



COASTERS ASSOCIATION INC.

A Needs Assessment  
on the  
Issue of Hiring and Retaining English Professionals  
on the  
Lower North Shore

May 2006



## Foreword

The Coasters Association, in partnership with the Centre de Santé et de Services Sociaux de la Basse-Côte-Nord (CSSSBCN), received a Training and Human Resources Development Project from McGill University for seven (7) weeks from February 13 to March 31, 2006, under the Retention and Distance Professional and Community Support Program, to conduct a needs assessment on the issue of hiring and retaining Professionals, not only English-speaking - but Bilingual Professionals as well, on the Lower North Shore of Quebec.

The objective of this needs assessment was to develop Phase II which is a two year proposal that would lead to the improvement of hiring and retaining professionals on the territory. The long term intended outcome is the increase in access to Health and Social Services for English speaking residents on the Lower North Shore. Another objective of this needs assessment is to make contact with institutional and community based organizations (ie: Education and H.&S.S.), it is hoped that these contacts will lead to long term partnerships and commitment to addressing the hiring and retention of English and/or Bilingual Professionals on the Lower North Shore.

One of the Coasters Association first and possibly largest dossiers continues to be issues dealing with health and social services. The organization has been working to improve the H.&S.S. since its inception in May, 1989.

This project comes at an ideal time for the Coasters Association & CSSSBCN, according to the administration at the CSSSBCN they have faced one of its worst years in history of retaining their English speaking and/or bilingual H.&S.S. Professionals. When looking back to fifteen (15) years ago, the CSSSBCN's most difficult task was to hire Anglophone Professionals or bilingual, now in 2006 (although hiring still remains difficult) one of the biggest challenges is retaining them.

Through the needs assessment, the steps that have been taken to start rectifying the retention and internship problems at the CSSSBCN have been ascertained. Therefore, the report provides a compilation of all the data researched, conclusions and recommendations for moving forward in Phase II.



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## Acknowledgements

The Coasters Association and the Centre de Sante et de Services Sociaux de la Basse Côte Nord (CSSSBCN) would like to thank all those who gave of their time to help with the production of this report.

In an effort to understand and identify the problems that the CSSSBCN must overcome, regarding the retaining of professionals at their institution, the former and present employees of the CSSSBCN must be given a special thank you for participating in the interviews, conducted by the Coordinator, Sarah Lavallee.

The working group members (Johanne Beaudoin, Linda Rae, Cornella Maurice and Kimberly Buffitt) deserves a sincere thank you for ensuring that all of the activities were achieved.

We also want to extend a special thank you:

- ◆ to the McGill University and CHSSN for assisting in the development of the surveys
- ◆ to Lenora Keats, who compiled all the information gathered from the surveys, and assisted the Coordinator with all of her activities, along with Kimberly Buffitt;
- ◆ to Marlene Berthelot of CSSS de Sept-Iles, and to Paule Goulet of St. Sacrement Hospital in Quebec City for taking the time to meet with Linda Rae and share their programs and services;
- ◆ to Cornella Maurice of the Coasters Association for completing the report, with the assistance of Lenora Keats and Kimberly Buffitt;
- ◆ and, to Russ Kueber of the CHSSN, Johanne Beaudoin and Linda Rae of the CSSSBCN for their final feedback.

We would, especially, like to recognize the contribution of the McGill University, and the assistance of the staff of the McGill University and the Community Health and Social Services Network (CHSSN). Without their help, this project would not have been a reality.





## Overview of Situation

The Lower North Shore consists of fifteen (15) isolated and vulnerable communities that have been separated into five (5) municipalities. The communities across the Lower North Shore, from Kegaska to Blanc Sablon, are stretched along an isolated coastline of approximately 550 km. The population is less than six thousand, with twelve Anglophone communities, two francophone communities and one bilingual community.

While the Municipalities of Blanc Sablon and Bonne Esperance are connected by road, the other communities (St. Augustine to Kegaska) are not, and none of them are connected to the rest of the province. In the summer months, one can access the coast by boat (Relais-Nordik, The Appollo) or by airplane (Air Labrador). During the winter months, the airplane remains the main transportation, but the snowmobile is a major and inexpensive method of travel from community to community.

The Centre de Santé et de Services Sociaux de la Basse-Côte-Nord (CSSSBCN) covers the Lower North Shore for health care needs. It consists of a main hospital located in Lourdes de Blanc-Sablon and eight (8) clinics situated in several communities along the Lower North Shore, (St-Paul's River, St-Augustine, La Tabatière, Mutton-Bay, Tête à la Baleine, Harrington Harbour, Chevery and Kegaska).

Each dispensary (clinic) has between one to four (1 - 4) nurses that are stationed there permanently. Doctors make scheduled visits on a regular monthly basis. For immediate medical emergencies, patients must be medivaced to the nearest hospital. For the Nurses stationed in those clinics, it is a huge stress and an immense responsibility to tend to communities that range in population anywhere from 150 to 850 people. They must play the role of nurse, doctor and paramedic.

2004-2005 marked the CSSSBCN as the worst year in maintaining professionals. This is an on-going problem on the Lower North Shore, largely due to isolation. The following pages will expose problems and illustrate planned solutions to sustain the professionals on the Lower North Shore.



## Methodology

There was a questionnaire developed that correlated to the possible problems identified in the leaving of professionals at the CSSSBCN and the Clinics. An accurate group of resource people was established to survey in the clinics along the coast (Chevery, Tête à la Baleine, La Tabatière, St-Augustine, Rivière St-Paul and Blanc-Sablon). The surveys were disbursed to the pre-selected people at the CSSSBCN and the coastal clinics. Traveled the Coast, visiting each CLSC. Interviewed the professionals who wanted to participate in the survey.

An accurate group of resource people were established to interview, those who have left the CSSSBCN within the last two (2) years, and surveyed pre-selected CSSSBCN's ex-employees by telephone.

There were meetings held between CSSSBCN administration and human resources agents from Quebec and Sept-Iles hospitals to evaluate the interest in establishing partnerships. A video-conference between nursing representatives from McGill University and the CSSSBCN administration was organized to discuss possible partnerships, internships and formations.

A video-conference was also held between the CSSSBCN, representatives of McGill University and the Coasters Association, to discuss Measure 2 of the Retention and Distance Professional and Community Support Program proposal. Completed and sent Measure 2 of the Retention and Distance Professional and Community Support Program proposal to McGill University.



# Results of Survey

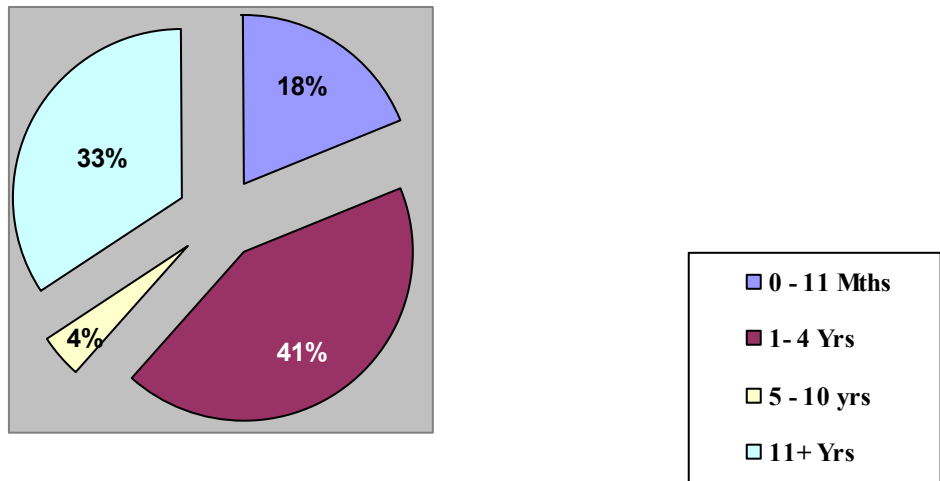
## On Coast Information

The following information is a compilation of results obtained from a survey that was conducted in the local Clinics and the CSSSBCN of the Lower North Shore

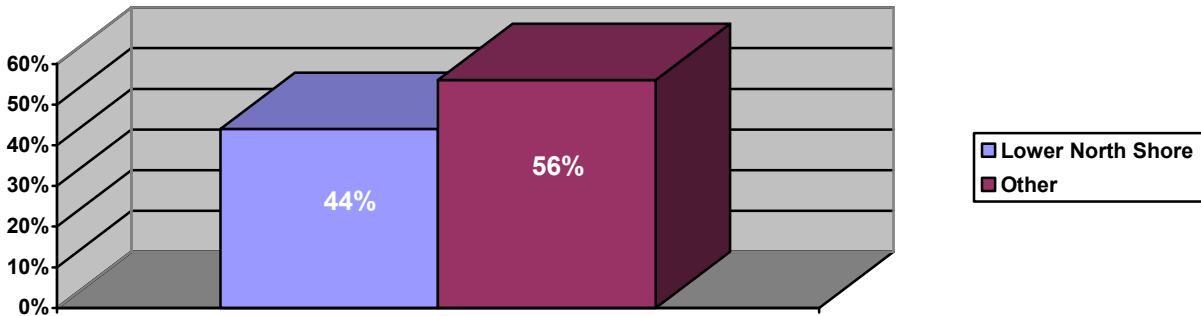
100% of all participants are currently employed by the CSSSBCN.

### I. PERSONAL

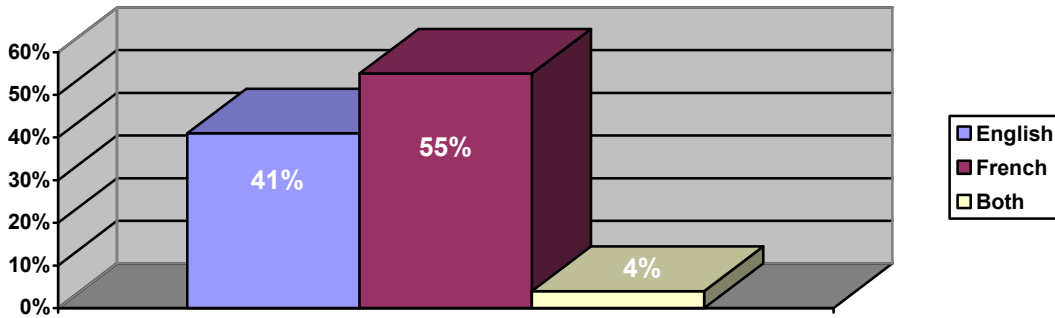
1. The following graph indicates the number of years an employee has worked for the CSSSBCN.



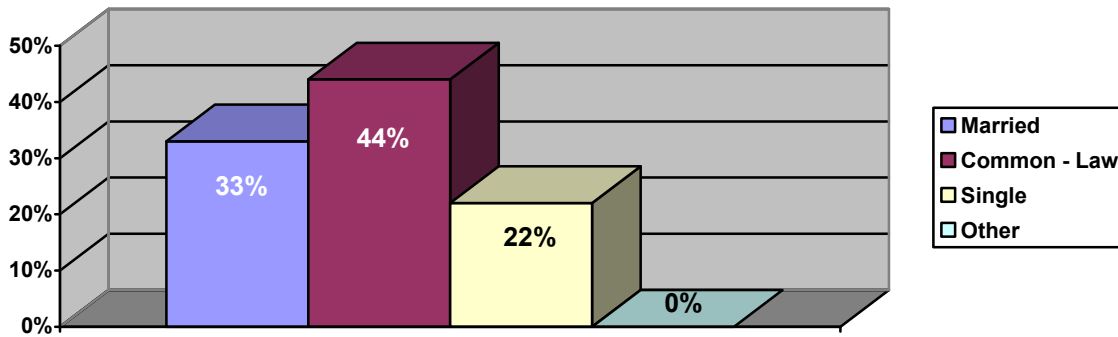
2. The following graph depicts the number of people employed on or off the Lower North Shore.



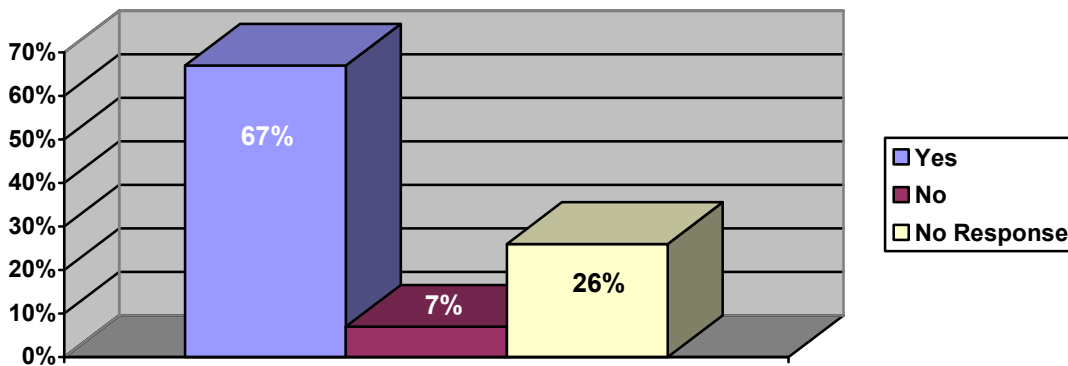
3. The following graph depicts the mother tongue of the people employed.



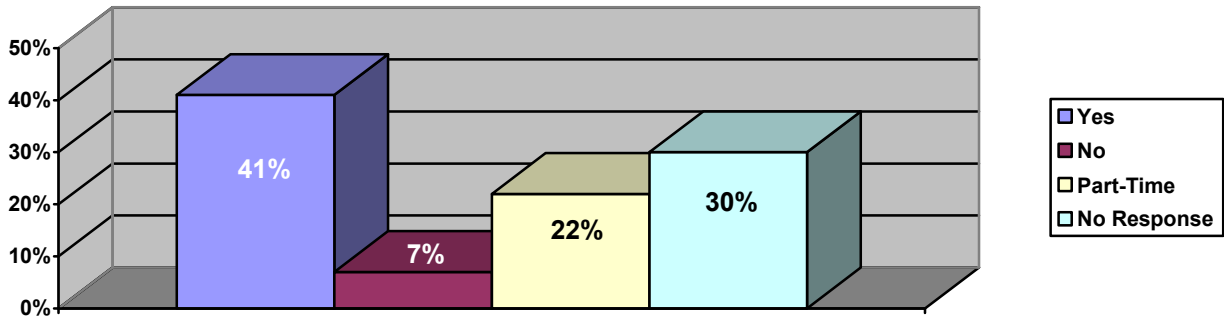
4. The following graph depicts the marital status of the people employed.



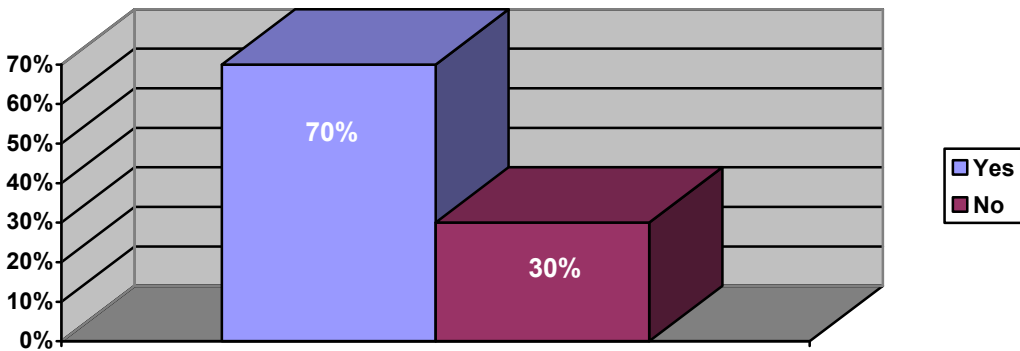
4.1 The following graph depicts if the married or common-law spouse is living in the based community.



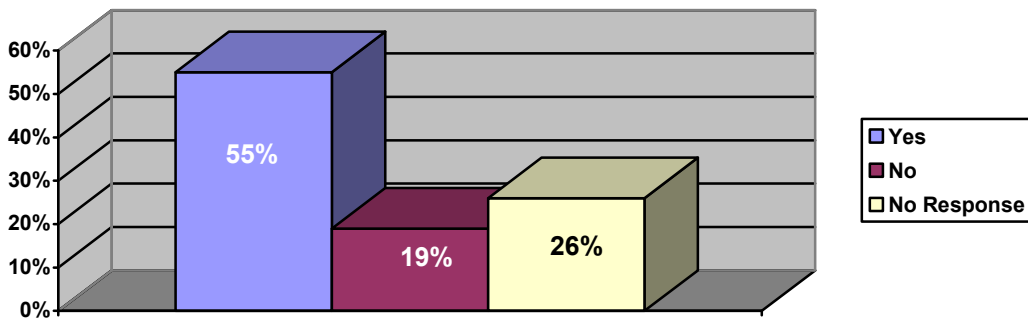
4.2 The following graph depicts if the married or common-law spouse has employment within the based community.



5. The following graph depicts the number of employees who have children.



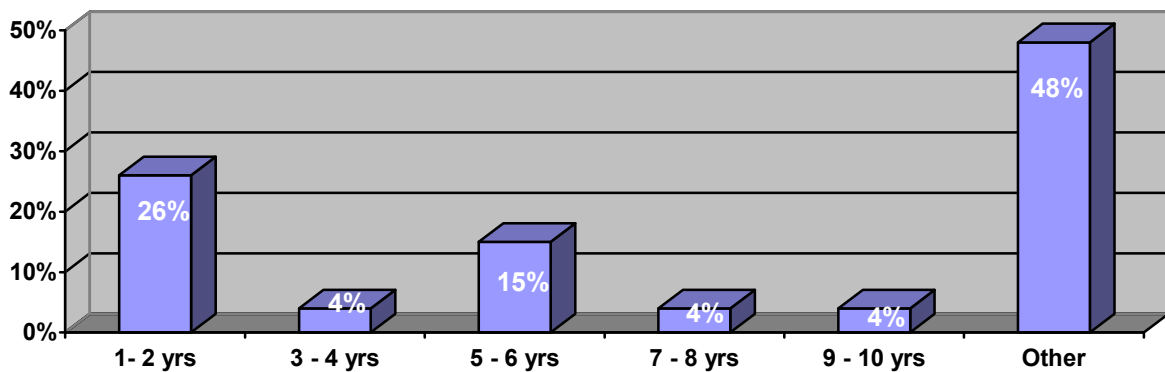
5.1 The following graph depicts if children are currently living with parents in the based community.



**6. Following is a summary of comments made as to why the personnel chose the Lower North Shore of Quebec as a work place.**

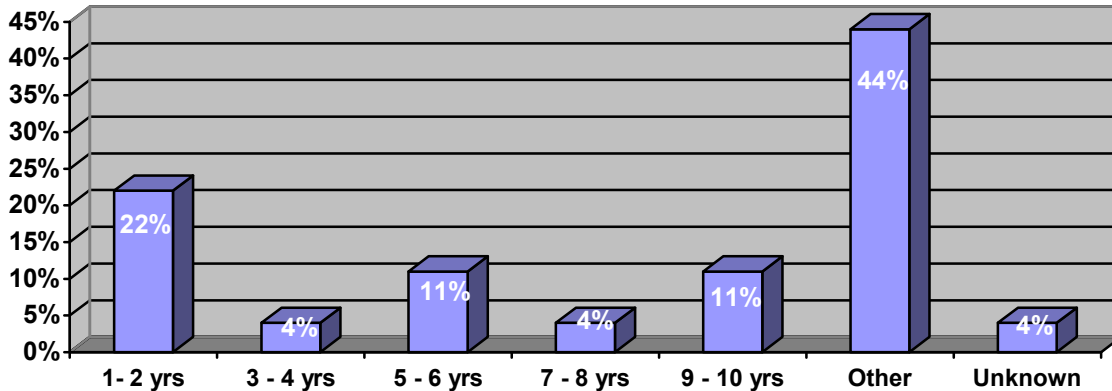
- ◆ New job/position and offered a challenge.
- ◆ Resident of the Lower North Shore, familiar with the culture and understood the needs of the people.
- ◆ Close to family and friends.
- ◆ New experience.
- ◆ Good place to raise children.
- ◆ Dislike of the city.
- ◆ Good salary, good advantages, low cost lodgings, three (3) trips per year.
- ◆ Isolation.
- ◆ Stress free environment.
- ◆ It's a better quality of life here.
- ◆ Schools are smaller and the classes have fewer students.
- ◆ Spouse is employed on Lower North Shore.
- ◆ The CSSSBCN were the first to respond to job application.
- ◆ Working in a dispensary would be very interesting.
- ◆ Taste for adventure and traveling.
- ◆ Openness at a professional level, global care, widens professional expertise.

**7. The following graph depicts the number of years the employee intended to stay on the Coast when job was first accepted.**

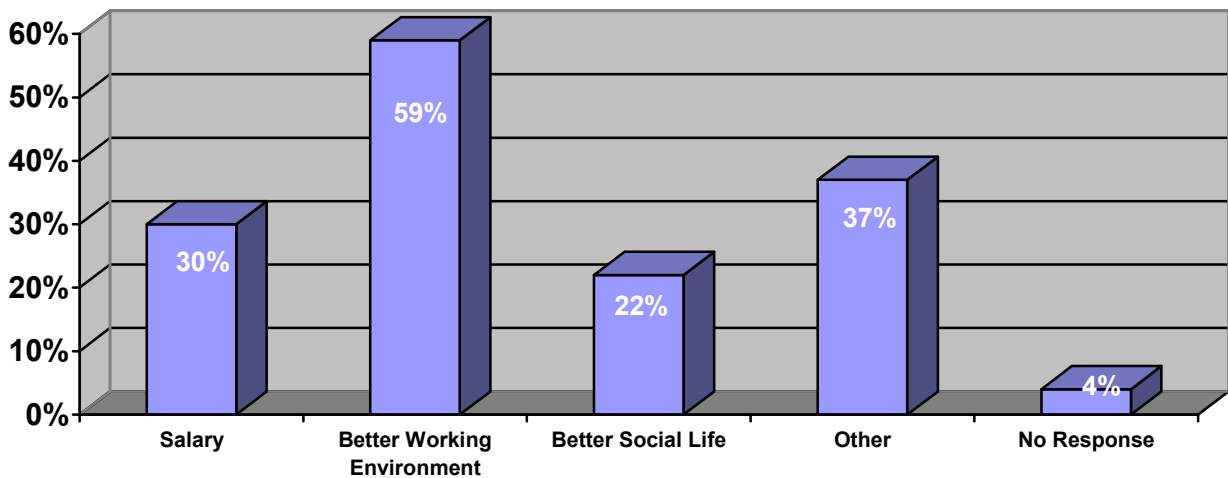




8. The following graph depicts the number of years an employee is currently planning to stay on the Coast.



9. The following graph depicts what could be done for the employee to stay, if he or she is intending on leaving.

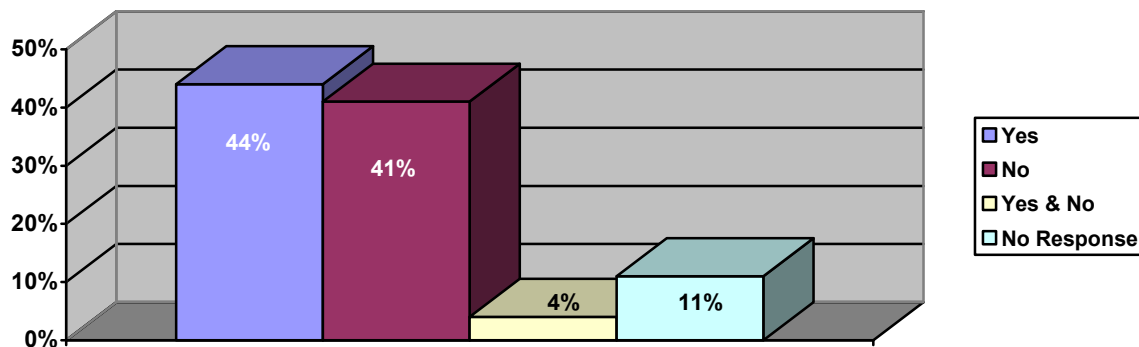


**Comments:**

- ◆ Easier access to outside regions.
- ◆ Time in isolated communities is ended. Can't isolate oneself for more than 5 years.
- ◆ Illness in family and a better work environment would be some influences.
- ◆ Long term employment for spouse.
- ◆ Nothing, salary is good, work environment is ok and would most likely come back, would like to spend the summer months in town.
- ◆ Better social advantages (annual trips, retention prime). The politics on annual trips is not really advantageous compared to other isolated communities.
- ◆ Babysitters, people one can trust, that ask for a reasonable salary.
- ◆ Retirement in five (5) years.
- ◆ The environment where I work does not allow to practice or promote oneself up the ladder, due to the French language, as an English professional, my choices are limited

- ◆ Transparency - communication – fairness across the board for all professionals.
- ◆ Not enough educational opportunities offered in this area, or opportunities to try different activities.
- ◆ More team meetings, more appreciation of the work done, more support.
- ◆ Increase housing facilities (ie: porch, storage space and floors.)
- ◆ Give some of the same benefits given to professional people hired from the outside (trips, one per year is not a lot, help with lodging if needed)

**10. The following graph depicts the satisfaction with the quality and affordability of the lodging in the based community.**

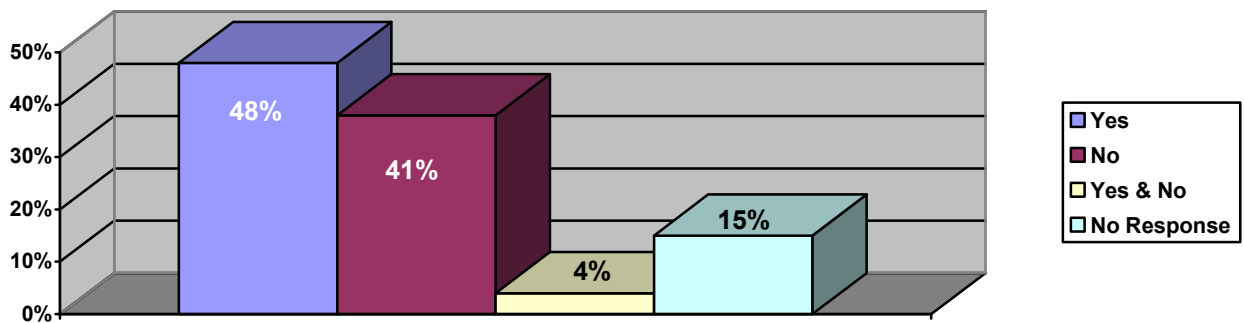


**Comments:**

- ◆ Affordability (Municipality taxes) are ridiculous; we are living on the coast not in the city.
- ◆ Quality – Help to find lodging, when needed, same as given to professionals hired from outside.
- ◆ Yes, because it was subsidized.
- ◆ Hired from the Lower North Shore, so don't benefit from any of these advantages.
- ◆ Also as mentioned in question 9 above, plus no lighting in bedrooms or living room.
- ◆ Have my own house – (wasn't entitled to lodging).
- ◆ The problem was that new employees often had better quality lodgings than the senior employees. Really glad to have my own house, because lodging was always a high source of stress for me.
- ◆ Not long after I first moved here the rent tripled, which I wish I would of known at the hiring. The rent is still not high in comparison to non-subsidized lodging, but I did move out of hospital lodging and into private renting for a few years, because of the quality of hospital lodging. It was not the same even though everyone was paying the same price per type of lodging.
- ◆ Don't agree with the fact that when occupying lodging provided by the CSSSBCN that I am taxed on the overall amount of the cost of lodging.
- ◆ We are a family of 4 people, 2 adults and 2 kids, live in a trailer, don't have enough space or storage, and are currently waiting for a house.
- ◆ Have a nice house, but if furniture (ex: bed) is needed, nothing else than what is already there is offered.

- ◆ Asked for a house, but were told there were no houses available, but when we arrived there were houses available, we were disappointed about that. The apartment that we were to live in when we first arrived was not ready for us, so we had to stay at the hotel and transit; we were very tired and felt not welcome.
- ◆ No luxuries, there is no storing space, it's almost impossible to have a bike or a snowmobile, which doesn't help to fit in.
- ◆ Not much choice.
- ◆ There is a lack of housing here. When you stay in the transit, you are socially restricted, rules making it difficult to invite anyone, even neighbors.

**11. The following graph depicts if transportation on the coast was a problem for employees.**

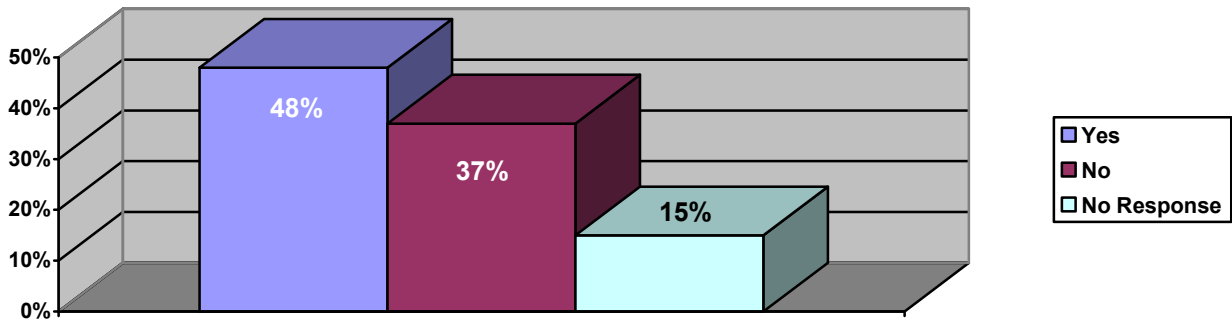


**Comments:**

- ◆ Yes, transportation is extremely expensive, even traveling within villages on the LNS.
- ◆ No, it's not a problem.
- ◆ Plane fare \$\$\$, difficult to have reservations when you want them. I think a highway is vital to the survival of "the coast".
- ◆ Enormous problems in terms of time delay and no traveling day paid.
- ◆ It is often problematic to leave the region, because of high costs, especially during the winter months, during which my feeling of isolation is the highest.
- ◆ Yes, no transport available on weekends to enter or exit the villages.
- ◆ It's more a reality than a problem. I'm very used to this by now, as it is a big part of my job.
- ◆ Transportation is a problem in the winter when the road is closed, due to poor weather conditions, however, this has improved greatly over the past couple of years.
- ◆ Yes, not enough annual trips.
- ◆ The lack of transportation just reinforces the isolation.

## II COMMUNITY

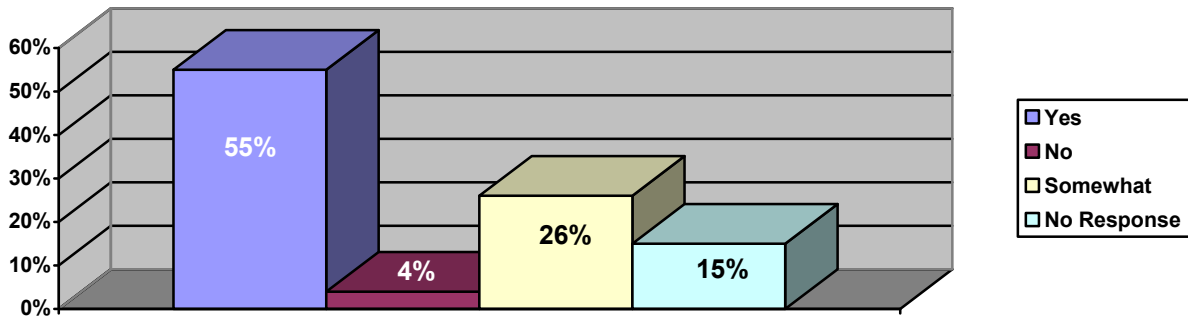
12. The following graph depicts whether or not the employee was prepared by the CSSSBCN for the realities of the community they were stationed.



### Comments:

- ◆ Mislead in the information received on the community life and environment. As an example, living quarters Transit vs apartments.
- ◆ The reality of work on the coast is different of what was portrayed.
- ◆ Expecting a house and not a trailer, so that was lame. Also we were well greeted by people who included us in their social activities.
- ◆ Being a “Coaster”, I was well aware of the realities of the community and it is also my native community. On the other hand, one is never 100% prepared, the experience is the key.
- ◆ Prepared as far as the culture was concerned; however I do not feel secure in my job as a R.N. I am often placed in stressful situations without proper formation. There is a real problem with continuing education with regards to my profession.
- ◆ For the work yes, but not for the community.
- ◆ Cost of living. Community life for children almost doesn’t exist besides school.
- ◆ The course given by “Solution Nursing” as part of my training gave me a good idea of the work I would be doing.
- ◆ The training session before beginning to work is very basic. I had prior experience of other work in another isolated community, this helped a lot.
- ◆ Yes, before I got here, it was explained to me how people lived here.
- ◆ When I arrived here, I didn’t speak English, but my employer hadn’t told me the population was English.

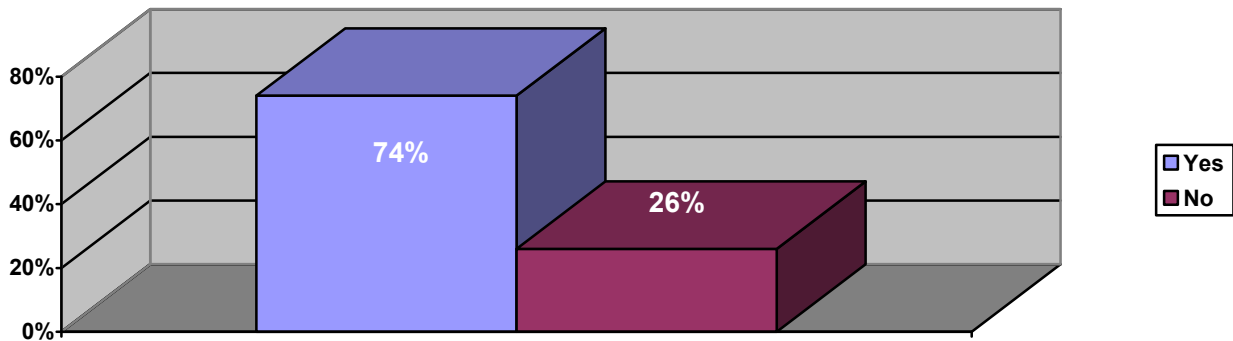
13. The following graph depicts whether or not the employee was well greeted or is still struggling to fit in.



**Comments:**

- ◆ No problem to adapt.
- ◆ At first we were greeted by the DSI, they showed us our trailer and then we discovered the village on our own. We arrived July 1st, so many people had left for summer vacation.
- ◆ Well adapted to the population and have a good social network.
- ◆ Well greeted, but at that time they did not have the greatest orientation regarding other services and departments of the CSSSBCN.
- ◆ Not struggling to fit in, but I was expecting more support (ex: lists of day-cares, information on the schools, etc.), before my arrival I got my information from the Internet.
- ◆ It took me a few months to adjust and know the people and feel comfortable.
- ◆ Very well accepted. I think because I was English speaking.
- ◆ Well greeted, great teamwork.
- ◆ Depends on what the people are discussing in the community. It is never the same, but it is okay.
- ◆ Well greeted, but now the institution is not the same. It is more difficult to fit in.

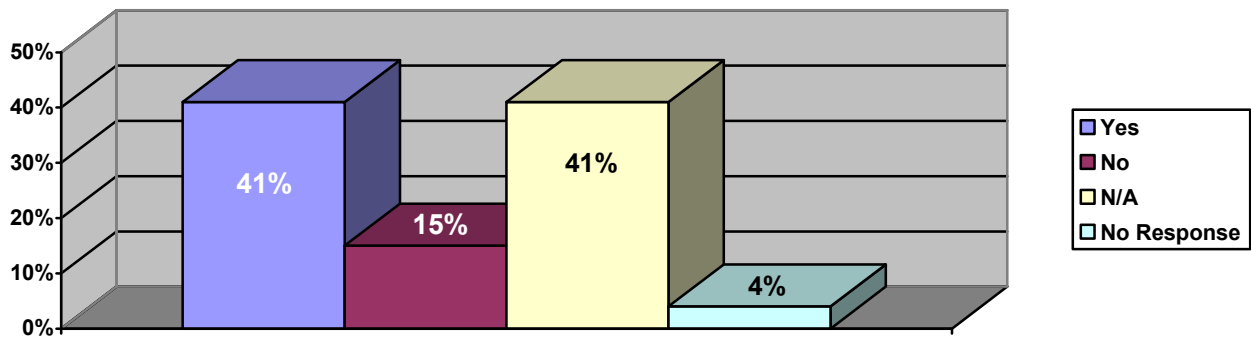
14. The following graph depicts whether or not there were any social activities in the community that the employee could partake in.



**Comments:**

- ◆ No social activities, besides bingo.
- ◆ Some of the activities that are offered in Lourdes de Blanc Sablon, such as, Martial Arts classes and Volley Ball teams would be nice to have in our municipality as well.
- ◆ Tennis during summer months, various exercise courses (eg; yoga, boxing, aerobics, cooking classes, etc.)
- ◆ Swimming pool, arena, and cinema.
- ◆ Volley ball, badminton, Training place like Pakuashipi for the mental stress health, team sports, a way to know people.
- ◆ More family activities
- ◆ Dancing and hiking clubs
- ◆ Don't know of any, but ports would be nice, community activities.

**15. The following graph depicts whether or not childcare (i.e. day care, babysitting, etc...) was a problem in the based community.**

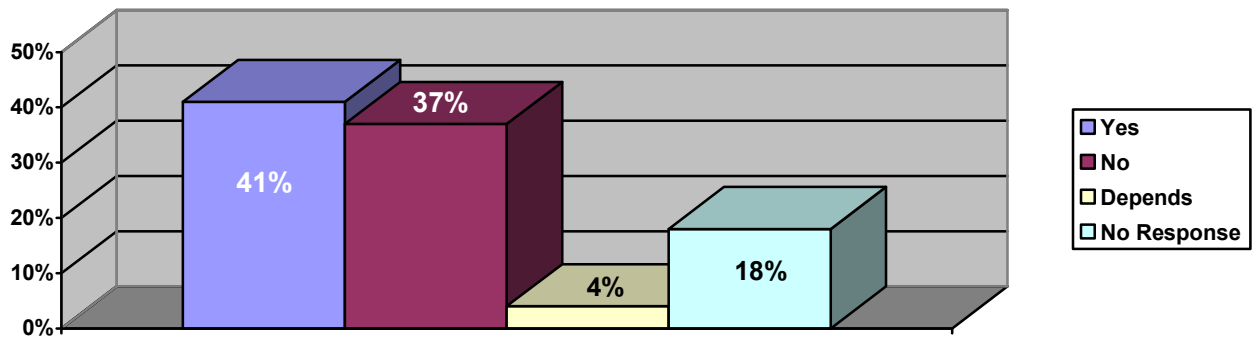


**15.1 If yes, what do you think can be done to conquer this problem?**

**Comments:**

- ◆ More resources, maybe another CPE that fits our work shifts.
- ◆ The teenagers here don't do much babysitting. A nurse can be called in at any time, so we need to be available. I don't understand why the school daycare doesn't open at 7h30 am, some of us start work at 8h00 am. Kids should be able to have a free lunch at school and we should not have to pay for day care.
- ◆ There are no summer daycares and my husband is off the Lower North Shore for 5 months per year to work due to lack of employment.
- ◆ The first year my mother baby sat. Enlarge the day care facilities, hire more caregivers.
- ◆ Day care facilities.
- ◆ Open more private daycares.
- ◆ Subsidized daycare, there are none in the community where I work.

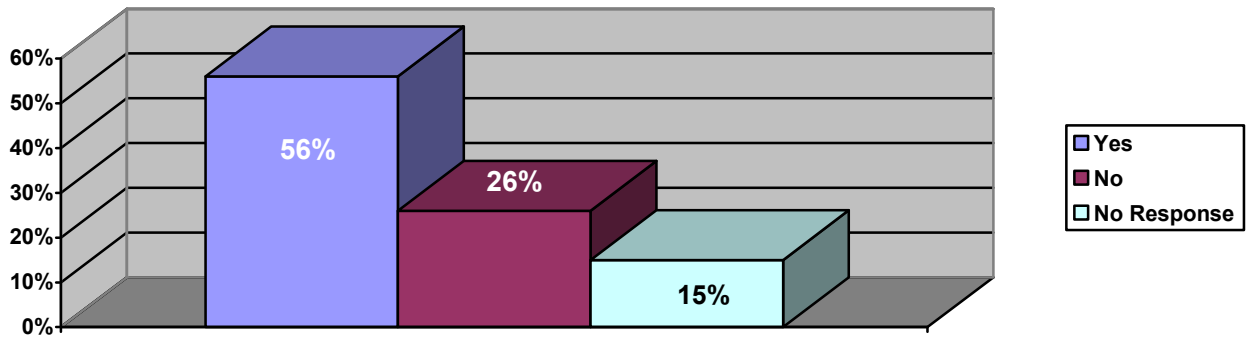
16. The following graph depicts whether or not satisfaction with the school system in the territory plays a role in leaving.



**Comment:**

- ◆ It would depend on what the dissatisfaction was.

17. The following graph depicts whether or not the lack of possible employment for spouses played a role in leaving the territory?

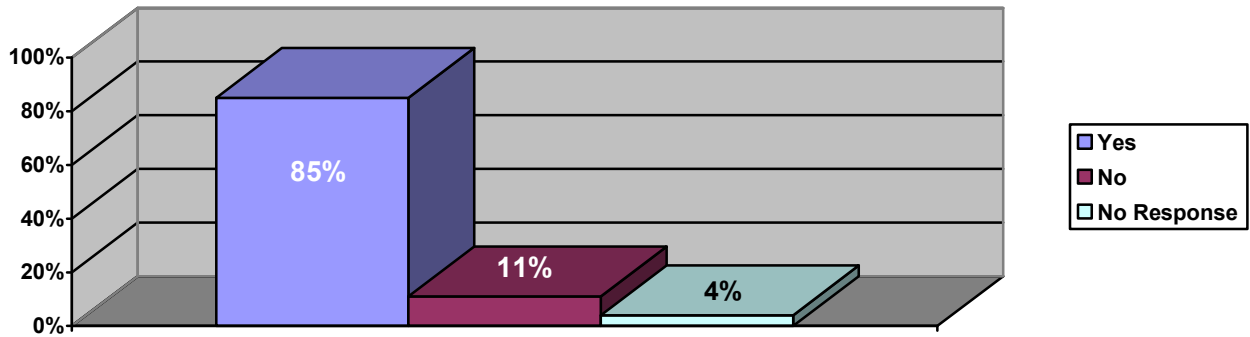


**Comment:**

- ◆ Maybe, because if my spouse had to leave every year for 6 months, it would be a reason to leave.

### III. WORK ENVIRONMENT

18. The following graph depicts whether or not there is a difference between the work environment in the coastal Clinics or CSSSBCN when compared to the city CLSC's and Hospitals?



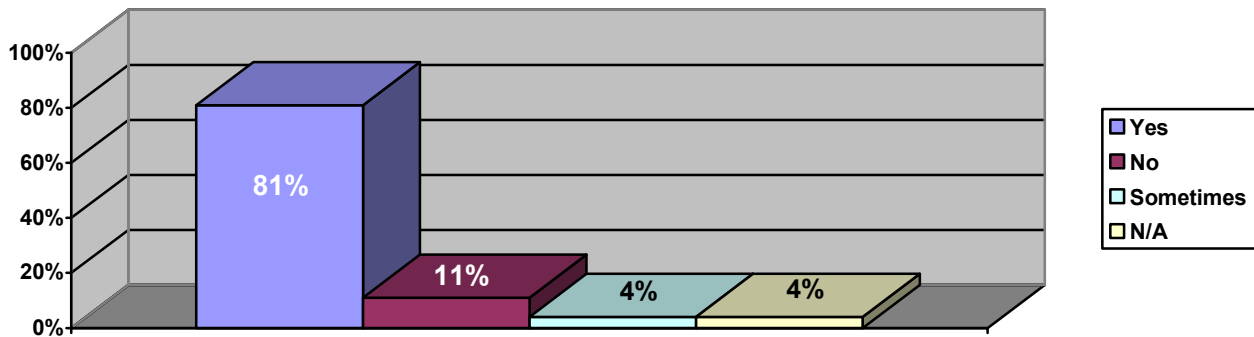
#### Comments:

- ◆ In my “domain”, yes because, we serve the population, hospital and the clinics.
- ◆ Everybody knows each other. CLSC's in the city do not have to deal with emergencies like we do on the coast. The geographical area is different. Programs (ie: schools, women's health, just about any of the programs in a CLSC (local clinic) are different from city CLSCs, not so much in the way that they are managed, but how they are executed (ie: Nurses in CLSCs in the city are trained in their specialties (ie: school health, whereas the nurses on the coast are “jack's of all trades”).
- ◆ Limited with regards to equipment and specialists and often have to deal with stressful situations without a major hospital near by, if weather situations do not allow for Med-Evac.
- ◆ Everything in the city is accessible within minutes. Here it could take hours and even days if the weather is bad. (No specialists available).
- ◆ Better organization.
- ◆ Less support organizations in the region (eg: shelters, lawyers, low-income housing, various associations, YMCA, etc) and fewer possibilities to refer to professionals (eg: psychologists, psychiatrists, youth groups housing, (young delinquents).
- ◆ Population spoiled and demanding. Increase difficulty waiting for R.V.
- ◆ A lot more responsibility, stress, tiredness.
- ◆ The patients have to be evacuated by plane.
- ◆ Everybody knows everyone, so the confidentiality is not always respected.
- ◆ Quality of the professional (no selection for local people), objectivity of the professional, relations between professional and community, serious lack of stimulation and supervision.
- ◆ Individuals, who work together in Clinics on the LNS have a more closer working/social relationship.
- ◆ CLSC's in the city generally do not deal with emergencies. A motor vehicle accident, a Miocardral Infaret, etc., will be dealt within a hospital; therefore, a different set-up and slightly different roles must be implemented.
- ◆ The distances.
- ◆ There is a huge lack of confidentiality and also a lot of favoritism.



- ♦ Widen practical fields, makes it interesting.
- ♦ Not the same number of patients, services are not easily accessible. One often have to leave to access them. People do not take their appointments seriously. The work required to do alone, is much different from the work required from a team, and the equipment we work with often needs to be updated

19. The following graph depicts whether or not the employee found working on the Lower North Shore challenging.

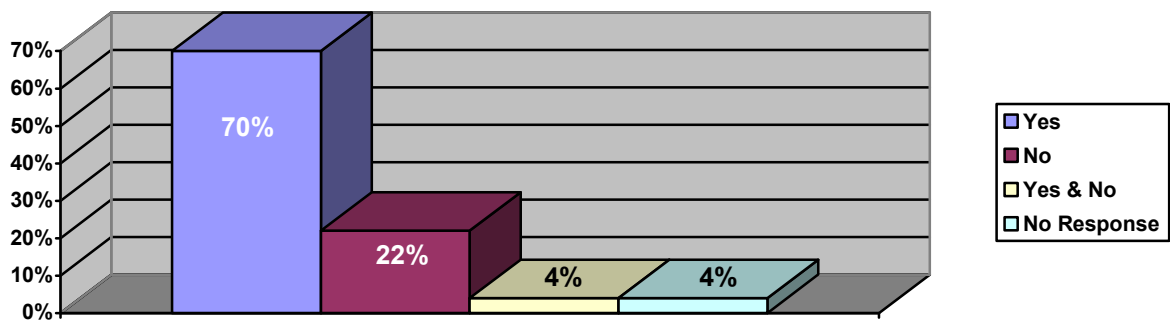


**Comments:**

- ♦ The challenge isn't constant, sometimes the work load is enormous, and sometimes it's very quiet.
- ♦ Always trying to be better at what I do, always studying and learning new things.
- ♦ Difficult to fit in here, perceived as outsiders. People don't understand that we are alone here, without our families and need to socialize. We should have the first choice regarding vacation time, to see family.
- ♦ Immobilizing and transferring patients from another site to the clinic, without assistance from another trained person. First respondents would be nice to have in St. Paul's, like they have in the other villages on the coast.
- ♦ Cost of living.
- ♦ Socially you have to be okay with "solitude", you have to be yourself, with limits.
- ♦ The distance between families.
- ♦ Many things to learn, it's a plus for me.
- ♦ Have to act like a family member, as well as a nurse, because of the distance of our own families.
- ♦ Language is always an issue.
- ♦ Traveling from village to village (scheduling, weather). Adapting to a wide variety of clientele.
- ♦ No doctor in the villages. Huge responsibility for a nurse.
- ♦ Lack of external resources. Closeness of family dynamics (everyone knows everyone).
- ♦ Little distance between professionals and clients (some people have trouble differentiating personal and professional life.)
- ♦ Get to touch a little bit of everything in respiratory therapy, so I don't lose my professional skills, ER, or Pediatrics, COPD, Asthma, PFT.

- ◆ Everyday is a challenge to work here. For example: if there is an emergency and the weather is bad, how do you evacuate this person?
- ◆ The travel and displacement is often challenging. Working in a series of small communities also is challenging, but both can be seen as rewarding as well.
- ◆ Constant adaptation.
- ◆ Feeling not prepared and insecure in certain situations, due to lack of knowledge and not being properly formatted.
- ◆ As I said in my answer to your last question, the nurses in the CLSC's on the coast are "Jack's of all trades", nurses, social workers, lab technicians, psychologist, doctor's ears and eyes and sometimes hands, emergency delivering of babies, where the doctor is unable to get to the clinic.
- ◆ Lack of support from immediate supervisors, as well as higher management.
- ◆ It is a lot of responsibility.

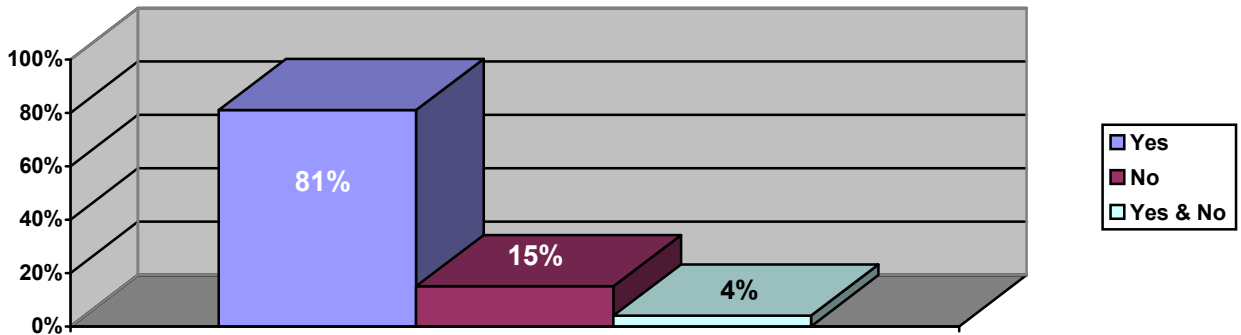
20. The following graph depicts whether or not the working facilities suitable.



**Comments:**

- ◆ Computers in all offices.
- ◆ Shortage of staff.
- ◆ Lack of space.
- ◆ Heating and ventilation.
- ◆ Lack of privacy.
- ◆ Conflicts between staff and administration.
- ◆ More structured.
- ◆ Up to date equipment.
- ◆ A data guide (community directory) of information (stores, activities, schools, daycare, etc.).

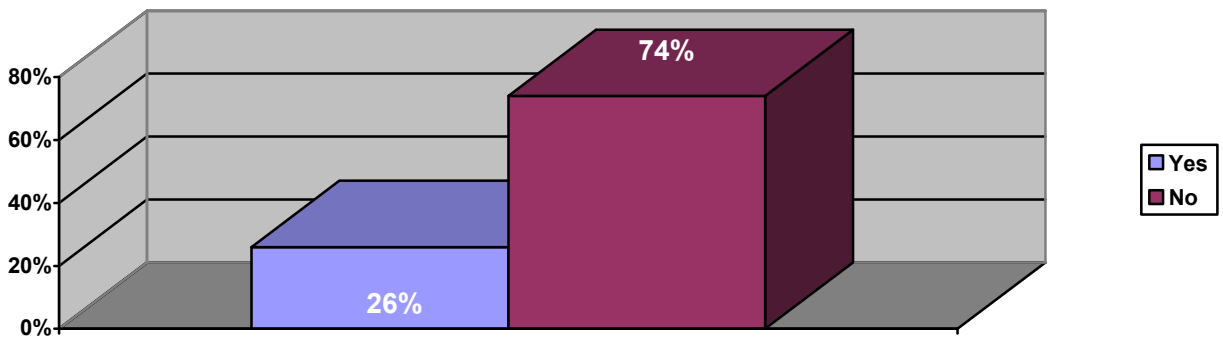
21. The following graph depicts whether or not the employee has or had enough support from co-workers.



No Comments

#### IV. TRAINING OPPORTUNITIES

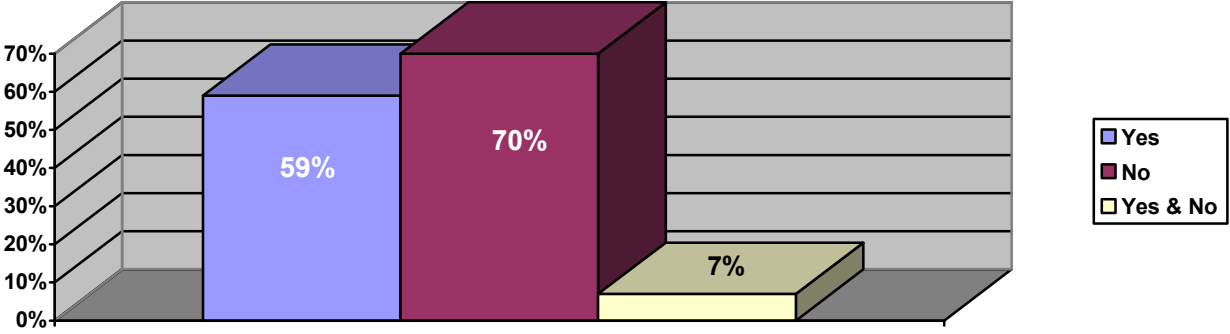
22. The following graph depicts whether or not the employee felt that by working on the Lower North Shore he/she were losing professional skills.



#### Comments:

- ◆ Don't look at your competence or education, just seniority.
- ◆ Felt like skills were being lost, but obtained an agreement to work in a clinic for one day per week.

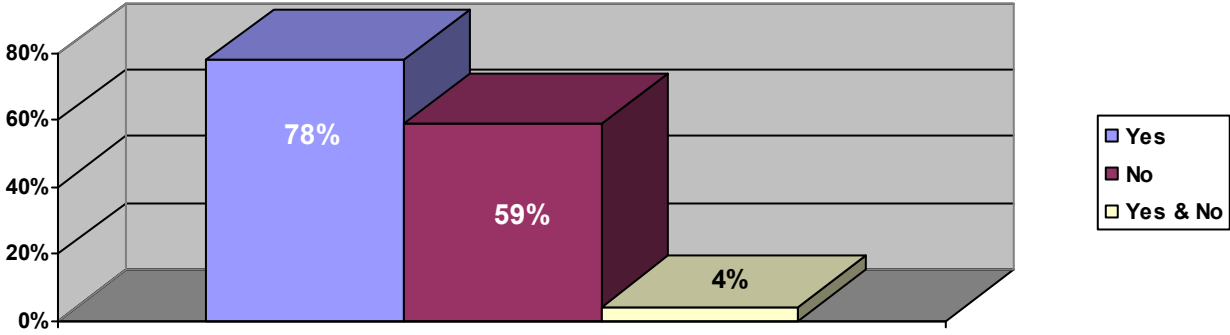
23. The following graph depicts if whether or not the employee was offered training opportunities to maintain and/or upgrade skills.



**Comments:**

- ◆ Not much training was offered
- ◆ Pressure to use a regular yearly trip for a formation off coast

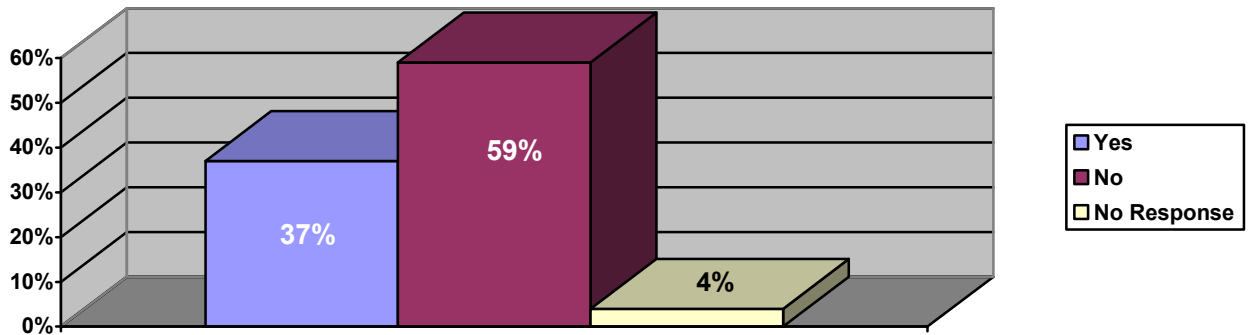
24. The following graph depicts whether or not the employee partook in training, and if it was helpful in their job setting.



**Comment:**

- ◆ Had to adjust, too much in too little time.

25. The following graph depicts whether or not the employee requested any training from the CSSSBCN.

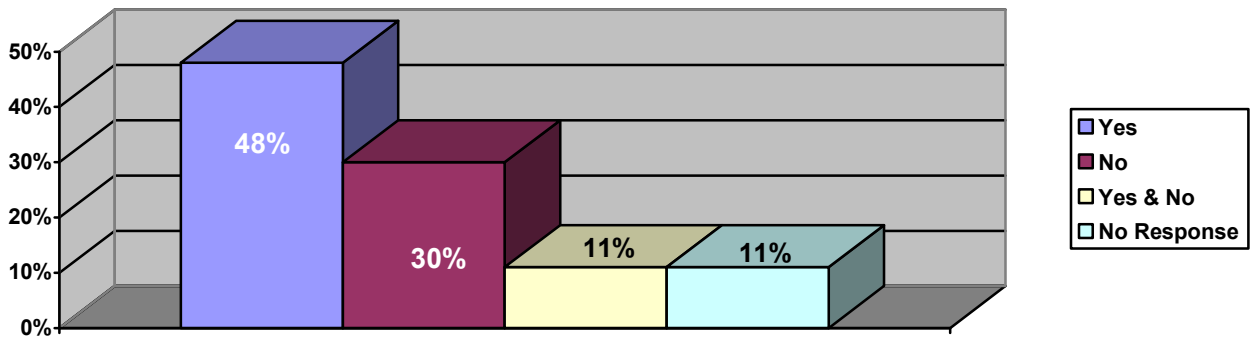


**Comments:**

- ◆ Médivac.
- ◆ Empowerment.
- ◆ Team work.
- ◆ Cardio.
- ◆ Physical exam.
- ◆ Flup dressing vs Skin operations.
- ◆ MDSA.
- ◆ CPR.
- ◆ Asthma.
- ◆ CP.
- ◆ Sleep apnea.
- ◆ "videotapes" about "Inhalothérapie dans des contextes d'urgences"..
- ◆ Prenatal and maternity (delivering of babies).
- ◆ When asked for training, there was a lack of openness from the administration.
- ◆ Inhalotherapy .

## V. INSTITUTIONAL

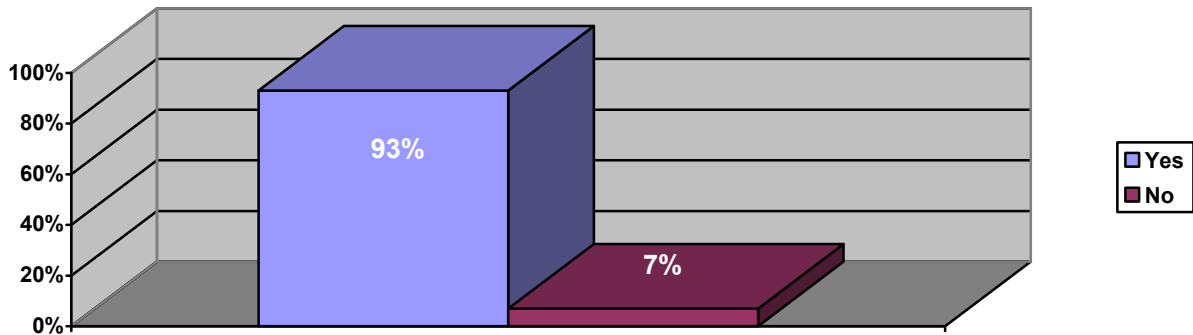
26. The following graph depicts whether or not the employee's concerns, in regards to their job, were dealt with by the administration at the hospital.



### Comments:

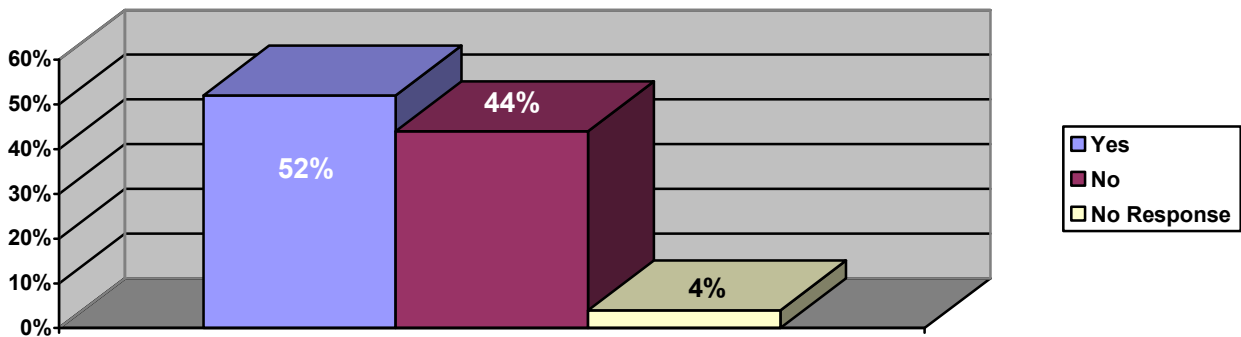
- ◆ All is a budget question.
- ◆ Not a good work schedule.
- ◆ Felt as though they were listening, but I didn't feel as though I had their support. I didn't hear back from them.
- ◆ Lack of formations and shortage of staff. Solutions slow in coming.
- ◆ Reorganization.
- ◆ No problems, questions and concerns were always answered.
- ◆ Easy communication with superiors.
- ◆ Senior employees are taken for granted, while new employees are given more recognition.
- ◆ Not always dealt with Administration, used a band aid solution to solve problems, instead of looking for permanent solutions.
- ◆ Conflict between employees.
- ◆ Professional supervision.
- ◆ Everything is clear with the hospital administration, even if sometimes it's hard to follow them.
- ◆ Conflicts are ignored (Lodging, transportation, staff, etc.)
- ◆ Director General listens, sometimes he can help and sometimes there is nothing he can do.
- ◆ Yes at first, but then the workers with more seniority always get what they want. I am not a new nurse, I have 8 years of experience, and sometimes they make you feel like you don't know what you're doing.

27. The following graph depicts whether or not the job position was relative to the posting accepted.



No Comments

28. The following graph depicts whether or not the employee felt over worked.

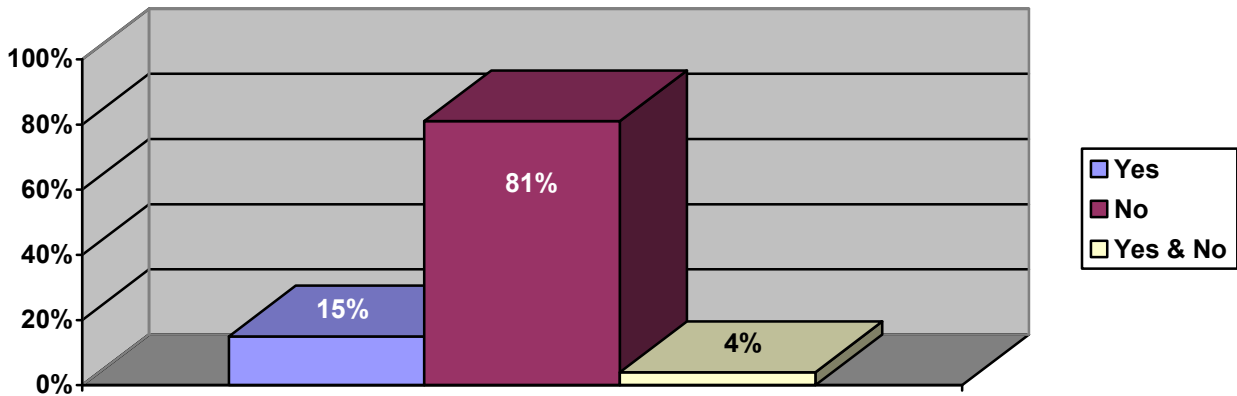


**Comments:**

- ◆ Due to shortage in nurses, obligated to work long days, up to 16 hours, not enough help, causes problems with babysitting.
- ◆ Shortage of personnel.
- ◆ Work full-time during the week and often on call during weekends and nights. You may have to spend all night in the clinic and get up the next morning to work regular shift. It's hard to plan activities and events.
- ◆ Must meet demands of three communities, traveling is an issue.
- ◆ More could be done if there was leadership and supervision.
- ◆ Work load is too much for one person to handle.
- ◆ Work the hours that were assigned to me, 35 hours/week, sometimes I do overtime which I take in time off.
- ◆ Decrease staff, increase tasks, poor organization and lack in communication.
- ◆ Difficult to juggle – administrative – intervention – self availability to co-workers.
- ◆ Sometimes in those instances I try to take a break, but that's not always the best solution and sometimes it's not possible to take a break.

- ♦ Trying to respect my progressive return from my maternity leave.

29. The following graph depicts whether or not employees have or had problems integrating with staff already stationed at the Clinic or CSSSBCN?



**Comments:**

- ♦ With exceptions
- ♦ You have to take your place and it is difficult to fit in. They have a lot of expectations and you have to respect their rules.
- ♦ Not when I come first, but there are so much turn over in the workers, we are always having to integrate staff.
- ♦ No, at first, we have to kind of prove ourselves, there are many small gangs here, noticeably "people from here" vs "outsiders".

30. The following suggestions were made by employees on what they thought could be done to retain more professional workers on the coast and/or at the CSSSBCN?

- ♦ Better welcoming. Maybe a sort of buddy system. Someone to show us around the place.
- ♦ Help in moving and more resources.
- ♦ Be more understanding of the needs of the professionals, MD more respectful concerning the needs of the person...At work and out of work.
- ♦ Increase accessibility to outside regions. Isolation is a very big setback in maintaining CSSSBCN employees.
- ♦ More social activities to allow one to get to know people in the communities and become a part of it.
- ♦ Primes as are offered in other Northern communities would be an added incentive.
- ♦ Better lodging.
- ♦ A better quality of life.
- ♦ A better work environment.
- ♦ Equality in terms of working conditions with similar isolated places.
- ♦ Leadership, team work and supervision.



- ◆ Ensure long term employment and good working conditions for professional workers and their spouses.
- ◆ Social advantages could be improved. I worked in other isolated communities where it was much better, and I know of nurses that would gladly come here, but they won't because of that reason.
- ◆ Hire people from the coast and give them priority. They know the way of life, they are equally qualified. They know the people and they want to stay.
- ◆ Offer the same benefits to on coast staff as given to people from off coast.
- ◆ Satisfy the workers already in place, make it a pleasurable working environment, so that people who come may want to stay. Hire more local people. People from the coast get an education and have trouble finding work at home.
- ◆ More support of our boss.
- ◆ Have one chief on the team to re-establish the communication.
- ◆ Have a positive leader, not one on a power trip.
- ◆ More opportunities to socialize, to get involved within the community through activities (sports, courses, etc.) The possibility to have better access to bigger centers (joined highway would be great). Access to more experts in our field and more training opportunities. The possibility of upward mobility in one's field of work.
- ◆ Blanc Sablon (Chef of Program) (ie: if asked to do or change week-end or vacation - we do it), but they seem to forget to return the favor in the future.
- ◆ Schedule to be done at least one month in advance of work.
- ◆ Take more young people from the coast that fit the job criteria, even if they don't have as much experience, they will get experience over time and will have someone who could relate to the patients, with similar backgrounds, someone who will most likely fit in well at work, contribute to the community, have a family and build a life on the Lower North Shore.
- ◆ Choose people from the coast to work on the coast, this way the people will stay and build up a stronger community, with more family and more kids to assure long term continuity.
- ◆ Better working conditions.
- ◆ Better Benefits.
- ◆ Better communication and organization of the administration.
- ◆ We are doing well enough to maintain outsiders in job retention. It is now time to invest in retaining and appreciating local employees in these fields, who do not benefit from anything other than salary.
- ◆ Keep lodging and travel benefits, maybe improve them. Have measures available for families with young children. Above all, offer a work environment that is respectful and appreciative of employees (not just professionals).
- ◆ Need to come up to the same standards as places in the north with regards to isolation and retention primes, maybe free housing.
- ◆ The administration needs to show more openness (e.i. vacations, respect of overtime hours, promote socialism).
- ◆ Everyone be treated equally and given the same opportunities to get formations. Get a welcome system for the newcomers, to feel at ease when they get here, and to facilitate their integration.
- ◆ For me, I had a beautiful experience. Well supported.
- ◆ Better work representation, and hire local people.

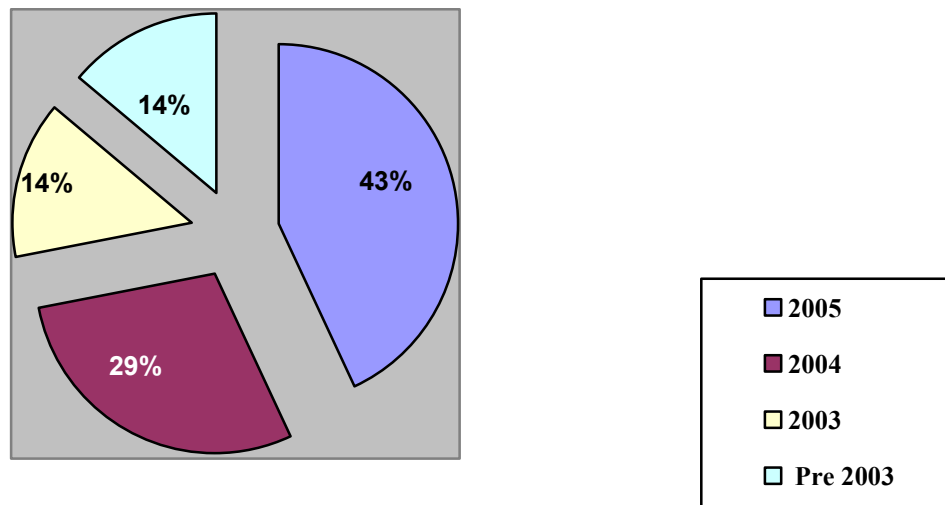
## Off Coast Information

Surveys were conducted with people who have worked in the past with the CSSSBCN and are living off the coast. Following are the results from that survey.

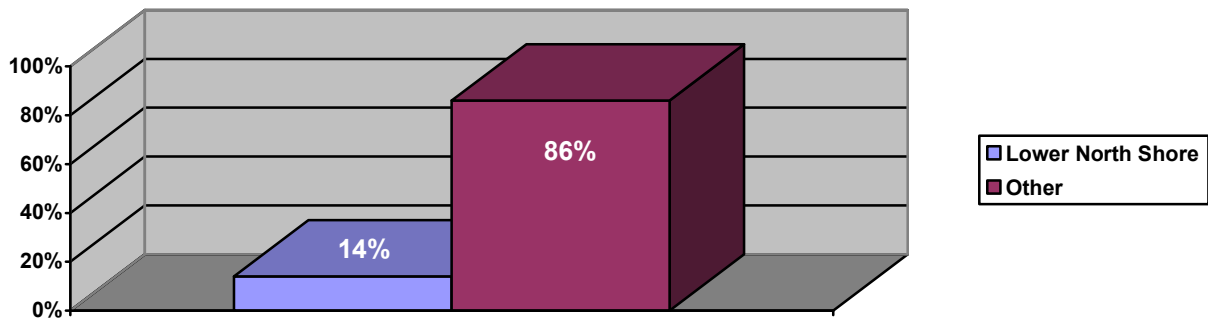
*100% of the surveys conducted are no longer working for the CSSSBCN.*

### I. PERSONAL

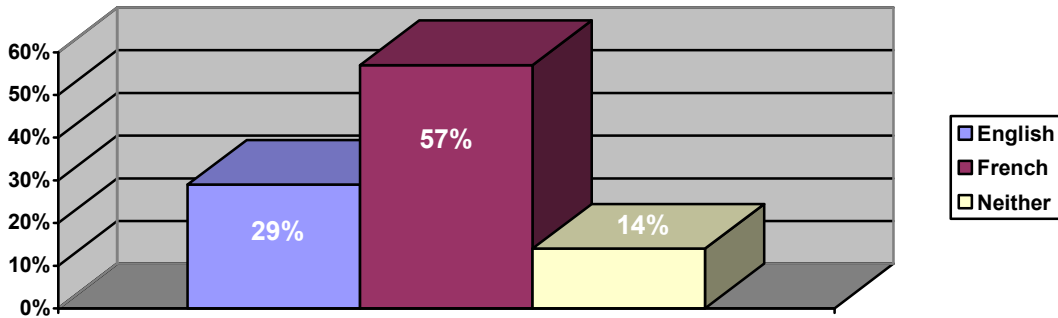
1. The following graph indicates the number of years an employee worked for the CSSSBCN.



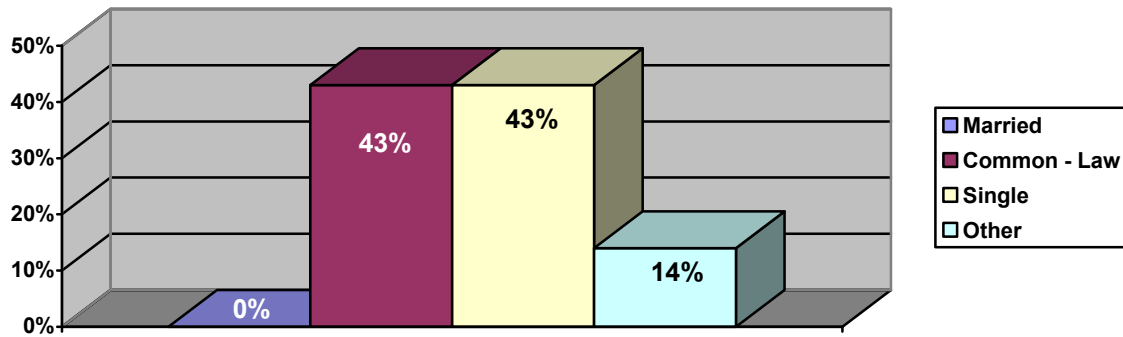
2. The following graph depicts the number of people that were employed on or off the Lower North Shore.



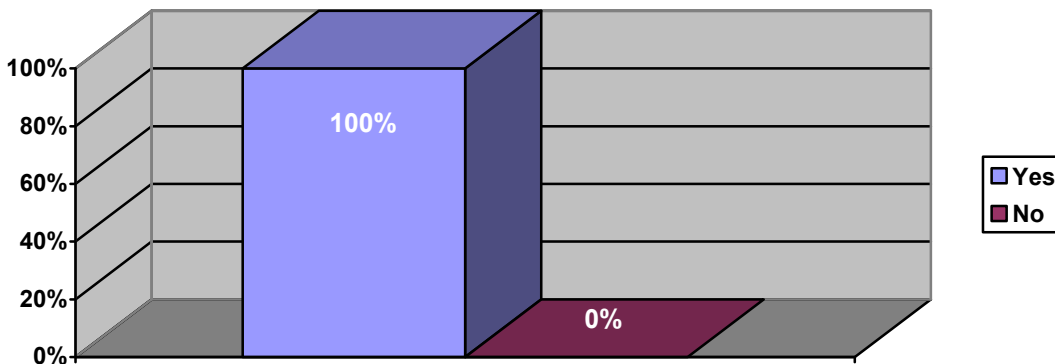
3. The following graph depicts the mother tongue of the people employed.



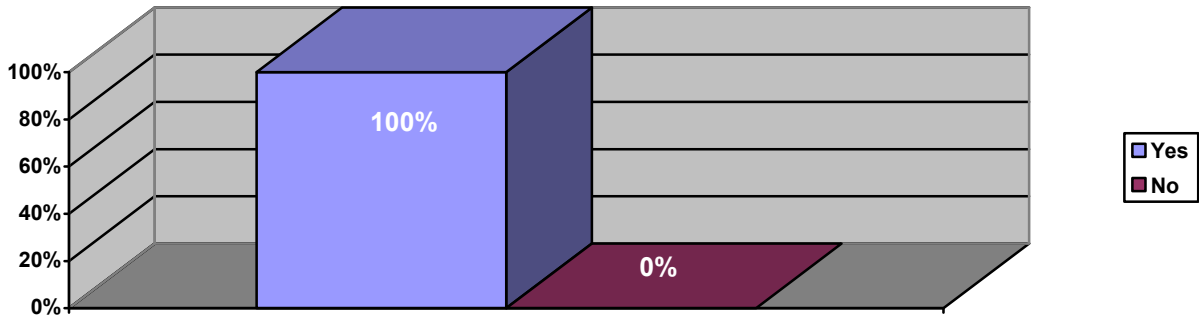
4. The following graph depicts the marital status of the people employed.



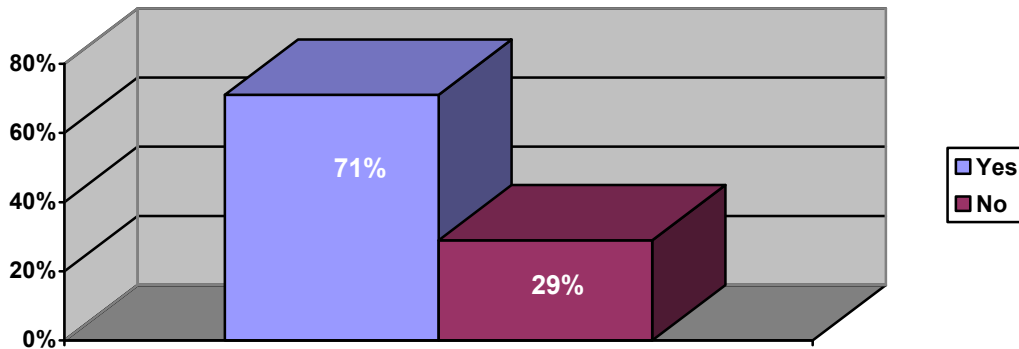
4.1 The following graph depicts if the married or common-law spouse was living in the based community.



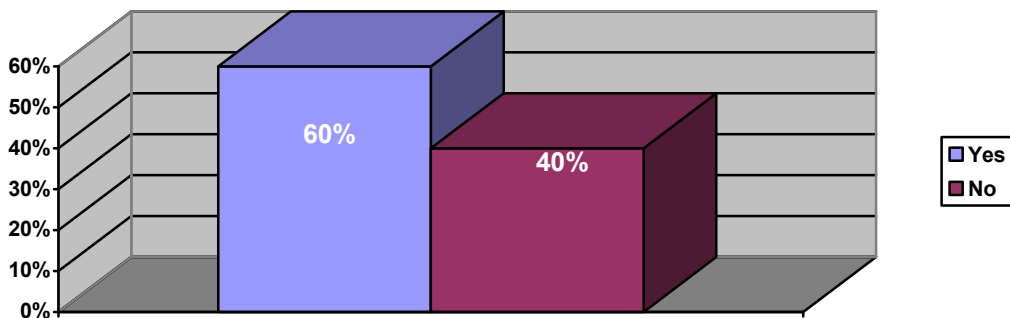
4.2 The following graph depicts if the married or common-law spouse had employment within the based community.



5. The following graph depicts the number of employees who had children.



5.1 The following graph depicts if children were living with parents in the based community at the time of their employment.

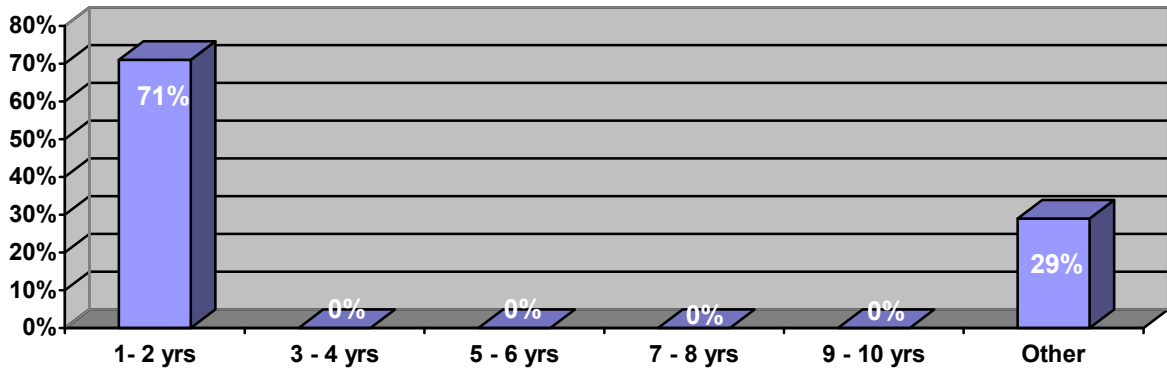


6. Following is a summary of comments by the past employees as to why they chose the Lower North Shore of Quebec as a work place.

- ♦ The challenge and experience.

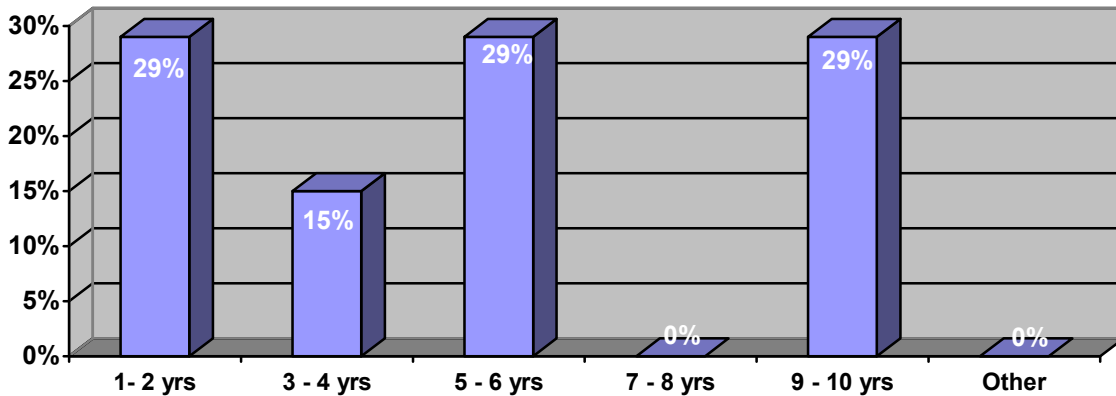
- ◆ There was work available.
- ◆ It was home.

7. The following graph depicts the number of years the employee intended to stay on Coast when the job was first accepted



No Comments

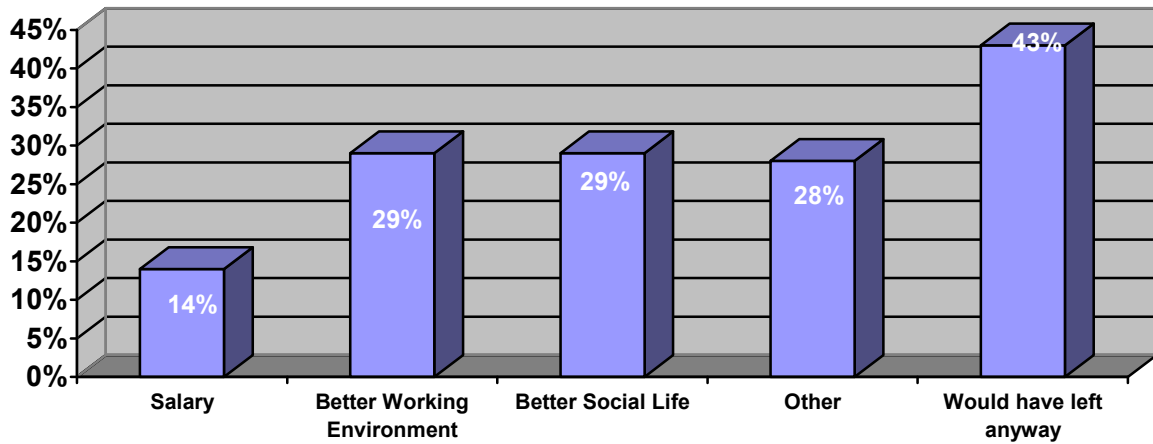
8. The following graph depicts the number of years an employee is currently planning to stay on the Coast.



Comments:

- ◆ 42% of the respondents stayed longer than anticipated.
- ◆ 29% stayed the predicted time.
- ◆ 29% left before their term was ended.

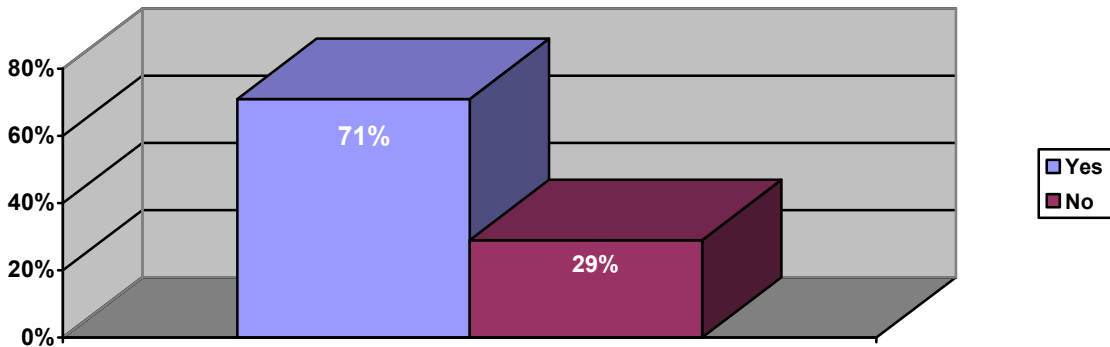
9. The following graph depicts what could have been done for the employee to stay.



**Comments:**

- ◆ Better lodgings.
- ◆ Employment for spouse.
- ◆ Possibility for advancement within fields.
- ◆ Would have left anyway, for family.

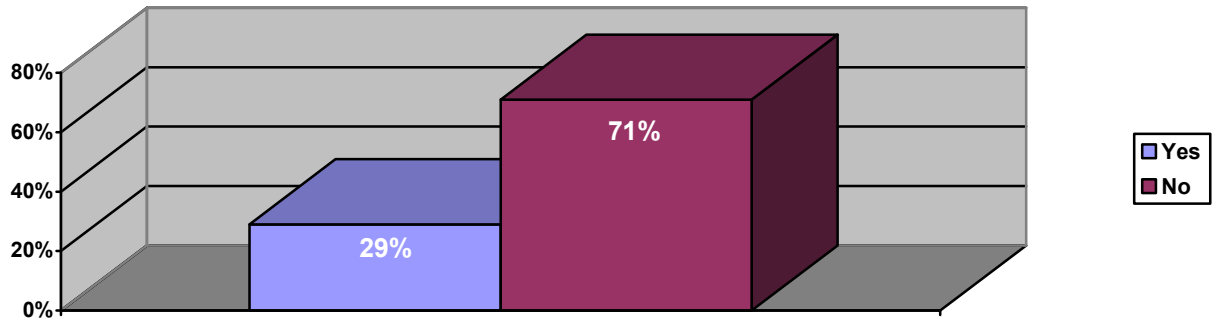
10. The following graph depicts the satisfaction with the quality and affordability of the lodging in the based community.



**Comments:**

- ◆ Dirty lodgings.
- ◆ Size of lodgings.

11. The following graph depicts if transportation on the coast was a problem for employees.

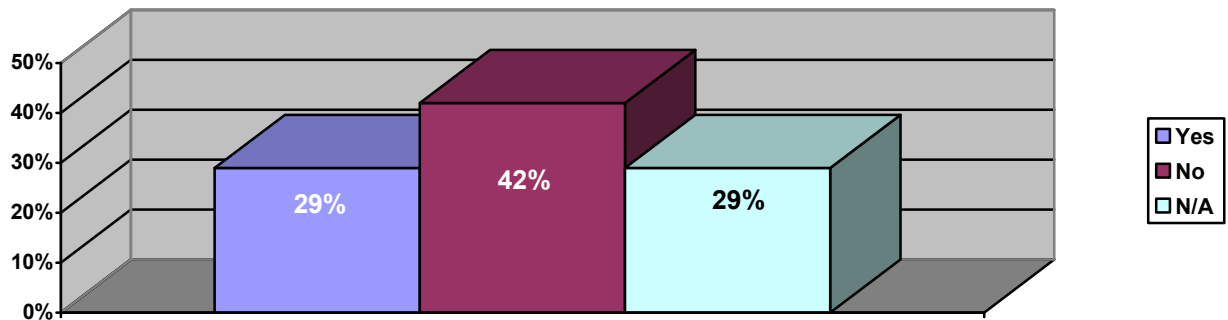


**Comments:**

- ◆ No transportation was furnished by CSSSBCN.
- ◆ Difficulty traveling between communities.
- ◆ Traveling costs was an issue.

**II. COMMUNITY**

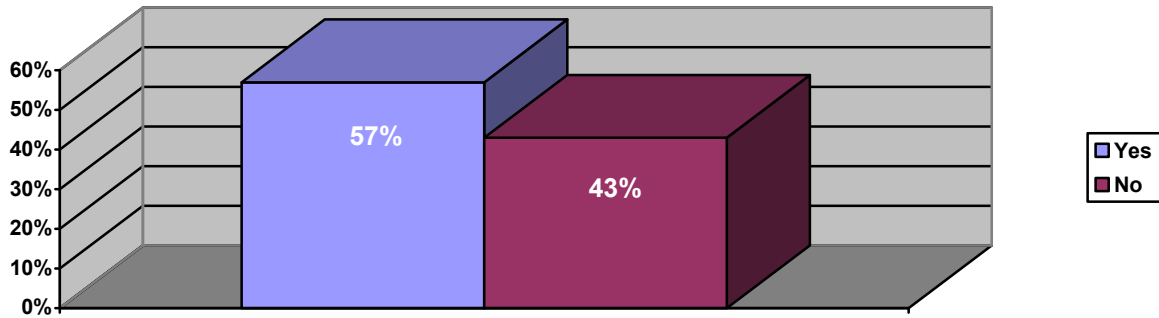
12. The following graph depicts whether or not the employee was prepared by the CSSSBCN for the realities of the community they were stationed.



**Comments:**

- ◆ Misinformed.
- ◆ Not properly informed.

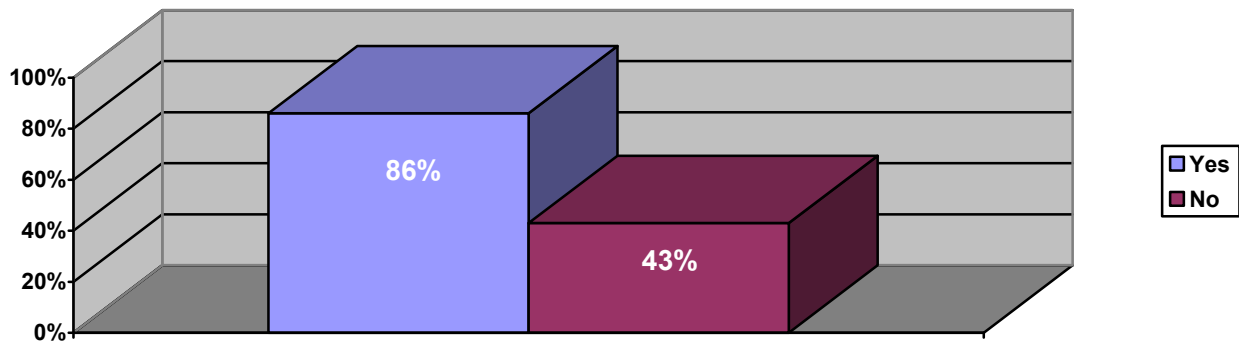
13. The following graph depicts whether or not the employee was well greeted or struggled to fit in.



**Comment:**

- ◆ Better organization of the welcoming aspect of employees.

14. The following graph depicts whether or not there were any social activities in the community that the employee could partake in.

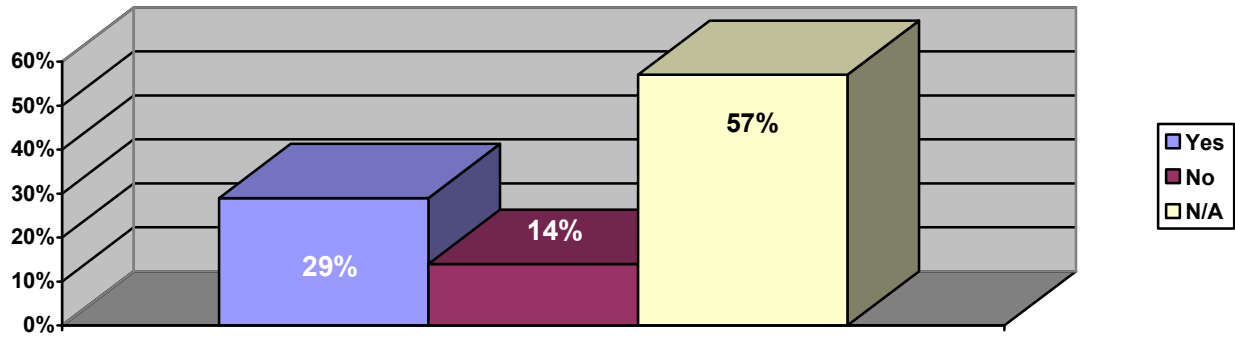


**Comments:**

- ◆ Cooking classes.
- ◆ Crafting.



15. The following graph depicts whether or not childcare (i.e. day care, babysitting, etc...) was a problem in the based community.

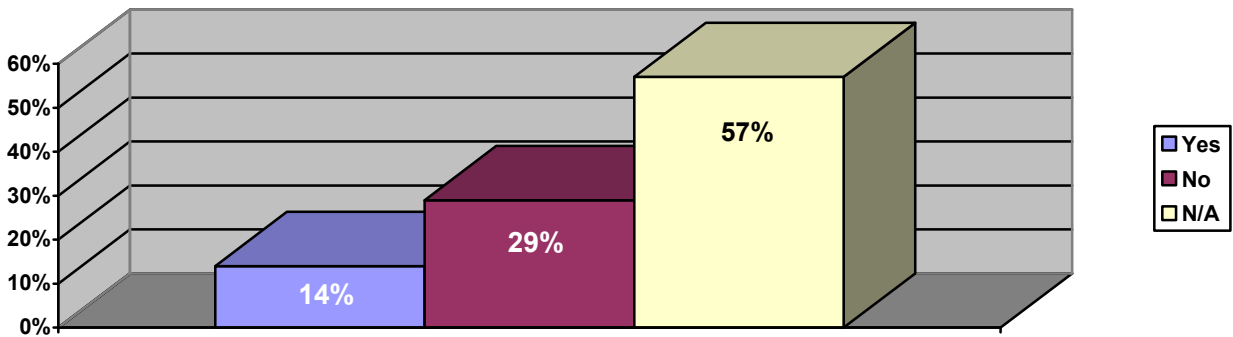


15.1 If yes, what do you think can be done to conquer this problem?

**Comments:**

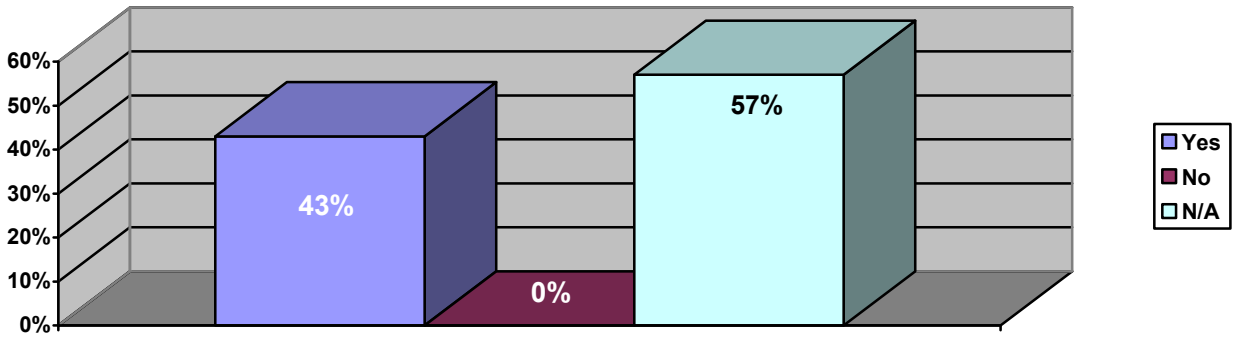
- ◆ Create more spaces in existing daycares.
- ◆ Open new daycares, where there are none.
- ◆ Earlier hours for school daycares, this would allow parents to drop off their children before work.

16. The following graph depicts whether or not the school system in the territory played a role in leaving.



No Comments

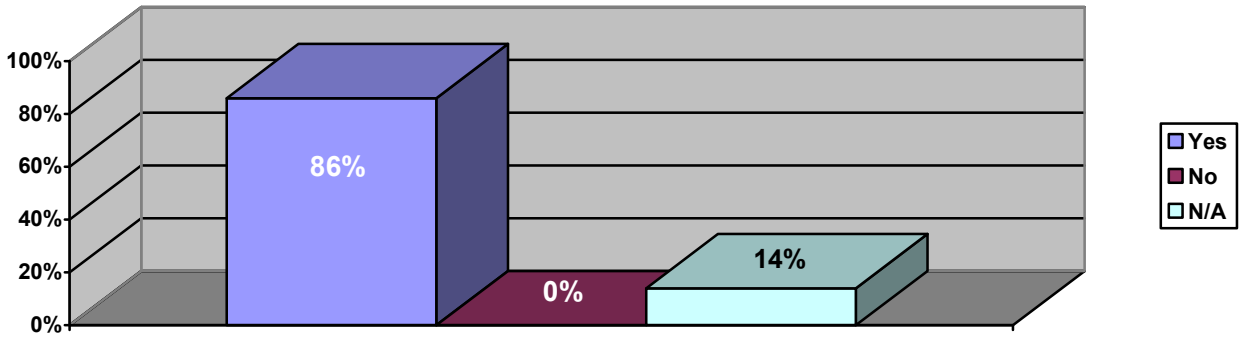
17. The following graph depicts whether or not the lack of possible employment for spouses played a role in leaving the territory.



No Comments

### III. WORK ENVIRONMENT

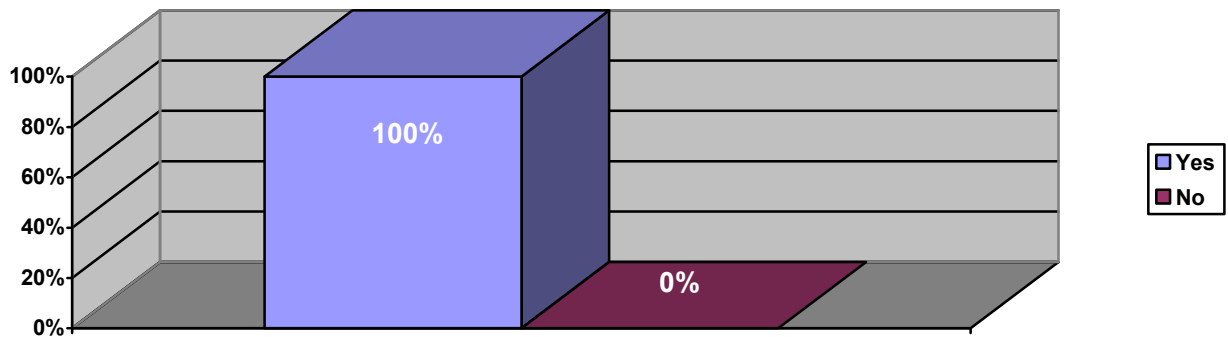
18. The following graph depicts whether or not there was a difference between the work environment in the coastal Clinic's or CSSSBCN when compared to the city CLSC's and Hospitals.



**Comments:**

- ◆ No privacy.
- ◆ Conflicts between friends and family become apart of work.
- ◆ Not many emergencies.
- ◆ Knowing everyone becomes a challenge, one tend to get attached.
- ◆ More prevention than in town.

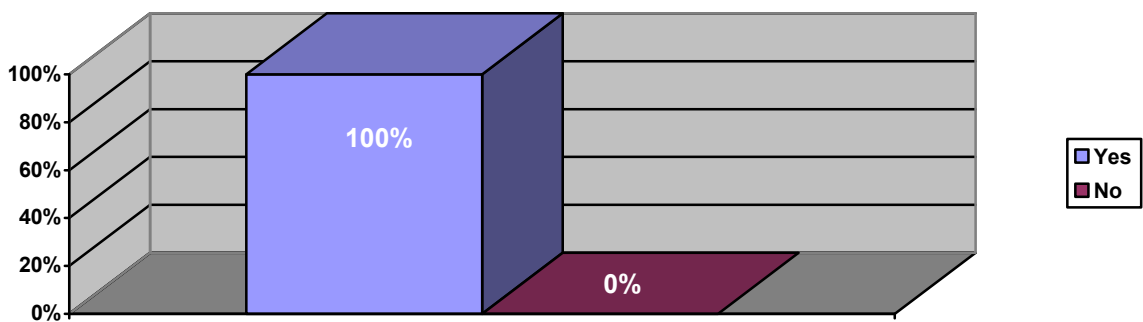
19. The following graph depicts whether or not the employee found working on the Lower North Shore challenging.



**Comments:**

- ◆ Weather.
- ◆ Lack of resources.
- ◆ Transportation.
- ◆ Constant learning.
- ◆ Continuous adaptation.
- ◆ Isolation.
- ◆ Clinic's have no permanent Doctors.
- ◆ More responsibilities than the average nurse.
- ◆ Job is more demanding.

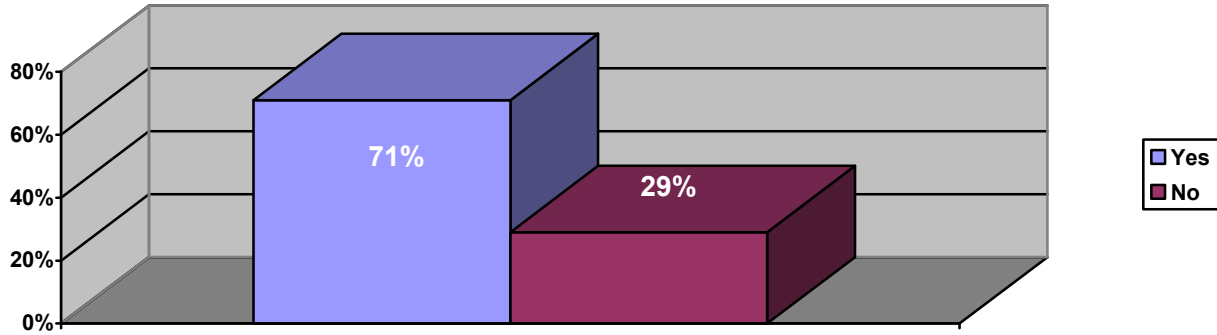
20. The following graph depicts whether or not the working facilities were suitable.



**Comment:**

- ◆ For those who were there 8 – 10 years ago, say that back then the facilities weren't suitable, but with the renovations and the rebuilding, the facilities are up to par.

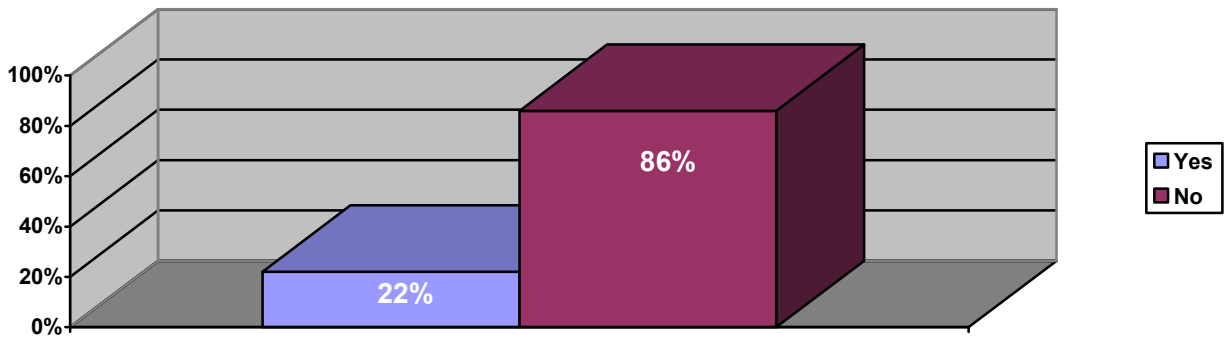
21. The following graph depicts whether or not the employee has or had enough support from co-workers.



No Comments

#### IV. TRAINING OPPORTUNITIES

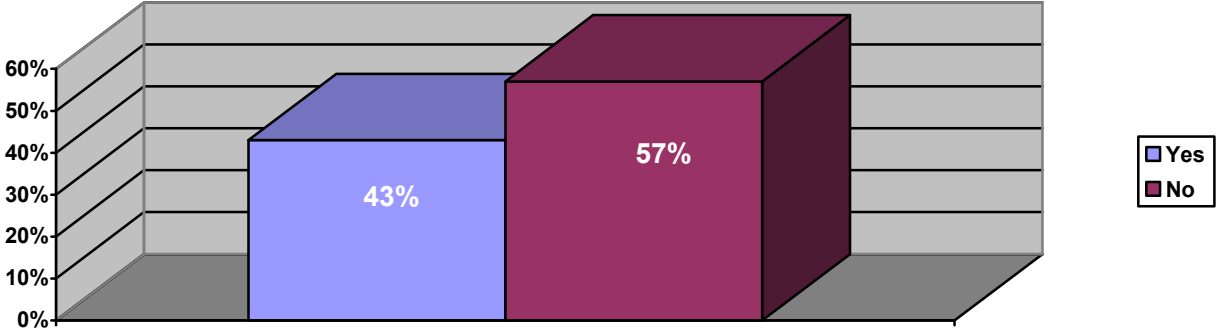
22. The following graph depicts whether or not the employee felt that by working on the Lower North Shore he/she had lost their professional skills.



**Comment:**

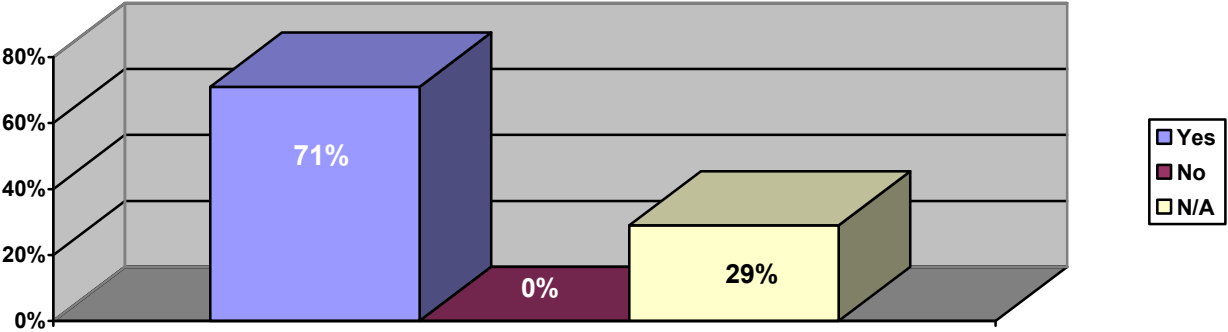
- ♦ Gained further professional skills.

23. The following graph depicts if whether or not the employee was offered training opportunities to maintain and/or upgrade skills.



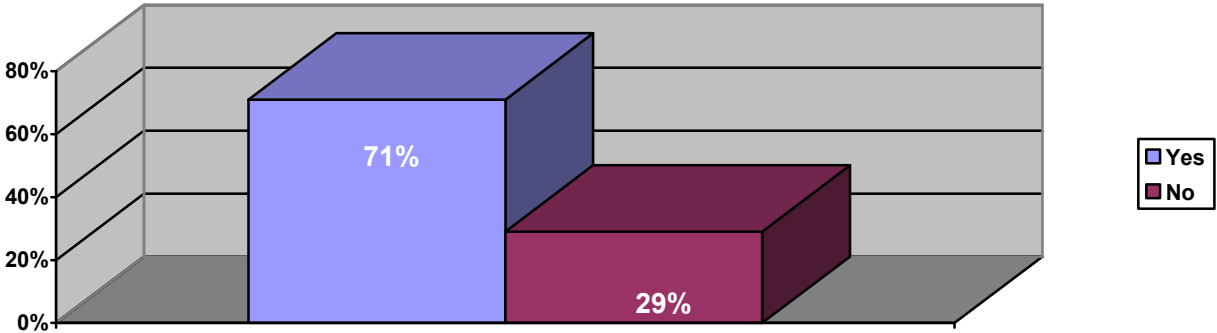
No Comments

24. The following graph depicts whether or not the employee partook in training, and if it was helpful in their job setting.



No Comments

25. The following graph depicts whether or not the employee requested any training from the CSSSBCN.

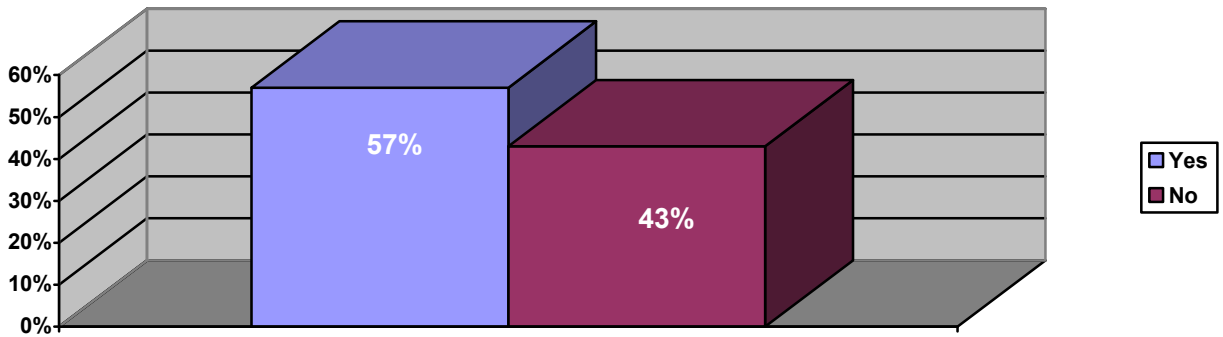


**Comments:**

- ◆ Advanced cardiac life support.
- ◆ Seminars on sexual abuse.

**V. INSTITUTIONAL**

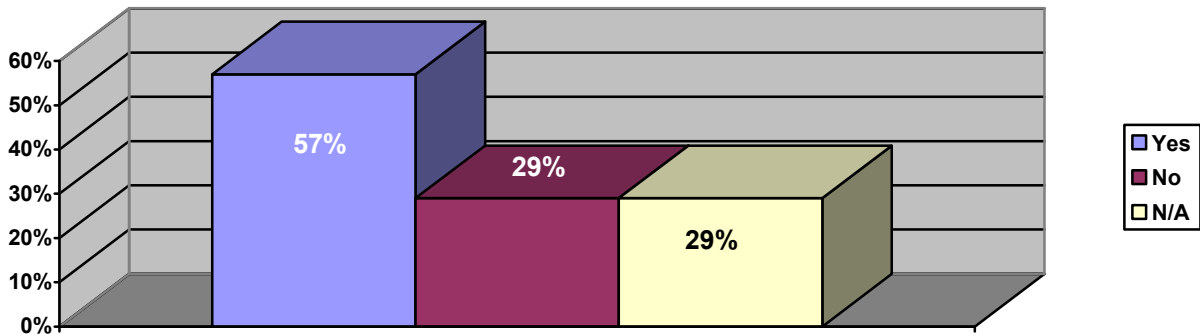
26. The following graph depicts whether or not the employee's concerns, in regards to their job, were dealt with by the administration at the hospital.



**Comment:**

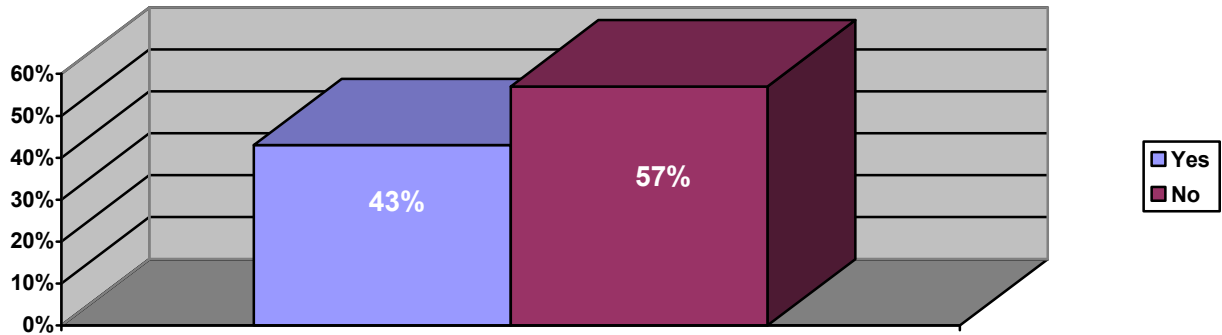
- ◆ Listened, but rarely did anything.

27. The following graph depicts whether or not the job position was relative to the posting accepted.



**No Comments**

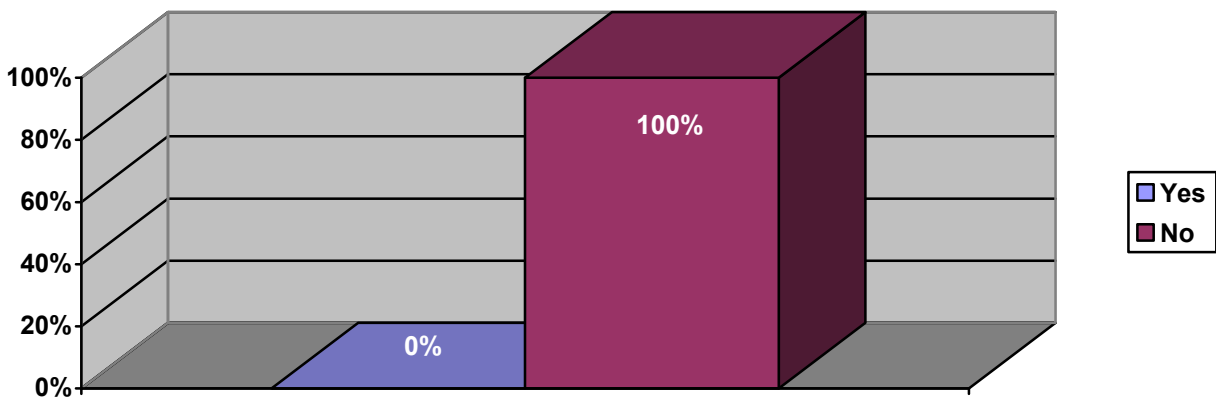
28. The following graph depicts whether or not the employee felt over worked.



**Comment:**

- ◆ Due to shortage in staff.

29. The following graph depicts whether or not employees had problems integrating with staff already stationed at the Clinic or CSSSBCN.



**No Comments**

30. The following suggestions were made by employees on what they thought could be done to retain more professional workers on the coast and/or at the CSSSBCN.

- ◆ Offer continuous training.
- ◆ Work on the welcoming aspect.
- ◆ Booklet of information, regarding the LNS (ie: infrastructures, activities, services, etc.).
- ◆ More support from the administration.
- ◆ Make the communities aware of the solitude of the workers coming from the cities.
- ◆ Better salary, comparable to the one's offered in the North.
- ◆ Expose the truth, the administration needs to be realistic in their description of the LNS.

- ◆ Employment for spouses.
- ◆ Appreciation of the workers.
- ◆ Possibility of advancement within one's professional field of expertise.



## **Results of Administrative Survey (CSSSBCN)**

Following are the results of a survey conducted with the Administrative employees of the Centre de Santé et de Services Sociaux de la Côte-Nord.

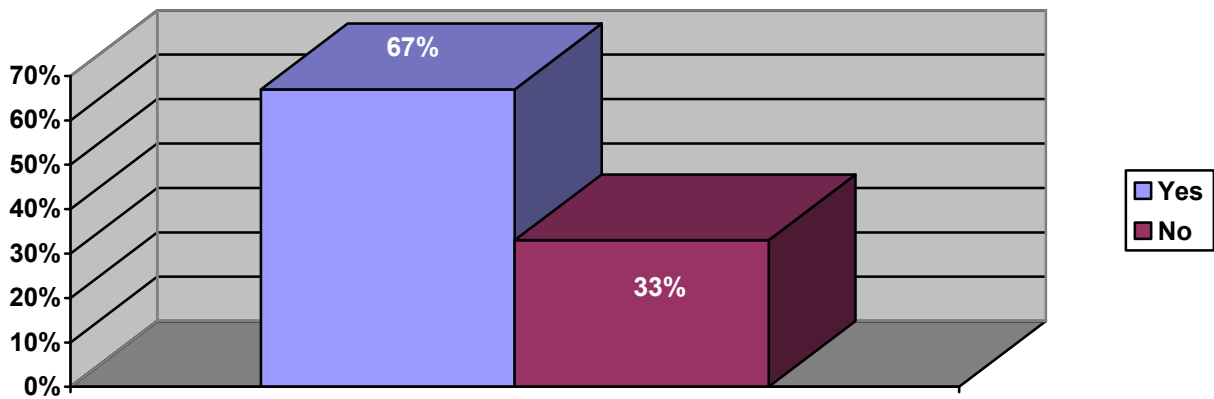
### **1. Difficulties encountered when hiring bilingual workers.**

- ◆ The employees must be able to communicate with the patients in French and in English.
- ◆ When interviewed some nurses wanted to come to the Lower North Shore to learn English.
- ◆ When hiring from Blanc-Sablon, some people have a difficulty accepting to have functional French, seeing how the majority of the population is English.
- ◆ A difficulty in finding bilingual workers on the Coast; often have to look in cities like Montreal or Quebec to find them.
- ◆ When hiring people from off the Coast, they aren't used to the realities of a small village or the isolation, which makes their retention more difficult.
- ◆ In the psychosocial domain (social workers, psychologist, etc...), the employees must master the English language – 90% of the population here is English.
- ◆ It is very hard to find workers with functional English. The nature of the work demands that the person have functional English. Many people say they want to learn English while working on the Coast, but the reality of the work doesn't permit it.

### **2. The reasons behind hiring an employee with a minimum of 2 years experience.**

- ◆ The work team in the clinics consists of 2 or 3 nurses; these nurses must be able to react to different situations, often on their own. Seeing how the number of patients is often less because of the smaller communities, they do not see as many emergencies, but the techniques used are less common.
- ◆ The workers must be autonomous – they must intervene with all types of clients and have the capacity to face all types of problems.
- ◆ The function of the nurses, often much larger than in the cities, demand that they have experience in many fields in order to be able to work on their own and face many different situations. It is almost impossible to do this with less than 2 years of experience.

3. The following graph depicts whether or not there is a possibility of hiring workers with less experience.



**Comments:**

- ◆ A nurse with less experience would not be allowed to work nights or to be on call. For that, there would need to be the cooperation of the union and the training period would have to be longer.
- ◆ Often we hire people, from the Lower North Shore, with less experience – a better supervision is necessary, and a plan for a better employee support program.

4. **Elements foreseen.**

- ◆ The fact of having patients living in the hospital (almost like an elderly home) makes the hiring more difficult. Many nurses want to come here for the challenge, the adventure, but if well explained - the reality is much different of what they imagined.
- ◆ The candidates hired should have a physical exam course, experience in emergency situations, intensive care and cardiology. Also a formation in “RCR” and of “BTLS” type would be pluses. A university formation in working in an isolated environment would definitely be a plus.

5. **Problems arising in the hiring of workers.**

- ◆ Babysitting is a big problem for the nurses that work days/evenings/nights, especially when they don't have any family here. It is almost impossible to get a babysitter in the evenings or at night.
- ◆ There is a lack of different types of professionals (Psychologists, Human Resources Agents, Nurses) that have the experience and abilities that the CSSSBCN is looking for. Bilingualism is also another obstacle, and retaining those professionals once hired is another one.
- ◆ The difference of working conditions between the LNS and the North (salary, retention prime, etc...) make it difficult to attract and retain employees on the LNS.

- ◆ The ignorance of the realities of the regions.
- ◆ The absence of taxis and transportation in the region is a big problem.
- ◆ The welcoming of new employees should be worked on.
- ◆ The development of a booklet for each community with contact numbers (ex.: schools, daycares, stores, transportation, etc.) is important.



## Meetings Summary

There were two videoconferences, one at the beginning of the project with representatives of the McGill University, Centre de Sante et de Services Sociaux de la Basse Cote Nord (CSSSBCN) and Coasters Association to discuss the program and to develop a plan of action, and at the end to provide an update and to discuss the future of this initiative.

The Director of Nursing, Linda Rae, of the CSSSBCN travelled to Sept-Iles and Quebec City to meet with representatives of two hospitals (ie: Centre de Santé et de Services Sociaux de Sept-Iles and Centre Hospitalier Affilié Universitaire de Québec (Hôpital St-Sacrement).

- ◆ The mandate was to identify potential partners and validate their interest to accept persons of the CSSSBCN's center in immersion training.
- ◆ The objectives of these meetings were to facilitate the integration of the staff, to allow local resources to develop their expertise in a more diversified, better patronized environment and a higher volume of activity, and to counter the isolation problem within which the supervision is not realistic.
- ◆ The targeted persons were nurses, inhalotherapists, social workers, dietician-nutritionist, etc.

The Director of Nursing, Linda Rae, of the CSSSBCN met with Ms. Marlène Berthelot, Director of Nursing of Centre de Santé et de Services Sociaux de Sept-Iles, and with Ms. Paule Goulet, Director of Nursing Assistant of the Centre Hospitalier Affilié Universitaire de Québec (Hôpital St-Sacrement), in March, 2006.

The results of the meeting were that Ms. Berthelot showed a lot of interest to this demand, because in Sept-Iles, they share the same problems being in the same medical sector. There was no discussion thus far, on the methods of integration. However, Ms. Berthelot provided a listing of the programs and the services offered to the CSSS of Sept-Iles. (See Annex 5 – Page ---)

The meeting with Ms. Paule Goulet demonstrated a very positive interest, that the environment proved itself and that the center had many openings in such trainings. No procedures have taken place to date.



## Conclusion

After surveying professionals still working at the CSSSBCN and those who have left, it is clear that first impressions stick. The largest complaint made by the workers, was that they felt misinformed on the life in the communities, and not well greeted upon arrivals. Many workers felt that they are not a part of the community in which they are stationed. This feeling made it difficult for them to stay in places where they do not feel at home and were totally isolated from friends and family.

Most workers did not feel that the CSSSBCN administration supported them. When approached with problems, the administration listened, but did not take any action. Confusion, doubt and hostility settled in and the workers felt used and unappreciated.

Transportation and housing were issues that came apparent in the survey. Transportation would be much easier if connected by road to the rest of the Province of Quebec. Seeing how most of the travelling has to be done by air plane, it has become a burden, but resources are also less accessible. Because of this lack of resources, the nurses often must wear many hats (Doctor, Social worker, Psychologist, Pharmacists, etc.). They are forever learning, often without proper training. All participants said that continuous training in different fields was very important, and felt it could be done either in person or by video-conference.

Many workers are and were dissatisfied with the benefits offered on the Lower North Shore. They felt there was not enough pay, retention primes, and trips. It was possible to feel the bitterness of the professionals originally from the Coast, who for the most times, receive no benefits at all. “Why do the outsiders get everything?”, “What about us?” the Coasters feel forgotten and unappreciated.

For the CSSSBCN administration, 2004-2005 were the hardest years for employee retention; the results show that not only have personnel left in great numbers, but they will continue to be leaving, unless action is taken. An information booklet indicating resource numbers and a brief description for each community were suggestions. This could make the difference in providing off coast employees with an insight to what living on the Lower North Shore is all about (isolation, activities, infrastructures, etc.) and may assist in the number of employees staying on the coast.

Much work have been carried out in a short period of time, throughout the project, which we call the First phase of a very important initiative. A Second Phase to continue and carry out the work started, as described in this report, and the acceptance of the recent project submitted to McGill University is crucial.





## Recommendations

The following recommendations are based on the results identified in the needs assessment and desired actions leading to the successful implementation of Phase II of the project.

- 1) That the retention of English speaking professionals (or bilingual) on the Lower North Shore is a critical issue requiring partnership support from the following organizations, McGill University, Agence, CSSS de Sept-Iles, St. Sacrament Hospital and the LNSCH;
- 2) That a request for project funding Phase II be submitted to McGill University under the measure;
- 3) That the needs assessment findings be incorporated into Phase II planning ;
- 4) That the Lower North Shore Coalition for Health serve as the overall governance of the Phase II project proposal and a working sub-committee be established made up of institutional and community partners to lead the initiative.



## **ANNEXES**



**Retention and Distance Professional and  
Community Support Program**

**A Needs Assessment on the Issue of Hiring and Retaining, not only English  
Professionals, but Bilingual Professionals  
on the Lower North Shore**

**Professional Survey**

Position occupied: \_\_\_\_\_

Based community (Optional): \_\_\_\_\_

**PERSONAL INFORMATION**

**1. Are you currently employed by the CSSSBCN?**

- Yes                       No

**If yes, how long have you been employed by the CSSSBCN?**

**If no, when did your employment terminate?**

**2. Do you originate from the Lower North Shore of Quebec or do you originate from elsewhere?**

- Lower North Shore               Other

**3. What is your mother tongue?**

- English                       French               Other

**4. What is your marital status?**

- Married       Common-law       Single       Other

**If married or in a common-law union is your spouse with you in your based community?**

**If yes, is he or she employed?**

**5. Do you have any children?**

- Yes       No

**If yes, are they with you in your based community?**

- Yes       No

**6. Why did you choose the Lower North Shore of Quebec as a work place?**

**7. When you first accepted the job, how long did you plan on staying on the coast?**

- 1 - 2 years       5 - 6 years       9 - 10 years  
 3 - 4 years       7 - 8 years       Other \_\_\_\_\_ Years

**8. How long do you plan on staying now?**

- 1 - 2 years       5 - 6 years       9 - 10 years  
 3 - 4 years       7 - 8 years       Other \_\_\_\_\_ Years

**9. If you plan to leave, what could be done for you to stay?**

- Salary       Better work environment       Better Social life
- Other: (please indicated)

**10. Are you or were you satisfied with the quality and affordability of the lodging in your based community?**

- Yes       No

**If no, please explain.**

**11. Is or was transportation on the coast a problem for you?**

**COMMUNITY INFORMATION**

**12. Do you feel you were prepared by the CSSSBCN for the realities of the community you were stationed in?**

- Yes       No

*Please explain:*

**13. Upon your arrival, were you well greeted or are you still struggling to fit in?**

**14. Were there any social activities in the community that you could partake in?**

- Yes       No

**If not, what type of activities would you like to see implemented?**

**15. Is or was childcare (i.e. day care, babysitting, etc...) a problem in your community?**

- Yes       No       NA

If yes, what do you think can be done to conquer this problem?

**16. Did or would your satisfaction with the school system on the territory play a role in your leaving?**

Yes  No

**17. Did or would the lack of possible employment for your spouse play a role in your leaving the territory?**

Yes  No

**WORK ENVIRONMENT**

**18. Do you believe that the work environment in the coastal CLSCs (clinics) or CSSSBCN is different compared to the city CLSC's and Hospitals?**

Yes  No  NA

**If yes, how?**

**19. Do you or did you find working on the Lower North Shore challenging?**

Yes  No  NA

**If yes, what challenges did you face?**

**20. Are or were the working facilities suitable?**

Yes  No

**If no, what could be improved?**

**21. As a worker, do you feel that you have or had enough support from your co-workers?**



Yes                       No                       NA

**TRAINING OPPORTUNITIES**

**22. Do you or did you feel that by working on the Lower North Shore you were losing your professional skills?**

Yes                       No                       NA

**23. Are you or were you offered training opportunities to maintain and or upgrade your skills?**

Yes                       No

**24. If you partook in training, was it helpful in your job setting?**

Yes                       No

**25. Did you request any training from the CSSSBCN?**

Yes                       No

**If yes, what type of training?**

**INSTITUTIONAL INFORMATION**

**26. Do you or did you feel that your concerns in regards to your job were dealt with by administration at the hospital?**

Yes                       No

*Please explain:*

**27. Was the job you were doing relative to the posting you accepted?**

Yes                       No

**28. Do you or did you feel overworked?**

Yes                       No

*Please explain:*

**29. Do you or did you have problems integrating with staff already stationed at the CLSC (local clinic) or CSSSBCN?**

Yes                       No

**30. What do you think could be done to retain more professional workers on the coast and/or at the CSBCN?**

**THANK YOU FOR YOUR TIME!**

**Retention and Distance Professional and  
Community Support Program**

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**A Needs Assessment on the Issue of Hiring and Retaining English Professionals  
on the Lower North Shore**

**Administration survey**

Position occupied:

1. What difficulties do you encounter in hiring bilingual workers?

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2. What are the reasons behind hiring an employee with a minimum of 2 years experience?

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3. Do you see the possibility of hiring workers with less experience?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which measures should be in place when hiring these professionals?

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4. Do you see other elements?

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5. As a member of the administration, do you see any other problems in the hiring of workers?

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**Thank you for your time!**



Coasters Association Inc.



Centre de santé et de services sociaux  
de la Basse-Côte-Nord

## Retention and Distance Professional and Community Support Program

### WORK PLAN

**Sarah Lavalée, Project Coordinator**

**NEEDS ADDRESSED:**

- To assess the current internship situation at the CSSSBCN (resources, management, training, partnerships)
- To assess why English Professionals are leaving the territory (internally and externally)
- To articulate components that could be developed or worked on to improve retention and internships problems

Objective	Activity	Time Line	Results
To clearly access resources and capacity of the CSSSBCN to receive interns	Obtain a listing of the personnel who left the CSSSBCN in the last 2 years.  Develop a contact listing of the resource people (personnel) to survey in the clinics along the Lower North Shore and at the CSSSBCN  Participate in a video conferencing with representatives of the coastal clinics and	February, 2006	A needs assessment on the Issue of Hiring and Retaining English Professional on the Lower North Shore produced.

	CSSSBCN to inform them of the project and the survey.		
To access the CSSSBCN's management capabilities to receive and maintain interns	Develop a survey, and interview the personnel at the clinics and at the CSSSBCN.	February & March, 2006	
To access partnerships already existing with the H. & SS educational institutions and possible partnerships that could be developed to have better access to interns	<p>Employee of the CSSSBCN will go to Quebec &amp; Sept-Iles to solicitate the Hospitals in establishing partnerships.</p> <p>March 13t and 20th Videoconference with James Carter, CHSSN, McGill University, Coasters Association &amp; CSSSBCN.</p> <p>Contact the Commission Scolaire du Littoral to evaluate their interest in establishing a partnership with the CSSSBCN.</p> <p>Contact each Municipality (Mayors) to discuss the results of the surveys and evaluate their interest in becoming a partner of this initiative</p>	March, 2006	
	Compilation of all the data collected.	March, 2006	

	Produce a report of the findings.		
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To access why English Professionals are leaving the territory (internally and externally)  
To articulate components that could be developed or worked on to improve retention and internships

problems





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## Retention and Distance Professional and Community Support Program

### Schedule of Activities (February 15<sup>th</sup> – March 31<sup>st</sup>, 2006)

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#### **February 15th - February 19<sup>th</sup>, 2006 (Week 1)**

- Set –up office
- Awareness of the project in it's whole.
- Get an accurate overview of the problematic of the Retention project.
- Meeting with the Executive Director and H&SS Development Agent of the Coasters Association.
- Meeting with Johanne Beaudoin of the CSSSBCN
- Draft a plan for the next 6 weeks.
- Draft survey.

#### **February 19th - February 26<sup>th</sup>, 2006 (Week 2)**

- Presentation of the draft plan to Linda Rae .
- Presentation of the draft survey to Linda Rae and Johanne Beaudoin.
- Submit the draft plan and survey to Cornella Maurice, Kimberly Buffit and Russ Keuber, Resource Person of CHSSN

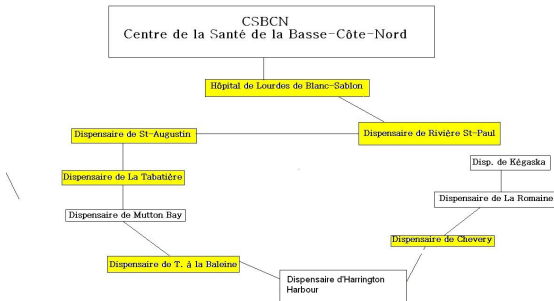
#### **February 26th – March 5<sup>th</sup>, 2006 (Week 3)**

- Finalize the work plan and survey with James Carter, CHSSN.
- Establish an accurate group of resource people to survey that have left the CSSSBCN, contact them and set-up appointments
- Obtain a listing of the personnel who left the CSSSBCN in the last 2 years (2004-2005).
- Establish an accurate group of resource people to survey in the clinics while on the coast (*Chevery, Tête-à-la-Baleine, La Tabatière, St-Augustin, Rivière St-Paul and Lourdes de Blanc-Sablon*), contact them and obtain appointments with them.
- Send them the written survey to review before my visit, I would then visit the clinics to gather the surveys and talk with the personnel to gather extra information.
- Obtain a video-conference with the Chevery, Tête-à-la-Baleine, La Tabatière, St-Augustin and

St-Paul's River clinic to inform them that I will be sending them a survey to complete which I will collect while I visit their clinic in the following week.

- Contact Madelaine St-Gelais in Montreal for feedback on good connections or good contacts in Montreal as far as Universities and Hospitals.
- Organize the Coastal trip (ie: transportation, lodging, meetings, etc.)

### **March 5th to Sunday March 12<sup>th</sup> (Week 4)**



*\*The yellow highlighted areas on the above picture are the place I will visit during my week on the coast. Starting with the Chevery Clinic working my way back to Lourdes de Blanc-Sablon. The trip will be only made by snowmobile.*

#### **Saturday March 4th:**

**Am:** Leave Old-Fort on snowmobile, to arrive in Chevery Sunday afternoon.

#### **Monday March 6th:**

**Am:** Pick-up surveys and interview personnel at the Chevery clinic.

**Pm:** Leave for Tête-à-la-Baleine.

#### **Tuesday March 7th:**

**Am:** Compilation of data

**Pm:** Pick-up surveys and chat with the personnel of the clinic to accumulate more data

Compilation of data and leave for La Tabatière.

#### **Wednesday March 8th:**

**Am:** Pick-up surveys and interview the at the personnel La Tabatière clinic.

**Pm:** If finish surveying in the AM, leave for St-Augustine's Clinic.

Visit St-Augustine's clinic, pick-up surveys and interview the personnel.

#### **Thursday March 9th:**

**Am:** Leave for St-Paul's River's clinic, pick surveys, and chat with the personnel.

**Pm:** Compilation of data at the Association office.

Back to Lourdes de Blanc-Sablon.

#### **Friday March 10th:**

**Am:** Survey at Lourdes de Blanc-Sablon

**Pm:** Keep surveying, plus compilation of data.

### **March 12th - March 19<sup>th</sup> (Week 5)**

- Begin compilation of the data of the Coastal trip to CLSC's
  - Carry out survey of personnel who left the coast in the last 2 years, CSSSBCN.
  - Begin compilation of data of personnel who has left the coast..
  - Contact McGill University and set-up an appointment with them.
  - Contact the Commission Scolaire du Littoral to evaluate their interest in establishing a partnership with the CSSSBCN for stage purposes.
  - Contact each Municipality (Mayors) to inform of the results of the survey and evaluate their interest in becoming a partner of this initiative.
  - Wednesday, March 15th leave for Montreal and visit McGill University. Present the statistics and problems encountered. Discuss ways to conquer the problem.

### **March 19th - March 24th, 2006 (Week 6)**

- Finalize the data of the Coastal trip
- Finalize the data of the personnel who left the Coast
- Produce statistics and charts from the compiled data.
- Produce a report of the results of the meetings with the partners (CSL and Mayors)
- Minutes of the meetings with McGill University
- Finalize and forward the project application.

### **March 26th - March 31st, 2006 (Week 7)**

- Present the statistics and charts to the Mayors and evaluate their interest in helping with the retention problem.
- Data compilation.
- Construction of the final report.
- Touch-ups, last minute adjustments and finalization of the report.
- Draft the Project application

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Sarah Lavallee  
Project Consultant



### Programs and/or Services - Health and Social Services Center in Sept-Iles

#### Ambulatory services (ambulance):

- Emergency
- External clinic
- Day medical unit :
  - Asthma
  - Medication IV : Antibio, Ativad, etc
    - Cardiology : Cardio-MEJ, elective waiting, Cardio-stimulator
    - Anticoagulothérapie
    - Multiple sclerosis
    - Hemato-oncology
    - Diabetes
    - Investigation : Biopsy, venous ponction, intra-vesical medication, ACTH
    - ETC
- Clinic for at risk pregnancy :
  - Diabetes
  - Arterial hypertension
  - Coagulothérapie
  - Risk of pre-term labour
  - Thrombophily
  - Intra-uterin growth delay
- Day pediatrics :
  - Hemato- oncology
  - Medication IV
  - ETC

#### The physical health programs:

- Medical and intensive care
- Perinatalité, pediatrie and gynecology
- Chirurgical unit:
- Operating room
- Endoscopy
- Day surgery
- Investigation clinic
- Sterilization

#### The program for people losing their autonomy related to old age:

- Residences Gustave Gauvreau and Urgel Pelletier (CHSLD)
- Family resources

- Intermediate resources
- Daycare Center

Mental health program :

- Mental health hospitalization unit
- External clinic for mental health
- Day care
- Psychosocial services

Public health program :

- Prevention of infections
- Immunization
- MTS

The program : family, children, youth :

- Support for young parents (PSJP)
- Born equal and grow up healthy (NEGS)
- Help program for families(PAF)
- Healthy school

The program for health at work:

- Health program: environmental surveillance, medical, first aid, formation, information;
- Program : pregnancy without risk
- Intervention program integrated in concert with the CSST

Direct allocation program :

Home care services :

- Home care
- Palliative care

Home care services :

- Assistance care
- Domestic help

Rehabilitation services at home :

- Evaluation at home

Current health and psychosocial services:

- Info-Health
- SIDEPE (Integrated services for the **dépistage** and prevention of ITSS)
- GMF

Community organization services.