

Education

Reaping What We Sow: Nursing Education and Leadership in Canada and the United States

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Nurse educators in Canada and the United States have a tremendous responsibility in relation to leadership and the nursing profession. Nursing schools are charged with ensuring that graduates are competent practitioners. Moreover, graduates must actualize leadership within the profession. Leadership occurs at those relationship intersections where nurses come into contact with the public: patients and families, agencies and institutions, the healthcare system and government at all levels. The seeds of leadership are planted in entry-to-practice programs, taking root and growing strong in supportive practice settings. It is at the master's and doctoral levels of education that many of our leaders fully blossom in all nursing domains: practice, education, administration and research.

When we (Gregory, Russell) reflect on our roles as clinicians, educators, researchers and education administrators over the past two decades, we can make two major observations:

- The development of our leadership skills was mostly ad hoc, “on the job” and occasionally “post-hoc.” There was no systematic or integrated leadership immersion within and across the programs we completed. The seeds of leadership were scattered haphazardly. Ongoing and sustained nurturing with respect to leadership was lacking. Leaders most often grew by chance, in spite of what was or was not done to enhance that growth.
- Explicit leadership connections among education, practice, administration and research were often

absent. Leaders within each domain operated mostly in isolation. Without the benefit of collective strength, newly rooted leaders and mature leaders were vulnerable to the winds of change. Nursing leaders operating in isolation were more easily uprooted.

Nursing Education: The Need for a Garden of Plenty

The nursing education domain in Canada and the United States is providing evidence of leadership. In addition to responding to multiple and concurrent demands from within and outside the profession, schools of nursing are being proactive in creating growth opportunities.

Many innovative undergraduate and graduate curricula options now exist, including: accelerated streams both in terms of baccalaureate completion, and movement from baccalaureate to PhD degrees; second degree or post-degree programs; true clinical doctoral programs; summer terms; unprecedented distance education course and program offerings; and articulation among different kinds of nursing programs.

Schools of nursing have also responded to the need for advanced practice nurses. In Canada, this response has occurred often in advance of policy makers, politicians, health authorities and others. Schools of nursing are instrumental in addressing the need for evidence-based practice and knowledge uptake and utilization. Nurse educators are also keenly aware of the need for graduates who can provide primary healthcare. At this

junction in nursing's history, the profession needs additional resources to ensure the future education of sufficient numbers of registered nurses with the knowledge and skills to provide leadership for the Canadian and American healthcare systems.

In Canada, the report of the Senate Social Affairs Committee chaired by Senator Michael Kirby (2002), and the Commission on the Future of Health Care in Canada (Romanow 2002), identified the urgent need to shore up the Canadian nursing education infrastructure. Disappointingly, the federal budget presented in February 2003 did not specifically identify or target funds for nursing education. The Canadian Association of Schools of Nursing (CASN) and the Canadian Nurses Association (CNA) have expressed concern in this regard (CASN 2003; CNA 2003). Nursing schools in Canada cannot continue to address current and future human resource demands without sufficient infrastructure support.

In contrast, in the United States the *Nurse Reinvestment Act* was passed by unanimous consent by the Senate and then the House of Representatives. President George W. Bush signed the bill into law on August 1, 2002. The Act addresses six areas of importance to nursing and nursing education: nurse scholarships; nurse retention and patient safety enhancement grants; comprehensive geriatric training grants for nurses; faculty loan cancellation programs; career ladder grant programs; and, public service announcements that promote the

nursing profession and educate the public about the rewards of a nursing career. (See <www.aacn.nche.edu/> for additional information).

As is the case with practice, administration and research, nursing education is experiencing a “leadership crisis within” whereby our most seasoned colleagues are retiring in greater numbers. The nursing professoriate in Canada and the United States needs replenishing. It is also becoming increasingly difficult to recruit and retain deans and directors of nursing programs. The profession needs strategic and effective plans for leadership succession in the area of education administration. Infrastructure support is central to achieving this goal.

Cultivating the Leadership Garden

Nurse educators in Canada and the United States are acutely aware of the need to develop and enhance leadership capacity. Leadership occurs at the junction of nurse-patient relationships in the hospital and community settings, with policy makers and government officials at the provincial and national levels, and internationally. Cultivating the leadership garden entails, in part, the following strategic activities:

1. Determine what leadership content is being taught in Canadian and American nursing schools, and how that content is taught – respective national inventories, if you will.
2. Identify future leadership needs among the different sectors of the profession: education, practice, research and administration.
3. Encourage ongoing formal linkages among nurse leaders across domains. It is only recently that we are seeing “congregate” or “community” approaches to nursing leadership. Nurse leaders gather to support one another, problem-solve, envision the future and take collective steps to achieve this future. Synergistic effects and more powerful outcomes occur because the whole (collective leadership) is greater than the sum of its parts.
4. Develop a national strategy, tempered regionally in its application, to ensure a more integrated, applied, relevant, and systematic approach to building leadership capacity in the profession. This strategy could include opportunities for “leadership placements” (leadership practica) at the undergraduate and graduate levels.

Ginette Rodger (2003) astutely observed that we must leave behind the industrial age approach to nursing leadership – currently the standard within the profession. The elimination of nursing positions within the healthcare system in the 1990s (downsizing) is a case study for the need to address leadership differently within the profession. Leadership can no longer be viewed vertically or tied to specific nursing positions. Rather, we need to ensure that as educators we create sustained opportunities and capacity building that enable students to become leadership savvy. And we need to develop this leadership capacity in a systematic manner.

5. Recognize the need for others as leaders within nursing. In Canada, findings from a recent National Task Force (2002) entitled "Against the Odds: Aboriginal Nursing Recruitment and Retention Strategies," identified the urgent need for Aboriginal and Inuit registered nurses, especially at the graduate level. Similarly, in the United States, leaders from African-American and Hispanic nursing organizations point to the need for an increased diversity within nursing education (students and professorate) and the nursing profession.

Leadership within the nursing profession in Canada and the United States must arise from the full diversity of our members. This entails inspiring, supporting and providing inclusive leadership opportunities among all members of the profession.

In conclusion, nursing leadership warrants careful cultivation. Tending to the next generation of nurse leaders is not a matter left to chance growth. Instead, we must seed thoughtfully and with purpose.

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