

BULLETIN

## RPNs benefit from HSA advocacy

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by LAURA BUSHEIKIN



**fter more than 25 years** as a registered psychiatric nurse, Val Barker is not shy about pointing out that her profession hasn't always got the respect it deserved. But she's even more keen to explain that things have improved for RPNs over the years ... thanks in part to decisive representation by HSA and the efforts of the unions RPN activists, like Barker herself.

-When I first started out, RPNs had a very limited role in health care. It was almost as if we were subordinate to RNs; for instance, we couldn't work a night shift without an RN present. RNs were held in greater esteem and the wisdom of the day was that they had greater skill levels ... but I never observed that," says Barker.

In the mid to late 80s, RPNs went through quite a transformation, she says. -Our roles in health care expanded. I remember at that time I did some work in a long-term care facility; that was almost unknown then. The director had never even met an RPN before!" Since then she has seen a steady improvement in RPNs status, opportunities and conditions.

-The union has been great at supporting a broader utilization of RPNs in the health care system," she says.

The first big grievance HSA launched on behalf of RPNs was for recognition when an RPN was in charge of a ward. There have been many more fights HSA has waged on behalf of RPNs, ensuring that this specialty is recognized as the caregiver of choice in the mental health field.

Barker has worked at Lions Gate Hospital since she first started working as an RPN in 1983, after completing training at Douglas College. Over the years she has consistently spoken up for her profession.

-For instance, sometimes nurses come over from neurology to work in the psych ward. They have no specialized training in psychiatry ... they just get a two-hour orientation, and they work alongside the RPNs as if we were all the same.

Val Barker Registered psychiatric nurse Lions Gate Hospital
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-I asked management if she would assume an RPN could go over to neurology and work alongside RNs in the

same way; after all, I know how to give meds and how to give a needle. She said of course not." This double standard doesn't serve RPNs, clients or facilities well, Barker said. RPNs get 900 hours of psychiatric training; an RN gets 90 ... the two positions are not interchangeable.

Barker often finds herself educating other health care workers about her specialty. When she worked on the emergency ward, other staff would marvel at her ability to deal with the psychiatric clients.

-People would come in screaming, yelling and carrying on, and I could calm them down ... my colleagues would ask, how do you do that? I'd answer, well, I see a stretcher coming in, with blood spurting everywhere, a real crisis, and half an hour later the situation is stable, so I can ask you the same thing. The answer would be similar: its skills, education, experience, knowledge. And confidence. Your confidence translates to the patient and reassures them."

The key to working successfully with a psychiatric patient, she says, is to develop a therapeutic alliance.

-That takes skills in listening and observation, and compassion. You need to treat these people with respect as humans.

-Also, you need to be a strong advocate for the client. People with mental health issues usually are marginalized by poverty and limited opportunities, so you need to access resources for them. As well, you need commitment. These are people who are not necessarily getting better, ever. People come back; they relapse; its often a chronic condition. Now I'm seeing some of the children of clients I've seen in the past," Barker said.

Over the years, Barker has seen management deepen its understanding of what RPNs offer, and has worked with management to create programs that best use RPN skills. Indeed, she says program development is one of her passions and she is proud of the programs she has helped shape ... in particular, the Bridge Program, in which she is currently working.

Barker initiated the discussion that led to this program being created. About seven years ago she had picked up some extra work at Surrey Memorial Hospital psychiatric outpatient services, and was inspired by a program there.

-They had a model of nursing where they had intake, outreach, and short-term therapy and did it all with six staff on a seven-day-a-week rotation. It was efficient, effective, and provided quick follow up for clients. I started to talk about it at Lions Gate," she said.

The Bridge Program has streamlined psychiatric treatment and cut waiting lists for community outpatient therapy ... from upwards of a year down to three weeks.

-When we first started, the waitlist for outpatient psychiatry was unmanageable," Barker said. -A year is too long to wait. What we do at the Bridge Program is the initial triaging and screening of all adult psychiatric patients. We see 90 per cent of the people referred to psychiatry. We do the assessment, and decide what services they require ... whether its outpatient, or other services in the community.

-We also do the short term crisis management. This has been a great success. The wait list is now down to three weeks."

The program can take patients within several days of a referral. This means they can be effective with what Barker calls situational cases, where there is an immediate need to help a client with aggravated symptoms due to an employment, housing, substance abuse or relationship issue, or to adjust their medications.

Barker loves the autonomy her position gives her. -There are no hard and fast rules about how many times we can see people." She appreciates having a role where her skills are appreciated and put to their full use.

Barker is an enthusiastic union activist. She took on the role of steward in 2002 and has been chief steward since 2004. She said she values the opportunity to be part of finding solutions and making changes.

-I like being part of things rather than being a spectator. I like the ability to have dialogue with people who

have authority and who make decisions, and knowing I can have some influence and share my ideas," she said.

Barker says HSA has consistently advocated for RPNs, and has been instrumental in RPNs gaining the recognition they now enjoy. -If we had joined BCNU there's a probability we would have been absorbed within that whole organization and been homogenized with it. HSA has advocated for us as specialized health care providers, fought hard to expand our job opportunities and for the application of psychiatric nursing in the health field." Thanks to these efforts, Barker is happy to see her profession get the respect it deserves. 

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180 East Columbia  
New Westminster, BC V3L 0G7

Website  
[www.hsabc.org](http://www.hsabc.org)

Telephone 604-517-0994  
1-800-663-2017