Publication: July, 2017

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TTRNA News - Quarterly Newsletter

NURSING ATTRITION: A NATION'S TRAGEDY

What's Inside:

- Nurses week highlights
- Labour Day highlights
- Feature Address: Director Region 4 (CNO)
- ICN Congress Report

Telephone: 623-7802 | Fax: 623-1567 | Email: headofficettrna@gmail.com | Website: www.ttrna.org

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A WORD FROM THE SOCIAL MARKETING OFFICER

The Trinidad and Tobago Registered Nurses Association (TTRNA) invites you to journey with us as we set the stage to revolutionize nursing and healthcare in Trinidad and Tobago.

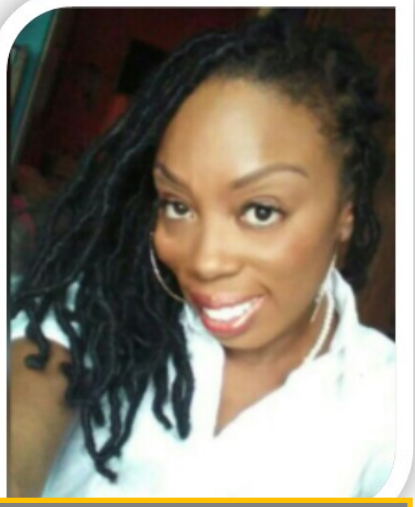
This is the 2nd issue of our quarterly Newsletter and the publications committee takes great pride in producing an avenue to showcase the contributions of nursing personnel and to ensure that our membership and by extension the nursing fraternity are kept abreast on current affairs and issues affecting nursing and healthcare.

This Newsletter will also be used as a platform to engage our membership in healthy discussions with the goal of "improving healthcare from within"

On behalf of the Central Executive board of TTRNA, I extend heartfelt gratitude for your support and patronage.

Join the nursing revolution

"Nurses Empowering Nurses: Improving health care from within"



Letitia Cox

Remember to log on to www.ttrna.org for information and updates on the go.

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CREDITS

JOYCELYN CLARK	**EDITOR**
ALEISHA EDWARDS	**EDITOR**
SARAH BALFOUR	**MEMBER PUBLICATIONS COMMITTEE**
VANESCIA DANSICA PIERRE	**MEMBER PUBLICATIONS COMMITTEE**
NIELA AUGILERA	**MEMBER PUBLICATIONS COMMITTEE**
ABSALOM CLARKE	**MEMBER PUBLICATIONS COMMITTEE**
LETITIA COX	**CHAIR PUBLICATIONS COMMITTEE/ SOCIAL MARKETING OFFICER**
JASON HUDSON	**DESIGN ARTIST**

NURSING ATTRITION: A NATION'S TRAGEDY

To leave or not to leave? That is the question! But why would one want to leave the sanctuary of their own place to venture into parts unknown, into a future rift with uncertainties, away from secure tenure, to cultures, values and mores that are foreign? What factors influence the decision to leave, what impact does attrition have on a country and what strategies can authorities implement to offset this impact?

Nursing attrition is a global phenomenon which has affected the profession for decades, compounding the situation of staff shortages, and precipitating alterations in the quality of care offered to patients. Jurisdictions have attempted to offset this challenge by increasing intake at Institutions of Nurse training but to no avail as these Institutions are similarly afflicted to varying degrees. The challenges also retard the development of the nursing profession. It is therefore very difficult for developing countries to experience progress in the development of their nursing workforce. It is usually 'one step forward and several steps backwards.' Sadly, there is a paucity of data in Trinidad and Tobago on attrition and its associated implications which makes it difficult to accurately quantify its impact.

One appreciates that this activity has a multiplicity of triggers not limited to, retirement by those who have attained the age, resignations for varying reasons, and through migration to pastures perceived as greener. With consideration for the latter, data has suggested that certain push factors *(those conditions that influence the nurses' decision to leave their own country for another*) are instrumental in facilitating this: low pay, poor employment conditions and limited career advancement opportunities are the most frequently cited. Conversely, the pull factors (*those conditions in a given country that attract nurses, influencing their movement to that country*) are higher pay, opportunities to engage in higher education programmes and the broadening of perspectives through interaction with different cultures (ICN Position Statement, retention and migration 2007).

Migratory attrition contributes its own set of negatives. There is the brain drain syndrome, the loss of the best minds from the profession and the country by extension. There is an economic loss suffered by Governments, when one considers the average cost to prepare a nurse, who through attrition leaves soon after training without providing any return on investment. Serving within the national healthcare system is a nurse's social responsibility, particularly when the source country has invested significantly in their education. Nurses may be seen as immoral or socially irresponsible for leaving their developing country behind to go to another country for personal reasons.

Further to this is the cost of recruitment of suitably qualified personnel, often from foreign jurisdictions, to fill the vacancies created.

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Mr. Chris Craigwell

Director Region 4 CNO

Nursing attrition is a global phenomenon which has affected the profession for decades, compounding the situation of staff shortages, and precipitating alterations in the quality of care offered to patients.

Chris Craigwell 2017

Do you want to submit an article or do you have questions or a statement to make in our Dear Florence Article then submit same to headofficettrna@gmail.com

Nursing Attrition: A Nation's Tragedy

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Huston (2006) quoted by PAHO in an article on Nurse Migration in Guyana, suggests that 'one must at least consider whether recruiting nurses from other countries to solve acute staffing shortages is simply a poorly thought out, quick fix to a much greater problem and in doing so, not only the donor nations are harmed, the issues that led to the shortage in the first place are never addressed.

Health care costs may increase as patients experience longer hospitalization because of the shortage of staff to deliver needed care, through the employment of less qualified personnel, and through variance in the quality of care.

Fundamental to resolving this issue are the approaches engaged by Governments to mitigate against this tragedy. Implementation of effective retention strategies is imperative if the appeal of the pull factors is to be negated.

So the conversation must include:

-improved/attractive remuneration packages commensurate with training and experience;

-the creation of environments that are enabling toward delivery of high quality care. Here consideration should also be given to the creation of Magnet Hospitals which have proven to be effective in retaining nursing personnel;

-career advancement and opportunities to access programmes of higher education.

Certainly, there must be some sort of a balance between the right of individual nurses to choose to migrate (autonomy), particularly when the push factors are overwhelming, and the more utilitarian concern for a donor nation's health as a result of losing scarce nursing resources (Huston, 2006)

Bibliography

Emigration of nurses from the Caribbean. Causes and consequences for the socio-economic welfare of the country: Trinidad and Tobago – a case study https://sta.uwi.edu/salises/workshop/papers/kschmid.pdf

Nurse migration in Guyana. 2011. Washington, D.C. www.paho.org/hq/index.php?option=com...nurse-migration-guyana..

www.nursingsociety.org/aboutus/.../policy_migration.doc

ONLINE OPINION POLL

Question:

Foreign recruiters are here to attract Nursing Personnel to their shores, offering enticing terms and conditions of work. Would you leave your present Health Facility and assume employment with these agencies?

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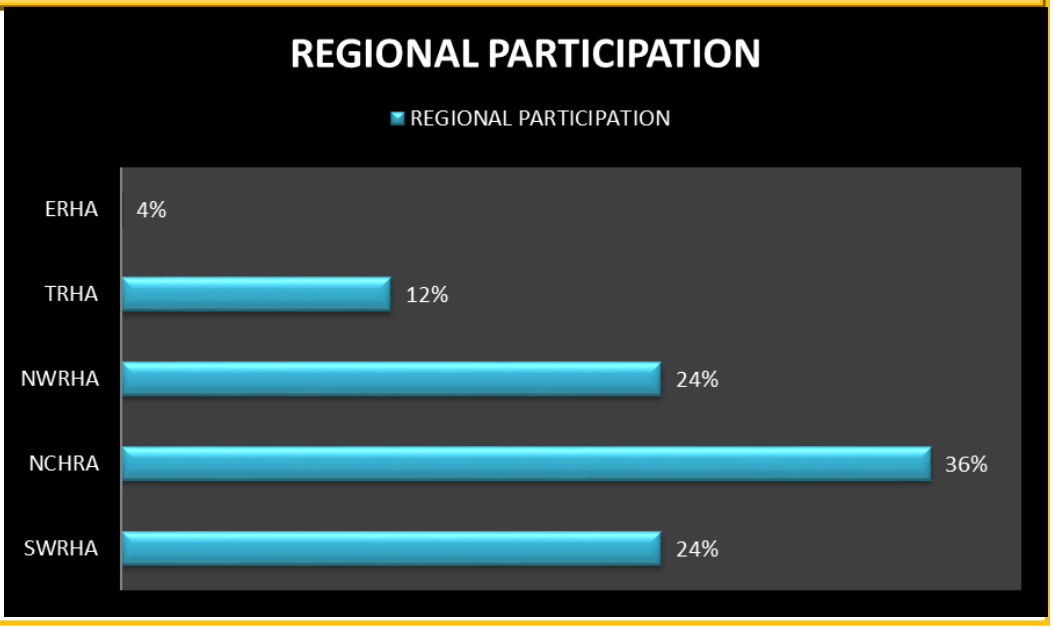

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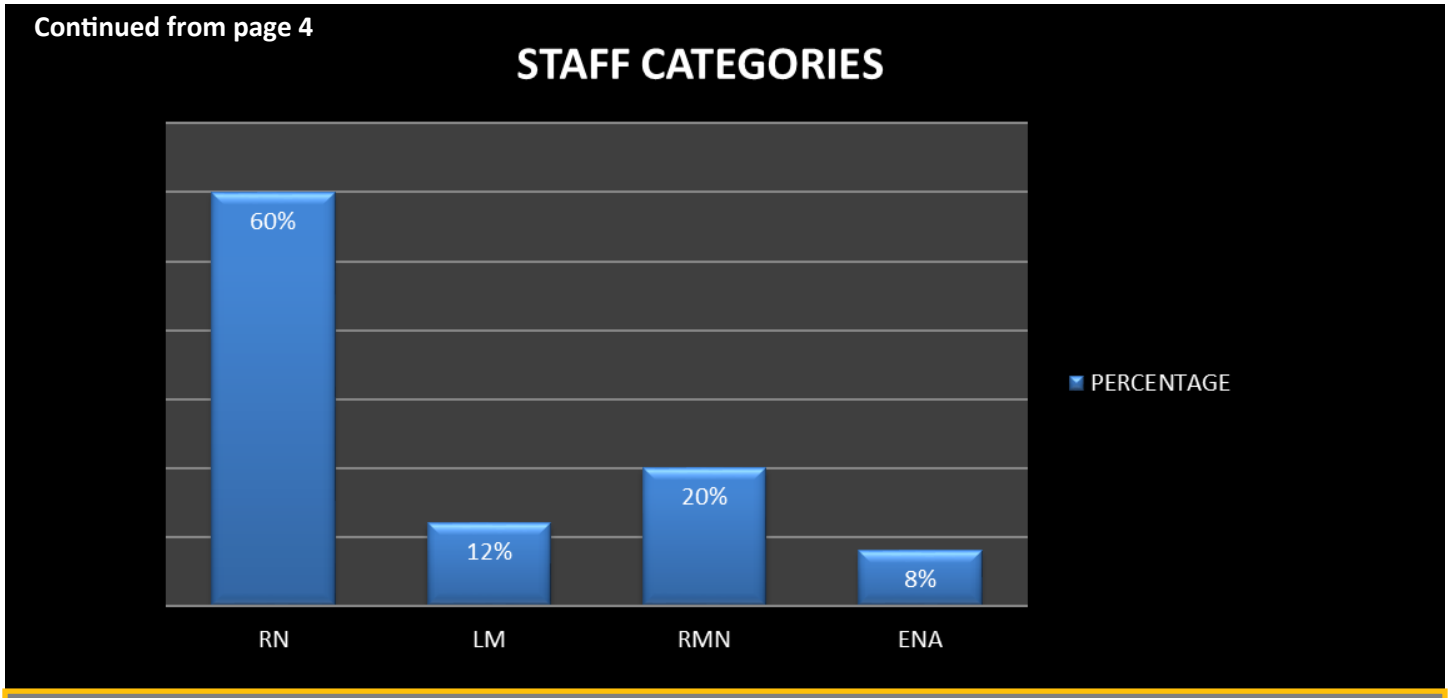
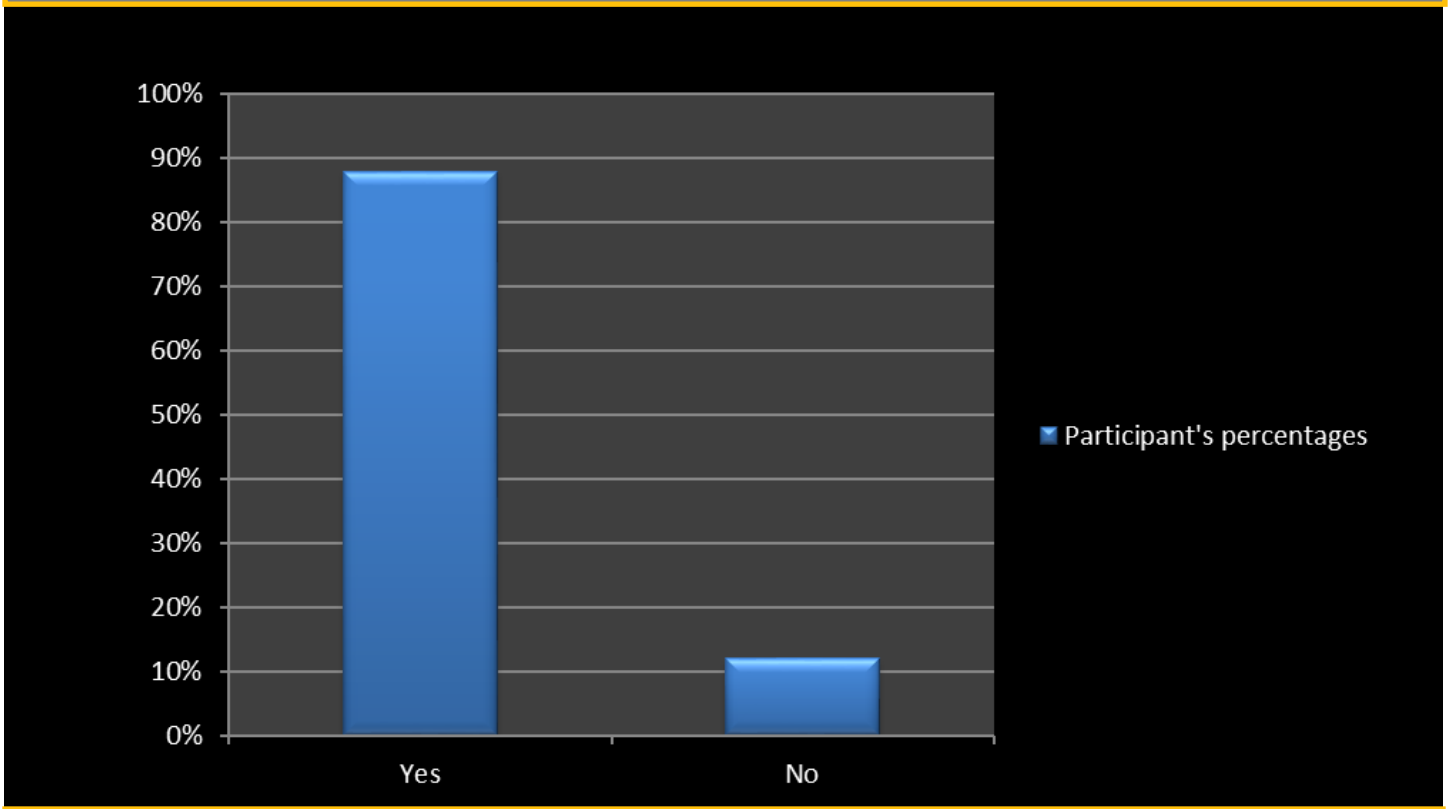


Category of Staff of participants, included RN, LM, RMN and ENA.



Response of nursing personnel to foreign recruiters.

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ICN CONGRESS 2017 BARCELONA

ICN Congress Opening

The International Council of Nurses (ICN) holds nursing events around the world and in 2017, ICN successfully held its largest Congress to date, in undoubtedly one of the most beautiful cites in Europe, Barcelona, Spain. The opening ceremony Chaired by outgoing ICN President - Dr Judith Shamian, and current ICN's Chief Executive Officer - Dr Frances Hughes, sought to honour the exceptional work of nurses who have exceled in development, research and innovation within the nursing profession.

Some of the awardees included Dr Sheila Dinotshe Tlou and Dr Linda H. Aiken who shared the prestigious Christiane Reimann Prize. Mr Yohei Sasakawa was awarded The Health and Human Rights Award – ICN's only award for a non-nursing recipient. Kim Mo-Im Award which was bestowed to Dr Miofen Yen, Professor at the National Cheng Kung University in Taiwan and The Burdett Trust for Nursing received the ICN Partners in Development Award.

(Additional information on the Awards and Awardees can be viewed on the Association's website, TTRNA.ORG)

The opening was graced with the presence of Her Royal Highness Princess Muna al Hussein of Jordan and Her Excellency Mrs Dolors Montserrat Montserrat Minister of Health, Social Services and Equality of the Government of Spain. The night culminated an amazing display of Spanish culture and entertainment.

CNR

The Congress was preceded by the quadrennial Council of National Nursing Association Representatives (CNR) running from 25th to 27th May 2017. This CNR saw the election of the incoming President of ICN for 2017 to 2021– Annette Kennedy (Irish nurse) and Board of Directors. President Kennedy, formally held positions as Director of Professional Development at the Irish Nurses and Midwives Organisation from 1994-2012, President of the European Federation of Nurses (EFN) from 2005-2007, and most recently served as 3rd Vice President of the International Council of Nurses (ICN) from 2013-2017.

(Additional information on New President and Board can be viewed on our website TTRNA.ORG)

Congress

The congress spanned four days, from Sunday 28th May to Wednesday 31st May 2017, which saw an estimated 8,200 nurses in attendance, representing 135 nationalities. The General Council of Nursing of Spain must be commended for hosting such a massive undertaking, inclusive of 18 symposium sessions, 70 concurrent sessions and 1,900 poster presentations, providing a truly comprehensive program for attendees. To bolster the interactive component of the Congress, there was the inclusion of eight policy cafés and three panel discussions which were all well received.

Dr Frances Hughes, Chief Executive Officer of ICN meets with TTRNA President Idi Stuart

The 2017 ICN Congress in Barcelona, concluded with the announcement of the next two (2) hosting countries. The Singapore Nurses Association would be staging the 2019 Congress in Singapore, while the 2021 Congress would be held in Abu Dhabi, hosted by the Emirates Nursing and Midwifery Council and supported by Abu Dhabi Convention Bureau.

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ICN CONGRESS 2017 BARCELONA

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Dr Frances Hughes, Chief Executive Officer of ICN encouraged the nurses of the world to attend the upcoming Congress as nurses continue to discuss the issues of utmost concern to nurses. TTRNA shares the views of Professor Lim Swee Hia, President of the Singapore Nurses Association, as she declared that it will be an opportune time for nurses to examine Singapore's excellent healthcare system.

Dr Fatima, founding member of the Emirates Nursing Association, Adviser of Nursing Affairs to UAE minister of Health and Secretary for UAE Nursing and Midwifery Council, also appreciated the UAE's opportunity to host the 2021 congress as it is in line with Emirates Nursing Association's initiative to support nursing leadership in the region and globally.

Some of the notable guest and leading nurse experts speaking at the 2017 Congress included:

-**Dr Tedros Adhanom**, newly elected Director General of the World Health Organization (WHO)

-**Sir Michael Marmot**, Director of the International Institute for Society and Health

-**Lord Nigel Crisp**, Member of the House of Lords and Co-Chair of the All Party Parliamentary Group on Global Health

-**Dr Julia Duncan Cassell**, Minister of Gender, Children and Social Protection of the Republic of Liberia

World Continuing Education Alliance - CEO Graham Hellier meets with TTRNA President Idi Stuart

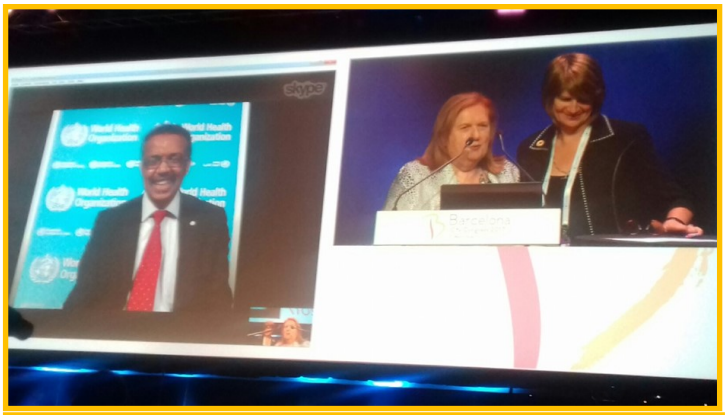
-**Dr Sheila Tlou**, Director of the UN-AIDS Regional Support Team for East and Southern Africa

-**Dr Mary Wakefield**, former Acting Deputy Secretary of the U.S. Department of Health and Human Services.

TTRNA was successful in forming several partnerships with international and regional organizations, who have offered assistance in providing continuing education options, career advancement, and job placement opportunities for nursing personnel in Trinidad and Tobago. These benefits will be rolled out to the wider membership of the Association over the course of 2017. We will begin with the recent partnership with The World Continuing Education Alliance, ICN and TTRNA.

TTRNA members, through its website membership portal, will be able to enrol in the world's leading internationally accredited nursing programs. Members will be able to obtain continuing education credits from over 1720 subsidized courses, of which 633 courses are free of charge to members.

(Additional information on Congress activities and TTRNA take on topics, can be viewed on our website TTRNA.ORG)



Dr Tedros Adhanom makes his first official address after newly being elected as Director General of the World Health Organization (WHO) at the ICN 2017 Congress (via skype). Also in Picture is Dr Frances Hughes, Chief Executive Officer of ICN (Right) and outgoing President of ICN Dr Judith Shamian.

CELEBRATING NURSING EXCELLENCE

"Pursuing a nursing career is a challenging yet rewarding task, treat patients and their families as your own, seek out a mentor who could be another nurse you admire, who can coach you as you progress. Don't ever let compassion leave you, as it is what makes you a nurse" Inez Gill 2017

TTRNA believes that nursing personnel are instrumental in the progress and improvement of health care in Trinidad and Tobago. Often times the significant contributions of nursing pioneers are left unnoticed and without reward. TTRNA wishes to remedy this situation.

Ms. Inez Arthur Gill

Position/Title

Ms. Gill currently serves as the Nursing Administrator II (Ag) Port of Spain General Hospital

Previous Positions/Titles

a) Registered Nurse/Midwife

b) District Health Visitor-St George Central- Remote districts - Toco, Grand Riviere, Matelot

c) Primary Care Nurse Manager

St. George West

St. George Central

d) General Manager, Nursing (Ag), NWRHA

e) Nursing Administrator II (Ag), General Hospital, Port of Spain

Number of years served in the nursing profession

Ms. Gill has served in the Nursing profession for 47 years

The catalyst behind her career choice

Ms. Gill expressed that having passion, empathy and a strong belief of commitment to create innovative ideas that will be sustainable and add value for generating good relationships in the nursing profession, was the driving force for her career choice.

The highlight of this nursing Pioneer career choice

Ms. Gill expressed that the highlight of her nursing career thus far has been **the receipt of a national quality award from the Ministry of Health in 2009**- for the Most Innovative submission for Health Promoting School Environment Project- For the removal of sugary drinks from the diet served in schools in Trinidad and Tobago. This initiative would impact significantly on the reduction of obesity and the incidence of Diabetes Mellitus in children.

Challenges Faced by Ms. Gill and her solutions for overcoming same:

Nursing is a demanding profession and efforts to minimize challenges, rests on the shoulders of the Nursing Administration. To this end the following challenges have been identified:-

a) The inability to obtain the full complement of staff (nurses)for the provision of adequate care to patients has always been problematic.

Ms. Inez Arthur Gill

Nursing Administrator 11 (Ag)

Solution: The available complement of nurses is being utilized and multi-skilled and speciality nurses are being deployed to manage the most critical areas.

b) Shortages/Difficulty in accessing medications and supplies

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Celebrating Nursing Excellence

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Solution: Regular team meetings and an open door policy to allow nurses to air concerns and get advice and support are being conducted. Requisitions and referrals to the relevant authorities are made consistently.

c) Preparation for future needs/ Succession Planning

Solution: Hospitals are pressured to expand to meet growing demands for additional services. Nursing Administrators therefore are duty bound to make this a priority. With this in mind, there must be preparation to take into consideration the current financial situation, while positioning for the future by redesigning patient care and initializing new technologies into practice.

Ms. Gill's Contribution to Health care through research

I. Title of Study:

"Health Promoting School Environment for Primary and Secondary, St George Central, 2008"

II. Goal:- Enhancing Healthy Eating Practices

To prevent risk factors for chronic non-communicable diseases e.g. Diabetes in children and adolescents.

III. Primary Purpose

To eliminate the availability of "soft drinks" on school compounds with a view to improving the nutritional status of students to decrease risk factors for Diabetes replacing same with bottled water and seasonal fruits.

IV. Project Criteria

At the heads of CARICOM summit in Port of Spain in 2007 at the Crowne Plaza, Port of Spain, one of the recommendations stated that CARICOM Ministries of Health in collaboration with other sectors will establish by mid-2008 comprehensive plans for the screening and management of chronic diseases and risk factors, so that by 2012, 80% of people with Non-Communicable Diseases would receive Quality care and have access to preventative education based on regional guidelines. To this end, Primary Care Nurse Manager Inez Arthur -Gill reviewed the number of evidenced based children with Diabetes in health centres in St George Central and ably assisted with the help of the school nurse who screened children at our schools inclusive of those who attend the summer camp at the University of the West Indies and formed a Committee with School Officials to embark on a plan to remove "chubby drinks" from our school's compound.

Nursing is a demanding profession and anything that can be done to make the job easier rests on the shoulders of the Nursing Administration. Ms. Inez Gill 2017

V. At Health Centre Levels- Program Activities

In all our health centres, activities comprised:-

a) Lectures in antenatal and child welfare clinics

b) Food portion demonstrations- with the emphasis on seasonal fruits and adequate amounts of clean drinking water to promote and maintain healthy eating habits.

c) Visits to preschool, primary schools, secondary schools and PTA meetings to continue the momentum to monitor and evaluate behavioural practices

VI. Ultimate outcome of study

In 2009- The Ministry of Health National Quality Awards Function- Award presented to Inez Arthur Gill for Health Promoting School Initiative.

In September 2017- Sugary drinks will be removed from being sold in all Primary and Secondary Schools environment.

Ms. Gill's vision for Health Care in Trinidad and Tobago

My vision for healthcare in Trinidad and Tobago is to be consistent with the United Nations Sustainable Development Goals to encourage communities towards better health, in promoting healthy lifestyles and healthy workplaces. To achieve a high level of Nursing Education which is founded on the core values of our profession and create new competencies to lead and reflect dynamism in changes to health care. The powers that be, must recognise and reward the contribution of nurses to these initiatives.

TRADE UNION ??.. TO BE.. OR NOT TO BE?

Ron Clement
2nd Vice President

To a certain degree I have been recluse for months as I contemplated the present ethos of nursing in Trinidad and Tobago, especially within the context of TTRNA's recent (2014) acquisition of trade union status. The responses to this new status has been varied and for reasons that should not be ignored or treated slightly. Why did we become a union in the first place? Have we moved off keel, being now too much involved in trade union activism and not giving due diligence to the business of the Association? Just what is involved in trade unionism? What connection if any, does our historical antecedence as the heirs of indentures and slaves have to do with nursing?

To unearth answers to these questions let's rewind to the 1900's and zero in on Samuel Goolsarran's succinct treatment of this period: "By the early eighteenth century, Britain emerged as the leading colonial power in the Caribbean with the largest number of colonies" (1) This hegemonic power exploited the raw products of the colonies by using cheap labour in the form of slavery and then indentureship. Note what Goolsarran says again: "Slavery, followed by indentureship well into the nineteenth century, created structures of inequality." (2) Workers were in virtual servitude and bondage and the life of the plantation labourer, in particular, was characterized by poverty, physical hardship, malnutrition and disease. These conditions persisted into the 1930's where discontent coupled with worsening social and economic conditions expressed itself in increasing, intense public agitation and labour unrest - the historical labour riots of the 1930's. The labour rebellions of the 1930s were an inter-colony phenomenon, sweeping like a wave across the region. The British Government, in August 1938, dispatched a Royal Commission of Inquiry under Walter Edward Guinness (Lord Moyne), commonly known as the Moyne Commission to investigate and report on the general labour and social conditions in the British West Indian colonies in the wake of the rebellion.

The Commission recommended sweeping reforms in everything from employment practices and social welfare, to radical political change. Among the recommendations of the Commission were: condemnation of unsafe conditions at workplaces, the end of child labour and the discrimination against women at workplaces, public education, the protection of workers' interest since there were no collective labour agreement - giving the employer absolute sway as to the determination of wages and working conditions, compulsory registration of trade unions (before this Trade Unions were illegal and were considered as conspiracies), extension of opportunities for people other than the financially influential to stand for election, and the introduction of universal adult suffrage to name a few. "The Moyne Commission exposed the horrible conditions under which people of the British Caribbean lived. It pointed to the deficiencies in the education system, and economic and social problems of unemployment and juvenile delinquency. It also sharply criticised the poor health conditions and expressed concern over the high infant mortality rate." (3)

In the 1880's working conditions were severe and it was quite common to work 10 to 16 hour days in unsafe conditions. As such death and injury were commonplace at many work places.

The Commission attached **great** importance to the subject of health and begged for the amalgamation of the medical service of the colonies in order to promote efficiency and to

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Trade union ??.. to be.. Or not to be?

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attract competent professionals. The Rockefeller and Moyne Commissions and the Irvine Committee are notable investigative mechanisms established during the early to mid-1900s. Their re-search made recommendations that revolutionized health care services in the Caribbean. (4) Thus it can be seen that establishment and improvement of proper health care in the Caribbean has its genesis in the Labour riots of the 1930's. The general health and sanitary conditions of the region, thanks to worker protests, constituted an open wound that required considerable nursing. (5 & 6) Consequently should it be a strange thing that nursing should re-orient to its roots, find affinity and solidarity with trade unionism and trade union activism! The history of the Caribbean is the history of labour, **we have no other history.**

Subsequently we should continue to underscore and cement through trade union activism the gains we have achieved through struggle. For example, how many of us know the significance of May Day also known as "International Workers' Day" and the association of Trade unionism with it? In the 1880's working conditions were severe and it was quite common to work 10 to 16 hour days in unsafe conditions. As such death and injury were commonplace at many work places. On May 1st 300,000 workers walked off their jobs, picketed in protest. Clashes broke out between workers and police. Workers were shot and killed so we could now enjoy an 8-hour work day, homes with families in them were burned to the ground so we could have Saturday as part of the weekend off from work - this is why to work on Saturdays requires the payment of overtime; when we recall 8-year old victims of industrial accidents who marched in the streets protesting working conditions and child labour only to be beat down by the police and company thugs, we understand that our current condition cannot be taken for granted. Workers of yester year fought for the rights and dignities we enjoy today, and there is still a lot more to fight for. The sacrifices of so many people cannot be forgotten or we'll end up fighting for those same gains all over again. This is why we celebrate May Day. And what of our own Labour Day Celebrations, what do we know of it besides Uriah Butler was a role player and Officer Charlie King was killed? This historical event is an integral part of the labour riots of the 1930's referenced above in which our ancestors fought for the right to self-rule, self-determination, the right to vote, the right to education, the right to equity in land distribution, the right to access potable water, the right to proper wages, the right to proper safety at workplaces, the right to access representation through unions, non-discrimination of women at the workplace, the right of children to be children and be taken care of at home instead of going to work on the plantations. The right to proper health care!

Consequently should it be a strange thing that nursing should reorient to its roots, find affinity and solidarity with trade unionism and trade union activism! The history of the Caribbean is the history of labour, **we have no other history.**

Comrades, I want to state categorically that even at this present moment employers are trying through various means to chisel away at and deprive us of what rightfully belongs to us as workers. For example, OSHA violations and infringements as it pertains to hours of work. Going even further, we must capitalize on the gains we fought for and continue to struggle improvements for it will not be given to us - history speaks to this truth. We must continue to struggle for better working conditions as it pertains to decent work and commensurate wages affording us proper buying power to be able to access goods and services as members of society.

Finally comrades it is not enough to just join a union and be just a trade union member. If this is your perception of what it means to belong to a trade union - you are misguided and deluded. There is a fundamental difference between being a member of a union and a trade union activist. All one need to do to be a member of a trade union is the sign up the requisite form and to pay their dues monthly.

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TTRNA NURSES WEEK 2017

International Nurses Day is celebrated internationally by ICN since 1965, on May 12th, which is the birthday of Florence Nightingale. Nursing Personnel pay homage to the Mother of Modern Day Nursing, Ms. Florence Nightingale, not only on this day but for an entire week. Nurses' Week traditionally consists of out-reach initiatives, fairs, health walks, seminars and other activities which highlight the immense contribution of nursing personnel and actively build the profession. Trinidad and Tobago Registered Nurses Association joined nurses around the world in Commemoration of International Nurses Day.

This year Nurses Week, was preceded by a launch at San Fernando Nurses' Lounge on Friday May 5th where TTRNA's President 'cut the ribbon' to commence festivities and unveil the week's calendar of events. The event was very successful and well attended. It is noteworthy that TTRNA's pioneering group was initially from San Fernando, known at that time as the Certified Nurses of Trinidad and Tobago.

Keeping in line with ICN's theme each branch initiated innovative ways to empower nursing personnel. In celebrating nurses, each placed their unique spin to the celebration of Nurses Week.

On Sunday May 07th 2017, the annual church service and luncheon was hosted by Northern Branch at the Holy Trinity Cathedral Port of Spain, and City Hall Auditorium respectively.

Members journeyed from all parts of Trinidad and Tobago to participate in an interfaith service led by Father Carl Williams. Nurses, Enrolled Nursing Assistants, Midwives, Nursing students, distinguished guests and well-wishers gathered to pray for the nation, nurses, health of the population and others. Greetings at the service were received from The Honorable Minister of Health Mr. Terrence Deyalsingh, President of TTRNA Mr. Idi Stuart, Caribbean Nurses Organization Vice President Mrs. Gwendolyn Loobie-Snaggs, and the Trinidad and Tobago Midwives Association.

The Luncheon was also well attended

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TTRNA NURSES WEEK 2017

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and persons were treated to performances by the very talented Fire Services Musical Orchestra, renowned artist Guita Dan, Opera singer Mr. Arnold Phillip, Pannist. Nursing personnel and guests enjoyed the tasty meal while being serenaded by ace DJ Allan. In addition to hosting the Nurses Week annual Church Service and Luncheon, the Northern Branch held a seminar entitled "Bullying in the workplace: Putting an end to workplace violence". The Northern Branch also extends gratitude to all participants, without them this event would not have been a success.

The Southern Branch hosted an outreach and health fair at Harris Promenade on Tuesday May 09th 2017. Additionally, an aerobic burn out and walk to San Fernando Hill was held on Saturday May 13th 2017. The Southern Branch extends their gratitude to all their participants.

The Eastern Branch held three professional glamour workshops on the 08th, 10th and the 12th of May 2017. Participants learnt the basics in makeup and beauty artistry skills. The Eastern Branch was truly appreciative of the overwhelming support and response of the membership.

The Week's activities at Tobago branch commenced on Tuesday 09th 2017 with a financial workshop, which was hosted by Guardian life insurance where a pension plan was highlighted. In response to the needs of nursing personnel within the Tobago Branch a workshop on Domestic Violence was held on Thursday May 11th and Friday 12th 2017, this was well subscribed in light of the unfortunate death of one of our colleagues. This was followed by a session on 'Deepening Spirituality in the Workplace' on Friday May 12th 2017. On Saturday staff took to the street with a health walk where they advocated that citizens take charge of their health. Tobago branch also extend their appreciation to all the participants.

This year Nurses Week was successful, due to the overwhelming support of our valuable membership. Every need of Nursing Personnel was attended to, mind, body spirit...

LABOUR DAY 2017

80 YEARS OF STRUGGLE AND SACRIFICE OF THE LABOUR MOVEMENT IN SERVICE TO TRINIDAD AND TOBAGO..... Labour Day Theme 2017

"There was a proliferation of colours, blue, red, green, yellow and much more, all gathered in the name of labour unity, to fight a battle that seemed endless…. In defence of fair treatment for all"

Hurricane Bret was no match for the Labour Movement this year as nothing would thwart the efforts of President General of the Oil Workers Trade Union (OWTU) and President of the Joint Trade Union Movement (JTUM) Comrade Ancel Rojet from executing the strategic plan of Trade Unions' across Trinidad and Tobago.

JTUM joined with the Federation of Independent Trade Union and Non-Governmental Organizations (FITUN) and National Trade Union Centre of Trinidad and Tobago (NATUC) to host Labour Day celebrations this year. This was a unified effort in defence of workers in Trinidad and Tobago who have been faced with retrenchment and decisions made by Ministerial leaders that were not in their best interest.

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Trade union ??.. to be.. Or not to be?

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Being a trade union activist or to become involved in trade unionism is something entirely different. The Union is its members and its strength is in its show of unity and solidarity by coming to meetings, ventilating its ideas and concerns, attending protests and pickets, joining in solidarity with other member unions of the trade union movement, becoming educated on industrial relations issues, political activism as we lobby at the local and national and regional levels for better policies and laws to regulate worker employer relationships. The history of unionism has never been apolitical and is engrained in workers struggle for self-determination.

The camera focuses on a futuristic spacecraft against the background of distant galaxies. The narrator's voice proudly recites the guiding dictum: "Space—the final frontier. These are the voyages of the Starship Enterprise. Its continuing mission—to explore strange new worlds, to seek out new life and new civilizations, to boldly go where no one has gone before." With these words began each episode of the popular television series Star Trek: The Next Generation, which completed its final season in May 1994. (7) In many ways The Next Generation was simply an updated version of the earlier Star Trek series placed in a future era. In many ways the new Central Executive of TTRNA (the Enterprise) reminds me of The Next Generation crew of the Enterprise. They are more diverse than the former TTRNA Star Trek Enterprise crew. Change is also endemic to the collective consciousness of The Next Generation. More importantly their understanding of the quest of knowledge has changed, they have a new ecology. Their mission is no longer to boldly go "where no man has gone before" as with the former Star Trek crew, but "where no one has gone before"

The new TTRNA Central Executive has decided to put its house in order and attend to matters that have been too long undisturbed. Furthermore we have rebranded and have decided to reorient to our roots, to engage in trade union activism and stand in solidarity with the trade union movement - to boldly go where no former TTRNA Administrations has gone before!

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Labour Day 2017

Continued from page 13

It is quite fitting that the Labour Movement emphasized the number of years they have struggled against a system that favoured the "haves" over the "have nots". Coincidently TTRNA celebrates 87 years and it has been an evolution; to start as an Association with the focus of professional development to also assume the role of a union, where we actively advocate for the rights of Nursing Personnel.

This year the International Council of Nurses (ICN) theme **"Nurses a Voice to lead"** was used to send a clear message on Labour Day and act as a reminder to onlookers that Nurses are leaders in healthcare. Consequently, TTRNA made clear uncompromising statements on our placards. To name a few**: " No risk insurance = No patient transfer", "No to contract employment", "Mandatory continuing education for nurses", "Nurse for Minister of Health"**

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We also applaud our President Mr. Idi Stuart who stood among other leaders of the various unions to highlight the plight of nursing personnel and to also indicate the shortfalls within our healthcare system.

Labour Day 2017 was also used as a platform to mobilize all workers inclusive of nursing personnel to participate in a series of labour activities one scheduled for Tobago on Friday 7th July 2017 and another in Port of Spain on Friday 4th of August 2017. TTRNA will give their full support to these initiatives as the adage states **"If your neighbour house on fire wet yours"**

80 years of Struggle.....

The Trinidad and Tobago Registered Nurses Association joined more than 23 Labour unions on June 19th 2017, in Commemoration of Labour Day. It was indeed a memorable occasion as Union and Association leaders highlighted the challenges of workers and implored workers to keep on fighting for better terms and conditions of work. This refrain was a clarion call **"no retreat, no surrender".**

TTRNA extends heartfelt gratitude to all Nursing Personnel that braved the weather to participate this year.

Nursing Personnel celebrated Labour Day in style, taking the opportunity to highlight issues that are high on our agenda:

CELEBRATING NURSING EXCELLENCE - PART 2

Kathyann Thomas-Elbourne is highlighted as a highly qualified Nurse leader. She entered the Nursing Profession in March 1986 in a Batch of 80 nursing students destined to make history and in fact, it was a year for history making as the NAR won a landslide victory over the PNM later that year. This nurse has achieved a lot over the years even qualified in speech therapy.

Her career does not limit her ability to follow her other passions in terms of fashion and design (yes folks she designs and make clothing).

She was active in the PTA as the Education Officer and helped develop a website for St Pauls Girl Anglican which came in 2nd place in Ministry of Education website competition.

Mrs. Thomas-Elbourne also sings, dance and write plays. She wrote and produced a play titled "Cry from the Heart" which was aimed at educating persons on issues relating to HIV and AIDS. It was well received at 2 shows in 2008 at Creative Arts Centre and 2014 at Naparima Bowl.

The following is a brief listing of her career achievement:

• Graduated in 1990

• Entered school of midwifery in 1996 and graduated in 1997

• Worked on wards; 7 Surgical, 12 Medical, Nephrology, Intensive Care Unit (ICU), Accident & Emergency Department and Maternity Department.

KATHY-ANN THOMAS ELBOURNE
General Manager Nursing
South West Regional Health Authority

• Successfully completed the District Health Visitors' (DHV) programme in 2000

• Worked as a DHV in Siparia, La Brea and Point Fortin from 2003-2013

• In 2013 appointed as PCNM for County St Patrick West

• In 2017 appointed as General Manager Nursing (SWRHA)

1. **Please state your Current position/s.** General Manager Nursing South West Regional Health Authority (SWRHA), President Trinidad and Tobago Association of Midwives (TTAM) and Public Relations Officer (PRO) of the Caribbean Regional Midwives Association (CRMA).

2. **Previous titles/positions.** Primary Care Nurse Manager (PCNM) St Patrick West, District Health Visitor (DHV) Preceptor, Committee member TTAM

3. **Please state the number of years that you have been in the nursing profession.** 1986-Present (31yrs).

4. **What was the catalyst behind you choosing this career?** I was 17 years old and I had just completed secondary school and I was seeking employment. My first love was to be an art teacher but something inside me told me apply to do nursing also. Nursing called first and the rest is history!

5. **What has been the highlight of your nursing career?** To pick a single event as the main highlight of my career will be difficult because there are a lot to choose from but if I had

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Celebrating Nursing Excellence

Continued from page 16

to choose it will most likely be initiation of the Men's Health Clinic while in St Patrick West which has grown roots and is now a service provided by 4 health centres in St Patrick West.

6. **What are some of the challenges of your career choice and how you managed them?** Whilst we all have challenges, during my career if I must choose challenges it must be managing our human resource/staffing issues. I have overcome this by getting help and support. I recognized quite early that a good team is adequate to surmount any challenge.

7. **What is your vision for healthcare?** To see beyond walls to the possibilities on the other side. For us to be inspired and energized by one uniting vision: a future in which everyone has the best care and health possible through the use of best practices.

8. **What advice do you have for anyone in pursuit of a career in nursing?** Above all else put GOD first. Always ask yourself what do you want and where do you see yourself 5-10 years down the road and this will chart the course. It puts your career in perspective and helps you to determine your area of specialization.

9. **What quote, word or expression defines you and your philosophy in life?** Treat each day as if it were your last, that way you will give your very best today as you are not guaranteed tomorrow!

DEAR FLORENCE EDITORIAL COLUMN

I had a conversation with a retired nurse and she voiced that "you now a day nurses don't know how to behave," and went on about how the nursing profession going down. ***As a 'young nurse' I only follow what was taught; can you explain what does it mean to "act professionally" as a nurse?***

Respectfully

Young Professional

Dear Young Professional,

Professionals are individuals expected to display competent and skillful behaviors in alignment with their profession. Being professional then, is the act of behaving in a manner defined and expected by the chosen profession (Gokenbach, 2012).

Components of a nurse's professionalism include their attitude, appearance and willingness to help others. The nurse will always be judged by their personal behaviours and how he/she presents themselves to all those around. ATTITUDE in nursing is everything, the way in which we speak is important, what we say, when we say things, and our tone of voice when we speak to patients and relatives, can be interpreted differently. Our non-verbal response also

has a key role. Our facial grimace, and hand gestures when we speak can change a polite response to a 'hoggish' or rude answer. Action speaks louder than words

Besides communicating effectively, physical appearance plays a role in projecting a professional image. The nurse's personal appearance can determine if the nurse is approachable. A nurse in clean attire and a neat look makes the statement that he/she cares about themselves as a person and therefore should have the capacity to care about others. Maintaining a professional demeanor i.e. clothing, footwear, hair, fingernails etc. and knowledge of the nurse's dress code policy.

Willingness to help others, meaning make the care of people your first concern, treating them as individuals and respecting their dignity. The nurse should work with others to protect and promote the health and wellbeing of those in his/ her care, their families, and the wider community.

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INDUSTRIAL RELATIONS ISSUES

TTRNA has been inundated with new industrial cases brought to it by our growing membership. This is in part due to the increased and unjust disciplinary actions taken against nursing personnel by the management of the RHAs. We at the TTRNA have had to quickly restructure its activities to better cater for this influx of workplace disputes brought to its attention, while being able to manage its Industrial Relations ballooning cost. Notwithstanding these challenges, TTRNA has been successful to date in meeting our members expectations of timely and personalized representation when they have called upon us for representation.

Here are few of the current cases during the last quarter:

1-Male Nurse at NCRHA not given increments and paid vacation from 2007

The NCRHA, like other RHAs, have been ill-advised as to how to treat with Extended Sick leave and the benefits that are supposed to be accrued during this period. Employee has been attempting to get redress for this issue over a decade without success, resulting in loss of financial earnings and expected workplace burn-out. After hiring a prominent P.O.S attorney who intervened, but also recommended that this case will be better dealt with through his union. TTRNA has since stepped in and contacted the employer in May 2017.

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NURSING EDUCATION

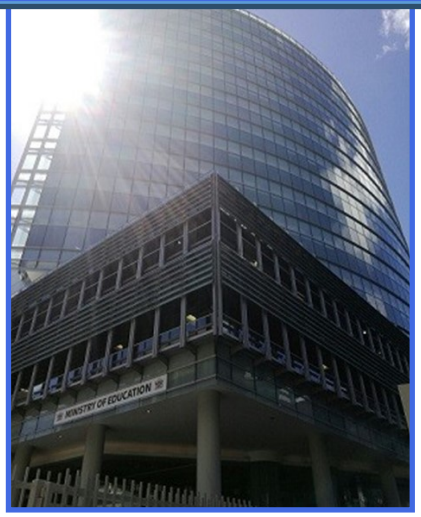
Following the Biennial General Meeting of the Trinidad and Tobago Registered Nurses Association (TTRNA) held at the Radisson Hotel Port of Spain, on October 25th and 26th 2016, this new executive has been tasked with several objectives to fulfill in a short period of time.

While TTRNA is pleased that the process has started in revamping nursing education in the thrust towards dragging the nursing profession and by extension Trinidad and Tobago healthcare into the 21st century…….

Top priority for the Association, is the Rationalization of Nursing Education. This emanated from Resolution 6 '**Urgent need to review the Basic Nursing Education Curriculum in keeping with the core values of the Nursing Profession**'. This was proposed by Ms. Beulah Duke and Seconded by Dr. Oscar Ocho and Mrs. Joycelyn Hackshaw, which was carried uncontested by those present.

This resolution, which forms a subset of the larger TTRNA vision, was immediately acted upon by this executive as we saw it as central to the revamping of the Nursing Profession. It cannot be that students of four (4) nursing schools, who are preparing to write the same Regional Examination for Nurse Registration (RENR), leave their respective schools with varying qualifications. That of Certificate in Nursing, Associate Degree in Nursing and Bachelor's Degree in Nursing.

Since coming into office in November 2016, TTRNA immediately began calling for a meeting with the Minister of Education via phone and letters



dated 16th December 2016 and 24th April 2017, who is ultimately responsible for all Nursing Education. This is due to the recent unification of the Ministry of Tertiary Education into the Ministry of Education following the 2015 general election.

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Nursing Education

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This meeting was eventually forthcoming after TTRNA lobbied the Minister of Health and the Minister of Labour for assistance in getting a favorable response from their Ministerial colleague.

The first meeting eventually took place on May 18th 2017, at the Ministry of Health Head Office, P.O.S, under the auspices of the Minister of State, in the Ministry of Education, Dr. Lovell Francis. Attendees included the TTRNA President, Directors/ Chairmen/Managers of the four (4) Nursing Schools, Nursing Managers from the four (4) Regional Health Authorities in Trinidad, Board appointed nurses in the (RHA), Nursing Council President, and Ministry of Health officials.

While TTRNA is pleased that the process has started in revamping nursing education in the thrust towards dragging the nursing profession and by extension Trinidad and Tobago healthcare into the 21st century, we are mindful of previous failed attempts and wish to assure the nursing population that we will not relent in our pursuit to see this project through to the end.

Although TTRNA is open to all points of view on the rationalization of education in Trinidad and Tobago, the Association also wishes to place on notice, to all parties concerned, that the following four (4) recommendations made at the first meeting, is not open for compromise:

1-The minimum entry requirement into nursing as a RN/RMN, must be a Bachelor's Degree in Nursing.

2-The minimum entry requirement into nursing as a Nursing Assistant, must be a Diploma in Nursing.

3-Only Schools who can deliver the curriculum at the Diploma and Bachelors level, should be allowed to offer training for student nurses.

4-Specialist Nurses, ought not to be trained at the Post-Basic level, but rather at a Post-Graduate Level.

The minimum entry requirement into nursing as a RN/RMN, must be a Bachelor's Degree in Nursing.

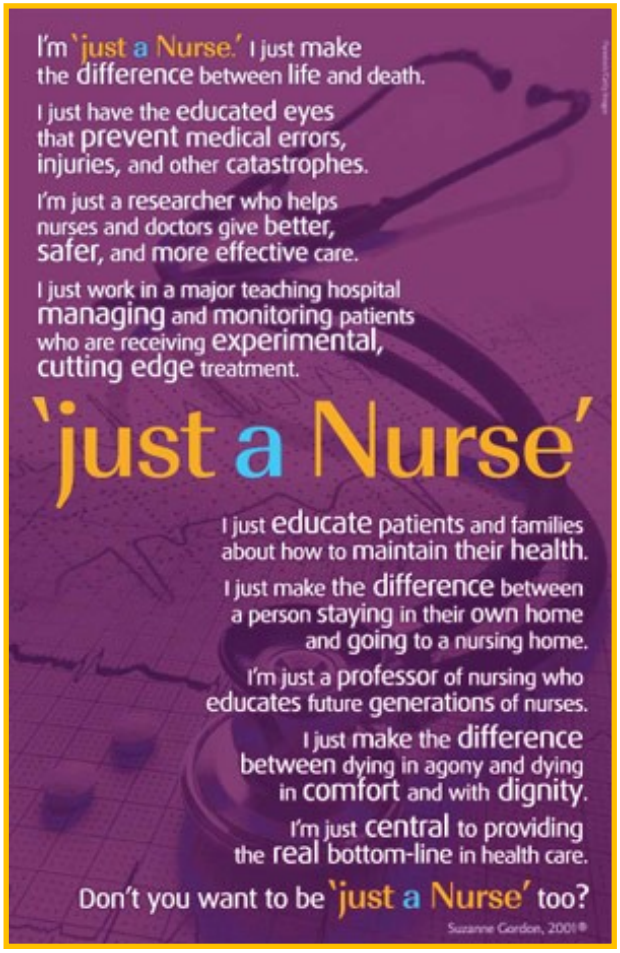
These areas of nursing education are so fundamental to the improvement of our noble profession and to the financial standing of nursing personnel, that each aspect of it will be dealt with separately in upcoming articles. While most persons on the above -mentioned committee are of similar forward-thinking inclination, there are those who wish to thwart our efforts. TTRNA promises to publicly highlight those who wish to pursue their own individualistic interest rather than those of the wider profession. There is no room for personal aggrandizement and self-seeking behavior in this struggle for the betterment of the nurse's given allotment.

As TTRNA continues to educate nursing personnel on matters that affect them, we also call on nursing personnel to engage the respective persons highlighted in this article, with a view to see what is there stance on these central issues of nursing education. We must become proactive in charting our future as nursing personnel, and not be dealt the short hand of the stick by other groups because we did not have a voice at the decision-making table. Always remember;

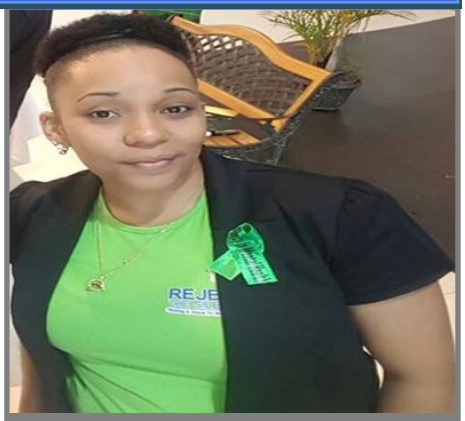
If you do not have a seat at the table, you are probably on the menu.

Idi Stuart

TTRNA President 2016-2018



REFLECTION: LESSONS FROM THE PAST



By Melissa V. Constance-Khan

When I entered into the field of mental health nursing 13 years ago I was clueless about the vast amount of stigma and discrimination that surrounded the career path that I chose. I remembered being filled with excitement, great expectations and an eagerness to care for those who needed it. Year after year those feelings slowly dwindled as I came face to face with reality on a daily basis. Mental health was, and still is the forgotten child, the black sheep, the bastard child of health care. Despite projections of depressive disorders moving into first place as the leading cause of the global burden of disease by 2030 (WHO 2017), it seems to be business as usual for mental health in Trinidad and Tobago. Within the WHO region of Americas, Trinidad and Tobago has the second highest prevalence of depressive disorders among the Caribbean countries. We have to ask ourselves, how far have we reached with mental health in Trinidad and Tobago and how far are we willing to go to correct the wrongs of yesterday and today? The concept that the knowledge of the past serves as a guide to the future is a widely accepted one, but are we using this knowledge to enhance our future in mental health.

How much progress have we made?

In the early 1800s, nursing was referred to as a menial job which involved all the usual duties of servants (Godden et al, 2011). These duties included cleaning the ward area, cleaning patients and waiting on the patients. Not only was nursing not recognised, but sickness was attributed to immortality and religious meaning (Helmstadler et al, 2011). Sickness was not given any anatomical or physiological meaning, and there was no formal training for nurses/female domestics. Psychiatry also struggled to be accepted as a reputable field. Prisons were used to house individuals labeled as mentally ill, while the Belmont Lunatic Asylum was established in 1858. The inmates received custodial care from medical officers and other caregivers who had no training or knowledge of mental illness. Several problems existed at the asylum; poor sanitation, overcrowding, lack of supervision and few recreational activities. Through the efforts of a doctor named Secombe, the St Ann's Lunatic Asylum was constructed and opened in 1902 (Glattetre, 2000). Family members brought their mentally ill relatives to the Asylum and abandoned them there, thus lifting their burdens of shame and of having to care for those relatives.

Mental health needs our urgent attention before the burden becomes too much to bear

Decades later, the hospital underwent two name changes, reflective of the significant improvements the field of Psychiatry experienced in the 1950s. Still, the hospital continued to face the problem of overcrowding, and both mentally ill persons and their caregivers continued to be stigmatised.

Can we really say that we've made some good progress in mental health?

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Reflections:

Lessons from the past

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I would say that we have made some progress, but it isn't progress that we can boast about, or tap ourselves on the back for. Our mental health policies and practices remain outdated, working conditions are poor, specialised areas in mental health nursing remain just a thought, the infrastructure has done its time, and it is now hazardous to the staff and clients. In 2016 I conducted a small research study involving 100 Registered Mental Nurses, which looked at satisfaction levels. The study showed that 86% of participants were not satisfied with the working conditions at the hospital, 85% were not satisfied with the policies and procedures of the organisation and 81% were not satisfied with the opportunity for growth and promotion at the organisation. Despite the progress in mental health through community care, mental health remains the bastard child of health care. Mental health needs our urgent attention before the burden becomes too heavy for us to bear.

Industrial Relations

Continued from page 18

Due to the unwillingness of the employer to retract from their previous position, TTRNA has now filed a Trade Dispute with the Ministry of Labour.

2-Female Nurse formally employed at NWRHA paid incorrect back pay in 2017

Once again, due to the misunderstanding of Extended Sick leave policy and pre-existing terms under the Civil Service Act, the employer has decided to deny benefits that the employee is entitled too. After initially granting Vacation Leave to the employee, a year later the RHA retracted their decision and recovered the bulk of the Nurse's back-pay in March 2017. The Nurse made numerous visits to the region, without making any headway.

The Nurse subsequently visited the offices of TTRNA and lodged her complaint, where the union immediately highlighted to the employer the fallacy of their stance. With no resolution to this impasse between the union and the RHA, TTRNA has now filed a Trade Dispute with the Ministry of Labour.

3-Unreasonable DHV workplace placement by ERHA in 2016

This issue was brought to the Union in 2016 after a member requested our intervention when the region placed her in a disadvantageous position. After unsuccessful attempts to resolve this issue within the region, a Trade Dispute was filed with the Ministry of Labour. Still without a resolution in early 2017, the matter was then sent to the Industrial Court for arbitration. Through the commitment shown on all sides for an amicable settlement, this issue matter has since been resolved between ERHA and TTRNA. TTRNA wishes to commend the RHA for the willingness to dialogue with the Union to prevent the escalation of workplace disputes to the Courts.

WHATS HAPPENING BRANCHES

EASTERN BRANCH ACTIVITIES FOR APRIL TO JUNE 2017

Child Abuse Prevention Seminar

19th May 2017 –

The Trinidad and Tobago Registered Nurses Association Eastern Branch, embarked on the fight against child abuse for the year 2017. A seminar to educate child care professionals of the signs, and prevention methods of child abuse titled, "**See it, Know it, Report it**" was held on the 19th of May 2017, at the Central Bank Auditorium Port of Spain. A total of 210 attendees, comprising of Nursing Administrators, Primary Care Nurse Managers, District Health Visitors, Midwives, Registered Nurses, Enrolled Nursing Assistance Nursing Students, Principals, Teachers, Guidance Counsellors, and Social Workers. Seminar packages, tokens, and a certificate of participation were distributed to all registered.

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Dear Florence Editorial Column

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He/ She should always be willing to provide a high standard of practice and care and be open and honest, acting with integrity and upholding the reputation of the nursing profession

Having outlined some of the ills which may be responsible for poor performance, the question arises, what can be done to reset the scales and distribute equitable amounts of professionalism and ensure best care is always practiced?

This debate is a very noisy topic, there are many persons looking on who all have with varying opinions. My advice to you young professional is simple and age old.

"ALWAYS DO YOUR BEST".

Be punctual... it is a good habit that will allow you to reap many benefits throughout out your career. Everybody likes early relief and your colleagues will gain respect for you in the workplace.

Dress appropriately for the workplace, wearing tight clothes draw unnecessary attention to you from staff and visitors and in an emergency, you may find it difficult to bend.

Avoid use of mobile phones in the workplace or in the view of the public, patients often complain they feel ignored because the nurses were on their personal phones.

Be your own researcher, find safe innovative ways to give care. In recent times, there has been a proliferation of too big beds with two small sheets. Ill-fitting sheets may cause grave injury to patients should they become entangled, they also make the area very untidy. Apart from reporting this issue to her supervisors a brave PCA tied the base sheets together to avoid them slipping off the mattress each time the patient moved in bed. Problem solved. She no longer spent her shift picking up sheets off the floor and the supervisor ordered longer sheets.

Supervisors appreciate problem solvers and your input in the workplace becomes more valued. Positive interaction among colleagues build team spirit and the workload seems lighter.

As professionals, nurses are also charged to keep current with updates and improvements in healthcare. As a member of your professional association you gain easier access to updates and have the benefit of nursing library services.

Use time alone wisely. Find a moment each day to breathe deeply exhale and examine your shift. Did you put your best foot forward? How could you improve your practice? Did you mentor someone today? Did you lead well? Did u serve well? Look around your workplace find positive role models. Do not emulate your head nurse if he or she is sloppy and inefficient.

Remember your 'Code of Ethics' and be guided by your employee handbook. This will enhance your practice and save you many heartaches and warning letters. Do no harm! Remember the patient is a person too, what if that were you lying in that bed? What would you want the nurse to do? Again, I say to you young nurse DO THE BEST YOU CAN DO! It never fails.

What's Happening Branches

Continued from page 21

Representing TTRNA Central Executive, the President, Mr. Idi Stewart addressed the audience; TTRNA Eastern Branch chairman Mr. Christopher Toussaint introduced the "Safe Space" concept for abused children to which money from the seminar will be invested into. Ms Christal Chapman a Senior Legal Associate of the Children's Authority spoke on Trinidad and Tobago Child Legislation and Mrs. Vandana Siew Sankar-Ali, Acting Assessment Manager, a Clinical Psychologist spoke on Adoption / Foster Care. Guest speaker Dr. Oscar Noel Ocho's, of UWI School Of Nursing presentation showed how childhood abuse can impact on the society in future years as adults. The Child Protection Unit represented by Eastern Division spoke on the realities of child abuse and cautioned on paedophiles and other criminals targeting children using social media.

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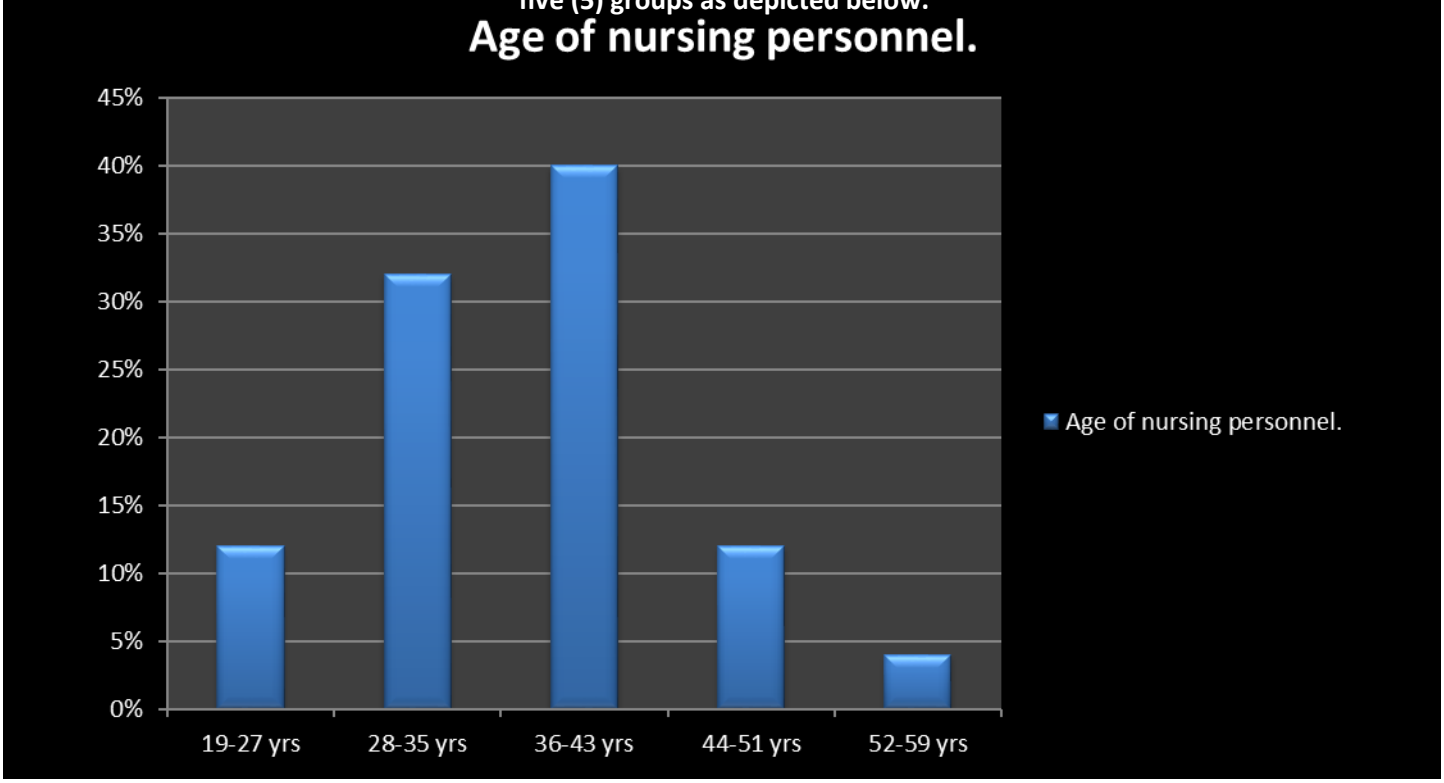
Nursing personnel who responded to the opinion poll question were among varying ages and were classified into five (5) groups as depicted below.



The majority of nursing personnel opted to accept the offers being made by foreign recruiters 88% acknowledged willingness while 12% were unwilling.

Participants gave a variety of reasons for their willingness to accept the offers from foreign recruiters, they express a generalized dissatisfaction. The chief of complaints were working conditions and remuneration. Listed below are the reasons given;

Remuneration/better salary

"overworked and under paid", "nurses are not properly compensated for their qualifications", "better incentives", "agencies provide good pay and adequate perks" and "the financial remuneration for nursing locally is poor when compared to international rates"

Health plan/insurance

- "no health plans or insurance"

- "these agencies offer health policies" nurses are treated like slaves"

Working conditions

-"Unfairness and victimization , short staffing ,exceeding night shift"

- "Because work conditions are poor and there is no growth and development for young staff nurses"

-"Nurses are not appreciated or respected in Trinidad. Furthermore, the working conditions are unacceptable"

Management practices and nepotism

- "The opportunities for career advancement are limited and challenging due to beaucracy and nepotism",

- "I will be willing to try something new because what I'm being offered here is basically nothing but poor management, ridiculous patient to nurse's ratio, and nursing managers who don't care about patients care. So yeah, given the opportunity to go I will. I'm fed up"

- "Totally fed up"

- "We continuously have to take embarrassment from superiors who blatantly show that they don't care once their shift is covered."

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Online Opinion Poll

Continued from page 22

TTRNA in both capacities as a professional association and a union have been advocating for better working conditions and remuneration for Nursing personnel across the various RHA'S. On our Journey to RMU status 50%+1 ;TTRNA continues to urge nursing personnel to join their nurses union in order for nursing personnel to be better able to negotiate terms and conditions best suited for specific 'nursing' needs.

INTERVENTIONS

Working conditions

"I will be willing to try something new because what I'm being offered here is basically nothing but poor management, ridiculous patient to nurse's ratio, and nursing managers who don't care about patients care. So yeah, given the opportunity to go I will. I'm fed up"

In regard to the cases of nepotism, discrimination and various other industrial relation issues the union aspect, TTRNA has engaged the attention of the RHA and/or other stakeholders. Thus ensuring that each employee receives equitable treatment and is able to work in an environment that facilitates optimum functioning .This will redound to patients receiving the quality health care that they deserve. Some matters however are currently being arbitrated.

Health plans/health insurance

TTRNA is currently engaged in discussions with various Insurance providers to provide its membership with affordable and comprehensive health coverage. Please log on to **www.ttrna.org** for updates on our upcoming group health plan. Members can look forward to a health plan that covers up to the age of 90 years.

Additionally, given the economic climate members are facing ,TTRNA has also recently collaborated with Digicel Limited to introduce a post-paid package to assist nursing personnel to engage in more prudent financial spending. Details of these post-paid plans can be seen on TTRNA's Facebook page.

TTRNA in both capacities as a professional association and a union have been advocating for nursing personnel via the different stakeholders in health for better working conditions and remuneration.

Noteworthy also at this time, is the collaborative relationship TTRNA has formed with ICN and Continual Alliance in Education to offer several online courses to its member to assist in enhancing each member academically and thereby improve the profession.. "TTRNA is working for you" but we need your help! Come join us to better equip the Association to meet your needs.

Submitted By:

Niela Augilera

What's Happening Branches

Continued from page 22

Attendees were entertained in dance by the T&T All Stars Association Dance Cheer, and monologue from the Rosemand's Vocal & Performance Academy. Secured parking was provided on St Vincent Street POS during hours of the seminar. A snack plate and take away lunch was shared at intermission and end of second session respectively. Thanks to major sponsors Ministry of Education, Scrub City, and Guardian Life Insurance, Nurses International, silent financial partners; ERHA and Nursing Administrator Lynette Francis for making this venture a success.

NORTHERN BRANCH

The Northern Branch hosted a Seminar Entitled "Bullying in the workplace: Putting an End to workplace violence" in response to numerous complaints of "Bullying" incidents. This Seminar was held on Wednesday 10th May 2017 at the Murchinson Brown Conference Room City Hall. Nursing Personnel from all Regional Health Authorities, Nursing Students from Costaatt, USC and MTEST and representatives from TUTTA and BIGWU were in attendance.

The speakers at this Seminar were specially selected and were as follows Ms. Avion Drayton-Bailey who shared a research report entitled "Bullying in the Nursing Workplace", Mr. Jason Ramcharran shared his research report on "The perception of Psychologically Violent Behaviours in the workplace", Ms. Shalene Bharath "Legal Implications of Workplace Bullying", Dr. Johnathon Vince "Workplace Bullying and Mental Health", Ms. Sabina Gomez "Workers' rights, Employers Obligations and Workplace Bullying", Ms. Gillian Wall "Conflict Resolution" and Comrade Ozzi Warwick "The Role of the Union and Workplace Bullying". The program scheduled was packed but well received by all who were in attendance reflected by some of the comments from our evaluation forms, in response to the question "what was the highlight of the day for you":

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What's Happening Branches

Continued from page 24

"Being informed about Bullying in the workplace; and gracing us with knowledge of how to cope with it and conflict management"

"Although all presentations were great, workers' rights, employers' obligations and workplace Bullying"

"Source of the things that I felt were normal such as gossip were actually bullying"

The President of TTRNA, in addition to the President of the Nursing Council, brought greetings that were well received and a monologue on Bullying was shared by Ms. Stacy Mahabal President of the Nursing Student Association. This Seminar was counted as a success and the Northern Branch will carry out initiatives to ensure that "Bullying" within the Nursing workplace becomes an issue of the past.

Northern Branch Upcoming Branch Events:

Branch Outing—October 2017

Breakfast Sale—September 2017

Bye Elections—September 12th, 2017

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7	6						2	4
9			7	6	8			5
8			1		3			7
6			2	5	4			8
1	8						9	3
		5				6		
		9	6	3	1	5		

Nursing Delegation

G	P	N	E	A	C	S	E	I	T	U	D	N	O
A	P	O	E	C	N	E	T	E	P	M	O	C	I
G	R	E	N	T	S	G	N	I	N	I	A	R	T
P	O	T	P	L	E	E	E	O	T	W	E	I	S
E	R	N	A	A	N	C	M	A	T	T	N	A	E
L	I	E	T	U	V	N	G	O	H	A	I	E	I
A	E	I	I	A	A	E	E	I	C	C	S	I	C
G	N	T	O	W	L	P	C	U	V	T	M	K	I
E	T	A	C	E	C	A	D	N	L	N	U	G	L
L	A	P	D	I	L	A	G	E	N	C	Y	O	O
G	T	C	O	M	M	U	N	I	C	A	T	E	P
I	I	S	U	P	E	R	V	I	S	I	O	N	S
S	O	Y	N	U	R	S	E	C	N	I	A	A	O
O	N	S	E	G	D	E	L	W	O	N	K	U	T

COMPETENCE

OUTCOMES

TRAINING

KNOWLEDGE

ORIENTATION

TASK

DELEGATION

PATIENT

LEGAL

COMMUNICATE

NURSE

POLICIES

DUTIES

SUPERVISION

ETHICAL

TRINIDAD and TOBAGO
NEWSDAY
Tuesday, August 8, 2017 guardian.co.tt

Foreign nurses axed from nation's hospital

ANNA-LISA PAUL

Even though thousands of workers have already been sent home from various ministries as Government struggles to find money to pay salaries and settle outstanding wage negotiations – foreign nationals have not escaped the effects of the shrinking economic

having its priorities straight, Stewart said retrenchment began in 20 after the current administration assumed office.

Claiming there was a chron nursing shortage at all pu hospitals and foreign nurses had been providing a supple mentary service, Stewart said other cuts in the industry had placed an even greater burden

the fact that they provided an invaluable service to the attending physicians.

Citing the lack of compensation as the main catalyst for persons not wanting to study nursing, Stewart said the huge disparity that existed between the salaries paid to doctors and consultants were "ridiculous."

the RN's to, "Do m than the basics right

He added, "There that nurses can off nursing care in th environment."

Indicating that sonnel intended to Ministry of Educat did not receive their the end of this mont said with four nursi throughout T&T–

mated that close to of applicants cou discourag