

Engaging the Forces of Change

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Nursing leaders today, as in the past, must respond to changes in the healthcare system, often driven by ubiquitous economic constraints and shifts in patient demographics and political priorities. Forces of change across Canada also include alterations in regional structures, ongoing discussions about models of nursing care and renewed emphasis on developing more effective interprofessional collaboration. Nursing leaders must be nimble in responding to these challenges, often without solid evidence or data, to make important decisions without delay. Organizations such as the Academy of Canadian Executive Nurses (ACEN) have been created to assist their members by focusing on changes in the healthcare environment and by providing a forum where members can communicate and assist one another in finding innovative solutions.

ACEN has attempted to achieve this goal by establishing a network for its membership, developing position papers and action plans and by giving its membership opportunities to debate alternative positions. Over the past year, ACEN will have hosted three Cross Country Checkups via teleconferences on topics critical to its membership, as well as embarking on a major policy paper and creating new links with other leadership organizations.

Cross Country Checkups

Two Cross Country Checkups were organized in June and September 2010, with a third scheduled for January 2011:

- Changes in the Regulations of the Nursing Professional Associations Across Canada (June 2010)

- The LEADS Leadership Framework as a Potential Tool for Nursing Administrators (September 2010)
- Nurse Leaders: How to Influence Change in Difficult Times (January 2011)

Changes in the Regulations of the Nursing Professional Associations Across Canada

This was ACEN's first cross country teleconference on regulation changes across Canada. Representatives from the College of Registered Nurses of Nova Scotia (CRNSC), the Order of Nurses of Quebec (ONQ) and the Registered Nurses Association of British Columbia (RNABC) discussed regulation changes in their provinces. Quebec has maintained its previous structure, while Nova Scotia is considering altering its regulatory model. RNABC has implemented major reforms through a new BC health provisions act to become the College of Registered Nurses of British Columbia (CRNBC). This new BC model is similar to Ontario's, with a college of nurses overseeing regulation and a separate association responsible for advocacy and other professional issues. As in Ontario, the new CRNBC's mandate is to protect the public, while the new Association of Registered Nurses of British Columbia (ARNBC) is responsible for "advocacy on behalf of the profession." As a result, CRNBC cannot be a member of the Canadian Nurses Association. However, ARNBC is a member of CNA, as well as maintaining provincial interest groups and regional chapters.

The teleconference also discussed changes in regulation as applied to nursing practice in the workplace, the ownership of accumulated physical and financial assets when "association structures" become colleges and the overall issues of regulation of nursing as a profession. A summary of the presentation is available on the ACEN website (www.ACEN.ca).

The LEADS Leadership Framework as a Potential Tool for Nursing Administrators September's Cross Country Checkup began with a presentation on the LEADS in a Caring Environment Leadership Capability Framework, by Graham Dickson, one of the researchers who developed the LEADS framework. William Tholl, executive director of the Canadian Health Leadership Network (CHLNet), also participated. CHLNet is a consortium that includes the Canadian College of Health Services Executives (CCHSE), the Health Care Leaders Association of British Columbia Leaders for Life (HCLABC) and a number of other leadership organizations including ACEN, all of which have adopted the LEADS framework as a standard for leadership development. CHLNet's membership has been steadily increasing as more organizations adopt this framework for leadership competencies.

The guest speakers explained the three central management capabilities needed for effective leadership – caring, being and doing – and how these can work

together to create and sustain change in the Canadian healthcare system. Associated domains of action for leaders include those required for self-motivation, for engaging others in achieving goal towards developing coalitions and for transforming the system. A complete explanation and associated journal articles are available on the ACEN website (www.ACEN.ca). As a founding member, ACEN is committed to the CHLNet leadership framework.

ACEN Policy Initiative: Creating a National Nursing Report Card

Over the coming year, the ACEN Policy Committee will focus on a review of the evidence assessing nurse-sensitive outcomes and create a National Nursing Report Card. The review will be done in collaboration with the Canadian Nurses Association, the Office of Nursing Policy and Canada Health Infoway, with the primary goal of creating a shared vision and a critical pathway for a national report card. In turn, the initiative will generate increased support for the work being carried out by the nursing leadership community, and help outline concrete steps towards achieving this goal through collaboration with other national initiatives for health information in Canada.

Evidence-based practice with identified outcomes is being explored currently within academic faculties of nursing, provincial ministries of health and nursing associations. This joint initiative's goal is to mobilize nursing leadership across the country and create a set of indicators describing the work nurses do to improve the quality and safety of patient care. The ACEN Policy Committee is the catalyst behind this initiative. We look forward to sharing the fruits of this review with the other member organizations.

Increasing ACEN Links with Other National Healthcare Organizations

As demonstrated by the National Nursing Report Card joint initiative, ACEN is establishing major new links to produce information needed by nursing leaders in their respective healthcare organizations, government agencies and academic settings. ACEN is also maintaining its association with CHLNet to develop a plan for disseminating the LEADS in a Caring Environment Leadership Capability Framework throughout healthcare organizations.

In October, ACEN represented its membership at the Invitational Roundtable on Nursing Care Delivery Models and Staff Mix: Using Evidence in Decision-Making, sponsored by the Canadian Nurses Association. This forum included research presentations as well as front-line demonstrations of the changing models of care across the country. The forum will next generate a strategy to produce a revised staff mix framework, including new guidelines to replace the 2005 CNA Staff Mix version.

Finally, as ACEN president, I was asked to address members of Parliament at a gathering sponsored by Research Canada on the importance of nursing research from the perspective of a nurse administrator. It was indeed an honour to represent you and to inform our national legislators of the importance nursing research has played in changing health policy and improving the health of Canadians.

Ensuring the Viability of ACEN

I am pleased to report that ACEN has increased its membership to 120, with representatives in every province in Canada. Our goal over this next year is to sustain this growth. The organization is financially stable and is poised to move forward to become one of the major organizations representing nursing leaders in management positions across the country.

