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To provide healthcare professionals with job opportunities, continuing education, new products, resources, and editorials to help them succeed in their careers.

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Editorial: by Jennifer (Jay) Sherwood BScN, MEd.

The Cost of Eldercare: What it is like in Alberta

Anyone trying to get a sense of how much it costs to house and/or provide care to elderly Canadians is going to run into a maze of publicly and privately offered services, facilities and programs. One effort to sort through these has been undertaken in Alberta by the Alberta Chapter of the Consumers Association of Canada. The paper, "Eldercare – On the Auction Block" speaks to the situation in Alberta, one of the richest provinces in Canada and one where the costs of eldercare may be one of the lesser expensive. Although the paper deals solely with Alberta, its contents are useful in making both health professionals and their elderly clients (including those who are well) aware of the financial implications of care.

Since the 1990s, Alberta like other provinces has undergone dramatic changes to its health care system. Changes in the long term care sector, (although just as dramatic as those in acute care) have happened with little public attention. Wendy Armstrong, the author of the paper says that "Confusing jargon, mixed messages, lack of data and widespread differences among the provinces... regional health authorities..." have led to much of the confusion for health professionals and their clients. She goes on to say that "many families..." face choices between spending savings and cashing in on assets to buy private services or giving up salaried employment to care for loved ones at home.

Several key ideas form the underpinnings of health care restructuring in general and long term care in particular. According to the paper being reviewed here they include the following.

- Distinguishing between "core" and "complementary" services;
- Separating "health" from "housing";
- The level playing field; and
- Unbundling services.

Only core services are covered by the public health care system. Making a distinction between what is a "core" service and what is complementary has

allowed eldercare facilities and programs to sell some services and products at what today is an unregulated price. Funding obligations for long term care has shifted from the public to the private sector by limiting public funding to meeting health care rather than housing needs. The shift has had implications for such things as housing, meals and housekeeping. "Leveling the playing field" has not resulted in improving home care funding to meet the funding of institutional care. Rather it has meant reducing funding obligations for institutional care to meet the costs borne by the individual in home care. Unbundling of services simply means that services can be broken down into component parts so that basic health care services can be separated from housing and support services.

Before 1990, there were three main options for seniors' residential care. Two of these were found within the public sector (auxiliary hospitals and nursing homes) and one in the private sector (public lodges). As well, a public home care program was available to provide seniors with nursing and homemaker services in either their homes or lodges. Today, new models of residential care have evolved either by necessity due to health system funding reductions or by design that sought to improve the quality of life for seniors through system reform. The principles underlying reform are laudable, i.e. shift from institutional to community based care; client focus of services; choices in care and the like but what has evolved from the changes may have been unexpected in terms of cost shifts from taxpayers to individuals and families.

The Alberta Chapter of the Consumers Association of Canada outlines the number of types of care that have become part of the new model of long term care in Alberta. The most prominent of these is "assisted living". This idea originated in the US and called for a home like setting that would give residents control over their private space and enhance their independence. Self care, self direction

and social interaction are encouraged within the capacity of the elderly person in an environment where risk is minimized and managed. Assisted living may include meals, housekeeping and help with personal care depending on the individual needs of each of the residents. Most of these housing and health complexes are owned and operated by the private sector and include information about basic and additional services provided in the agreed upon payment for the life lease or rent. One example of a retirement living complex provided in the paper lists the services of a purchased life lease that are bundled (e.g. homemaking at \$150 a month) and those that are unbundled (e.g. daily lunch or dinner, medication assistance, meal escort etc.) with the individual costs attached. Another example provided outlines some of the costs associated with a private lodge facility. Above the basic monthly rent of over \$1500 to over \$3000 (excluding meals) things like night checks, oxygen management etc. each cost a specified amount. It is easy to see by these examples how costs can mount and how they could be termed "catastrophic" over the longer term.

My purpose in reviewing this paper was not to judge but to be informed. As a health care professional (albeit retired) my assumptions about the costs of long term care were confirmed and I was reminded to think more about my own future. Any health care professional who is in a position of advising or helping family members or elderly persons themselves get the care they need would be well advised to read this paper. Realistic expectations about what is covered and what is not will be valuable to elderly clients and their families in choosing care that they need that is at least close to being affordable.

About the author of Eldercare – On the Auction Block. Wendy Armstrong is a policy analyst and consumer advocate. For more information she can be reached at wlarmsr@telusplanet.net. She can also direct you to the appropriate source to obtain a copy of the paper.



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Don't waste it on boredom and dissatisfaction! As early as possible, decide on a purpose for your life, set exciting goals that line up with that purpose, and take action, because it's in achieving goals that most people find happiness. Lots of us waste huge amounts of time through procrastination or just going in the wrong (or no) direction. To reduce stress, we may study time management techniques, but rarely practise them unless we're excited about where we're headed.

To help set your goals, imagine that you're a ship that must set a course.

Your life 'purpose' is the general direction you are travelling – like 'East' or 'South.' It's short – a simple statement of what you are truly about. You might say: "I am a person who makes others happy," "I am a person who 'serves'," "I am a nurse" – or a parent. The Seven Habits of Highly Effective People by Steven Covey has excellent advice on this topic.

Goals are the points along the way which you

set down once you have your direction – like railway stations along a track. If you've never thought about it before, setting life goals can be a daunting task – but it's great fun!

To start, make a list of all your positive qualities. Don't be shy! If you can't think of many, ask a good friend or a family member. Pick a few and fantasize about which general direction these qualities would lead you.

Then, consider the following areas of life and tick off the ones where you'd like to develop your knowledge and skills: career, education, family and relationships, finances, hobbies and sports – writing, sculpture music, service to others, fitness, mental health, spirituality.

Set your goals in all areas of life. People who go into a nursing home get very depressed if they focus on what they've lost – but can stay happy if they still have things they want to accomplish. We need goals that take into account the loss of home, mobility – even sight and hearing so that we always have something to keep us interested – and truly alive! Set goals enough to last until you're 110! You'll never be bored and never lack friends!

See Stress page 11



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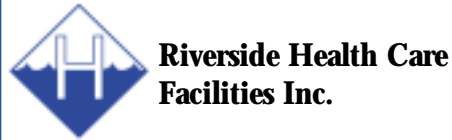
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LOVING KINDNESS

The Most Powerful Healing Energy

by Steven KH Aung, MD, FAAFP

Loving kindness is a general moral precept rather than a specific medical concept, but it has a direct and powerful therapeutic application – no matter what medical system is involved – anywhere in the world. I was reminded of this in January 1991 when I met with the Dalai Lama at his office in Dharamsala.

It was a misty, rainy morning when I took a taxi from Kashmir House (the residence of the brother of Dalai Lama) to his office on a hill in the town of Dharamsala, India. In our meeting, the Dalai Lama emphasized the importance of loving kindness (the multi-dimensional concept of *metta*), saying that it was the most essential, vital ingredient in each and every healing therapy.

One of the questions I asked the Dalai Lama during our discussion was as follows: 'What is the basic difference between Buddhist medicine and Western medicine?' The Dalai Lama's response was both simple and complex. He stated that Buddhist physicians

always provide a blessing together with their healing therapies, whereas this is quite rare among Western practitioners. Thus, a Buddhist physician will also quietly or silently give each and every patient a *metta* 'pill'/blessing as well as any therapies such as Acupuncture, Acupressure, Herbs etc. with *metta* blessing as a normal – and absolutely essential – component of primary care therapy.

This pill takes the form of a blessing, a silent or audible utterance of the phrase, '*metta*', which denotes 'loving kindness' and implies 'may you and all sentient beings sharing this universe with us be blessed with peace, harmony, good health, smooth and complete recovery.' Simply thinking, and repeating the phrase with heartfelt compassionate intent (which is termed a mantra in traditional Buddhist medicine) reminds the primary care practitioner that the therapy of choice (on the part of both practitioner and patient working together as equal partners in healing) must be safe, reliable and effective and that it must be competently applied in full consideration of the special needs and wants of all concerned (practitioners, patients, families and society).

The complexity of the Dalai Lama's apparently 'simple' answer arises from the fact that *metta*, when applied as an essential, vital ingredient in any therapy, entails considerable physical, mental and spiritual discipline on the part of practitioners. *Metta* must be given with *saydana* (selflessness), *karuna* (compassion) and *mudita* (sympathetic joy) as one complete healing pill or package.

In engaging these four pillars of loving kindness it is extremely important to



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remember that physicians must first heal themselves (how can an unhealthy doctor ever heal anyone?), that the most difficult patients are our best teachers (don't they pose challenging questions to our conventional protocol and guide us to the proper channels of healing?) and that an attitude of genuine, heartfelt loving kindness is not easy to attain or sustain (isn't it always difficult and instructive and challenging to project loving kindness toward those we fear or distrust?).

The concept of *metta* is integrated into Buddhism at the level of both medical theory and clinical practice. This is because the Buddha is considered the supreme healer of the normal, everyday human condition of illness and disease physically, mentally and spiritually – and all the attendant suffering: The Buddha is the 'king of physicians.' He extracts poisoned arrows – greed, hatred

See Aung page 10



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by Nadia Gruzd, President of Unlimited Nurse Search, Inc.
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At UNLIMITED NURSE SEARCH, INC we are committed to our mission statement. *Our focus is to provide staffing solutions for medical professionals and institutions nationwide. We do this by treating every applicant as an individual*

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Nadia Gruzd began her career in recruitment in South Africa in 1989. Since relocating to Vancouver, BC in 1992 she has dedicated herself to the successful placement of Canadian healthcare professionals into full time, regular employment across the USA and as a result has helped hundreds Canadian professionals relocate to their new positions in the USA. In 1997, Nadia relocated again from Vancouver, BC to San Diego, CA. She therefore has both personal and professional knowledge when it comes to relocating to a new country and has earned her reputation as one of the leading healthcare recruiters in North America. She continues to share her experience and knowledge as she helps Canadian Healthcare professionals with their career choices and relocation.




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Health Professionals International: Retained Searches in International Recruitment

by Jennifer (Jay) Sherwood, BScN, MEd.

Health Professionals International is a New Zealand registered Retained Search Company. Its original focus was to provide recruiting services to meet the needs for the New Zealand health care industry. These needs include an ongoing requirement for experienced professionals in medical specialties, nursing and technical support. The company's original focus has been expanded to provide recruitment services in Australia, the United Kingdom, Canada and the United States.

When I talked to Miss Darryl Cooksley, the Chief Executive Officer (CEO) of Health Professionals International, she explained what it means to provide "retained" search for clients (usually hospitals) looking for health professionals. A "contingency" agency has a large data base of resumes that a client can search to find the health professional that will meet their needs. A "retained" search, (the type that is a specialty for Health Professionals International) involves a

clear understanding of the client's needs for health professionals and a targeted recruitment strategy for meeting those needs. To accomplish the objectives of a "retained" search, Cooksley and the client enter into a committed partnership to recruit the best candidate for a position, from selected global locations. According to Cooksley, the search is not completed until the position is filled.

Personal and committed service to clients is the foremost principle underlying the recruitment process for Health Professionals International. Accompanied by a sense of urgency Health Professional International enters into a close working relationship with each client resulting in a targeted search plan. Time spent at the beginning of the process in conducting exhaustive research on the client's needs, developing detailed position criteria and full profiles of prospective candidates lends discipline and cost-effectiveness to the search.

Once Health Professionals International has

entered into the contractual relationship with a client, Cooksley and her staff spend time getting a full understanding of the client's expectations for service, organizational goals and location. Cooksley believes that it is important to get a "feel" for the living and working environment offered by the client so that she can market the lifestyle as well as the work to get the best all around fit between prospective candidates and the client's needs. Recognizing that one of the most successful recruitment strategies is the retention of a health professional in the position, Health Professionals International asks for a commitment for minimum of two years of service. The likelihood of retaining the professional beyond the two year commitment is dependent in part on the original fit between the candidate's and the client's needs.

The first stage of the process completed, Cooksley then begins the search. Health Professionals International is the hospital's representative during all the marketing activities. Cooksley's company uses strategies like attending and exhibiting at appropriate professional annual meetings and conventions, advertising in print media, personal mailings and other forms of advertising to get her message out to professional groups related to the position that she is going to fill. There is an emphasis on features of both the position and the geographical and social area in which the position is located. Interested candidates can usually contact Health Professionals International locally by telephone. Resume review, qualification verification, reference checks and telephone conversations are followed by Cooksley's visit to prospective candidates to meet their families, determine their priorities and generally get to know them. Cooksley

maintains that this part of the process is critical to her presentation of a candidate to the client.

Following the client's decision to hire the candidate, Health Professionals International provides all the required services to help the health professional with immigration, licensure and relocation. Professionals and their families are met at the location of the position and welcomed by staff members who live there. Cooksley says that candidates served by Health Professionals International remain loyal to the company over a period of years and are likely to use the services should they choose to relocate again.

Cooksley says that there are ethical considerations in international recruiting. With health professional shortages, (some global and some specific to different countries and regions), she tries to use a replacement strategy. For example if she recruits two North American nurses for New Zealand, she will try to recruit two from New Zealand to go to North America. In the number of interviews that I have conducted with international recruiters, this was the first time that a recruiter has volunteered that information. Perhaps that is another example of Health Professionals International's commitment to the strong relationships established with the company's clients.

For more information: New York, USA location: 34 Grove Street, New York, NY 10014, USA, Phone: (917) 577-4877, Fax: (212) 691-8661, E-mail: darryl@nyheadhunter.com, New Zealand location: PO Box 8508, Havelock North, Hawkes Bay, NZ, Phone: 021 775 838, Fax: +64 7 957 9419, E-mail: al@nyheadhunter.com

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Compassion Knows No Borders: Preferred Healthcare

by Jennifer (Jay) Sherwood, BScN, MEd.

Preferred Healthcare in keeping with its motto, "compassion knows no borders" does more than find jobs. It creates new beginnings! So says Melanie Reiten, the President and Owner of the company since it was established in 1993. Calling the process of job finding the "preferred experience", the company invites health care professionals to discover a different and modern way to find the ideal job.

Preferred Healthcare has offices in Florida, California and British Columbia. Thirteen staff members work for Preferred Healthcare, two in Florida, eight in California and three in British Columbia. All three offices recruit nurses for top notch health facilities throughout the United States. The company has a large database including facilities that are looking for the ideal candidate for full-time permanent staff positions.

When I talked to Reiten, our conversation focused on the recruitment of Canadian nurses for positions in the US. All Canadian nurses wanting Preferred Healthcare's help in relocating to the US has the advantage of working with Canadian recruiters. These recruiters have a full understanding of the general needs and wants of relocating Canadian nurses as well as a thorough knowledge of immigration and licensing requirements in the US.

According to Reiten, Preferred Healthcare operates using a contingency model for placement of health professionals. This means that they maintain a large database of health professional positions in health facilities all across the United States. They are not affiliated

with any particular institutions and no money changes hands unless a position is filled. If this is the case, the health facility pays the placement fee to Preferred Healthcare and there is no charge to the health professional. In this way, Preferred Healthcare offers the health professional many positions to choose from. Once the recruitment process is completed and the professional accepts the position, he/she is and remains an employee of the health facility.

While the most of the recruitment activities are aimed at nurses, the California office administers a registry for health professionals such as occupational, physical and speech/language therapists and medical laboratory technologists. Health professionals on the registry, available for full or part time work, are placed by and work for Preferred Healthcare.

When I asked Reiten how she advertises the services of her company she replied that all the usual strategies are used. These include print, telephone and online advertising and job fairs. This company recruits both new graduates and experienced health professionals. A look at some of the positions that are posted on the website reveals that many facilities advertise full orientation programs and specialty training for new graduates. Reiten says that whether the candidate is an experienced nurse or new graduate, sign on bonuses, relocation assistance, good remuneration and generous continuing education allowances are frequently offered. As well, due to the nursing shortage experienced in the US, hospitals and other facilities must be competitive and full benefit packages are almost routine.

Canadian nurses using the services of Preferred Healthcare can expect to talk to a recruiter in Canada. The recruiter will collect detailed information about the nurse's professional qualifications as well as their personal and social needs. Nurses are then provided information about available positions including information about the facility, its location, tourism, housing, schools and any other particular information needed by the nurse. If the nurse remains interested in the position, Preferred Healthcare will arrange an interview with the employing facility and thoroughly prepare her/him for the interview. If nurses have further questions about their particular personal and family needs, these can be addressed in the follow-up conversation with their recruiters. Preferred Healthcare is committed to placing nurses in areas where they are most likely to succeed and have their personal and professional needs met. The health

facility hires but Preferred Healthcare provides information and help with immigration and license requirements, housing, schools, recreation and the like.

On the company's website candidates are told that the whole relocation process can take anywhere from six weeks to three months. Prior to and during this time frame, Preferred Healthcare recruitment specialists offer help and support to the candidate every step of the way!

For more information: Website: www.preferredrn.com, E-mail: info@preferredrn.com, Mailing address: Canada: Suite 100, 17564-56A, Surrey, BC, V3S 1G3, United States: PO Box 17860, San Diego, CA 92177, Phone – Nurses: 1-877-575-3111, Therapists: 1-800-787-6787, Fax – Nurses: 1-877-575-3112, Therapists: 1-800-787-6762



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"Aussie's a little beaut" says Jane Lindgren, Geneva Nurse. Jane's been nursing there for over a year, and loves travelling from bustling cities to blistering deserts and exotic rain forests.

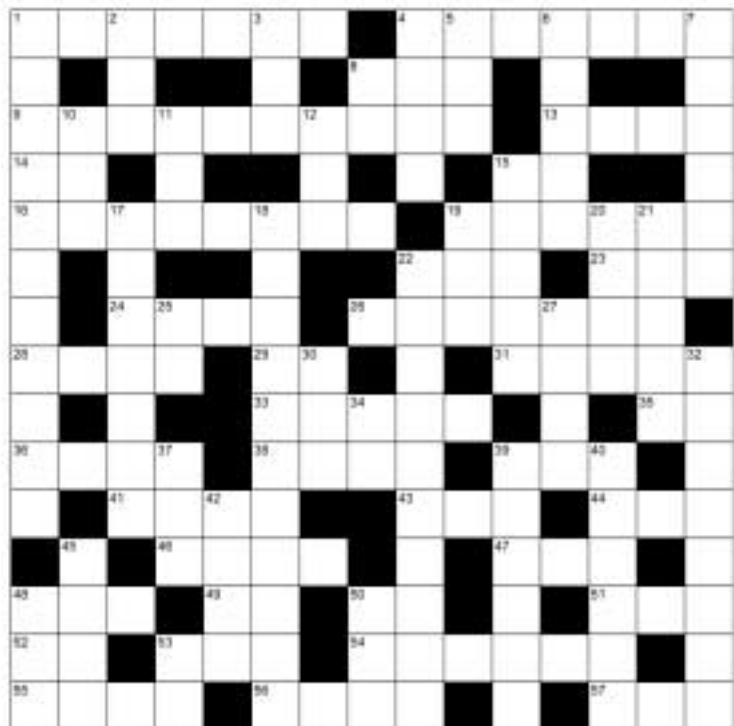
Hello,
world



HEALTHbeat Crossword

by Myles Mellor

New to Healthbeat... We'd like your feedback, let us know if you would like this to become a regular feature email info@mccronehealthbeat.com



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Across

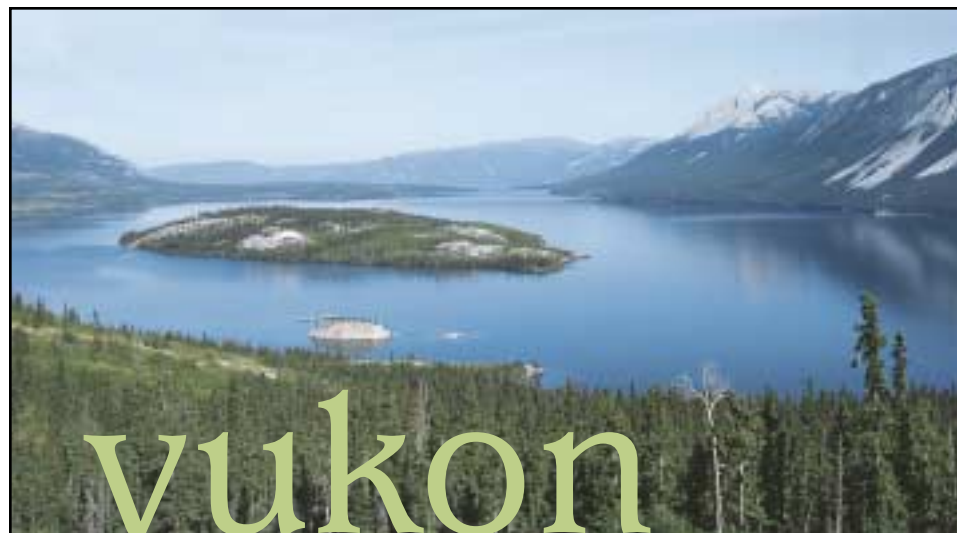
- 1 High demand medical jobs
- 4 Requested entry for
- 8 Life basic
- 9 Diagnostic waves
- 13 Chess piece
- 14 Royal Academy
- 15 Concerning
- 16 Health career path possibility
- 19 Job seekers' necessity
- 22 Barbarian
- 23 Maiden name
- 24 Give out
- 26 Perk of the job
- 28 Academic completion
- 29 Hesitant expression
- 31 Basic of life
- 33 Recover
- 35 Compass point
- 36 Plant producer
- 38 Airway
- 39 Patient care providers
- 41 Painter Salvador
- 43 Garden tool
- 44 It's vital to life

Down

- 1 Nervous system specialist
- 2 Well worn path
- 3 Votes against
- 4 English princess
- 5 Wound cover
- 6 Appreciates
- 7 Job qualification
- 8 Of the French
- 10 ___ top
- 11 French king
- 12 Bones

- 15 Rehabilitate
- 17 Helped medically
- 18 Key time to impress a prospective employer
- 19 Move fast
- 20 Single element
- 21 Gives out
- 22 Your source for medical career opportunities
- 25 Doctor
- 27 Seek favor by flattery
- 30 ___ West (Hollywood actress)
- 32 Takes on
- 34 Street
- 37 Clean a wound
- 39 Help
- 40 Compensation
- 42 Spanish tourist centre
- 45 Ground measurement
- 48 Brain monitor
- 50 Instant cooler
- 53 Either's partner

See Answers Page 10



yukon

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Photo by Terry Parker
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Answers to puzzle on page 9.

We would like your feedback, if you enjoyed this puzzle let us know and we'll make it a regular feature. Email info@mccronehealthbeat.com

Aung from page 4

and delusion... Sentient beings are his patients; the Doctrine – or better yet, the monastic discipline – is his medicine; the Community is his nursing corps. Because all sentient beings, at least inasmuch as they have not attained deliverance, are invalids – all is suffering. The body itself... is maintained in health and life only thanks to the care lavished upon it; illness is its normal state (Tatz M, translator. 1985. Buddhism and Healing: Demieville's Article 'Byo' from Hobogirin. Lanham, Maryland: University Press of America, p2)

There are several specific ethical qualities which must be noted within this context: these entail 'good friendship' between healers and their patients – namely, making patients feel at ease, inspiring respect and trust, being a worthy role model, providing appropriate advice and counsel, being a good and tolerant listener, explaining things clearly and discussing only what is relevant to the case.

It is a difficult task for those who are unhealthy in body, mind and spirit to engage in health care efficaciously and with a true sense of compassion toward their patients. Therefore, practitioners must always seek to

maintain as well as enhance their natural healthy vital energy. Buddhist and Asian physicians learn this by way of various breathing, concentration/meditation and still or moving posture techniques and also internal purification methods. Western medical students are encouraged to listen and learn in the spirit of tender loving care. Both perspectives are equally valid and effective when practiced conscientiously, as yin and yang and yang within yin and yin within yang.

Obtaining and sustaining a genuine sense of true loving kindness is a discipline that demands our constant attentiveness. It is a discipline that may, according to Buddhist philosophy, take several individual lifetimes to learn properly and completely. Our fragile sense of loving kindness is constantly threatened by disease, pain, old age, suffering, bereavement, stress, materialism, vice, crime, hatred, racism, war, corruption and so on. Even if one is not a Buddhist, these stresses are apparent in any comprehensive clinical practice.

Physicians and other primary care therapists receive substantial exposure to so many different and varied negative factors, since their effects are virtually carried into the medical clinic every working day by

patients who come from all walks of life. It is becoming much more common to hear biomedical personnel using the term 'tender loving care' to describe the needs and wants of their patients. I view this as an indication that loving kindness is once again, after a few centuries of scientific reductionism, becoming part of the Western tradition of humanistic medicine. After all, the ancient Oath of Hippocrates, which has become almost a sacred icon of western medicine and which is hanging framed on the wall above me as I write these humble words, alludes to loving kindness. It states, for example, that the competent and caring physician will 'give no deadly medicine to anyone' and will 'abstain from every voluntary act of mischief and corruption.'

Metta, even though the word itself is short and simple, has a deep and complex meaning. It is not easy to practice *metta* (+*saydana*+*karuna*+*mudita*) unless you realize that one's whole attitude to life must change – and for the better. To attain and sustain genuine loving kindness is a discipline that requires cleansing from the inside out and from the outside in, especially in ridding oneself of emotional pollution, avoiding destructive self centredness, and

See Aung page 11

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Aung from page 10

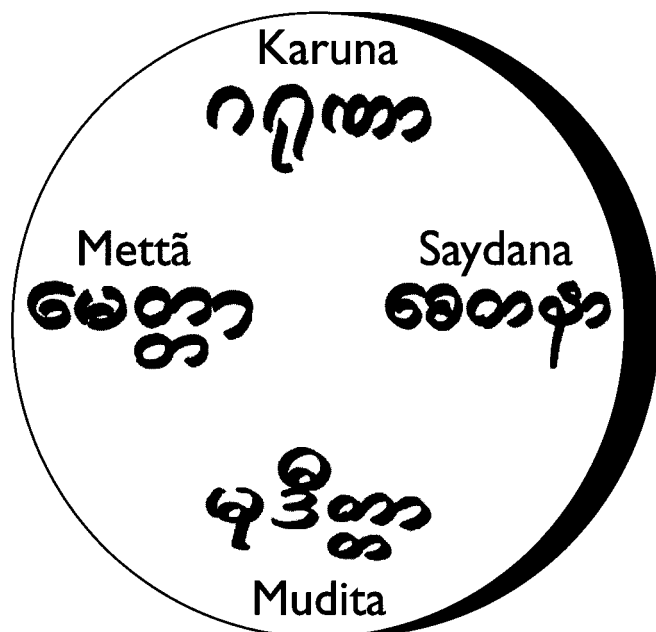
engaging in preventive measures to enhance one's total harmony and health.

The Buddhist notion of loving kindness, then, has wide application in humanistic medicine, especially at the spiritual level, but you do not have to be a Buddhist or health care professional to practice it. Everyone should practice it toward his or her family, friends and associates. An

essential goal in primary care today – and this will remain a central objective throughout the 21st century and throughout the third millennium – is to feel and express genuine loving kindness for the benefit of sentient beings everywhere. This expresses the true, timeless art of the universal healing endeavor.

The Buddhist perspective of loving kindness is a truly lifetime experience. I learned the value and importance of *metta*, *karuna*, *saydana* and *mudita* when I was a very young child – when I was first being ordained as a traditional Buddhist monk (koyin). This vital message will constantly continue to inspire and enrich my life and work in the art and science of medicine.

I consider myself very fortunate to have been given the opportunity and exposure to three traditional treasures in my life and work, namely, the TCM Taoist influence and the Buddhist medicine influence when I was young and the later influence of Western family medicine and geriatrics. These, taken together, embody the integrative approach to health care for the benefit of all human beings. I feel very fortunate to have



developed such a rich, multicultural heritage in Canada which has always stimulated my multidimensional approach to health and healing. With the older generation handing down their knowledge and wisdom to the younger generation and the young generation sharing their new initiatives and energy with the older generation. This will always inspire all of us in the direction of the integrative spirit of competence and compassion. In life, no matter what we do or who we are or where we come from, *metta*, which everyone needs and deserves, is always the most important element.

Author Note

Dr. Steven KH Aung is a family physician in Edmonton, Alberta, Canada. He was trained in both traditional Chinese medicine (TCM) as well as western medicine, and he practices, teaches and writes about TCM and his specialty, medical acupuncture, within a complementary, integrative framework. Dr. Aung is Associate Clinical Professor, Departments of Medicine and Family Medicine as well as Adjunct Professor of Extension, University of Alberta, and Associate Clinical Professor, New York University College of Dentistry.



Stress from page 3

If still no goals appear, take four pieces of paper. On page one list your strengths and talents and think of five possible ways to develop each of them.

On page two list what would you actually do if you were told you had six months to live.

On page three, pretend that you're 95 years old, sitting in your rocking chair – list everything you'd like to look back on.

On page four, using the information from these sheets, list 100 things you'd like to achieve before you die – even if they seem

impossible. Pick one and take that first small step. By taking action you turn stress and worry into positive energy which will enable you to fulfill your dreams – and achieve lasting happiness.

"Live as if you expected to live 100 years but might die tomorrow". (Ann Lee)

Dr. David Rainham is a Family Physician, Speaker and Author.

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