WeRPN

Registered Practical Nurses
Association of Ontario

Sample Letter of Support
(on letterhead)

Date

Dr. Jane Doe
Title
Name of University and Department
Address
City, ON Postal Code

Re: Letter of Support for XXXX

Dear Dr. Jane Doe and colleagues,

As the Chief Executive Officer of the Registered Practical Nurses Association of Ontario (WeRPN), I am pleased to offer my support for the research grant entitled '<<title of research study" submitted by Dr. Jane Doe and team.

I am supportive of this proposed study because it will examine the benefits, drawbacks, barriers, and facilitators to implementing …... The adapted intervention has demonstrated positive patient and provider outcomes in acute care settings, and I am eager to witness similar resident, healthcare provider and organizational outcomes when implementing the concepts and tools into the fields of study.

My expectation is that this study will strive to reduce negative resident outcomes (e.g., unnecessary hospitalizations, falls, nosocomial infections, death) by ensuring matching of resident needs and the care provider assigned to meet these needs. In addition, the opportunity for RPNs to work within their full scope of practice will improve healthcare provider job satisfaction, reduce burnout, promote psychological health and safety, and inform future staffing practices and workload management in LTC homes to ensure a positive work environment. The new knowledge created regarding the applicability of this adapted model will be used to inform future policy, practice and research in LTC homes across Canada. Ultimately, this research will ensure that scarce LTC human resources, such as RPNs, are appropriately utilized to achieve optimal outcomes and improve continuity of care.

Acknowledged as a global leader on the applied nursing role, the Registered Practical Nursing Association of Ontario (WeRPN), has over 14,000 voluntary members and is the leader and voice for over 55,000 Registered Practical Nurses (RPNs) in Ontario. RPNs constitute one third of the provincial nursing workforce and the second largest health profession. Approximately XX% (~XXXXX) of Ontario's RPNs are employed in xxxxx (xxx) and are the largest regulated health professional group working in xxx. They have a passion for what they do, are hard-working individuals who care deeply and are committed to the residents in the long-term care system. For a long time, WeRPN has identified and communicated to public, institutional, and governmental

agencies major weaknesses in our Long Term Care system. The residents have increasing frailty, complexity and vulnerability requiring specialized expertise. COVID, has unveiled a pervasive absence of research evidence regarding how the RPN workforce thinks, lives, and interacts with one another, their teams and residents. Matching knowledge, skills and judgement to the needs of the residents is of prime importance for improving the respect, value and optimization of RPNs working in this sector and ensuring a high functioning LTC system.

RPNs working in long-term care are a vulnerable sector of frontline staff experiencing difficult working conditions in Canada with mounting work-related rates of physical injury, burnout, moral distress, stress and turnover. Inadequate staffing, staffing shortages, variability in use of full scope of practice, fragmentation in the models of care, absent recruitment and retention strategies, and inequitable compensation are some of the main challenges. Previous work by these researchers have demonstrated the negative impact of inadequate and inappropriate staffing and heavy workload on adverse resident and staff outcomes, yet no systematic process to inform staffing-resident matching decisions in the Canadian LTC sector exists. Appropriate staffing ensures an effective alignment between the unique characteristics of both the nurse and the patient for front-line RPNs in long-term care. Matching nurse competencies with patient needs promotes optimal outcomes and nurse well-being. WeRPN desires to know more effective solutions and tools to address the front-line struggles of RPNs working in LTC, and how the WeRPN organization can encourage transformation of LTC models of care, hence our commitment to this research project.

We welcome the opportunity to collaborate with the Dr. Jane Doe in this work. WeRPN's mission is to engage with and advocate for RPNs to provide high-quality, evidence-informed, patient-centred practice. The organization has a broad mandate including professional practice, education, advocacy, government relations/policy, research, and innovation and a strong gerontology special interest group who continually provide us insight into current issues within LTC. During my tenure, WeRPN supported a research Think Tank day that recommended further study of models of care matching resident needs to nursing competencies and environmental supports. WeRPN has supported members and non-members with training fellowships, bursaries for leadership courses, eLearning courses and self-care webinars and a number of important RPN-focused studies, including high functioning nursing teams, nursing role clarity, nursing knowledge in long-term care and a global scan of the applied nursing role.

We are committed to assisting the research team to achieve the desired outcomes. For this project, our intellectual contribution regarding nursing culture, professional practice, research, and healthcare policy will be provided by me as CEO, our Director of professional practice, research and innovation, our Director of policy and communications, our professional practice coordinators and front-line RPNs. WeRPN would also offer significant support in the overall knowledge mobilization goal to develop, support and advocate for matching of nurse knowledge, skills and abilities with patient needs. WeRPN will use its multiple communication channels (website, social media, print publications) to recruit participants, initiate knowledge exchange, promote the resiliency model, and co-develop resources including personal stories, webinars, workshops, RPN Connect Hub collaborative, and self-learning modules content, alongside WeRPN members and workplace ambassadors, non-member RPNs and nursing leaders across Canada. Annually, an average of 153,000 users access 1,467,000 website pages and the organization has 14,500 subscribers for its print publications. Infographics about personal stories, the conceptual model, self-care tools, op-eds and live Facebook sessions will be shared using WeRPN's

social media channels (Twitter, Instagram, LinkedIn and Facebook). WeRPN would offer to co-create resources and present knowledge translation activities at provincial/national conferences including the annual WeRPN AGM (October). WeRPN professional practice associates will assist by serving as evaluators and knowledge brokers ensuring an integrated knowledge translation approach. Our team members have established links and experience in knowledge translation activities with provincial, national, and global health agencies and professional societies and will share the results accordingly. In addition, I host front-line RPNs at regularly scheduled Facebook live events and author numerous op-ed pieces. Published reports/publications will be posted on WeRPN's website.

I have frequent opportunity to recommend practice and policy changes at the level of governmental LTC reviews (recent standing at the Long-Term Care Homes Public Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System 2017-9), provincial nursing staffing committees and nursing leadership networks. These connections will be leveraged to facilitate practice and policy change as part of this project.

It is imperative that society and professional organizations, like WeRPN, learn from experiences of nurses in LTC to build and support professional practices impacting the care and well-being of older adults making LTC their home. Finding methods of a more holistic model of care, an enhanced just culture, and a presence of effective teamwork can successfully improve societal values placed on the long-term care environment and the vulnerable residents of the LTC sector, and restore trust of LTC residents, families, and health care providers. Bridging this evidence and knowledge gap will support our strategy of optimization, recruitment, and retention of the nursing workforce to provide safe, high quality patient care, a crucial undertaking as our population ages and we face significant shortages in care resources.

I look forward to seeing this research unfold and will do whatever I can to support Dr. Doe and her team as they move this important work forward.

Sincerely,

Dianne Martin, RPN, RN, BScN, MA
Chief Executive Officer, WeRPN
Registered Practical Nurses Association of Ontario
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