

#### Message from the President



**Rashmy Lobo, RN, BSN, MSN, CNS**  
 President - CNS-ON;  
 Ontario Representative,  
 BOD, CNS-C;

Hello Colleagues!

Clinical Nurse Specialists (CNS) annually designate Sept 1<sup>st</sup> to 7<sup>th</sup> as the Clinical Nurse Specialists week. We celebrate the birthday of Dr. Hildegard Peplau. A nursing theorist whose landmark book, *Interpersonal Relations in Nursing*, emphasized the nurse-client relationship as the foundation for nursing practice and serves as the basis of the CNS role in health care. CNS's Influence, innovate and modulate change management principles in a thought provoking manner.







COVID-19 endangered lives and changed many aspects of life, as we have known it. Like so many other "national week of" events, CNS Week has, over the years, tended to garner attention mostly from individuals who work either as CNS has or have a close friend or relative serving in what is often viewed as an undervalued profession.

Have we been a constantly overlooked Resource?

As health care is a major item at the provincial budget, it is potent that we be involved to direct change. A ray of hope is the appointment of Leigh Chapman as the Federal Chief Nursing officer. Let us join our voices together to lead and support people centered care into health systems and ensure our voice is heard in influencing health policy and planning. Our training sets us apart to provide leadership in clinical practice and apply critical thinking principles in systems innovation.

This past week I have had the opportunity to connect and network with Advance Practice Nurses –CNS and NP's at the ICN NP-APN conference in Dublin, Ireland. The one piece, which I found fascinating at the conference, is that the challenges we face here resonates across the globe in similarity. Each interaction had a different nuance, however the core principle to care was always being people centered. Discussions about applications of new technology using AI systems in health care or back to basics of home health care were a few presentations that proved to be thought provoking.

As CNS's we are 100 % quality driven and are an immense source of data collectors. We need to move further in our practice, by taking every opportunity to display the improved practice standards and our

In this issue:	
Articles:	
 R. Lobo	p. 1-2
 E. Jensen	pp 3
 P. Gauthier	pp. 4
 J. Anderson	pp. 4-5
 C. Lormeus	pp. 5-6
 K. Briscoe	pp. 7-8
Information:	
✓ CNS at ICN- NP-APN	p.2
✓ Next webinar on zoom	p. 9

contributions as CNS's via poster presentations, lectures and publications. Put pen to paper and send us your articles to publish in our newsletter. Let us know how your team celebrated this week with you!



Our executive team second call for nominations has been posted. Join us. Send in your nomination. Let the spark burn as we grow our Association.

As we celebrate this week, Stop take this moment to relax, rest and spend time with those that bring you joy. Always remember, you are worthy and appreciated.

## Happy CNS Week 2022!

In Solidarity,

Rashmy Lobo, RN BSN, MSN  
President - CNS-ON.

### CNS at the 12<sup>th</sup> ICN NP/APN conference.



Rashmy Lobo, Mary-Lou Martin, Elisabeth Jensen at the ICN NP/APN conference- Aug 2022.

*Check out the Elisabeth's Cool CNS attire!*

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# Taking on new challenges.

I have just returned from the Nurse Practitioner/Advanced Practiced Nurse Network (NP/APNN) conference in Ireland. It was a wonderful event spanning 4 days with many globally recognized leaders offering their ideas and thoughts. It was striking though to see the number of NPs who were previously CNSs, particularly in Ireland. There seems to be the belief that an NP has more autonomy and authority than a CNS, so nurses were attracted to that. This to me is yet another sign that the lack of respect for nursing and nursing knowledge is risking the survival of the profession. A CNS uses nursing knowledge and skill to practice at an expert level, providing for better patient outcomes at less cost. Research supports this. Yet, the lack of recognition and respect remains. One solution is to use every opportunity to educate others about who and what a CNS is, in terms of education and skill, and about what a CNS brings to health care and to human health. We cannot expect others to know, we must assume they don't know.

Each of us is the face and image of nursing. It falls to us to make sure that when others see and hear us, we provide an image and a voice that informs and educates. The CNS competencies are a starting point. Know them and talk about how your education and training have prepared you to meet these. Keep up with the literature and participate in knowledge development and dissemination. For those of you involved in research and quality improvement projects, plan your dissemination.

There are some amazing upcoming conference opportunities. Just to list a few:

- ▶ CNS-C Conference – Kelowna, BC May 2023
- ▶ ICN – Montreal, Canada July 1-5, 2023 (call for abstracts open now)
- ▶ NP/APNN –Scotland 2024
- ▶ ICN (small) - Finland 2025

Not only are these opportunities to present, but they are also opportunities to network and to learn what is going on in the world of nursing practice. The locations are of course wonderful. I recommend taking a few days before and/or after to enjoy what these places have to offer BUT do not take away from the conference time to do so as you will miss important presentations and opportunities for your professional life.

These are just a few thoughts for you to reflect on as we celebrate CNS Week 2022.

## **Elsabeth Jensen, RN, BA, PhD (Nursing)**

- ✦ Director of Research and Education
- ✦ Director of Social Media
- ✦ Past President

# CNSs are in!

Clinical nurse specialists have over the years proven that they can improve and support the healthcare system. Lots of research and evidence have been documented. Looking at what is happening right now in Ontario and in Canada (shortage of registered nurses), I have the impression that we are still too invisible in the health care system for being noticed.

Some CNSs have been redeployed to do other duties than the expertise that they should provide in their own work environment. I have been told that I should leave my knowledge and expertise at the door before entering, because I am a registered nurse or a volunteer. I believe that a few people are afraid that some of us may have more knowledge and expertise than themselves.

"We don't bite, we don't kick," we are here to improve quality care and outcomes for clients of patients. We can work directly with the clients and patients; we can work with the nurses and the healthcare team members; and we can help with system improvement that we are involved in. We can look at research and evidence to help deal with challenge in our practices and healthcare.

Therefore, I always bring my expertise in my knowledge, does not matter where either I am working as a nursing staff, or I was a volunteer. Preventing us from using our expertise is not in the best interest of the organizations that we are working in. If I see a house in fire, I will not build a house next-door. I will try to extinguish the fire and work with the fire team (fire dept.) to extinguish it. Better than that, I will try to prevent the fires from starting in the first place by addressing the issues and dealing with challenges that need to be addressed first.

Part of the work I have done during my doctorate in nursing (PhD) was about identifying challenges that registered nurses are encountering during their nursing practice. Doing so, we were able to identify facilitators, barriers, and solutions that are pertinent in specific context of practice. The model was developed to delineate the process used to manage challenges. It can be used not only in nursing practice but also in other areas of work while dealing with challenges. Workshops can be done to help the staff utilize the model and identified all the elements that need to be addressed individually and as a team, in order to improve the workplaces that have too many challenges. After a while, assistance from the outside can help to visualize challenges that are becoming invisible from people from the inside.

Therefore, the knowledge and expertise of clinical nurse specialists can be more useful than you think, especially if one has not worked already with a CNS before. Ask and we will help.

Sincerely

**Paul-André Gauthier**

RN, CNS; TCC, DMD, MN, PhD (Nursing)

Director of Finance, CNS-ON

Clinical Nurse Specialist in Palliative Care

# Challenges in practice

“When WHO declared 2020 the Year of the Nurse and Midwife, it didn’t know the enormous challenge nurses would find themselves in with the COVID-19 pandemic. Nurses are being challenged this year like never before, and as they always do, they are rising to that challenge” (RNAO, 2020, p. 1). Throughout the course of the COVID-19 pandemic, it became apparent by many key stakeholders in the health care system and society as a whole, the significance of the Registered Nurses’ role and their contribution to improving the health of communities and populations. Many politicians also started to realize the invaluable role that Nurse Practitioner played, especially in long-term care homes and rural locations where access to physicians is quite limited. However, many still struggle with the term, “Advanced Practice Nurse” and the subdivided categories of these Registered Nurses. Advanced Practice Nurse overarches two key roles within our health care system; the Nurse Practitioner and the Clinical Nurse Specialist (CNA, 2019). Clinical Nurse Specialists are Registered Nurses who have advanced education such as a Master of Science in Nursing and/or a PhD in Nursing. In addition, these Registered Nurses have clinical expertise in the areas in which they support (CNA, 2019). Responsibilities can include; collaborating with the leadership team and empowering the nurses to foster a clinical care environment consistent with best practices, standards, policies and protocols, leading to improved patient safety, quality of care and improve patient outcomes (RNAO, 2022). Employing these Registered Nurses across different clinical practice settings will be vital to ensure ongoing integration of best practices, standards, and attention to high-quality care for patients beyond the pandemic.

As healthcare organizations move towards a ‘new normal,’ an important piece of work will be for a critical reflection of current nursing staffing models and the integration of both Advanced Practice Nurses; not only Nurse Practitioners, but also Clinical Nurse Specialists into acute, complex medical and mental health care and long-term care settings.

Respectfully Submitted,

**Jennifer Anderson RN, B.Sc.N., M.Sc.N.**  
CPMHN(C)  
Policy & Political Action ENO

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## Health Equity in workplace

The nursing workforce continues to be disproportionate in Canada, and the visible minority (VM) group is underrepresented in the nursing profession (Jefferies et al., 2019). Jefferies et al. (2019) defined visible minorities as people who are non-Caucasian in race or non-white in colour, excluding Aboriginal people.

The underrepresentation of the visible minority group is evident in leadership roles such as advanced practice and specialty areas (Jefferies et al., 2019). Studies found that most people who belong to the visible minority group are working in lower-level positions, non-specialty areas, and unregulated clinical roles like personal support workers (Jefferies et al., 2019; Phillips & Malone, 2014).

“Health equity is achieved when every person has the opportunity to attain his or her full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances (Centers for Disease and Control Prevention, 2022, p. 1). We have seen the health challenges faced by the visible minority group during the different waves of the Covid-19 pandemic.

Why does health equity matter in the workplace?

Health equity in the workplace can be beneficial to everyone in many ways.

For example:

- Health equity can improve employee health, promote change, and enhance workplace productivity.
- It is critical for employers to advance health equity in the workplace to prevent human suffering and help employees achieve optimal health (Centers for Disease and Control Prevention, 2022).
- Employers need to engage and include employees in the decision-making process to address the barriers that lead to health inequity.
- Employers need to promote health equity in the workplace by ensuring that all employees receive fair treatment and have the same opportunity to remain healthy as much as possible.

Our role as nurses is to mitigate health inequity in the workplace by advocating for significant changes to laws, policies, and institutional practices for the best outcomes for everyone. The work of Florence Nightingale in promoting care for all is even more relevant today to the Clinical Nurse Specialist (CNS) practice (Whitehead, 2020). In a period of crisis, Nightingale implemented infection control and changes to nursing practice to improve patient care outcomes (Whitehead, 2020).

It is time to increase diversity in nursing and incorporate health equity in the workplace to mitigate health disparities and decrease healthcare costs for everyone.

The inclusion of diversity in nursing will facilitate the integration of the disadvantaged group and create more access to patient care.

Let us continue to exemplify Nightingale’s work by advocating for better health equity for a safe work environment.

Respectfully submitted,

**Cécile Lormeus, RN, B.Sc.N., M.Sc.N.**  
Workplace Liaison ENO

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# **CNS as a mentor and in-place educator support for COVID-19 nursing graduates transiting into practice**

Research evidence identifies the determinants that influence staff nurses' turnover due to employee dissatisfaction, including heavy workload, working short-staffed, perceived lack of support from leadership, supervisors and colleagues, and burnout (Zaheer et al., 2019). In addition, incivility, moral distress, impaired psychological health, scarcity of material and human resources, and poor compensation for the working conditions were reported by Tomblin-Murphy et al. 2022 during the pandemic. Recruiting new COVID-19 nursing graduates is vital to addressing the nursing shortage during the pandemic era (Tomblin-Murphy et al., 2022).

At the outset, the idea seems benign and reasonable, and a possible win-win as COVID-19 grads would gain much-needed employment, and nursing bodies are placed in clinical areas to provide patient care. However, COVID-19 grads have missed formative periods in their clinical education and training in the practical setting, wherein they learn to identify nursing care needs, prioritize interventions, and integrate evidence-based care to promote patient safety (Palase et al., 2022). Clinical experience and real-world training are essential to help nursing students establish and reinforce key nursing competencies, develop functional skills, reinforce practice standards, and assess students' readiness for graduation.

An important uncertainty with the plan to rapidly transition COVID-19 graduates into the workforce to address the nursing shortage is the absence of sustainable means for supporting them in their transition to independent nursing practice. The first year of transition into clinical practice is stressful for new graduate nurses (Bultas & L'Ecuyer, 2022; Hallaram et al., 2022; Palase et al., 2022; Power et al., 2019) and lack preparedness to practice (Duchscher et al., 2021) before the pandemic. Retaining COVID-19 grads in clinical settings and the profession will be challenging without appropriate practice support. Emerging research on new COVID-19 nursing graduates' perspectives on their transition into clinical practice highlights problematic themes for the recruitment and retention of new nurses. Recurring themes include a mismatch between their presumptions about the work environment and expectations compared to the realities they have encountered; lacking the knowledge or skills required to care for high acuity patients; a personal sense of lacking self-efficacy; non-supportive clinical supervision; disconnected from the health team; short training period: lack of readiness to assume a full patient load; lack of familiarity with the clinical setting they are assigned to work; and a lack of mentorship (Bultas & L'Ecuyer, 2022; Hallaran et al., 2022). The above themes arise complex and essential ethical and legal issues, and the outcomes are not unpredictable for COVID-19 graduates, the nursing profession, and the public if left unchecked. A lack of appropriate support for COVID-19 graduates leaves patients with life-threatening, chronic, progressive, and increasingly complex illnesses that require a range of care needs vulnerable to adverse health outcomes due to the lack of expertise for consultation. The retention and well-being of COVID-19 graduates must be a priority for nurses, nursing leadership, organizations, and the government.

Clinical Nurse Specialists (CNS) as mentors and embracing them as educators in clinical areas is one resource available to support COVID-19 grads as they transition into clinical practice. The CNS is a registered nurse with advanced practice training and a postgraduate master's or doctoral degree in nursing with expertise in a clinical area (Canadian Nurses Association, n.d.; Kilpatrick et al., 2013; Registered Nurses' Association of Ontario, n.d.). CNSs have the expertise and know-how to fill this role due to their education, clinical experience, and continuing involvement in patient care. The CNS clinical practice areas include mental health, palliative care, oncology, pediatrics, and geriatrics (Kilpatrick et al., 2013).

The CNS's role as an educator and mentor focuses on providing the foundation and stability COVID-19 grad nurses need to retain in their positions as front-line nursing staff and fill the educational and clinical experience gap

created by the COVID-19 pandemic. As a mentor and educators, CNSs can provide psychosocial support and consultants for COVID-19 grads to enhance decision-making, confidence, and competence in applying skills needed to deliver the quality of nursing care that patients and their families need. CNSs can strengthen the link between job demands; skills COVID-19 grads need to practice and contribute to improving patient care and outcomes.

CNSs can help COVID-19 grads develop strong nursing practice and become more clinically competent by developing social skills, priority setting, and nursing skills needed to meet practice competencies and standards. Providing support for new COVID-19 nursing graduates is the responsibility of all nurses and health care leaders. Meeting the needs and supporting the well-being of COVID-19 grads can increase their retention in the workforce, thereby reshaping the outlook for nursing. Another positive downstream effect would be the fulfillment of the mandate and demand to deliver high-quality care for patients and their families.

Submitted by,

**Kadeen Briscoe, RN, B.Sc.N., M.Sc.N.**  
Director of Communication and Secretary

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**CNS-ON Education Award 2022**

**Learn more at <http://cns-ontario.rnao.ca/awards>**



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<https://www.facebook.com/Clinical-Nurse-Specialists-Association-of-Ontario-Canada-113210988761198>

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## **Webinar**

**“ Colleague to Colleague ”**

a Webinar on ZOOM

Thursday, **September 15<sup>th</sup>**, 2022 at 20:00 hr.

Register by send us an email at:

**CNSOntario1@gmail.com**

If you need to be in touch with us:

- ✓ **CNSOntario1@gmail.com**
- ✓ **pgauthier@rnao.ca**