



NEWS FROM THE NORTH

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A message from RNANT/NU and YRNA

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Jerome Marburg, LL.B. MBA, CEO, YRNA

Welcome to the inaugural edition of the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) and Yukon Registered Nurses Association (YRNA) joint newsletter, "News from the North". Working in collaboration with Nurses and Nurse Practitioners of BC, our goal is to present a combined newsletter that will allow us to focus on common issues and concerns in addition to some territory specific highlights. We anticipate sending this out on a quarterly basis, starting with this issue in November of 2021.

There are unique issues and challenges that nurses in the north of this vast country face. Nurses are spread across wide-areas and the patients, clients, and communities you care for are diverse, geographically dispersed and may have complex health challenges that push the boundaries of your practice in order to provide care. Those of you working in remote communities are often the only health care provider available which means that your practice includes not only reliance on your nursing skills, but also your knowledge of how to coordinate services, provide referrals, dispense medications, provide assessments as well as develop on-going care plans. In our urban centres, nurses are working amidst staff shortages and high patient loads, made infinitely more complex by the realities of working in the middle of a global pandemic and one of the largest vaccine roll-outs our country has seen. While our COVID-19 experiences have been different than our other Canadian counterparts, the pandemic has impacted the work of nurses and many of our public health initiatives.

By connecting our organizations in this newsletter, we will keep our focus on the unique attributes of nursing in the north while also ensuring that we strengthen the collective voice of northern nurses.

We encourage your feedback and will look forward to hearing your thoughts about this new format. Finally, if you are interested in sitting on an editorial board that will review these newsletters for content and clarity, please email either Denise or Jerome as noted below.



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Canadian Nurses Association moves towards a new membership model

For over 100 years the Canadian Nurses Association (CNA) has provided a strong, national voice for Canadian nurses across the country and worldwide. As nursing has evolved, so too do organizations. In 2018 CNA expanded its membership to include both Licensed Practical Nurses as well as Registered Psychiatric Nurses as a result of British Columbia's action in becoming the first unified professional nursing association in Canada. More recently in June of 2021, CNA continued its evolution by bringing to their annual general meeting a series of bylaws changes that would alter their governance and membership structures. These changes passed with strong member support after a lengthy consultation process during which CNA jurisdictional members from across the country were provided an opportunity to offer feedback and ideas for the best ways in which CNA could move forward.

The revised membership structure will include only one class of member, individual members as opposed to the previous jurisdictional membership model. Moreover, the Board of Directors will undergo a restructuring that will move from the previous jurisdictional model to a competencies/skills based model. This new membership model will come into effect in January of 2022 and the new Board of Directors will be elected at the June 2022 annual general meeting.

Even while navigating governance and membership changes, CNA has continued to demonstrate its relevance and reach, allowing Canadian nurses an important link to the federal government. In 2021 alone, CNA led advocacy on the need for the reinstatement of a national Chief Nursing Officer, provided several submissions on long-term care and nursing led interventions to improve care, provided steady and evidence-based guidance on COVID-19, created a federal election platform, and led the way in calling for mandatory vaccinations for health care workers along with their Canadian Medical Association (CMA) colleagues. As nursing grows more complex, and as we continue to deal with COVID-19 and its aftermath, the need for a strong, united national nursing voice will only grow. We encourage all northern nurses to join CNA as individual members and lend your voice to their important work.

Under the old CNA membership model, the provincial regulator/association was the member of CNA and fees were collected by the organization. Under the new model, this is no longer possible, and membership is for individual nurses. Nurses who wish to become CNA members will now need to apply for and pay CNA membership fees directly to CNA. We encourage all nurses to stay connected to CNA by joining.

CNA's [news release](#) on membership models.



Canada Needs a Chief Nursing Officer

Nurses represent the largest group of the health care professionals across Canada, and the world yet remain underrepresented at policy tables both provincially and federally. Nurses are highly educated professionals who work in all sectors, across every domain of practice with all populations and are integral to maintaining and promoting population health and wellness. Under previous governments, Canada had a Chief Nursing Officer (CNO) and while this position was eliminated during the Harper government years¹, the revival of this key role is growing increasingly imperative. Under previous national CNOs, nursing education positions in hospitals were restored, the federal government focused funding on provincial nursing working conditions and Ministry Chiefs of Staff had access to complete databases of nursing information that could better inform their health care related findings.² In 2019, Prime Minister Justin Trudeau indicated that he would be open to considering restoring this role. The reinstatement of such a position would recognize the role nurses play in achieving the United Nations Sustainable Development Goals (SDGs), to which Canada is a signatory, and would bring Canada to the same level as other countries that have focused these goals in the hands of senior nurses at the federal government level. Without clear nursing policy leadership, Canada has created a knowledge gap that at present remains unfulfilled.³

In 2015, Canada along with 191 other nations attended the Agenda for Sustainable Development at the United Nations General Assembly. The purpose of this initiative was to rally global partners to end poverty, protect the planet and bring about peace and prosperity.⁴ Seventeen sustainable development goals (SDGs) were conceived and of those 17 goals, one was focused on good health and well-being calling for specific outputs such as reducing preventable newborn and maternity mortality rates, eliminating various epidemics and diseases, strengthening the prevention and treatment of substance use, and ensuring effective access to sexual health care services, among others.^{5 6} Nurses are integral toward effectively combating each of these deliverables and a national CNO would better solidify the mandate around achieving them.

In addition, the World Health Organization (WHO) has been calling for countries to establish a national CNO position. In late 2017, WHO Director General Tedros Adhanom Ghebreyesus named Elizabeth Iro as the first CNO for the organization.⁷ In this role, Ms. Iro presents a nursing focus in key policy decisions. This role was created specifically in deference to the recognition of the necessity of including the nursing voice in achieving the lofty health goals resulting from the United Nations SDGs. Moreover, as a result of the International Council of Nursing (ICN) meeting in Singapore in 2019, Canadian Nursing Association (CNA) then President Claire Betker, along with Dr. Sonya Grympa from the Canadian Association for Schools of Nursing and Lisa Little, ICN member, addressed a letter to Prime Minister Justin Trudeau calling for the reinstatement of a national CNO by the spring of 2020, at the urging of Dr. Ghebreyesus. Not only would the national CNO

¹ Pinkerton. Restore position of Canada's top nurse, nursing group urges Trudeau, 2020. <https://ipolitics.ca/2020/08/28/restore-position-of-canadas-top-nurse-nursing-group-urges-trudeau/>. Accessed September 2020

² Ibid.

³ Grympa. Why Canada Needs a Chief Nursing Officer- Now. https://nnpbc.com/why-canada-needs-a-chief-nursing-officer-now/#_ftnref2

⁴ Government of Canada. Canada takes action on the 2030 Agenda for sustainable development, 2019. <https://www.canada.ca/en/employment-social-development/programs/agenda-2030.html>. Accessed September 2020.

⁵ Statistics Canada. <https://www144.statcan.gc.ca/sdg-odd/goal-objectif03-eng.htm>. Accessed September 2020.

⁶ United Nations. United Nations Sustainable Development Goals. <https://www.un.org/sustainabledevelopment/health/>. Accessed September 2020.

⁷ McSpedon. The World Health Organization's Chief Nursing Officer, 2018.

https://www.nursingcenter.com/journalarticle?Article_ID=4763000&Journal_ID=54030&Issue_ID=4762798. Accessed September 2020.

be a recognizable representative for nursing in Canada on the global front in achieving the goals of the SDGs, but this person would also be responsible for contributing to the WHO's State of the World Nursing Report.⁸

The [State of the World's Nursing Executive Summary](#) specifically calls for the role of a senior nurse leader in government.⁹ The report, released in April 2020 by the WHO in collaboration with ICN and the [Nursing Now Campaign](#), recommends the establishment and support of the CNO role in order to strengthen the national nursing workforce. The CNO would maintain a workforce database with information that could be used strategically at both the national and international levels to create programs to further develop young nurses into positions of leadership. This work done at the Canadian level could then be translated to the global stage to assist other jurisdictions as they seek to develop and expand nursing institutional foundations.

In the absence of a Chief Nursing Officer, nursing in our country is forced to be 'reactive' to events that impact health and wellness. This has been startling clear during the COVID-19 pandemic as information is changing rapidly as we learn more about COVID-19. While we have strong, capable, and dedicated leadership from Canada's Medical Health Officer, there is not a focus on the nursing aspects of response to the pandemic. These would include day to day care of COVID-19 patients, public health work related to contact tracing, public compliance with respect to health protocols and understanding of and compliance of vaccinations which will become particularly necessary during influenza season. In these cases, a national CNO could collaborate with provincial and territorial level CNOs and ensure that provincial and territorial actions were aligned and progressing adequately in accordance with federal and provincial mandates.

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⁸ Grympa. *Why Canada needs a Chief Nursing Officer – Now.* <https://portal.nnpbc.com/why-canada-needs-a-chief-nursing-officer-now/>. Accessed September 2020.

⁹ World Health Organization. *State of the World's Nursing Executive Summary, 2020.* <https://apps.who.int/iris/bitstream/handle/10665/331673/9789240003293-eng.pdf?sequence=1&isAllowed=y>. Accessed September 2020

Regulation Protects the Public

Self-regulation is a privilege granted to professional groups who have demonstrated a degree of professionalism that allows them to be regulated, not by government, but by agencies such as regulatory colleges who ensure that the profession provides safe and ethical services to the public. Across Canada regulatory bodies in our provinces and territories provide licensure to nurses of all designations as part of this self-regulation process. While Canada does not have a national licensing body, organizations, such as YRNA and RNANT/NU, have the important job of making sure that nurses in our jurisdictions are not only safe to practice, but that the quality of practice is exemplary and that nurses are able to uphold our first principle: to provide safe, competent, and ethical care. The issue of safety to practice is complex and is outlined by practice standards and guidelines and maintained through important quality assurance programs, but at its most important component is about public protection.

Nurses consistently rank as the most trusted of health care professionals in polls conducted across North America, year after year. The public trusts nurses in large part because our regulation and registration standards in Canada and across North America have provided safeguard that nurses in practice provide exemplary, competent, and high-quality care. The public trusts nurses because these regulatory standards exist specifically to build that trust. Nurses also benefit from registration with their regulatory bodies in that professional qualifications and protected nursing titles are sanctified by the regulatory agencies.

The nursing profession is also overseen by the [Canadian Nurses Association, Code of Ethics](#). This Code of Ethics highlights the ethical value of nurses to those for whom we are privileged to provide care. The Code of Ethics also exists because as a self-regulating profession, nurses are bound to this code as part of the broader regulatory process that protects the public.



While the vast majority of our registrants in the North are practicing and acting appropriately there are a small number who are not. We remind you that practicing as a nurse without a license is illegal and in the Yukon is an offense under Section 23 of the [Registered Nurse Profession Act](#) and in the Northwest Territories/Nunavut under Part V of the [Nursing Profession Act](#). It is also a contravention of both the YRNA and RNANT/NU bylaws, standards of practice, and the Canadian Nurses Association Code of Ethics. Moreover, practising without a license exposes patients, employers, and nurses themselves, personally and professionally, to risk of harm.

The primary duty of both YRNA and RNANT/NU is to protect the public. Practicing without registration places the public at risk and is something that as regulatory bodies we take very seriously. That noted, we commit to seek a remedial rather than punitive approach to resolve practice and or conduct concerns.

Please ensure that prior to working you ensure that you have an active, practicing registration in your jurisdiction.

- YRNA's membership year runs April 1st – March 31st, with a half-year licensure expiration date of September 30th.
- RNANT/NU's membership year runs January 1st- December 31st.

For more information on the potential consequences for practice without valid registration, please contact the [Canadian Nurses Protective Society](#) at 1-800-267-3390 from 8:30am-4:30pm Eastern time.

Building Trust to Encourage COVID-19 Immunizations

Immunization is a proven, safe, and effective public health measure that prevents infectious disease. Since the first mass immunization campaigns against pertussis after World War I to the current widespread adoption of robust infant and child immunization schedules, Canada has consistently supported immunization as a pillar of our [public health strategy](#). The result of our commitment and collective action has been a reduction in disease prevalence, an eradication of some diseases such as smallpox, and a massive reduction in death and disability from vaccine preventable diseases.

The scientific evidence and consensus is unequivocal: immunization saves lives and is a highly effective public health measure. However, public trust in immunization has never been universal and continues to be challenged by misinformation, fear, and anti-immunization advocacy. During a time of global pandemic when citizens are living with high levels of uncertainty and fear, gaps in public trust for immunization have the potential to become significant barriers to ongoing COVID-19 immunization programs.

In the early stages of the COVID-19 pandemic, people were advised to keep up with immunization schedules. The World Health Organization concurred and issued an [Immunization During COVID-19](#) fact sheet. Immunization continues to be explicitly named as a strategy to reduce disease burden during COVID-19, alongside physical distancing, isolating at home, hand and respiratory hygiene, and other public health interventions. Immunization has also been identified as a key solution to COVID-19, with many public health officials, elected representatives, and health organizations identifying mass COVID-19 immunization as a critical strategy in ending the global pandemic.

Nursing has a well-established history at the forefront of immunization and immunization advocacy. Indeed, nursing is identified in [Canada's National Immunization Strategy](#) as critical contributors to vaccine access. Nurses are at the forefront of immunizing Canadians, serve as immunization and public health researchers, public health and social policy leaders, and recognized experts in immunization care planning for diverse vulnerable populations. Unfortunately, COVID-19 cases continue to grow in the North. In the Yukon on November 8, 2021 a [state of emergency](#) was declared as a result of an increase in COVID-19 cases and the Northwest Territories currently has the highest rate of COVID cases in the country, making it particularly crucial that nurses utilize their expertise to continue to expand immunization uptake.

As the largest group of care providers in our health care system and as established leaders in health, nurses are the foundation of public health response in Canada. However, our contribution goes beyond our usefulness and strength in numbers. Nurses have consistently been identified as the most trusted health profession in our country and research evidence has identified that trust is the key driver in vaccine compliance. Nurses are therefore in a unique position to build the trusting relationships that support immunization uptake, whether part of a regular immunization schedule, seasonal influenza, or a COVID-19 vaccine.



PROFESSIONAL CONDUCT DECISIONS FROM THE NWT/NUNAVUT



RNANT/NU publishes professional conduct decisions to meet our mandate of public protection, to demonstrate openness and transparency to the public about professional conduct and to educate our members on what is unprofessional and unethical conduct. The Board of Directors reviewed jurisdictional best practices in Canada and amended Policy PCR1: Publication of Professional Conduct Decisions to include the publication of the registration number and name of the member in the newsletter.

RNANT/NU Member Marilyn Reid - Henry

On October 20, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member failed, on more than one occasion, to follow the Government of Nunavut's telephone triage policies and failed, on more than one occasion, to follow the Government of Nunavut's documentation policy as well as RNANT/NU's documentation standards by keeping patient's medical records in her office for extended periods of time. The Member failed to conduct herself according to the ethical responsibilities outlined in the Code of Ethics for Registered Nurses when she failed to exercise appropriate and professional levels of communication, collaboration, collegiality, and courtesy toward the community health nurses the Member worked with and sometimes supervised as well as the support staff at the community health centre. The Member entered Alternate Dispute Resolution. The Member will complete MacEwan University's Documentation in Nursing, Responsible Nursing and Interpersonal Aspects of Nursing self – study courses.

RNANT/NU Member Madeleine Endicott

On October 20, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member created and continued to contribute to a toxic work environment by failing to conduct herself according to the ethical responsibilities outlined in the Code of Ethics for Registered Nurses when the Member failed to exercise appropriate and professional levels of communication, collaboration, collegiality, and courtesy toward some of the community health nurses the Member worked with as well as the Nurse in Charge of the community health centre. The Member entered Alternate Dispute Resolution. The Member will complete MacEwan University's Responsible Nursing self-study course.

RNANT/NU Member Christine Armstrong

On October 20, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member violated professional boundaries by completing a mental health assessment on a patient with whom the Member was having a romantic relationship. The Member entered Alternate Dispute Resolution. The Member will complete the PBI Education course NE – 3 Maintaining Ethics, Boundaries and Professionalism in Nursing.

RNANT/NU Member Kathleen Beveridge

On October 20, 2021, the Chairperson of the Professional Conduct Committee approved a settlement agreement between RNANT/NU and the Member. The Member failed to adhere to the COVID – 19 best practice and science-based protocols by refusing to wear a face mask and made written anti – vaccine statements to the Executive of the Government of the Northwest Territories when there was a COVID – 19 outbreak in the Sahtu Region. The Member entered Alternate Dispute Resolution. The Member will write a reflective practice paper reflecting on how science-based research is imperative in guiding a nurse's professional and best practice.

HIGHLIGHTS FROM THE NWT/NUNAVUT

2022 Renewal is now open!

Recruitment and Retention Survey

The recruitment and retention of nurses in the Northwest Territories (NWT) and Nunavut (NU) is an on-going challenge that has the potential to affect the continuity of care and the level of nursing expertise available in communities. One way to address this problem is to ask nurses directly what issues are impacting nurse recruitment and retention. To this end, the Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU) is hosting an online nursing recruitment and retention survey that will target responses from licensed practical nurses (LPNs), nurse practitioners (NPs), registered nurses (RNs) and registered psychiatric nurses (RPNs).

The information collected through the survey will be used to plan and implement effective recruitment and retention initiatives. It will also aid the RNANT/NU in its lobbying efforts to ensure that the recruitment and retention of nurses remains a priority for the Governments of the Northwest Territories and Nunavut.

The survey opened on November 10, 2021 and will close on November 28, 2021. RNANT/NU members will receive a link to the survey. It is anticipated that it will take about 15-20 minutes to complete, and all responses are anonymous.

Surveys make a difference. Thanks to responses received from our last survey in 2005, we were able to identify areas that needed work and were able to implement positive changes as a result. We sincerely appreciate your time in answering these questions. Your answers are imperative to the betterment of nursing in the north.

HIGHLIGHTS FROM THE YUKON

Continuing Competency Program

Continuing Nurse Education Fund

CNPS ARC Committee

The Canadian Nurses Protective Society (CNPS) who provide registrants with professional liability protection are seeking two representatives from the Yukon to sit on their Assistance Review Committee (ARC). The Assistance Review Committee members typically commit to sit for a period of several years in order to gain experience with the CNPS assistance review process. For more details and to learn more, please email Paul Banks, Registrar at registrar@yrna.ca.

Yukon Government Health Review

In short order, the Yukon government will begin work to revise the Health Professions Act which will improve how health care professionals are regulated. This review will be led by the Department of Community Services with support from the Department of Health and Social Services. Please stay tuned to our website and future newsletters for more information.

Bilingual Health and Wellness Centre

On April 30, 2020, the Yukon government released its '[Putting People First](#)' report. This report provided a review of health and social programs and highlighted several priority recommendations that would improve health system responsiveness and experiences for patients and clients. One such recommendation was the establishment of a bilingual integrated and comprehensive health and wellness centre in Whitehorse. The project received further endorsement in March 2021 when the Libera government committed to moving forward. A job posting for a Nurse Practitioner can be [found here](#). Please stay tuned to this newsletter and our website for opportunities for bilingual nurses.

Cultural Safety and Humility

As part of our commitment to sustained action against systemic racism, to foster greater cultural safety, and in order to ensure we continue to act with humility when approaching these complex issues, YRNA is seeking guidance from Nurse Practitioners and Registered Nurses who identify as First Nations, Inuit, or Métis. If you have an interest in working with our Board, staff, and committees to affect real change in our profession, please reach out to CEO, Jerome Marburg at ceo@yrna.ca.

Our goal is to ensure that the work that YRNA undertakes on behalf of our registrants is focused through a lens of cultural safety and humility and that we continue to recognize the harm inflicted by systemic racism. It is important to us that we hear directly from individuals who have lived experience and who can offer insight and wisdom into how YRNA can foster greater cultural safety for our registrants. Your email will be kept in strict confidence and will help to inform our work going forward.



Please note as well that on upcoming renewal forms, we will include a section that allows for First Nations, Inuit or Métis individuals to self-identify. This information will be used for demographic purposes and to allow us to connect more easily in future.

Nursing Practice Standards and Guidelines

YRNA is looking not only to grow membership on our Nursing Practice Committee* but to expand its mandate by allowing the committee to take a more active role in developing standards, terms, limits, and conditions for nursing practice.

One of the first tasks for the Nursing Practice Committee will be to develop a "Scope of Practice for RNs" that is sensitive to and inclusive of practice in the Yukon. The committee needs experienced practitioners with expertise in:

- Cultural safety
- Registered Nursing and Nurse Practitioner practice
- Rural and urban clinical practice
- Nursing education
- Advanced practice settings
- Hospital and Social Services administration at the mid to senior levels

If you are interested in assisting YRNA in this exciting work, please reach out to our CEO, Jerome Marburg at: ceo@yrna.ca or our Registrar, Paul Banks at registrar@yrna.ca.

**Please note, we are currently discussing the possibility for Nurse Practitioner Practice Committee that would expand on the existing Foundations document. Please stay tuned to future newsletters and our website for details as they arise.*

News from other agencies

- Celebrating nurses across Canada! The Canadian Nurses Foundation (CNF) 'Thank A Nurse' campaign recently concluded and featured exceptional nurses from across the country. This online campaign shed a light on the work that nurses do each and every day. We're proud that many nurses from the North were featured. Please note, images are shared with permission from the CNF. Click on an image to enlarge.



*Abbey Mahon
(Nunavut)*



*Anna Bergen
(NWT)*



*Carolyn Ridgley
(NWT)*



*Diane Graham
(NWT)*



*Gracy D'Cunha
(Nunavut)*



*Janie Neudorf
(NWT)*



*Jo-Anne Cecchetto
(NWT)*



*Marija Pavkovic
(YT)*



*Pallulaaq Ford
(Nunavut)*



*Rebecca Nash
(NWT)*



*Sarah Munro
(NWT)*



*Sheena Wasiuta
(NWT)*

- The [Canadian Nurses Foundation](#) (CNF) offers scholarships to a wide variety of nurses. Applications are now open. [Learn more.](#)
- [Nurses' Voices](#) is a podcast that focuses on amplifying the nursing perspective on key issues. Recently two nurses from the North hosted a podcast entitled "Supporting Communities in the North" featuring Dianne Iyago and Betty Strbac. [Listen and watch here.](#)
- [The Canadian Nurse, True North Series.](#)
- The Nurses and Nurse Practitioners of BC recently released an Issues Summary on Nursing Leadership. [Read it here.](#)
- The Centre for Addiction and Mental Health is pleased to host 'ECHO- Coping with COVID'. These virtual sessions provide opportunity for health care providers to improve overall wellness through lectures and care-based discussions. Learn more and register by [clicking here.](#)
- University of Ottawa- Exploring New Graduate Nurses Transition to Practice.

Exploring New Graduate Nurses' Transition to Critical Care Practice

This study aims to explore new graduate nurses' (NGNs) experiences in critical care in order to develop an evidence-informed national guideline for NGN transition to critical care.

To participate you must meet the following requirements:

- Completed your basic nursing education within last two years;
- Have a temporary or full registered nursing license;
- Working in the intensive care unit (ICU) or emergency department (ED).

Participation in this study includes:

- Completing an online questionnaire which may take 30 minutes;
- Participate in an interview at a later date if you are interested.

Please follow this link/QR code to complete the questionnaire:

<https://www.surveymonkey.ca/NGNTransitionCriticalCare>

If you have any questions, please contact the principal investigator
Brandt Vandermeer-White at Brandt.Vandermeer@utoronto.ca or NGNTransitionCriticalCare@gmail.com

This study has been funded by the Canadian Institutes of Health Research #40474

Exploration de la transition des infirmières et des infirmiers nouvellement diplômés vers la pratique des soins infirmiers en soins critiques

Le but de cette étude est d'explorer les expériences de travail en soins critiques des infirmières nouvellement diplômées (IND) afin d'établir des lignes directrices éclairées vers la pratique en soins critiques.

Pour participer à l'étude, vous devez:

- Avoir terminé votre formation en soins infirmiers dans les 2 dernières années;
- Avoir un permis d'exercice temporaire ou régulier;
- Être employée dans une unité de soins intensifs ou d'urgence.

Votre participation dans cette étude consistera à:

- Remplir un questionnaire en ligne d'une durée d'environ 30 minutes;
- La possibilité de participer dans une entrevue plus tard.

Veuillez suivre le lien/le code QR suivant pour accéder au questionnaire:

<https://www.surveymonkey.ca/NGNTransitionCriticalCare>

Si vous avez des questions, veuillez contacter la chercheuse principale
Brandt Vandermeer-White at Brandt.Vandermeer@utoronto.ca ou NGNTransitionCriticalCare@gmail.com

Cette étude est financée par les Instituts de recherche en santé du Canada #40474

Connecting with us

We want to hear from you! Please reach out at any time if you have questions, concerns or if you'd like to see us feature a specific story in our next newsletter.



Email us: execast@rnanntnu.ca

Visit the website

[Registered Nurses Association of the Northwest Territories and Nunavut](#)



Email us: admin@yrna.ca

Visit the website

[Yukon Registered Nurses Association](#)

