

# H O M E W A R D B O U N D

Ontario nurses who headed south in the 90s are returning home thanks to the promise of work they couldn't find when they graduated. BY JILL SCARROW

**W**hen Windsor RN Deborah Ferrari worked at Henry Ford Health System in Detroit, a few things helped ease her daily cross-border commute: a special identification card to cross the Detroit River quickly; change to pay the toll; and a healthy dose of patience to wait out border lines. After 17 years of the daily grind, Ferrari grew weary of the trek, especially after the 9/11 terrorist attacks on the U.S.

Border guards don't offer preferential treatment to Canadians working in the States, she says. In fact, Ferrari once had her car searched four times in one month. This stressful commute was not only taking its toll mentally, it was also eating into the time she wanted to spend with her 10 and 12-year-old children, so she began looking for a job closer to home.

"I wanted to practise here, in my own backyard. I have two kids I need to spend time with and I started adding up all the hours I spent commuting," she says of time away from their skating and gymnastics commitments. "I thought 'is it really worth it?'"

The answer was no. But since she started working in Detroit immediately following her graduation in 1990, her Ontario nursing license lapsed. As a result, while searching for a new job, she also had to navigate a months' long process of becoming registered with the College of Nurses of Ontario (CNO) again. Last November, she completed that process, and landed a new job as clinical manager at Windsor's

Sandwich Community Health Centre, a 22 minute drive from home.

Ferrari is just one of many Ontario-educated RNs who headed south when full-time jobs were sparse during the 90s. Some of those nurses told RNAO why they left, and what would bring them back home when they responded to an association survey in 2001. Entitled *Earning Their Return: When and Why Ontario RNs Left Canada, and What Will Bring Them Back*, the survey found 80 per cent of those living outside Canada were in the U.S.

The comprehensive report also found that more than half said they'd come back for full-time work. Nearly a decade has passed since that report was released, and more employment opportunities have become available for nurses in Ontario. Thanks to progress made as a result of the McGuinty government's commitment to 70 per cent full-time employment for all RNs, we have made substantive gains. Sixty-three per cent of RNs were working full time in 2007. If the Liberals keep their most recent election promise, we will have 70 per cent of all RNs working full-time by 2010. Ex-pat nurses are seeing this, and have decided to head back north for the promise of a fulfilling worklife and to be closer to their families.

Coming back to Canada does require some adjustments, Ferrari says, especially when it comes to the most well-known difference between the two countries. In the U.S., health care is a business and that means there's a strong focus on customer service. She believes that many American patients demand the best service because they're

paying out-of-pocket for the care. On this side of the border, she says it seems people don't complain as much because shortages of health providers, especially in primary health care, mean Canadians feel lucky just to have access to care and don't worry as much about the kind of service they're getting.

Ferrari says administrators at Henry Ford Health System ensured patient satisfaction by requiring staff to attend customer service classes and tying bonuses to service excellence. She says the business view of care also meant a strong emphasis on retaining employees by offering comprehensive orientation programs, leadership training for managers, reimbursement of tuition costs, and celebrations for high patient-survey rankings. She says having those perks influenced her decision to stay in Michigan.

But Ferrari also saw the downside of this system of care. For her final three years at Henry Ford, she managed three internal medicine clinics. She says the business model of care meant the clinic was pressured to see as many patients in a day as possible. If they complained of problems other than the one they initially sought care for, they would often have to come back for another appointment. She says that's different from what she now sees at the Sandwich Community Health Centre (CHC). And that difference is part of the reason she returned to Canada and applied for the clinical manager position when she heard about it from a friend.

Patients who come to the CHC can see dietitians, chiropractors, nurses, nurse practitioners and physicians. Because many of the clinic's clients are marginalized, health-care providers can also spend time addressing concerns that go beyond the immediate physical needs. She says financially driven health care in Detroit discourages comprehensive practice and makes it difficult to spend time finding out what kinds of financial or other pressures might be affecting someone's health. Trouble in the city's auto sector, for instance, might put people out of work, and that has a direct impact on their health.

"Here...we can link (patients) up with a social worker right away," she says. "There's a lot more access than in the states."

Accessibility to primary health care is also part of the reason Mary McGuire was drawn back to Canada after six years travelling back and forth from northern Ontario to the U.S. for work. In late 2006, McGuire was working in Washington D.C. when she received an e-mail from a friend at home. She told McGuire about an opportunity to work as a nurse practitioner in Chapleau, a small town north of Sudbury. At the same time, McGuire was contemplating contract work in Florida. Deciding whether she'd need sunscreen or snow boots for her next job was an easy choice, she says. The native of Sault Ste. Marie headed for Chapleau so she could be closer to her family and her fiancé.

McGuire has bounced across the border several times over the last 10 years. Prior to her work in Washington, she was in California, where she had a full-time job, benefits and was part of a critical care program that provided on-the-job experience and education. After a year in that role, she started working as a travel nurse and was hired by different organizations across the U.S. to fill staffing shortages. It was a job that came with many perks.

"My first job, I was living in a condo on the beach. It was fully furnished, fully paid for, and I was given a car allowance," she recalls. "I was pampered."

But those comforts were not without a cost. She found her American patients were sicker than those she'd cared for in Canada, a stark reality she suspects ties into the lower nurse-to-patient ratios in

Deborah Ferrari



Mary McGuire



Susan Berry



American ICUs. She had also signed on to work at a nursing agency, and often found herself filling in for shifts at the last minute. This meant she didn't know a hospital's policies when she was on the job. Sometimes she didn't even know where the supplies were located.

Still, she says her time in the U.S. gave her the opportunity to work in roles she may not have otherwise been offered. At her first job in California back in 2000, for instance, she was promoted to charge nurse, and she says she found both patients and employers had a tremendous respect for nurses.

Although rewarding, McGuire says the opportunities were not enough to replace the pull to come home. That's why she started looking at how to open more doors to a Canadian career. In 2002, she came home to complete her nursing degree and the nurse practitioner program at Laurentian University. When she finished school, she was disappointed to find herself in much the same position she was in when she first headed south in the 90s. She admits she felt like she was watching an old – and tired – television re-run.

"I wanted to work as an NP, but there were no positions here. There were quite a few nurse practitioners who were unemployed in Sudbury," she says. "I got frustrated...so I left again."

McGuire worked for 13 weeks in Washington before she found out about the job in Chapleau. She now works full time at the Sudbury District Nurse Practitioner Clinics, where she's close to her family and can help people make decisions that will keep them healthier, and out of the ICUs where she used to work.

"I was more interested in doing health teaching and health promotion and being able to talk to my patients, rather than looking at them ventilated and unconscious," she says. "Now...I feel a lot more positive and happier with what I'm doing. (I feel) like I'm making a difference."

While nurses like Ferrari and McGuire have already made the move home, others are spending some time thinking about how to do it. Susan Berry works in informatics at the SUNY Upstate Medical University in Syracuse, New York. She has worked all over the U.S. since 1993, when she graduated from McMaster University. After looking everywhere in Ontario and the north-eastern U.S. for a job, she settled on Syracuse because it was only three hours away from her family in Trenton. She thought she'd

only be there for six months and would be able to bring her experience back to Ontario less than a year later. That didn't happen. Instead, she decided to become a pediatrics travel nurse, caring for children everywhere from New York City to San Francisco. It wasn't until her father became ill in Canada that she returned to Syracuse so she could travel home on weekends.

Berry says caring for her dad gave her a clearer picture of the differences between health-care on both sides of the border. She says wait times in emergency rooms seem to be just as long in New York as Ontario, but the Canadian system has always given her parents the best care right away in emergencies. In the American, for-profit system she's seen people saddled with big bills after unexpected events like car accidents. It's also commonplace in the U.S. to see billboards that promote specific hospitals as the best places to have orthopedic surgery, or the organizations that have won the most awards.

Berry says these differences are not the only reason she's thinking about heading home. She wants to see her young nephew grow up. She's also torn that she's lost some of her Canadian accent, and still misses home after 15 years.

"There's something very familiar when I cross the border and go home," she says. "When I come south, I feel like an outsider, like I'm just a visitor."

The hardest part about coming back home will be finding a job in informatics, she says. It's a field that's grown more quickly in the U.S. and she's concerned that if she is able to find work in her field, it will likely be in a bigger city like Ottawa or Toronto. That puts her as far from her family as she is now.

But it could be a worthwhile trade-off to live in Canada. For Berry coming home isn't just about the right job or the chance to be closer to family, it's also about coming back to a place where her neighbours – and the politicians who represent them – share her values.

"The priority (in the U.S.) is military spending," she says. "The value placed on health care isn't the same as it is in Canada." **RN**

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JILL SCARROW IS STAFF WRITER AT RNAO.

## Nursing isn't always better across the border

As a nursing teacher at Ryerson University, Nicole van Doornik has the chance to help keep students working in Ontario after they graduate. She knows all too well what life can be like south of the border. In a 2002 story by *Registered Nurse Journal*, van Doornik described what it was like to work in Texas, where she spent nearly 10 years. Seventy-hour work weeks were not uncommon, and neither were tense, hierarchical relationships with physicians.

With those experiences under her belt, she confidently tells students the nursing world isn't always brighter across the border.

"I really try to encourage students to stay here," she says, adding that she does that, in part, by telling them most of the nurse recruiters from the U.S. are like car salesmen; their job is to get you in the door. They will promise you many things, she tells them, including six months' orientation, or support to pursue a master's degree. But those promises aren't always kept, especially in the face of nursing shortages around the globe.

van Doornik graduated from the nursing program at Seneca College in 1990 and got a full-time job right away. That job, however, disappeared a few months later, thanks to government cutbacks. That's when van Doornik decided to head south. She is pleased today's new graduates don't face the same kinds of pressures she did as a new nurse. The new graduate full-time guarantee initiative provides the kind of support novice nurses need to be successful in their careers. But she believes students still need to know the realities she faced in Texas. van Doornik often watched families with ill children make the excruciating choice between buying food or medications, or maxing out on their health insurance policies in the first year of their child's life. She says that experience showed her how lucky Canadians are.

"I think people need to understand how great our health-care system is," she says. "We have one of the best in the world. It's not perfect by any means, but ... when you need care, you get it. It doesn't matter who you are. I try to teach that to my students." **RN**