

**Cathy Crowe Newsletter #46 – Special Nursing Week Edition  
May, 2008**

1. **Think you know NURSING? Take a closer look! Meet my mom - Jean Crowe.**
2. **Film Review: The Right to Care (Laura Sky, 1991). By Elizabeth Lee, Nursing Student.**

1. **Think you know NURSING? Take a closer look! Meet my mom - Jean Crowe.**

*“I am a nurse. I knew from the age of five that I wanted to be a nurse. Why? Certainly one reason was that I saw my mother going off to work in her crisp, white nursing uniform and cape, and I sensed that to be a nurse would be rewarding.”* Cathy Crowe, excerpt from ***Dying for a Home*** (Between the Lines, 2007)



Nursing Week every year uses a different slogan and I have never really felt they captured the ‘dance’ of nursing. Consider these: **‘Promoting healthy choices for healthy living’** (surely nurses know that’s a hard thing for poor people to do), or **‘Nursing: patients first, safety always’** (did this slogan follow some horrible inquest?), or **‘Nursing: knowledge and commitment at work’** (everyone knows nurses have knowledge and commitment). This year’s slogan is **‘Think you know nursing? Take a closer look’**. So, I thought to myself, okay, let’s take a closer look.

*My mom, Jean Crowe was born Jean MacInnis in Stratford, Ontario and trained at Toronto General Hospital (1942-1945). She worked as a Trans-Canada Airline stewardess and with the Victorian Order of Nurses, but for close to 30 years she worked in emergency departments (Cobourg General and Kingston General). She retired around 1975 but returned to work for a couple of months as*

*the first nurse at Collins Bay Penitentiary. She later took up real estate. My mom remains keenly interested in politics, health care and nursing. Her sister was a nurse, her brother a hospital CEO, her daughter and her niece are both nurses.*

*I grew up listening to some pretty dreadful emergency room stories, where the nurses were the heroes. That probably had a lot to do with my decision to go into nursing. When I visit, mom and I always talk nursing. I shared with her some of my recent disappointments with nursing and I was reminded that she continues to have very strong opinions on nursing.*

*The following is an interview where I asked my outspoken nurse/mom some things I was interested in knowing her thoughts on. I hope this helps you to take a 'closer look' at nursing.*

**Me: You told me last night that you have a policy of never watching medical shows like ER or Chicago Hope. How come?**

**Mom:** Yes, because I'd done the real thing. I worked in Emergency and I knew that I would be nitpicking if I watched those shows because I would think they didn't really portray what was happening in Emergency. I think people really like these shows and they probably give people an idea of what it might be like in Emergency.

When I worked in Emerg, it could be a lot of fun. Once, when **MASH** was on TV on a quiet night, the interns got all dressed up and one made himself big huge teeth and wearing a nurses' cape he said with a Dracula type voice "who do I see next?" The staff had wheelchair races, they did a lot of funny things, and they kind of enjoyed life ....medicine was simpler then – back in the 60's.

It could be just awful too. I remember the night shift at KGH (Kingston General Hospital): no security, no secretary to admit patients, only an older practical nurse, who was so wonderful. She had been there for years and was so knowledgeable. We had the Satan's Choice gang come in en masse one night with one of the gang members bleeding from a knife wound. They invaded the emergency department's rooms! Well, I put my hands on my hips and told them they had to vacate our space immediately or I would not call the doctor to look after him (The doctor was catching a few snoozes since they worked 24 hrs. plus). They huddled and looked at me, then left and we got the doctor who stitched up the patient, who was not that badly hurt and his cronies took him home after thanking me profusely! We had some very bad trauma cases where children were killed and I had student nurses rush for the bathroom in tears. I would have to go in and lecture them that you can cry at home at what you see in Emerg, but your duty at work was to look after the patients. I also remember the farmer who rushed in screaming "I've just sawed my wife's leg off...help, help!" The leg was just hanging, the wife was the coolest person you ever saw, so concerned about her husband. Sent to the OR where it was cleaned up and

the stump amputated. A few days later, she came looking for me (in a wheelchair) with her husband to thank me. Never a dull moment.

***Going back to the media and movies, you know how I am about movies - have you seen any movies where you think the portrayal of the nurse was really right on, or incredible, or bad?***

When you think back to ***One Flew over the Cuckoo's Nest***, that was unbelievable, the nurse in that was just dreadful and unfortunately sometimes they're like that (laughter). Sometimes they're not very nice. I usually avoid medical stories and I never, never bring them home from the library, even though I read a lot of books. I never bring home a novel about all these mysterious illnesses and people dying. I'm not really interested in that.

***You and I are both a bit frustrated with nursing's professional bodies right now.***

Very much so. I have always been very frustrated with them. When I went in training back in 1942 there was no such thing as RNOs or anything like that. Of course, nurses in those days were really slave labour. They weren't wonderful days. Some of my compatriots will say 'oh the good old wonderful days'. They weren't wonderful days. You worked 12 hours a day, six and one half days a week, our half day off started at noon so you never got to sleep in - never. The one good thing about it is we got wonderful training. Our supervisors had done what we were doing; they had risen up to their positions by working their way up to them. The thing I find the worst today of the nursing profession, and this may not come out right, is putting nurses out and giving them degrees before they barely set foot in the hospital. They should have had to do an internship like doctors do, rotating through surgery, etc. and absolutely no administrative work – just patient care. When that doesn't happen, you have nurses finishing the courses, which are wonderful and in this day of complications and machinery, are probably necessary but they are not able to nurse.

***When they brought in the requirement for the university degree, it was around the time that they also brought in nursing diagnoses and nursing theory and they thought those steps would elevate the profession. Do you think it worked?***

NO, because without practical experience, if you can't relate to the patient on a one-on-one basis and look at them and think about them and assess them, book learning won't help you pick up needs and problems. Years ago one of the first duties of the day for the Head Nurse was to make rounds in the morning when she came on. With computers today, everyone sits huddled around a computer. She used to make rounds; she would go from patient to patient. She could tell by looking at them: 'if they're doing better than last night' and she would advocate to the doctors if Mrs. Smith was not doing as well. I was in the hospital several

years ago and I couldn't figure out who the Head Nurse was so I asked the nurse that was looking after me and she said "there isn't one, we all take turns". I couldn't believe it. I watched who was running the floor and it was the clerk. She was doing a fair job, but it wasn't the job she should have been doing. She was beyond her depth.

***What are your observations as a patient about nurses in hospital?***

It's so disappointing. I'm so disappointed in them. It's not their fault. It starts at the top with the CEOs of the hospital. The way hospitals should be run, well they should have a manager for budgets and things like that but they should have no say about staffing requirements because they know nothing about it. There should probably be a co-chair that should be a doctor and a nurse who decides how much staff is needed in certain areas. This is why I like nurses to have worked from the ground up doing patient care. If you haven't done patient care, you never know how long it takes to look after certain types of illnesses and you can't sit in your ivory tower and say they can get along with 5 nurses on 8-4 shift when they probably need double that number. The CEOs have been making these decisions and they affect how patients are treated. It starts at the top. So, for example, at the Kingston General when I worked in Emerg, I was horrified at how nurses talked to patients and they still talk rudely to patients in my mind. The Hotel Dieu treats patients altogether differently – a different culture.

***So you think the different culture at different hospitals comes from above?***

It starts with the CEO and for the most part, they don't respect nurses. I don't know what will happen with nurses because you cannot have a good hospital, unless you have kind and compassionate nurses that doctors LISTEN TO. Doctors think they're in a zone all by themselves right now and they really do resent nurses doing work that they don't think they should be doing. I don't think they have ever accepted the Nurse Practitioner properly. Yes, they'll have one in their office or clinic but maybe they will still have them do all the grunt work while they sit in their office. I see that. They're not respected. I do think that goes back to how doctors are trained. I have a real thing about doctors' training. When I worked in Emergency in the 60's, when we got the new interns, my fellow nurses would say "where do you think he trained?" I could always pick them. I have to say I have a great fondness for McMaster. They seem to have picked the people to be doctors that really liked people, really wanted to be doctors.

***What about nursing schools?***

I don't really see the difference in the nursing schools.

### ***What do you think about teaching hospitals?***

Being older, I really resent my generation being used as guinea pigs when we go in hospital but that's more to do with doctors than nurses.

### ***Do hospitals have enough nurses yet?***

I wish George Smitherman (Minister of Health in Ontario) would close down hospitals that hire so many part-time/casual nurses. They don't have the compassion and the decency to hire a full-time nurse so she gets the full benefits of the job. For example, I went shopping one day in the grocery store and the woman ahead of me in line was having a nice chat with the clerk. The woman said "Oh I thought you would be working today Susan?" The clerk replied: "No, I can't wait for the call-in in the morning". The woman replied, "Well my daughter got called about 7:30 this am." The clerk replied, "But, I have a baby, and I can't do that, so I have to work here three full days a week because I can be assured to get the same three days a week and then I can afford to wait at home and hope I'll get called to the hospital on other days." She said "I didn't go to university to do this. I'm going to have to move out of Kingston."

### ***The grocery clerk was a nurse?***

She was a Registered Nurse, working as a grocery clerk because she could plan for work there Monday, Wednesday and Friday. Three full days, so then she could plan and make a down payment on her home. The clerk said: "So here I am, making minimum wage and I've graduated from university. This isn't what I thought it would be like."

### ***Will you tell me again what it means, the phrase 'They eat their young'?***

My grandson was dating a nursing student and he brought her over for dinner. I asked her what she thought of nursing. Not one new grad in her class had gotten a full-time nursing job in Canada. She looked me right in the eye and she said 'I don't like certain things'. I asked her "What do you mean?" She replied: "**Nurses eat their young.**" What she meant was that there is a real antagonism between the long-standing nurses and the new university grads. I have seen this as a patient lying in the hospital. Older, experienced nurses feeling threatened by new university grads who are sometimes forced to work in areas that aren't their specialty. When they juggle nurses now, it may mean that a paediatric nurse might have to work on a general medical floor in order to keep her job and then the next week be rotated to the coronary floor. How can you get good care? I was on the maternity floor when I had surgery recently. To show you what that floor was like, an older woman in the bed next to me told me she had had a big growth removed and she should have been discharged 3 months ago but "all this green stuff began pouring out of my stomach – so they kept me longer." Well how do you think I felt? I felt very sorry for her. She was from a farm and she

hated the hospital because the air was bad. But, I wanted to isolate myself from her. I was able to get up and I went down the hallway and washed in the public bathroom that visitors used. I was never brought a basin post-op and I never used that bathroom in my room.

***So you were essentially in a room, post-op yourself, with someone with a major infection - on a maternity floor?***

Yes! On a maternity floor! And they wonder why they get bugs! The one thing we learned years ago was technique and the sterile technique was so drilled into you. You see, I think nurses that are promoted to the 'head office' have to have had floor experience. They have to go down to the floor and walk around. They are in \$100,000 plus jobs. Could they not get out for one hour a week and see what's going on and be nice to people? The morale is horrible, so the nurses hate their jobs and that translates to the patient. It's all about money.

***Have you seen any improvements as a result of the nursing groups?***

No, I have to say I'm disappointed with the nursing associations. I had so much hope. I cancelled my membership in the 60's. They were doing nothing. They talk a good talk but they don't walk the walk.

***The film that Laura Sky made in the 90's called 'The Right to Care' showed how nursing services were increasingly contracted out, how nurses were losing their benefits, how nursing was being privatized and health care was becoming corporate. It sounds like you've seen all that happen?***

Yes, I have seen it all and it's all political.

***Would you encourage someone to go into nursing today?***

No, oh no, absolutely not! (laughter)

***Why? (laughter) You encouraged me!***

Because there's no future in it. There's no future in it. Why would you want to go into a profession where you are going to be treated poorly?

***Well, when I went into nursing it was like, you'd have a job for life.***

Yes, it was. Mind you I always thought it was a very hard profession. When I went into training in the 40's I have to be honest, I really didn't go into it to look after patients and help people who were sick. I was very selfishly motivated. I went in because I had read a Readers Digest book when I was ten years old where they talked about airline hostesses. And I thought I'd like to be an airline hostess, and to be one you had to be a RN. Well, I was ten years old, and to

show you how stubborn I am I went into training simply to get my degree so I could be an airline hostess. When I got into training, now it was wonderful training, but actually we had some of the most miserable old ladies training us that there ever were. They were what we called spinsters in those days – they were miserable ladies and it was known that if you were young and attractive you'd be in trouble because they just hated good looking girls.

***What did you do?***

When I finished my training I was so burnt out from being treated horribly by them as if I was a little cog in the machine that I became an airline stewardess. It was a dream job. I worked three days a week. I made three times the money. You have to realize when I flew you only had about 12-18 passengers, they were all men, there were no children, there was no food served. It was altogether different than it is now. I did that for two years until I married and then you weren't allowed to be married and be a stewardess.

***Do you see nurses today still fighting the same old challenges?***

Oh, yes it's so disappointing. They're not even thought of as well as they were. Nurses were highly thought of. I did VON (Victorian Order of Nursing) for a while, visiting poor families in the old meat packing area in Toronto. Oh – the poverty. We were so well thought of in Toronto that the trolleys would stop for us if they saw us walking a long with our bag, to give us a ride. That was how highly we were thought of. VON is one of the most wonderful organizations that has been treated abominably. They are barely surviving, forced to fight to keep their contracts for home care. As a result, home care has deteriorated so badly.

Look at our politicians. They're all so crummy. They get into office and power and they just don't know what it's like any more. They spend our money like water. There would be piles of money for health care and piles of money for housing if our money was spent properly.

As for our health care system, we need another Tommy Douglas who can reinvent the whole concept of giving good proper health care without breaking the bank. It seems as if everything our politicians touch ends up in pathetic mismanagement.

***Every year in early May there is something called National Nursing Week. Sometimes nurses write letters or hold a press conference, or visit politicians. Is that enough do you think?***

Oh no, it's so pathetic because they don't stand behind each other the rest of the time. They don't stand behind each other. What is the point of it? The problem with nurses is they need a strong union that really works for them, that will support them if they have to go out on strike. To think I would even talk about

nurses going on strike is horrible because how can you do that with sick patients? It's such an impossibility but that's the club that's held over nurses' heads. They can't do anything like that. So nurses get 'laid off' or fired to put it bluntly. The ones left with seniority then have to work harder or in an area not of their choice. So where does the care about the patient come in from the nursing organizations?

***Another example of nurses 'eating their young?'***

They do eat their young. I got that right away.

***I've never understood, in some of the nursing magazines and at the profession's conventions and job fairs they allow American companies to advertise or have stalls to recruit our nurses.***

Yes! Well they treat nurses like goddesses down there. They always did. In the 40's or 50's they would have paid my way down there, found me an apartment, money to fly home for vacation. I couldn't go. I wouldn't have thought I was Canadian. But they know how to treat nurses there. Of course the rest of their health services is the pits. They also know how to turn you away from hospitals if you don't have the money.

***What do you think the future of nursing is?***

I don't know what the future is for nursing until people realize that there is no health system that can survive without good nurses. No way. I would even go to a hospital where I dislike the doctors intensely if I knew I was going to get good nursing care.

***What would you say to individual nurses and students to help them survive the next 5 years.***

I really don't know.

***We're going into a recession – any thoughts?***

The thing about a recession is that people sometimes are so glad to have a job that they start giving their best to it. When I think back, nursing exemplifies what is wrong with our whole world right now. We are too money oriented.

***Do you think individual nurses are playing a role in health care politics?***

No, not at all, not a bit. No, they're not politically minded. I've been very critical of them but they're mostly women and they're trying to manage their households and their children and with all the stress at work.

### ***Speaking of stress for nurses, what do you think looking back on SARS?***

We were so lucky and it was nothing but blind luck that saved it from getting so much worse. The SARS episode was so poorly handled and it could have been such a disaster. The shining star was Dr. Sheela Basrur, who worked so hard and who kept the public informed to the best of her ability. The disappointing part for me was the poor reaction by the medical doctors who did not make proper use of the knowledge given them by the nurses who were actively engaged in nursing these patients. When I think of the homeless, people on the streets, the number of people travelling then! The inability of the government to use common sense in so many ways is so bad. I think the SARS outbreak showed that.

### ***Who is your favourite politician?***

I love George Smitherman. I have to call him George. I've adopted him. People can make fun of him for the diaper business but I have never known a Minister in the government to actually show how much he cares for the people he's looking after. He was down here speaking and actually lost his temper with the Kingston General and I laughed and laughed at that because they deserved it. I just wish that he'd see that the Kingston General is a bottomless coal pit that is just burning the money up and it's not going anywhere.

### ***Anything else you want to say?***

No, I think I've said far too much. Just imagine how wonderful it could be to be a good nurse in a wonderful hospital. A good nurse is irreplaceable.

## ***2. Film Review: The Right to Care (Laura Sky, 1991). by Elizabeth Lee, Nursing Student***

'Think you know nursing? Take a closer look', is the reprised theme for this year's National Nursing Week. Note the word 'reprised' here; nurses are calling upon the public for its 2<sup>nd</sup> consecutive year to recognize the ever multi-faceted nature of their profession in hospital and community settings alike.

In the spirit of Nursing Week, it was only fitting for Cathy Crowe to place Laura Sky's documentary, ***The Right to Care***, in my hands with the challenge of "taking a closer look" at nursing issues then and now. So what were the issues then? What are they now? Are they the same? If not, how have nurses acted to change the situation?

Following the stories of six nurses, Sky highlighted the major dilemmas these nurses each faced: first, recognizing that health care was being increasingly approached utilizing a business model, and secondly, identifying how this

approach subsequently compromised their *right to care* for their clients adequately.

“Freaked out, mad and scared,” were prevailing emotions described by the nurses when discussing how health care was increasingly being run like a business. One recovery room RN, Shelley O’Neill, charged that the health care system in Ontario was becoming “Americanized”; it was becoming completely profit driven. Business terms such as “product-line management” were tossed around frivolously at the workplace, describing diseases as “products”: products with an expected timeline and expiry date. These nurses struggled with this reproachful attitude towards patient care, as they consciously knew their patients were receiving inadequate care. The patients were being squeezed out way too early from the health care system back into a community that lacked resources to sufficiently support them. A mother, Leanne Baker, was filmed performing nursing functions for her son, such as suctioning his tracheotomy, due to cutbacks and overload for existing workers to support them.

The nurses readily identified how this approach was harmful to their own profession. Pressured to provide tangible outcomes to validate funding requests, Fran Perkins, a Public Health Nurse (PHN), described her work as being restricted to the capacity of “purely prevention and promotion,” emphasizing that “prevention” did not expand beyond providing immunizations because other nursing actions (i.e. caring) could not be quantitatively measured and thus, not validated.

Many nurses also spoke of their struggles to be proactive within their profession and stand up for their patients, describing their toxic work environment as a “Catch-22” situation: should they choose to be complacent in their decision-making to attain the promotion, or should they choose to satisfy their moral conscience and suffer professional wrath? More so, could this complacency have been afforded in the face of health care cutbacks?

The nurses consciously knew they were also being squeezed out of their professions, as health care entered an era of “restructuring for flexibility,” a euphemism for laying off full-time employed (FTE) workers in favour of part-time/casual staff (or “flexible,” as administrators would call it). As a student nurse myself, watching these nurses describe their professional dilemmas really affected me, as I was well aware that they were filmed right at the beginning of a tumultuous decade for nurses. The decade was well-marked with a mass emigration of Ontario RNs to other countries, namely the United States (RNAO, 2001). A large majority (62.7%) in a Registered Nurses’ Association of Ontario (RNAO) survey (2001) cited downsizing, or lack of employment opportunities or lack of full-time employment as being the primary reasons for leaving the province.

Curiously, the open discussion forum with the nurses in the film showed the strength and vivacity that nurses could possess in speaking for their patients' rights and their own professional rights alike. The realization that it would be necessary to come together as a collective to strengthen professional action produced a poignant moment that epitomized the rise in nursing professionalism that exists in today's nursing organizations.

Today's RNAO celebrates triumphs in successfully advocating for government job retention initiatives, such as seeing that RN full-time employment continuously rise towards 70%; a New Grad Initiative that guarantees full-time employment for new Ontario graduates; and enticing existing nurses to stay in Ontario by participating in the 80-20 initiative, which allows older nurses to practice 80% of their hours in their existing health care settings, then utilize the remaining 20% for advancing their individual pursuits in research and mentoring.

Nurses are also realizing their potential to be powerful advocates in the political arena. Their focus on building healthy public policies ultimately embodies the fundamental nursing values of caring and social justice for their client population. This potential should not catch the public by surprise. Sky was deliberate in showing this potential: what did Perkins mean when she suggested that nurses should be working on policy issues? To this, Perkins was apt in her response, "Nurses work at the ground level and directly with the patients. We are the ones that actually know what is going on and can provide a credible voice speaking to the humanity of our clients."

With this realized capacity, nurses continue to evidently play on a complex playing field intertwined with politics and business, but it is clearly not a new game. Sky is purposeful, but not biased, in her efforts of portraying healthcare as being heavily caught in a political web that is driven heavily by economic profits. The future calls for nurses to continue gaining the tools to dance, but they must also never forget who is most important of all: the patient.

***The Right To Care*** can be ordered from  
VTAPE – [wandav@vtape.org](mailto:wandav@vtape.org) or 416-351-1317  
It is \$100 for community organizations and hospitals and \$30 for individuals

### ***Happy Nurses Week! Cathy***

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