The Times They Are A-Changin’… Are We?

Alexandra Harris, RN, MN/MHSc
Doctoral Student, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto
Co-chair, Emerging Health Leaders Toronto
Toronto, ON


Almost 50 years ago, when American singer-songwriter Bob Dylan first recorded this protest song, it was hailed as capturing the spirit of a generation. As a “millennial,” I cannot fully appreciate the significance of these lyrics as sung in 1964, yet, interestingly, they resonate with me in a powerful way. Regardless of age or era, the world is in constant motion. Will we move with it?

I have spent many a day chatting with my emerging nurse leader colleagues about the state of our profession. And boy, we are restless. I am no Bob Dylan, but in this column I will attempt to reflect the voice of a new generation and offer some insight into what we believe to be the most challenging matters for nursing – now, and in the near future.

Challenge #1: Technology, Technology, Technology
Whether we like it or not, we truly are in a new technological age. Just last week I watched a video about a physician named Anthony Atala, who is in the early stages of “growing” kidneys using 3D tissue printing technology (TED Conferences 2011). Search engines such as Google can now predict outbreaks of illnesses, including the flu, by mapping queries from different parts of the
world (Google 2011). Watson, IBM’s Jeopardy!-winning supercomputer, is making its way into the healthcare sphere (Doctor Watson 2013), and patients can now purchase “intelligent t-shirts” to monitor their vital signs remotely (Stross, 2011). Jules Verne and H.G. Wells, eat your hearts out.

Amid the hype surrounding these exciting biomedical technologies, it is easy to get caught up in their sci-fi–esque application. Yet, what I find most intriguing about these advancements is not necessarily the technologies themselves, but rather, the ways in which they drastically change our human interactions – both in healthcare, as well as in our personal lives. Even more startling is the speed at which information and communication technologies (ICTs) have developed since the introduction of the Internet. For example, when my sink was clogged, a YouTube video taught me how to unclog it. Similarly, there are many patients who use online forums, videos, websites and social media to help treat and manage their ailments.

As a result of these changes, patient–provider relationships are (finally) becoming more interactive in nature. Consumers are networked and proactive in ways that disrupt and fundamentally challenge our current approaches to delivering care. To top it all off, the environment is evolving in a matter of minutes and hours, rather than years and decades. Not only are the times changing, but the change is coming at an unprecedented rate.

For many nurses of my vintage, ICTs are very much interwoven into our daily lives. Accordingly, there is tremendous opportunity to harness newer nurses’ knowledge of ICTs by pairing it with practice in ways that reflect the more dynamic nature of care. Yet, I would argue that the manner in which we train and lead the nursing profession remains decades behind the realities of today’s environment. Certainly, many institutions have taken the lead in introducing newer technologies into their teaching and practice environments. However, I am still astounded at how often we focus on managing, rather than embracing, the latest tools. This is, and will continue to be, a hurdle in the years to come.

**Challenge # 2: Professional Fragmentation**

If there is one thing that I have never understood about nursing, it is why the profession continues to build and perpetuate barriers between the different domains (i.e., education, practice, research and management). I was originally motivated to become a nurse because of the vast opportunities available to combine my interests in health, leadership, policy and education. Although I have met a number of inspirational nurses who were and are able to juggle multiple pursuits – both clinically and otherwise – upon graduating I was met with the unfortunate reality faced by many new nurses: your value as an employee lies in your ability to work a shift; nothing more, nothing less.
Of course, this is not the case for all. Many managers and organizations succeed in engaging, inspiring and recognizing their staff. But I do believe that our current structures still limit the ability of nurses to develop skills in different domains. Increasingly, there is significant value in having a creative and adaptable workforce. Yet, there are few incentives or opportunities to pair clinical practice with other roles and expertise. Many activities, such as assisting with research projects or attending leadership meetings, are undertaken by point-of-care nurses on their own time. They are rarely counted as “nursing hours,” even when they require nurses’ knowledge and skills. They are also frequently received by colleagues as a move away from clinical work, rather than as an enhancement of practice. By basing our financial reward systems solely on years worked, are we not doing the profession a substantial disservice?

When looking to other health professions, we see that many of their strengths lie in the ability to develop individuals who are not only excellent clinicians, but who are also adept public speakers, innovators and system thinkers. One can only imagine how powerful our profession could be if we enabled, and expected, our leaders/educators to practise, and our practitioners to lead. The difficulty still lies in creating structures that support and celebrate a much wider perspective of nursing ability.

**Challenge #3: Visionary Leadership**

This is the point at which I fall into the all-too-familiar call for leadership. Healthcare is becoming increasingly complex and, with the changing landscape, there is a sense that nursing is facing massive upheaval. New trends in technology and models of care suggest that what nurses do today may look drastically different 10, 15 or 20 years down the road. The new generation of nurse leaders is desperate for opportunities to be coached and mentored in a manner that reflects these changing times.

More importantly, emerging nurse leaders are looking for bold role models to inspire us. In the current system, nursing continues to be mired in old professional...
battles, and many of the new generation are expecting leaders and mentors to model creative and collaborative behaviours. There are few seasoned leaders who are willing to speak candidly and thoughtfully about the real issues facing the profession (e.g., divisions between nursing organizations and overlapping scopes of practice, both inter- and intra-professionally). Moreover, we remain challenged to articulate the unique role and contribution of nurses. Rather than focus on our differences, we need nurse leaders who can celebrate and unify our similarities.

But how can we do this? Where do we start?

In an earlier column (Harris 2013), I highlighted the value of cross-sector movement and formal leadership development programs. In many other industries, these types of platforms are considered normal practice, and essential for growth. However, my experience in healthcare is that concerted efforts to develop leadership training programs are few and far between. Yet, while effective succession planning takes time and energy, the long-term benefits are substantial. Many newly minted, master’s-prepared nurses still lack the experience to move into leadership roles. The adoption of such approaches as organization-driven internships has the potential to facilitate transitions into leadership roles within all levels and domains of nursing work.

One thing is certain: there is an energy and hunger within the younger generation to catapult the profession into a new age. Isn’t it time we got moving?

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Correspondence may be directed to: Alexandra Harris, RN, MN/MHS, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto; email: alexandra.harris@mail.utoronto.ca.

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