

Walking in the Shadows of Giants

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Don't ask yourself what the world needs. Ask yourself what makes you come alive and then go do that. Because what the world needs is people who have come alive.

– Dr. Howard Thurman

Since our last issue was published, Canada has lost two of its giants – both global role models for leadership in the area of women's rights and social justice. I speak, of course, of Doris Anderson and June Callwood. Dominant Canadian figures throughout the latter half of the 20th century, their words, actions and values thumped like the pulse of our national conscience, never letting us stray too far from what we knew was the right thing to do.

Both were rebellious, ferociously intelligent, gregarious women who seemed out of sorts being pushed to fit into the roles and social norms of the majority of women around them as they emerged into adulthood. Callwood's life was already on a different course from that of her contemporaries when she found herself thrown in jail in Toronto in 1968. A year after founding Digger House to try to improve the health of her own son's contemporaries – the infamous “hippies” of 1960s Yorkville – June was charged with causing a disturbance in public. She had been protesting police conduct.

June was stunned and deeply angered by that event. She wondered what could possibly be happening to the most vulnerable people in Toronto if an affluent, well-dressed, White woman could be pushed into a paddy wagon and locked up. Her life would never be quite the same, and the rest of the story, as they say, is now Canadian history.

Doris Anderson was just as determined, although her life took a different direction than Callwood's. Anderson's life and career will be forever linked with Canadian women and their rights. Her 20-year stint as editor of *Chatelaine* gave her a platform from which to participate in and lead the second wave of feminism in Canada.

Ultimately, she would be appointed chair of the Canadian Advisory Council on the Status of Women in 1979. But it would be her resignation from that position for which Anderson might be better remembered. Her action prompted the unplanned women's conference of 1981, which was followed nearly immediately by the entrenchment of a guarantee of equal rights for women and men in the Canadian Charter of Rights and Freedoms.

The stories of Doris Anderson and June Callwood have important similarities. In both cases it was not just their planned, orchestrated courses of action that caused social change. It was as much the unplanned, taking-a-stand moments in which they put themselves personally on the line for their beliefs. It was the way they behaved and the courage they showed during and after moments of crisis that shifted their lives and changed Canadian society.

The nursing profession is in one of those moments of crisis right now. In that, we have good company. Our physician colleagues face many of the same issues, even as they too cling to delivery models we can no longer feasibly deliver. Other health professions and, indeed, many other groups of workers across many other wealthy nations are in the same boat. The writing is on the wall, and it is so much larger than just nursing or healthcare.

Nursing needs its own Andersons and Callwoods to step forward now to help navigate the course forward. In other generations, the names might have been Mance, Nightingale or Dock. Who are they in 2007? We need visible, hopeful, charismatic people to push, provoke, bolster courage, support, reassure and lead.

Anderson and Callwood did not work alone – and just as in their cases, the larger body of nurses also must rally to the cause, champion real change and build stamina for the long haul. Nearly a third of all ACEN members attended the organization's strategic planning session held in Toronto in April. We had

considerable discussion and debate about ways to influence the healthcare system planning issues lying ahead of us. We'll discuss that in more detail in the next issue. Everyone agreed that the need for action is urgent and growing.

As a nation, Canada is well past "heading into" a nursing shortage; many places are suffering deeply already. Nurses in all areas of practice are aging. For every nurse under 35 there are 1.9 over 50; do the math and play it forward 10 years. And at an average age of 49 years, it is our administrative leaders who are heading most rapidly towards retirement age. But age-driven shortages are just one of our challenges.

- The only growth in the country's population over the next generation will come from immigration. Our major urban centres are moving rapidly towards 50% and more of their populations being made up of immigrants who largely are not White and do not have English or French as their first language. Yet, there has never been any real uptake of the issue of rectifying the enormous ethnocultural disparities across the entire leadership of nursing in all domains of practice. Starting with our boards and most senior leaders, we don't look like those we lead, and there is no burning platform around this issue.
- We continue to ignore men nearly entirely, even as we talk about being 25% (or more) short of nurses within a decade. In them we have a rich, largely untapped potential source of nurses: half the country's population.
- Twenty years of robust research and billions in additional funding since 2000 have not led to a resolution of the perennial issues of work overload and other troubling working conditions across nursing.
- Although the rate decreased slightly in 2005, for more than a decade nurses have topped the list of absenteeism from work – exceeded only by those in nurse-assisting occupations last year. Our overtime record occupies the same dubious first-place position. The survey of the health of nurses published late in 2006 revealed that the absenteeism rate in fact appeared to be much higher than was previously believed.
- Signals around the world show major shifts in the education, regulation and migration of nurses and other health professionals. We keep saying, "if there is a gap, someone will fill it" – then seem shocked when someone does.

We can't do any of this alone. Registered nurses are inextricably linked to licensed practical nurses, registered psychiatric nurses, physicians and other caregivers. We must build the strongest possible coalitions, and present an informed, determined, united front together with them and with the people we serve.

The Office of Nursing Policy at Health Canada recently gathered leaders from across the country to try to push us all to act with urgency on an agenda of change

in response to all the signs around us and on the horizon. As an organization, ACEN members have taken an important step by meeting to ask hard questions about how nurse executives can best help to harness the talents of the largest, best-educated group of professional women in the country – our nurses – to help shift our course.

And so we come back to where we started, with individual action. We are being called by Canadians and by the nurses of Canada to rise to a new level of leadership and action. A little individual anger and confrontation would not be such a bad thing. Yes, we'll take some emotional bruises along the way. We know the storybook outcomes of the individual actions of people like Anderson and Callwood; rarely do we hear about the lump-in-the-throat moments that Callwood talked about experiencing after being thrown in jail, for example.

Who among us will be willing to take the same kinds of heart-stopping, leap-of-faith actions that can change the course of history? Our nurse colleagues and our fellow citizens think nurse leaders can do it – and they are waiting for us. The clock is ticking.

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Breakfast with the Chiefs

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