

Nursing Leaders for Tomorrow: Where Are They?

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In 2007, the Academy of Canadian Executive Nurses (ACEN) established three Strategic Directions that, together, reflect our major areas of commitment and provide a framework to guide the activities of the organization:

1. **The Health of Canadians:** Through its strategic coalitions and partnerships, ACEN influences and participates in setting directions for nursing, health policy and healthcare delivery in Canada that improves the health of Canadians.
2. **The Advancement of Nursing:** ACEN leads a community of practice to share, discuss and debate strategies and innovations that advance nursing clinical practice, education, research and management.
3. **Leadership in Healthcare Delivery:** ACEN supports the development of current and emerging executive nurse leaders across Canada.

As a strategy to tell people what ACEN is and what we do, I propose to use this column to explore each of these Strategic Directions in turn and describe the initiatives that the Academy is undertaking within each one.

Somewhat arbitrarily, I will begin with Strategic Direction 3: Leadership in Healthcare Delivery. I decided this after seeing the amazing presentation at the opening ceremony of the Canadian Nurses Association Centennial Celebrations in Ottawa this past June, which showcased many of the wonderful nursing leaders that Canada has produced over the last 100 years. I was also prompted to focus on this Strategic Direction after having heard anecdotally several times over the past year about how difficult it is to interest young nurses in even entry-level administrative positions today. These two quite different events prompted me to

wonder about the nursing leaders of the future: who will be our next generation of leaders? What will they need to know to do these important and complicated jobs well? How can we help prepare them for the next 100 years?

The work that ACEN has committed to, in setting a broad, future-oriented Strategic Direction on leadership in healthcare, is intended to promote a greater understanding of nursing administration and leadership as a career option, and of the essential roles that these nurses play in healthcare leadership teams at every level. This work is also intended to create a platform of support upon which these future leaders will build their careers.

To organize the work within each Strategic Direction, ACEN has established specific goals. For Strategic Direction 3: Leadership in Healthcare Delivery, the goals focus on building and sustaining senior nursing leadership positions within the healthcare system and supporting incumbents in these roles. With its members, ACEN has committed

1. to take an active role in succession planning for executive nurse leaders within academic, research, clinical and healthcare delivery organizations;
2. to take action to ensure that senior healthcare and government decision-makers understand and value the unique skills, knowledge and experience that nurses bring to executive management and leadership roles in the healthcare system; and
3. to support current and emerging executive nurse leaders to develop the skills and experience required to function effectively.

To achieve these goals, ACEN has asked its Policy and Leadership Committees to review the issues. Among other tasks, these committees are exploring what nursing leadership and nurse executive positions in the future might look like, and are recommending actions for the Academy to take to ensure the sustainability of these positions.

To begin, a number of key planning documents and reports, such as the report on the First Ministers' Meeting on the Future of Health Care 2004, are being reviewed (Nursing Sector Study Corporation 2004, 2005). These documents, based on input from a wide range of stakeholders, identify many of the challenges looming on the horizon and propose strategies to address them. Not surprisingly, given the increasing shortages of healthcare workers and the resulting concerns over the sustainability of our healthcare system, most of the reports of governmental conferences and meetings focus mainly on health human resources (HHR) planning. Other documents and publications that the Committees are reviewing (see, e.g., CNA 2006) offer more focused and thoughtful predictions about how healthcare and nursing practice are likely to change over the next 10 to 15 years.

Still others offer imaginative scenarios based on assumptions about advances in technology and service delivery that are both fun to read and provoke interesting discussions about the possibilities.

Together, these documents have provided a foundation for ACEN's position statement, "The Nursing Human Resources Challenge of the Twenty-First Century" (see sidebar). In the end, however, they will not likely offer a definitive answer with regard to what the future work of nurses will look like; never mind that of nurse executives. This is because there are no answers – at least not yet. As Sister Elizabeth Davis observed in her commentary in *Toward 2020*:

We're in a new place; we're not on the edge of the old place. We're not pushing the envelope; we're in a totally new envelope. So the rules have changed. Every fundamental premise of the old way of thinking no longer applies. (CNA 2006: 3)

ACEN members understand that, because we do not know what the "new place" will look like, we will still be doing things the "old way" for a while longer. For example, as we are all acutely aware, the shrinking pool of nurses and other healthcare providers is a very real and urgent problem. Governments and employers have initiated a number of "tried and true" strategies to address these shortages, including increasing nursing education seats, redesigning staff mix to allow the use of nurse extenders and pushing for revision of professional regulation to allow foreign-educated nurses to become licensed to practise more quickly.

Many of these "fixes" are based on the assumption that the current nursing shortage is like others in the past, and that it can be fixed by these strategies. However, as Sir Kenneth Robinson, a well-respected expert on innovation and creativity, noted during an inquiry on creativity, education and the economy held in the United Kingdom in 1998:

The government is making the assumption that, to do well in the future we need to do better what we have done in the past. It means more people are getting educated, and that's good. ... But the assumption is a mistake (Speakers for Business).

As most of us are beginning to understand, the "tried and true" measures that worked in the past cannot "fix" today's problems – or tomorrow's. Our future leaders will need to have the courage, creativity and skill to try new strategies to address the challenges of the "new place."

For this reason, ACEN and its members are actively involved in local, provincial and national forums that focus on new strategies, such as creative work scheduling and healthy workplaces. We are part of the Quality Workplace Quality Health Care (QWQHC) Collaborative that is addressing workplace issues to increase retention of the current workforce. We are also partnering in the planning of the Education Summit that will be hosted by the Canadian Association for Schools of Nursing (CASN) in November 2008 to consider innovations in nursing education.

Although the overall shortage of clinical nurses is of immediate concern to every ACEN member, we are also concerned about the growing shortage of nurse leaders. Although organizations such as the Canadian College for Health Service Executives (CCHSE) have been actively raising this issue for some time, until recently, HHR planners and decision-makers have paid scant attention to looming shortages of healthcare leaders, including nursing leaders. This is a very real and urgent issue pressing issue, because without well-prepared leaders the healthcare system reforms needed to ensure sustainability cannot be achieved.

Additionally, despite the fact that there are no clear answers, as to what future nurse executives and leaders will need to know and do, ACEN and its members are actively engaged in a number of initiatives related to succession planning to ensure that there will be enough nursing leaders with the core leadership and management skills to enable them to perform in these roles today and into the future. Within their own organizations, members are promoting and engaging in succession planning, and are actively beginning to identify, encourage and mentor new and mid-career nurses who are considering a career in nursing leadership.

The Academy has also developed a position statement, “The Nursing Human Resources Challenge of the Twenty-First Century,” outlining strategies that must be pursued by governments, health educators and employers in order to sustain an adequate nursing workforce, including nursing leaders at all levels. It is using this position as a foundation for discussions with key decision-makers and to support our active participation in the Canadian Health Leadership Network (CHLNet) initiatives. ACEN’s goal in these activities is to encourage HHR planners nationally and provincially to address the issues of nursing leadership specifically within the broader scope of leadership succession planning.

Initiatives related to the second goal for Strategic Direction 3 – helping senior decision-makers and the public to understand the importance of having senior nurse executives in the healthcare system and to ensure that these nurses are positioned to influence decision-making – are also underway. The need for such

initiatives arises, in part, out of the impact that executive restructuring has had on the membership of senior executive teams. Over the past 10 years, the addition of individuals with business acumen to their senior executive tables to support the adoption of more “business-like” approaches to healthcare administration has led to the creation of executive teams dominated numerically by executives with business rather than clinical backgrounds. Indeed, today it is not uncommon to find executive teams in healthcare organizations and health authorities with only one or two members who have a clinical background, enabling them to articulate the potential impact of decisions on clinical care.

ACEN believes that senior executive teams and decision-making forums must include members having clinical as well as business backgrounds to ensure the achievement of safe and cost-effective care outcomes. The Academy further believes that senior nursing leaders are uniquely qualified to bring this essential clinical perspective. In addition, nurses bring other important attributes to the senior executive table. For example, nurse executives are well prepared to act as facilitators and “interpreters.” Using their broad knowledge of the system, together with their administrative and clinical experience, they are able to translate “healthcare speak” into “business speak” and vice versa, thus facilitating communication and supporting effective decision-making by the executive team.

For these reasons, ACEN believes that senior nurse executives should be considered essential members of senior executive teams in healthcare organizations, and that they should sit at all healthcare executive and senior-level tables where decisions affecting nursing and healthcare are made. Members of the Academy are promoting this position within their own organizations to ensure that senior executive nurse positions are included in and maintained on executive teams and voicing it in forums that address leadership planning across the nation.

The third goal for Strategic Direction 3 – supporting current and emerging executive nurse leaders to develop the skills and experience required to function effectively – is perhaps the most challenging, and indeed the most interesting, to address. As Sister Elizabeth Davis has said, we are in a new place and the rules have changed. Nevertheless, we do know that whatever else the future holds, executive nurse leaders are likely to be working in even more rapidly changing and uncertain environments, driven by dramatic evolutions in technology and a shift in focus towards illness prevention and health promotion (and away from acute illness care) as a strategy to manage unsustainable “illness service” demands. Further, as data become more available, in the future, decisions will increasingly be based on data and evidence. Old “command and control” management methods will be replaced by partnerships between managers and providers to create

new and diverse workplaces. Client preferences for organizing and providing services will also be key drivers.

As in today's world, nurse executives of the future will need to be smart, mentally nimble and physically energetic in order to manage unpredictability. They must also be prepared to address challenges creatively. They will need to be courageous and unafraid to make mistakes, and to learn from them, as they try new approaches. They will need to be very sophisticated consumers of data, understanding that numbers can support decisions effectively only if they are contextualized and applied by people who can think creatively about what the data mean.

As John Maynard Keynes once said, "The difficulty lies not so much in developing new ideas as in escaping from old ones." This is perhaps the biggest challenge for many of us who are actively focusing on mentoring the next generation of executive nursing leaders – to be creative and to challenge conventional wisdom. Staying focused on mentoring these future leaders for what will (or might) be, and not on what is, can be challenging. Nevertheless, ACEN members are committed to this task because these emerging leaders are our hope for the future. It is our job to help them prepare for these complex and challenging roles.

These are by no means all the initiatives that ACEN and its members are engaged in to support and sustain nursing leadership in healthcare. We realize that there is much more to be done. But we are proud of what we have achieved to date.

In the next issue of *CJNL*, I will explore ACEN's Strategic Direction 1: The Health of Canadians.

References

- Canadian Nurses Association (CNA). 2006. *Toward 2020: Visions for Nursing*. Retrieved August 3, 2008. <<http://www.cna-nurses.ca/CNA/documents/pdf/publications/Toward-2020-e.pdf>>.
- Interprofessional Health Human Resources Initiative (IHHRI). 2006 (February 23–24). *Collaboration for Patient-Centred Care: Expert Stakeholders Group Meeting*, Ottawa, Ontario.
- Nursing Sector Study Corporation. 2004. *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada*. Research Synthesis Report. Retrieved August 3, 2008. <<http://www.hhrchair.ca/images/CMSImages/Building%20the%20future%20Research-Synthesis-Report.pdf>>.
- Nursing Sector Study Corporation. 2005 (May). *Building the Future: An Integrated Strategy for Nursing Human Resources in Canada*. Phase I Final Report. Retrieved August 3, 2008. <http://www.cna-nurses.ca/CNA/documents/pdf/publications/PhaseI_Final_Report_e.pdf>.
- Speakers for Business. "Achieving Excellence through Creativity." Retrieved August 8, 2008. <http://www.sfb.co.uk/speakers/ken_robinson/articles>.

ACADEMY OF CANADIAN EXECUTIVE NURSES POSITION STATEMENT/POLICY STATEMENT

The Nursing Human Resources Challenge of the Twenty-First Century

ACEN Position

ACEN believes that the current healthcare system cannot be sustained unless immediate action is taken to address the growing shortage of nurses in Canada and across the world. For this reason, ACEN strongly recommends that jurisdictions across Canada

1. review recommendations described in the Pan Canadian Human Resources Study that focus on mitigation of the impact of the growing nursing shortage,
2. immediately develop and implement strategies that will increase the supply and retention of nurses and
3. maximize the use of technology to support care delivery.

In addition, ACEN recommends that attention be directed towards supporting nurses to work to the full scope of their knowledge and skills and exploring new roles for them within the interprofessional healthcare team.

Background

As a result of an aging nursing workforce, cutbacks to nursing education programs in the 1990s and increased demand for nursing in all healthcare sectors, every province/territory is facing a significant nursing shortage that will continue to grow over the next 10 years.

The recently published Pan Canadian Health Human Resources Planning Study offers a series of recommendations that will help to mitigate the impact of this shortage. ACEN believes that the implementation of these recommendations is essential to enhance nursing resource availability and productivity. In particular, ACEN endorses the following recommendations:

- Support the provincial jurisdictions' capacity to develop, implement and evaluate innovative service delivery models that meet population health needs and share results across jurisdictions;
- Target efforts to develop a culturally and linguistically diverse workforce that can respond to population health needs;

- Understand health providers' roles based on scopes of practice and skills;
- Target efforts to recruit Aboriginal people to health careers;
- Accelerate and expand the assessment and integration of internationally trained healthcare graduates;
- Increase the capacity to address health and safety issues and reduce work-related illness, injuries and absenteeism.

In addition to these Pan Canadian Human Resources Sector Study recommendations, two other strategies are key to improving nursing productivity: maximizing the use of technology that will support nurses to focus on direct care delivery, and enhancing the availability of information and data that will facilitate the delivery of nursing care.

Lastly, despite all the best efforts, the shortages of healthcare providers and the impact of an aging population on service demand will require decision-makers to explore opportunities to redesign service delivery. Implicit in this redesign will be the need to maximize the scopes of practice of all disciplines, most particularly nursing, and to ensure effective collaboration among all providers to reduce duplication and enhance safe care delivery. One strategy to accomplish this is to remove existing legislative and cultural barriers to providers' enacting their full scope of practice. Another is to build understanding among providers about one another's scope of practice through co-education. A third strategy is to explore opportunities for nurses and other providers to stretch beyond the current boundaries of their roles to support and sustain health services delivery.