

Exploring the Expectations of Current and Potential ACEN Members

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With the current economic climate and continuing changes to the structure and functioning of the healthcare system, ACEN, like many other member-dependent organizations, is experiencing significant challenges in sustaining membership. Anecdotal reports from members suggest four major factors contributing to this situation: (1) many of ACEN's current members are approaching retirement age and, as they retire, are also leaving ACEN; (2) ongoing reorganization, regionalization and the downsizing of administration as a cost-reduction strategy is leading the reduction of senior nursing positions overall and thus the pool of potential ACEN members; (3) healthcare institutions have imposed limits on costs associated with "non-essential" items such as membership fees and travel in organizations like ACEN, prohibiting attendance at meetings; and (4) there is an ongoing lack of awareness of ACEN among potential members, particularly upcoming nursing leaders.

A member survey done in 2007 identified four primary reasons that motivate individuals to join ACEN:

- the opportunity for regular contact with other senior nursing leaders;
- the opportunity to learn more about how others are addressing challenging nursing leadership issues;
- the opportunity to contribute to the sustainability of a nursing leadership organization (ACEN); and
- the opportunity to contribute to the development of future nursing leadership in Canada.

In the 2007 survey, members also communicated their expectations of the Academy and indicated what they thought its work agenda ought to be. They wanted

- improved communication with and among members, including the creation of a forum to talk about the realities of issues facing nursing executives;
- increased visibility of senior nursing leaders as knowledgeable administrators;
- increased links/profile with other leadership organizations and decision-making groups;
- a strategic focus on a few key objectives (particularly a continued focus on leadership development) and the execution of action plans to achieve them; and
- a strategic focus on clarifying and communicating ACEN's role in enhancing patient care.

These findings have helped shape the work of the Academy over the past two years and led to a review of the administrative structures and supports necessary to improve communication among members, including a revision of the email system and website. The findings also led to efforts to improve the visibility of ACEN and linkages with other key organizations and initiatives such as the Quality Worklife, Quality Health Care Collaborative (QWQHC) and the Canadian Health Leaders Network (CNLNet).

Despite this work, the challenge of sustaining membership remains and is becoming more acute. Before developing strategies to address this situation, the executive elected again to enhance awareness of ACEN as an organization among non-members and to clarify the expectations of membership among both existing and potential members. Janet Davis was contracted to review the findings from the 2007 survey and to interview current, non-renewing and potential ACEN members with regard to these issues. Findings would be used to support a concerted effort to retain current members, attract past members to recommit and attract new members among nurses who are (or are poised to become) executive nurses and senior leaders in education, research and policy making. The findings of this review, and its recommendations, are the subject of this column.

As in 2007, in the recent review current members agreed that ACEN's strength lies in providing opportunities for interaction among nurses in similar executive roles. Many expressed the view that access to this peer support is more important than ever in these challenging times. Additionally, many respondents do not think ACEN currently has a high enough profile within the nursing community or within public policy circles, and all continued to support a more active role for ACEN in participating in decision-making forums to ensure that the perspectives of senior nursing leaders are included. They also strongly supported a role for ACEN in mentoring and supporting emerging nurse leaders.

Current members also identified barriers to membership renewal, such as fees, relevance, workload/competing priorities, absence of colleagues/friends who are members and current membership eligibility criteria. According to the current criteria, to be eligible to join ACEN individuals must be employed as the chief nursing executive of a major teaching hospital or region, a dean/director of a school of nursing, a nurse executive in a national/provincial, governmental/non-governmental organization or a senior nurse researcher. (Note: An “institutional” membership category provides the opportunity for chief nursing officers to name up to six additional people from their organization, who occupy senior nursing roles or are deemed to be emerging leaders, to be members.)

The fee structure, which is currently tied to membership criteria, is felt to be too onerous for many organizations in this fiscal climate. The framing of the institutional membership category was also viewed as unnecessarily limiting the participation of many nursing leaders. Owing to restructuring and regionalization, some institutions do not now have five to seven individuals who meet the eligibility criteria for membership under the institutional category. Those that do name the full complement of members sometimes include people who do not see the relevance of membership or who do not have time to participate actively. As a result, the knowledge and support of these members is lost. ACEN membership is also negatively affected when the senior executive nurse in an organization eligible for institutional membership elects not to join the Academy, as current criteria then prohibit other individuals in that organization from joining even if they wish to do so. Finally, there is concern that the lack of clarity in regard to who would be considered an “emerging leader” prohibits the inclusion of many emerging mid-level leaders or other individuals who could benefit from the networking and mentoring opportunities offered by ACEN members.

Respondents who have been members but who did not renew their ACEN membership say the most significant barrier is that the organization in which they work has memberships with other networks and agencies. These agencies compete for both their time and resources. These non-renewing members also acknowledged that they tended not participate in ACEN events such as the AGM, or in ACEN committees, and thus did not perceive that they gained much value for their membership. More recently, some members in the institutional category have indicated that concerns about the cost of membership in light of “soft” benefits are a major reason for non-renewal.

As part of the 2009 review, interviews were conducted with individuals who are not members of ACEN but who, by dint of their positions as leaders in research, policy

and/or education, would be eligible for membership under the current criteria. Most of the individuals contacted had heard of ACEN, although each described the work of the Academy slightly differently. More importantly, perhaps, almost all saw ACEN as an “exclusive” organization – so although they were interested in membership (and would be eligible to join), none felt they were eligible to apply.

To explore the perspectives of other potential members related to membership, 13 nurses employed in a variety of leadership positions were also interviewed. About two-thirds of these potential members had heard of ACEN, although again, each described its work differently. A number of these interviewees also indicated that although they were interested in membership, they did not feel welcome to apply.

The remainder of the potential members interviewed had never heard of ACEN; however, when the goals and strategic priorities of the academy were reviewed with them, each expressed interest. They were also surprised that no one in their networks had ever spoken of, or referred to ACEN. These potential members said that decisions to join a member-based organization often depended on knowing other members. The coherence between personal values and the goals of the organization were also seen as key factors in making a decision to join. In that regard, several informants identified having a voice to influence public policy and change in the healthcare system as a value they would wish to see reflected in an organization’s goals. Interestingly, two interviewees suggested a three-part agenda for ACEN: promoting the alignment of research and nursing practice; advancement of nursing practice; and supporting or mentoring emerging nurse leaders – all current strategic directions of ACEN.

Resources – both time and funding – as well as geography (which interviewees linked to resource implications) were identified as barriers to participation in ACEN and its activities. Several interviewees expressed doubt about the prospect of their employer’s sponsoring their participation.

The picture painted by these nurse leaders suggests that if ACEN is to sustain and increase its membership, it needs to address the following matters.

1. Re-examine the membership categories with a view to modifying or eliminating the institutional membership category and allowing individuals to join regardless of whether they qualify to be included in an institutional membership.
2. Develop a promotion and marketing strategy to build awareness of ACEN and its work, including promoting the Academy and its activities in journals read by current and potential members.

3. Develop a membership recruitment strategy that involves, among other things, a process by which current members are involved in inviting interested friends and colleagues to join.
4. Engage current ACEN members, particularly in the Western and Atlantic provinces as well as Quebec, in developing a plan to encourage greater participation in ACEN's work to build a truly pan-Canadian organization.
5. Support and encourage ACEN members to make presentations, submit papers and otherwise become visible promoters of the Academy and its work.
6. Explore strategies to enhance the use of web-based and electronic tools to facilitate communication with and among members.

As well, respondents suggested that the executive ought to reassess and prioritize among the strategic directions in the short term: (1) focus on support for emerging leaders; and (2) provide a forum for all members to facilitate discussion of nursing issues.

Two other deterrents identified through the interviews were the lack of institutional support for the work or goals of the organization and non-recognition or support for volunteer time that nursing leaders need to give to contribute to the sustainability of not-for-profit or member-based organizations such as ACEN. For this reason, participants suggested that ACEN also target decision-makers in healthcare institutions with information about the potential benefits of ACEN membership to the individuals involved, as well as to the employer or institution.

In summary, the ACEN executive is using all these findings in planning its work for the next two to three years. Plans and strategies will be reported in this column beginning with the next issue of *CJNL*, and current, past and potential members will be invited to become involved in this planning by sharing their thoughts and ideas. Together, we will ensure that ACEN continues to be a viable and vibrant organization that effectively supports and represents senior nursing leaders.