

HCWCC Conference Ottawa September 2015

Theme: Take Action for Health Care

RN/RPN Forum:

Presentation and discussion on the changing workforce and increase in RPN's by Doug Allan

A Presentation by Linda Levesque (RN with the CNO) was given about applying the Three Factor Framework to our practice. Focus on regulation under the LTC Act, CNO and employer policies. As well as discussion of controlled acts, practice competencies and entry to practice requirements.

Discussion and presentation on malpractice insurance and coverage for CUPE members through OCHU was made by Helen Fetterly. More information, FAQ's and signup is available through www.LMS.ca/OCHU.

Panel discussion took place about working in a high stress fast paced environment, stress, workload issues, violence in the workplace and being placed in supervisory roles without proper training.

LTC Sector Meeting:

Interest Arbitration: Members from across the province shared their success stories in bargaining, including workload language, increase in benefits and pensions.

Time to Care: Discussion regarding action and mobilization undertaken by Locals to support the campaign over the past year.

Improving the Health of Health Care Workers: A presentation was given on compassion fatigue (the emotional effect that is the result of becoming indirectly traumatized by working with people) and burnout, differences between the two and the effect of training and conditions of work on both. A power point of the presentation will be available on CUPE Ontario site.

Time to Care: Discussion regarding CUPE's strategy going forward with a goal to create a minimum standard of care before the next provincial election in 2018. Encouragement for each Local to continue to collect signatures on the official petitions, obtain lobby kits and lobby your MPP's to support the Bill, and starting November 4th and every following 4th of the month to wear blue to work to support the Time to Care campaign.

Workshop; Health and Safety – Psychosocial and Mental Health and Work Organization

Focus: Stress in the workplace is not always about the work but how the work is done. The workplace as a cause of mental health issues, and not the individual, members are encouraged to document and report about issues and not about people. A discussion of the strategies and actions that will actually help make workplaces psychologically healthier and safer.

Questions were posed to the group;

What are examples of psychosocial hazards? Workload, timelines, lack of respect from management and coworkers, families targeting staff, favouritism, lack of support from supervisors, lack of acknowledgement/skill/experience, scheduling, attendance issues, etc.

What does mental distress look like? Grumpy, frustration, quiet, withdrawn, anxiety, lack of focus, sadness, overactive/nervous behavior, paranoia, overeating, lack of patience, fatigue/insomnia, and lack of communication.

What are physical manifestations of stress? High blood pressure, ulcers, IBS, headaches, weight gain, bladder issues, pain, tense muscles/cramping, somatisation (physical injury without and apparent cause), substance addiction/abuse.

Solution? MIT mental injury toolbox provided at no cost to employers at www.OHCOW.on.ca/MIT. This survey objectively measures what's going on in your workplace.

Workshop; WSIB – Attitudinal Barriers

Focus: The exploration of barriers created by negative perceptions and stereotyping of injured workers in the work reintegration process.

Discussion surrounding the difference between the Medical Model of Disability (where disability is a health condition to be dealt with by medical professionals, and disability is seen to be a problem of the individual) and the Social Model of Disability (where disability is as the result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers) with focus on the now internationally recognized view to address disability as being the social model.

Discussion regarding common attitudes towards persons with disabilities; negative attitudes, inferiority, pity, hero worship, ignorance, the spread effect, stereotypes, backlash, denial, and fear.

Discussion on the accommodation of mental health and psychiatric impairments and the degree of limitation that will vary among individuals. Focus was placed on consultation with the worker

to determine what possible accommodations could be considered and how effective each one would be in helping the worker perform the essential functions of the job and providing supervisory personnel and co-workers with appropriate training without infringing on personal and confidential information.

Members shared personal experiences, both negative and positive, in dealing with mental illness and barriers in their workplaces.

Conference attended and summary writer by Sarah Lava.