2016 Resolutions Presented to the June 20 Annual Meeting of Members

Resolution 1 — Supporting RNs to Voice the Contribution of the RN Role 1

Resolution 3 — Need for a National Nursing Consultation to Shape Directions for the Next Generation of Nurses in Canada, Preparing Them to Care for Canadians in a Rapidly Evolving Health-Care System 3

Resolution 4 — Made in Canada for Canada Approach to the RN Profession...........................5

Resolution 5 — Support for Urgent Remediation of NCLEX-RN Issues....................................... 7

Resolution 6 — Post-Traumatic Stress Disorder Policies and Legislation — Nurses Need to be Recognized 10

Resolution 7 — CNA Member Fees 14

RESOLUTION 1	Supporting RNs to Voice the Contribution of the RN Role

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) develop learning support materials that clarify and affirm the unique RN role contribution for two key audiences:

- For RNs: to help them better articulate the contribution and value of the RN role.
- For health-care leaders (employers): to help them better differentiate the contribution of the RN role from nursing roles from other members of the nursing family.

CARRIED

Name of submitters:

Rosanne Beuthin, RN, Megan Klammer, RN, (Victoria, B.C.)

Rationale:

- A discourse of financial efficiencies combined with limited budgets has employers clamoring to replace RN roles with lesser educated and less costly nursing roles across all health-care settings.
- RNs individually know their value and depth of contribution yet often struggle to articulate this clearly or with impact that positively influences leadership decisions about nursing staff mix.
- Scope creep of lesser educated nursing roles has made it less clear for managers to distinguish why and when an RN role is necessitated and how to optimize having nurses with differing scopes of practice work together.
- The RN role continues to expand and evolve in scope and yet the impact and potential of this for health-care improvements is not fully understood or easily conveyed to others by practising RNs.
- Many acute care employers imagine the RN role best utilized in highly technical, specialty care units, and this thinking reduces opportunities for RNs' contribution and influence across a patient's broader care journey.
- Many studies illustrate that higher levels of educated nurse roles lead to improved care outcomes for patients.

  Example scenario: A manager hints to RNs on a team that leadership is exploring replacing RNs with practical nurses. The manager believes practical nurses can perform all nursing tasks the RN does. The RNs are upset but silent, knowing their patients/clients have complex needs, but unsure how to make an effective argument. The RNs know that nursing care is much more than tasks alone, but they are often not able to put this into a sound argument that emphasizes critical decision-making and synthesis, and links to improved patient-care outcomes.

Relevance to CNA's mission and goals:

Giving RNs exact language that supports them to advocate for nursing's continued contribution in our health-care system aligns with CNA's goal to "promote and enhance the role of registered nurses to strengthen nursing and the Canadian health system," and it also ensures that nurses have the words they need to advocate, which aligns with the goal to "broadly engage nurses in advancing nursing and health."
Providing nurse leaders (employers) with clear information that supports them to see the value and continued need for RNs aligns with CNA's goal of serving the public interest and aiming for best care outcomes.

Key stakeholders:

- RN Associations
- Educators

Estimated resources required or expected outcomes:

- A Learning Support Tool (1-2 pager) that lists talking points, e.g.:
    - It is dangerous to think about nursing being reduced to skills and tasks. This reductionist mindset undermines the complexity of the care provided.
    - Competencies include knowledge, skills, judgment and attributes. RNs may perform similar skills as practical nurses but have a greater depth of knowledge and advanced ability related to:
        - Critical thinking
        - Clinical expertise
        - Leadership
        - Decision-making
        - Synthesis
    - How RNs and practical nurses work together in new collaborative ways.

References:

Bloom's taxonomy
Literature re: improved patient outcomes with RN care
Association of Registered Nurses of Prince Edward Island, Licensed Practical Nurses Association of Prince Edward Island, Prince Edward Island Health Sector Council. (n.d.). Exemplary care: Registered nurses and licensed practical nurses working together. Retrieved from http://www.arnpei.ca/images/documents/RNsandLPNsWorkingTogether.pdf
Canadian Nurses Association. (2015). Framework for the practice of registered nurses in Canada. Retrieved from http://cna-aiic.ca/~/media/cna/page-content/pdf-en/framework-for-the-pracice-of-registered-nurses-in-canada.pdf

RESOLUTION 3	Need for a National Nursing Consultation to Shape Directions for the Next Generation of Nurses in Canada, Preparing Them to Care for Canadians in a Rapidly Evolving Health-Care System

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) lead the development of a national nursing consultation with membership drawn from key national and provincial/ territorial nursing organizations representing professional associations, unions, education, regulation practice and nursing student associations to collaborate together to collectively set directions and shape the preparation of the next generation of Canadian nurses.

CARRIED

Name of submitter:

Cynthia Baker, executive director of the Canadian Association of Schools of Nursing, CNA member from Ontario in the independent nurse category

Rationale:

Canada's health-care system is facing a perfect storm of pressures that will require excellence and optimal performance from all players in our health-care system. Governments are digitalizing health care and reorganizing the delivery of services to meet the growing health-care needs of an aging population while facing escalating costs and dwindling financial supports. New models, new approaches, new health-professional roles and new responsibilities are emerging rapidly,

It is essential that the nursing profession collaborate together in response to this rapidly evolving environment to collectively advance the profession. Our colleagues in health professions such as medicine, pharmacy and paramedics have been successfully redefining roles, responsibilities and competencies expected of their graduates in light of the changing Canadian health-care system. The competencies (knowledge, skills and attitudes) required for optimal performance of nursing roles must continuously evolve to meet new health-care demands and new models of health-care delivery. No one nursing sector can be responsible for shaping future directions of the profession. If we are to ensure that the next generations of nurses are prepared to truly meet the needs of the Canadian population, and if our profession is to remain a cornerstone of the Canadian health-care system, we must work together. Collaborative effort produces optimal results.

Similar to the Medical Council of Canada, a national nursing council of Canada, composed of representatives drawn from national and provincial/territorial professional associations, associations of schools of nursing and regulatory bodies, would rigorously protect Canadians, sustain public confidence in our nurses and advance the profession by ensuring the next generations of nurses are well prepared for the transformation in health-care delivery occurring in the Canadian context.

Relevance to CNA's mission and goals:

Adoption of this resolution will advance all elements of the CNA mission. A national nursing consultation, with representation from all key nursing stakeholder groups, will allow representative groups to work together, to determine the priorities and direction for nursing for tomorrow and into the future. It will enhance opportunities to build strength in nursing leadership and promote nursing excellence, and the inclusion of all key stakeholder groups will provide opportunities for advocating for a quality health system that serves the public interest.

- Unifying the voices of RNs
- Strengthening nursing leadership
- Promoting nursing excellence and a vibrant profession
- Advocating for healthy public policy and a quality health system
- Serving the public interest

Key stakeholder Groups:

Canadian Nurses Association
Principal Nurse Advisors Task Force
Canadian Federation of Nurses Unions
Canadian Association of Schools of Nursing
Canadian Nursing Students' Association
Academy of Canadian Executive Nurses
Nursing Education Council British Columbia
Council of Ontario University Programs in Nursing
Colleges of applied arts and technology (nursing)
Quebec Region CASN
Atlantic Region CASN
Western-Northwestern Region CASN
Canadian Network of Nursing Specialties

Estimated resources required or expected outcomes:

Investigate sources of funding to support for a face-to-face meeting of key stakeholders to begin discussion of this opportunity to shape nursing for tomorrow.

References: **N/A**

RESOLUTION 4	Made in Canada for Canada Approach to the RN Profession

WHEREIN Canada has a long history in developing, shaping and advancing its own registered nursing profession to meet the values and needs of Canadian society, the Canadian health system and the changing health needs of Canadians themselves;

AND WHEREIN Canada has the domestic skill set and intellectual capacity to continue leading the nursing profession to best serve Canadians and the Canadian health-care system in a way that is consistent with Canadian values;

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) support a "Canada first" approach to the education, regulation and advancement of the nursing profession;

BE IT FURTHER RESOLVED THAT CNA work in authentic partnership with Canadian nursing organizations at all levels to ensure that all aspects of the preparation and professional development of Canadian registered nurses be consistent with Canadian values and ideals.

CARRIED

Submitted by:

CNA board of directors

Rationale:

Canada has a long history of developing and advancing our registered nurse (RN)/nurse practitioner (NP) profession to be responsive to the values and needs of Canadian society, the health system and the changing health needs of Canadians.[1] We are proud of the leadership we have demonstrated in shaping Canada's publicly funded not-for-profit health system, one that is premised on the provision of health services based on need, not the ability to pay. Ours is a system based on social justice that embraces interprofessional collaboration, primary health care and the social determinants of health.

The stewardship of our highly valued and trusted profession is changing. Various components of the RN/NP profession are being outsourced to other countries whose RN/NP education, regulation and context of practice (health system) are markedly different than those in Canada.[2,3,4] Registered nursing is the first profession in Canada to procure a number of foundational underpinnings of its profession from another country, including its entry-to-practice registration exam, nurse practitioner practice analysis, evaluation of internationally educated health professionals (against Canadian standards) and, potentially, education program approval. This trend is occurring despite Canada's proven track record of developing and effectively providing high-quality, internationally respected services and programs related to the assessment, evaluation and credentialing of RNs/NPs and to nursing education. Registered nursing is the only health profession in Canada not to use a Canadian entry-to-practice exam.

Canada must reclaim sovereignty over the RN/NP profession in such areas as education, regulation, and advancement of the profession and all associated activities. Such sovereignty should include, but not be limited to, registration and workforce data management as well as assessment, evaluation, and credentialing of nurses and nursing education. Relinquishing our historical and "made-in-Canada-for-Canada" approach that has served us so well risks creating significant, far-reaching repercussions with regard to the following: trade agreements;

costs to individual citizens and provincial/territorial/federal health services; human resources for health-care delivery; Indigenous people's rights and treaties; charter rights (including access to care provided in both official languages); and the reputation of the RN/NP profession.

It is acknowledged that there may be instances when a particular service must be procured from other countries, either because they have qualifications or competencies that Canada does not or because developing them in Canada is not feasible. These are not the types of outsourcing of concern here.

International collaboration among nursing organizations and countries is also recognized as a strength of Canadian nursing and we have long history in which such work has contributed to the development of nursing across the world. Such collaboration is also not the subject of this resolution.

Relevance to CNA's mission and goals:

This resolution is particularly relevant to CNA's mission to advance the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system. Furthermore, it aligns with CNA's objects, as defined in the Letters Patent (2013 revision), which is to promote profession-led self-regulation in the public interest.

The CNA board recognizes any actual or perceived conflict of interest over the fact that Assessment Strategies Inc., a wholly owned subsidiary of CNA, owned the previous RN entry-to-practice exam and could supply a future Canadian edition of the exam.

Key stakeholders:

Canadian Association of Schools of Nursing, Canadian Federation of Nurses Unions, Consortium national de formation en santé, Canadian Nursing Students' Association, Canadian Council of Registered Nurse Regulators, provincial/territorial governments, provincial/territorial nurse regulators, et al.

References:

[1] Canadian Nurses Association. (2013). *Canadian Nurses Association: One hundred years of service.* Retrieved from http://www.cna-aiic.ca/html/en/CNA-ONE-HUNDRED-YEARS-OF-SERVICE-e/index.html

[2] Canadian Council of Registered Nurse Regulators. (2016). Exams. Retrieved from http://www.ccrnr.ca/exams.html

[3] Canadian Council of Registered Nurse Regulators. (2015). *Practice analysis study of nurse practitioners.* Retrieved from http://www.ccrnr.ca/assets/ccrnr-practice-analysis-study-of-nurse-practitioners-report---final.pdf

[4] National Nursing Assessment Service. (n.d.). Frequently asked questions. Retrieved from http://www.nnas.ca/faq/

RESOLUTION 5	Support for Urgent Remediation of NCLEX-RN Issues

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) supports urgent constructive dialogue and resolution of the issues and concerns associated with the current licensing exam, specifically to advocate and call for action to the current entry-to-practice exam by collaborating with provincial jurisdictional associations, regulatory bodies and Canadian nursing students until issues are fully resolved.

CARRIED

Name of submitter:
Canadian Nursing Students' Association

Rationale:

In 2011, Canada's provincial nursing regulatory bodies, grouped under the Canadian Council of Registered Nurse Regulators (CCRNR), announced the formation of a contract approving the National Council of State Boards of Nursing (NCSBN), the current administrator of the American NCLEX-RN, to be the new administrator of Canada's entry-to-practice nursing exam (with the exception of Quebec and the Yukon). As of January 2015, the NCLEX-RN has replaced the long-standing Canadian Registered Nurse Examination (CRNE) as the official entry-to-practice nursing examination for nursing graduates. Well-founded concerns from Canadian stakeholders regarding the harmonization of the NCLEX-RN are related to the following national elements:

(a) appropriate reflection of the Canadian health-care system values;

(b) consideration of cultural competence with respect to Canada's First Nations, Inuit, and Métis populations;

(c) proper reflection of Canadian nursing programs; and

(d) representation of Canada's two official languages.[1]

Despite these concerns from stakeholders, the NCLEX-RN was officially implemented in Canada with less than desirable outcomes for our new graduates. In 2015, 9,048 nursing graduates wrote the NCLEX-RN and an alarming national first-attempt pass rate during this period was reported as 69.7%, significantly lower than the first-attempt pass rate for the CRNE (87%).[1,2] CNSA had reached out and advocated to national and provincial nursing stakeholders of the regulatory bodies, nursing unions, professional associations and government to engage in dialogue and support nursing graduates in regard to current entry-to-practice exam issues. We reached out to our members and past members to identify the key concerns for nursing graduates to best advocate on the most pressing matters related to the NCLEX-RN, both long term and short term. In October 2015, CNSA issued a press release expressing concerns of the first round of NCLEX-RN results. However, we felt that the concerns expressed in our press release[3] and its call to action were not adequately addressed in the response letter by CCRNR. Furthermore, there has been a lack of communication from CCRNR despite our multiple attempts to communicate and collaborate with them. In January 2016, CNSA released a briefing note that was agreed upon by our national assembly, outlining

the background, key concerns and recommendations of future actions in regard to remediation of the NCLEX-RN.

Specifically, CNSA urges CNA, as the national voice for Canadian registered nurses, for its support to instate a pause until NCLEX-RN issues are resolved on the basis of the emotional, financial and professional toll the NCLEX-RN has imposed on nursing students, graduates and the profession.[1]

Relevance to CNA's mission and goals:

The issues related to implementation of NCLEX-RN have huge impacts on the graduates, nursing workforce, and the nursing profession. Graduates who fail NCLEXRN are essentially 'orphans', as they are no longer students of the school of nursing and can no longer be employed (if their temporary license is revoked), therefore receiving no school or employer support in navigating their next steps and ensuring their success in overcoming these challenges. Both CNA and CNSA share the duty to protect these 'orphan' graduates, especially at these vulnerable times. The inability of graduates to enter the workforce in a timely manner due to these NCLEX-RN issues exacerbates the national crisis of nursing shortage. In addition, many graduates have their temporary license revoked after one or three unsuccessful attempts, which is specific to provincial legislation. As a result, many graduates do not have the opportunities to practice as a graduate nurse and improve their competencies after they graduate. Such delay to practice may jeopardize one's competence and consequently the public's health and safety. When these issues are not addressed appropriately, we risk the trust that the public and international community have for Canadian nurses and the nursing profession overall. It is important that we come together as a nursing community and resolve issues and concerns that have negative impacts on the future of nursing. Change requires a unified voice and together we can advocate for a change towards a positive future that protects our nursing students and our nursing future.

As such, this resolution proves its relevance to CNA's mission by:

- Unifying the voices of RNs
- Strengthening nursing leadership
- Promoting nursing excellence and a vibrant profession
- Advocating for healthy public policy and a quality health system
- Serving the public interest and specific goals:
    - To promote and enhance the role of registered nurses to strengthen nursing and the Canadian health system.
    - To shape and advocate for healthy public policy provincially/territorially, nationally and internationally.
    - To advance nursing leadership for nursing and for health.
    - To broadly engage nurses in advancing nursing and health.

Key stakeholders:

CNA, CASN, CFNU, CNSA, National and Provincial governments, provincial regulatory bodies

Estimated resources required or expected outcomes:

With immediate remediation the harmonized entry-to-practice exam will accurately test nursing graduates' readiness for entry to practice and ensure patient safety built around Canadian nursing curriculum and competencies. It will be an accurate portrayal of our nursing programs and health care system in respects to (a) appropriate reflection of the Canadian health care system values; (b) consideration of cultural competence with respect to Canada's First Nations, Inuit, and Métis populations; (c) proper reflection of Canadian nursing programs; and (d) representation of Canada's two official languages, across provincial jurisdictions. In addition, nursing students and graduates will be put in a position to strive and be appropriately tested on their competencies ensuring a safe and strong nursing future. CNA and CNSA will work in conjunction with one another and other nursing leaders as a unified voice for change on behalf of registered nurses and nursing students to protect the future of our profession.

References:

[1] Canadian Nursing Students' Association. (2016). NCLEX briefing note. Retrieved from http://cnsa.ca/publication/nclex-briefing-note/
[2] Canadian Council of Registered Nurse Regulators. (2016). *NCLEX-RN 2015: Canadian results*. Retrieved from http://www.ccrnr.ca/assets/2015-ccrnr-report-final-for-release-31-mar-2016.pdf
[3] Canadian Nursing Students' Association. (2015, October 21). Nursing students concerned with release of first round of NCLEX-RN results [Press release]. Retrieved from http://www.cnsa.ca/files/files/2015%20Documents/NCLEX%20Position%20Statement.pdf

RESOLUTION 6	Post-Traumatic Stress Disorder Policies and Legislation — Nurses Need to be Recognized

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) and its provincial and territorial members advocate that the federal and provincial governments recognize that RNs are at high risk for developing PTSD during their employment, so they should be entitled to benefits under the relevant legislation.

CARRIED

Name of submitters:

Gigi van den Hoef, B.Sc., RN, CCRP
Riek van den Berg, RN, MScN
RNAO Region-10 executive members

Rationale:

Post-traumatic stress disorder (PTSD) is classified as a trauma- and stress-related disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.).[1] PTSD is characterized by symptoms that include "intrusive or distressing thoughts, nightmares, and flashbacks derived from past exposure to traumatic events."[2] PTSD is associated with an increased risk of cardiovascular disease and several other chronic illnesses.[3] Women are more likely than men to develop PTSD after exposure to traumatic events.[4] It is estimated that "the lifetime prevalence of PTSD is approximately 7%."[8] According to *Out of Sight, Not Out of Mind*, a report submitted to the Government of Canada in March 2012, "85% of Canadians dealing with mental health problems approach their family physician first. Unfortunately, many healthcare providers, including physicians, have stigmatizing attitudes towards patients presenting with possible mental health problems including PTSD."[16] The laws across Canada vary and most provinces have excluded nurses except Manitoba.[17] We must act now.

On April 6, 2016, the Ontario legislature gave royal assent to Bill 163*, An Act to Amend the* Workplace Safety and Insurance Act, 1997 *and the* Ministry of Labour Act *with Respect to Posttraumatic Stress Disorder*.[5] The amended section in the *Workplace Safety and Insurance Act, 1997,* states "that certain workers who are diagnosed with posttraumatic stress disorder are entitled to benefits under the Act for that disorder if certain conditions are met. The section creates a presumption that posttraumatic stress disorder in those workers arises out of and in the course of the workers' employment, unless the contrary is shown." Bill 163 also "amends the Ministry of Labour Act to allow the Minister to collect information relating to the prevention of posttraumatic stress disorder in certain workplaces."[5] Bill 163 includes, specifically, firefighters, fire investigators, police officers, paramedics, emergency medical attendants and workers in correctional institutions or secure custody but it does not include registered nurses or nurse practitioners.[5] In Alberta, on December 12, 2012, first responders who suffer from PTSD are eligible for presumptive coverage through WCB Alberta. The first responders include police officers, firefighters, emergency medical technicians, and sheriffs. WCB Alberta's list does not include nurses.[11] On April 1, 2016, the New Brunswick legislative assembly approved the amendment of Bill 15, the *Workers' Compensation Act* for PTSD, excluding nurses.[13]

In British Columbia on February 23, 2016, Bill M 203-2016, Workers Compensation Amendment Act, 2016 was introduced and held its first reading the legislative assembly. The first responders post-traumatic stress disorder presumption in B.C. is currently excluding nurses.[10]

In Manitoba, Bill 35 is the only province that recognizes nurses, 'the government recognizes the leadership of several professions and their labour representatives for advocating for legislation that identifies PTSD as an occupational disease for presumptive worker's compensation coverage, including nurses, firefighters, first responders and other front line workers."[12]

In Quebec, Lavoie S., Talbot, L.R. & Mathieu, L (2011) stated, "emergency room nurses experience stress during traumatic events, for which they need support. It turns out that such support is insufficient, ineffective or non-existent".[6] Five-years later, Lavoie et al. (2016) state that traumatic events are "positively associated with peritraumatic distress (PD) in the days after the event"[7] and that "PD is positively associated with PTSD symptoms." In addition to nurses who work in the ER, nurses also respond to emergencies in air ambulances and as first responders. Palliative care professionals may also be at increased risk for PTSD symptoms.[8] Palliative care professionals "support traumatized patients, routinely witness medical trauma and death, and take responsibility for difficult decisions at the end of life."[8] PTSD is not unique to Canada. Abu-El-Noor (2016) published a paper on PTSD among health-care providers following Israeli attacks against Gaza Strip in 2014. The findings showed that health-care professionals "suffered from severe posttraumatic symptoms after exposure to prolonged war stress" and "warrants intervention programs to reduce stress and trauma."[9]

According to the Guarding Minds @ Work (GM@W) workplace guide from the Canadian Centre for Occupational Health and Safety, there are 13 psychosocial factors (PF) that are relevant to Canadian organizations and employees.[14] PF3 describes leadership as the foundation of the health pyramid.[15] GM@W states that, "sound scientific evidence shows that when businesses adopt policies and programs to address psychological health and safety, they incur between 15% to 33% fewer costs related to psychological health issues."[14]

Not only do nurses need to be recognized within the legislation as people who can experience PTSD, nurse managers across Canada need to be supported to implement policies for PTSD. We need to work with provincial/territorial and federal governments to recognize nurses within their policy framework and legislation.

Relevance to CNA's mission and goals:

This resolution will advance CNA's mission by unifying the voices of registered nurses and nurse practitioners and strengthening nursing leadership. Promoting nursing excellence, advocating for healthy public policy and serving the public interest.

This resolution will also shape and advocate for healthy public policy provincially/territorially, nationally and internationally, to advance nursing leadership for nursing and for health and to broadly engage nurses in advancing nursing and health, advancing policy and advocacy, and by building capacity through national research, policies and frameworks.

Key stakeholders:

All RNs and NPs who work across Canada.

Estimated resources required or expected outcomes:

The outcome of implementing this resolution will be advocacy resulting in universally recognized PTSD for nurses across Canada. CNA would be expected to maximize its current policy/political action resources, amend current legislation to include nurses and to add nurses to the current PTSD dialogue within each province/territory and to expand where necessary.

References:

[1] American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

[2] CADTH. (2015). Cognitive processing therapy for post-traumatic stress disorder: A systematic review and meta-analysis. Ottawa: Author.

[3] Wingenfeld, K., Whooley, M. A., Neylan, T. C., Otte, C., & Cohen, B. E. (2015). Effect of current and lifetime posttraumatic stress disorder on 24-h urinary catecholamines and cortisol: Results from the Mind Your Heart Study. *Psychoneuroendocrinology, 52*, 83-91. doi:10.1016/j.psyneuen.2014.10.023

[4] Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Medical comorbidity of full and partial posttraumatic stress disorder in United States adults: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *Psychosomatic Medicine, 73*, 697-707. doi:10.1097/PSY.0b013e3182303775

[5] Bill163*, An act to amend the* Workplace Safety and Insurance Act, 1997 *and the* Ministry of Labour Act *with respect to posttraumatic stress disorder*, 1st Session, 41st Legislature, Ontario, 2016. Retrieved from http://www.ontla.on.ca/bills/bills-files/41_Parliament/Session1/b163ra.pdf

[6] Lavoie, S., Talbot, L. R., & Mathieu, L. (2011). Post-traumatic stress disorder symptoms among emergency nurses: their perspective and a 'tailor-made' solution. *Journal of Advanced Nursing, 67*, 1514-1522. doi:10.1111/j.1365-2648.2010.05584.x

[7] Lavioe, S., Talbot, L.R., Mathieu, L, Dallaire, C., Dubois, M.F., Courcy, F. (2016). An exploration of factors associated with post-traumatic stress in ER nurses. *Journal of Nursing Management, 24*(2), 174-183.

[8] O'Mahony, S., Gerhart, J. I., Grosse, J., Abrams, I., & Levy, M. M. (2016). Posttraumatic stress symptoms in palliative care professionals seeking mindfulness training: Prevalence and vulnerability. *Palliative Medicine, 30*, 189-192. doi:10.1177/0269216315596459

[9] Abu-El-Noor, N. I., Aljeesh, Y. I., Raswan, A. S., Abu-El-Noor, M. K., Qddura, I. A. I, Khadoura, K. J., & Alnawajha, S. K. (2016). Post-traumatic stress disorder among health care providers following the Israeli attacks against Gaza Strip in 2014: A call for immediate policy actions. *Archives of Psychiatric Nursing, 30*, 185-191. doi:10.1016/j.apnu.2015.08.010

[10] Simpson, S. (2016). Excerpt from the official report of debates of the legislative assemby (Hansard), Bill: The Workers Compensation Amendment Act 2016. Retrieved from http://www.shanesimpson.ca/news/bill-workers-compensation-amendment-act-2016

[11] WCB Alberta. (2012). *First responders with post-traumatic stress disorder* [Fact sheet]. Retrieved from https://www.wcb.ab.ca/assets/pdfs/providers/HCP_PTSD.pdf

[12] Bill 35*, The Workers Compensation Amendment Act* (*Presumption re Post-Traumatic Stress Disorder and Other Amendments)*, 4th Session, 40th Legislature, Manitoba, n.d. Retrieved from http://web2.gov.mb.ca/bills/40-4/b035e.php

[13] Bill 15, *An act to amend the* Workers' Compensation Act. New Brunswick. (n.d.). Retrieved from http://www.gnb.ca/legis/bill/FILE/58/1/Bill-15-e.htm

[14] Canadian Centre for Occupational Health and Safety. (2012). What is Guarding Minds @ Work? Retrieved from http://www.guardingmindsatwork.ca/info

[15] Canadian Centre for Occupational Health and Safety. (2012). The 13 psychosocial factors in GM@W. (2012). Retrieved from http://www.guardingmindsatwork.ca/info/risk_factors
[16] Mood Disorders Society of Canada. (2012). *Post traumatic stress disorder: Out of sight not out of mind*. Retrieved from http://www.mooddisorderscanada.ca/documents/Advocacy/PTSD_Report_EN.pdf
[17] Ireland, N. (2016, April 8). PTSD legislation inconsistent for first responders across Canada. *CBC News.* Retrieved from http://www.cbc.ca/news/health/ptsd-first-responders-inequity-canada-1.3525518?cmp=rss

RESOLUTION 7	CNA Member Fees

BE IT RESOLVED THAT the Canadian Nurses Association (CNA) membership fee be increased by $2.75 for 2018, $2.90 for 2019 and $3.05 for 2020.

CARRIED

Submitted by:
CNA board of directors

Background:

The most recent fee increase, approved at the June 2008 annual meeting, was to cover membership fees for 2009, 2010 and 2011. The annual increase was to be equivalent to the cost of living based on the Bank of Canada's consumer price index forecast, issued in April of the preceding year. The last fee increase of $1.16 took effect on January 1, 2011.

In 2010, 2011, 2012, 2013 and 2014, options for fee increases for 2012, 2013, 2014, 2015, and 2016 were presented to the board of directors. The board agreed not to bring a recommended fee increase to the annual meeting of members.

Information:

The 2016 CNA membership fee is $54.95.