e. article submission.
    - Attended a Chapter organizational meeting.
    - Renewed Chapter membership before expiry date.
    - Recruited a new member or invited a non-member to a Chapter event.
  - ❑ Applicant **must** submit a Bursary application within **30 days prior to** the education program. Applicants seeking funding from other sources must note all sources of potential funding.
  - ❑ A copy of the education program brochure must accompany the application.
  - ❑ Applicant **must** provide (a) proof of attendance, (b) original receipt(s), and (c) a newsletter submission to the Chapter **no later than 6 weeks after** completion of the continuing education program. The purpose of the newsletter article is to promote information sharing within the Chapter.
  - ❑ Applicants are eligible for one Bursary per calendar year:
    - For one-day educational events, Bursary **maximum** is \$100.00 Cdn.
    - For three-day educational events, Bursary **maximum** is \$250.00 Cdn.
- \*\*The allocation of Bursary funds will be dependent on the level of Chapter commitment and availability of Chapter finances.**
- ❑ Eligible continuing education programs include workshops, conferences, seminars, and symposia related to critical care. Certification courses may be considered. Chapter-sponsored education programs are not eligible.

**Member Name** CACCN Member #

**Address & Postal Code** Phone

**Employing Agency** Critical Care Unit

**Description of continuing education program:**

Sponsored by:

Program date:

Location of program:

Cost(s):

Sources of potential alternate funding:

Statement of reasons for attending:

**Personal contribution to the Chapter (please specify activity):**

- |   |  |
|---|--|
| <input type="checkbox"/> Executive committee member                   | <input type="checkbox"/> Chapter committee member                                  |
| <input type="checkbox"/> CACCN hospital liaison                       | <input type="checkbox"/> Invited speaker at a Chapter meeting or education program |
| <input type="checkbox"/> Prior contribution to the Chapter newsletter | <input type="checkbox"/> Attended a Chapter organizational meeting                 |
| <input type="checkbox"/> Renewed Chapter membership before expiry     | <input type="checkbox"/> Invited a non-member to a Chapter event                   |
| <input type="checkbox"/> Recruited a new member                       | <input type="checkbox"/> Other   |

**Chapter education program attended/date:**

Signature

Date

**For Chapter use:**

Application received (date):

Funding approved:  Yes  No – reasons:

Member notified (date):

Receipts received (date):

Newsletter submission (date):

Cheque issued (date):