

The Ties that Bind Us

Whether working far a field in other lands, or in rural or urban communities here in Canada, there are some fundamental elements that unite our profession at practical, philosophical, and vocational levels. Ask any nurse why he or she chose and continued in the profession and there are likely to be common themes in the responses. Anecdotally, I tested my assumption with colleagues – overwhelmingly, the responses included the challenges and rewards attending to the physical and mental frailties of others, but mostly the opportunity to engage with other human beings. Notwithstanding the fact that my less than random sample was likely biased by virtue of the respondents having similar values to mine, I still believe that a majority of us whether novice or seasoned, have essentially the same motivations. Why then is that at every turn, turmoil appears to be arising within our collective? Within the profession, the political positioning of some of our professional bodies is seemingly at cross-purposes with advancing nursing in this country. Amid cries for nurses to be more proactive on issues of health policy, we find a purposeful lack of active engagement of our members in some of the most serious dialogues and decisions within our profession.

Recent decisions and actions taken by some of our professional bodies exemplify a blatant exclusion of important voices and views – those of the members of our profession. A case in point: – in 2012, ten of our regulatory bodies recently reviewed vendor proposals to provision our national licensure exams and made a decision with national, jurisdictional, academic and practice implications. This decision was taken

by but a handful of nurses representing our profession countrywide and posed a number of challenges. The chosen vendor is an American-based testing service delivering Canadian licensure exams using computerized-adaptive testing (CAT); not a trivial change on all fronts.

With the first writing of this exam in 2015, Canadian nurse colleagues have been very vocal about this decision and expressed concerns that the exam includes test questions specific to the US healthcare system; content not taught within Canadian schools of nursing. Others have been critical of the exam's lack of comprehensiveness by virtue of the CAT methodology and suggest that it is more a test of CAT taking ability. Hearing much criticism of this decision, I found myself asking several questions: Where is the evidence that the use of CAT is an effective means to establish professional competency? Is this a comprehensive approach to the testing of Canadian nursing practice content and competencies? What has become of the rich item bank of test questions created by Canadian nurses over the years? Was this purely a financially motivated decision?

While instances of higher than usual failure rates have already been anecdotally reported, the aftermath of this decision is yet to be fully realized. Suffice to say that this decision has the potential to profoundly affect healthcare provider organizations and their prospective nurse employees. Let's hope that the financial gains over the next decade far out weigh the potential losses on other fronts, particularly the personal and monetary costs to students. Surely this weighty decision could have been based upon a more inclusive process?

Another of our professional nursing bodies recently made a decision to become the only provincial association to proffer optional membership in the Canadian Nurses Association (CNA) to their jurisdictional members. Again questions arise as to whether the rationale – financial risk mitigation – is legitimate? Perhaps. The result, not surprisingly, has been a significant decrease in those opting for CNA membership in conjunction with their membership in the provincial association. While we might speculate on a variety of reasons as to why individuals decided to opt out – if even a conscious decision – it is also concerning that a number of nurses are now opting to join CNA directly and not renew their provincial membership. The reason given by many colleagues, including a significant number of distinguished nurse leaders, is simple – no inclusion of member voices in such a weighty decision and a subsequent rebuke of efforts to revisit it. Who loses here? In yet another province, we are witnessing legal action being taken by the nursing union against their professional association; challenging the right to provide financial assistance to another nursing organization.

Yikes! What would the founders of our national professional organization have to say about these internal clashes? More than a century ago, nurse leaders such Mary Agnes Snively were tireless in their efforts to organize Canadian nursing for the sake of a cohesive coalition. And today, sadly we find ourselves with an apparent lack of unity in relation to some practice issues, each of which only serves to undermine the solidarity of the Canadian nursing community.

And so the question remains as to whether we are united in our values and beliefs. If so, what will ensure that we remain so? The important decisions that affect our profession and health policy directions in this country need the engagement and input of nurses. The lack of debate, discussion and inclusion of nurses' points-of-view more broadly in relation to intra-professional decisions such as those cited above imbues passivity, creates tensions, and does nothing to support an image and the reality of a profession unified in vision and purpose. The general sentiment of acrimony between some of our professional, union and regulatory bodies should give us all cause for pause. Is this about certain individuals attempting to bolster their own reputations, create fiefdoms, or simply lay claim to victory over competitors? In the days of feudal lords, the defeat of one fiefdom by another meant taking hold of their jewels and riches as the spoils of war. Among professional fiefdoms, the spoils of warring factions can only net a tarnished image, unrest among the members, and at the very worst, dissolution of a potentially powerful coalition.

In recent years, the Canadian College of Health Leaders (CCHL) released the LEADS framework which "represents the key skills, abilities, and knowledge required to lead at all levels of an organization." Among the five domains of the framework are two ingredients essential to effective leadership: Developing Coalitions and Engaging Others. These elements suggest that collaborative leaders develop partnerships and networks to create results, demonstrate a commitment to customers and service, and navigate through conflict and garner support. Additionally, engaging leaders communicate clearly, listen well, encourage an open exchange of information, and facilitate environments of collaboration and cooperation. Whilst purposely highlighting the LEADS elements missing from the aforementioned decisions, one can only hope that in the future such impactful decisions contemplate ALL of the important aspects of effective leadership.

In this issue, Lamont discusses another important dimension of the LEADS framework – self as leader – stressing the need for leaders to be present and visible and again raising the importance of engagement. Kulig and colleagues discuss the long-standing problem of recruiting and retaining nurses within rural settings. Their research

identified a number of programs and initiatives underway to address these challenges but suggests that more needs to be done to ensure that these nurses feel connected and supported. Neal describes the components of long-distance mentoring relationships using an example from the Canadian Armed Forces. She discusses the concepts of mentorship, distance mentoring, and e-mentoring which by the way, might further inform the options to support rural and remote nursing. On a more local level and more likely to occur in academic care settings, Parke describes the merits of a Scholar-in-Residence program to advance point-of-care integration of evidence and organizational research capacity. Supported by a commentary by Jeffs, the notion of engaging key stakeholders is yet again underscored as a basic element for garnering buy-in and support for this type of initiative. Rochon et al. discuss the results of a study focused on perceptions of teamwork and suggest that strategies to improve same may impact staff satisfaction and patient care. Albeit a different type of engagement, they too offer a perspective on the benefits to be derived from considering the input and ideas of others.

In thinking about all of these points of view, it seems that regardless of one's responsibilities or work setting, as members of the same profession, we should at the very least afford our key stakeholders an opportunity to have input into decisions that impact them directly. Being appropriately inclusive and engaging should after all, be central to the ties that bind us. If you have supporting, dissenting or other views, we would like to hear your perspective.

Lynn M. Nagle, RN, PhD
Assistant Professor
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto

References

Canadian College of Health Leaders 2015. LEADS Framework. Retrieved August 17, 2015. <<http://www.leadersforlife.ca/site/framework?nav=02>>.