

The Power of wE – Engaging, Empowering

“Today, no leader can afford to be indifferent to the challenge of engaging employees in the work of creating the future. Engagement may have been optional in the past, but it’s pretty much the whole game today.” Gary Hamel

In recent months, our country has experienced significant change in the prevailing governments within individual jurisdictions and nationally. Notably some of these shifts have been toward more inclusive ideologies and strategies, and more transparent and engaging approaches to governance. Predictably, it is not surprising that there are both supporting and dissenting views of these changes, disappointment with lost positions and control, and both optimism and pessimism about future directions. What will be different for the rich, poor, and marginalized, for the young and old, the well, sick and dying? These next chapters are yet to be written but the one certainty is that change will be inevitable. The question remains as to how we as Canadians will be invited to engage in what is sure to be a new dialogue about healthcare. Whatever the opportunities, let each of us ensure that we take every opportunity to demonstrate the leadership of nurses in this country.

Engagement by nurse leaders was the focus of my last editorial (Nagle 2015) and our contributors in this issue continue to emphasize the importance of making employees feel part of the decision processes that influence their daily work. Our authors highlight the potential downside of not doing so: increasing the likelihood of individuals choosing early retirement or work elsewhere; higher rates of employee absenteeism; and feelings of disempowerment. Scott (2015) provides a nice synthesis of the key points raised by the authors in the special focus section of this issue, so I shall refrain from being repetitive in highlighting their contributions. But suffice to say that the evidence provides a more than compelling case of the importance of engaging and empowering those whom you lead – there is much more to be gained by the creative collective of “we” than the charade of the omnipotent “me.”

The other papers in this issue shed light on some key implications of leadership roles. Specifically, Kilpatrick and colleagues (2015) report on the results of a systematic review of the cost-effectiveness of clinical nurse specialists and nurse practitioners working in alternative or complementary roles in acute-care settings. Their finding of limited evidence points to a need for further research and evaluative rigor in understanding the cost and quality implications of these roles. From another perspective, Backman et al. (2015) describe their efforts to gather nurse-sensitive outcomes through the use of an electronic data-collection tool. While an important endeavour to inform quality improvement opportunities, it underscores the problematic lack of standardized clinical terminology, definitions, and measurement of clinical outcomes. Although an entirely different topic for another day, in my mind, the need to introduce another process and additional resources to gather these data strongly indicates a need to examine whether nurse leaders are effectively influencing the design of electronic health records to incorporate these important indicators of quality.

At this time, I want to take this opportunity to express my sincere thanks to our outgoing Editor for Innovation and Policy, Michael Villeneuve. Over the past five years, he has consistently and conscientiously provided thoughtful manuscript reviews and recommendations for peer reviewers. Anyone who knows him as I do, will agree that his inimitable style, intellect and commitment to our profession and the journal will be missed. Thank you for your continued collegueship and your many contributions, Mike. I have offset this loss with the addition of Dr. Gail Tomblin Murphy to the editorial team. Based at Dalhousie University, Gail brings a wealth of knowledge and expertise to the team. Her specific areas of interest and research are focused on needs-based health human resources planning, needs-based estimation models, health systems strengthening and testing the impact of health service delivery models on outcomes. Welcome to the team Gail!

Since the publication of my last editorial (Nagle 2015), I have received numerous emails from colleagues applauding my commentary about some of our professional organizations' lack of respect and regard for the voices of nurses in decisions impacting them directly. We have published some of these responses online and invite each of you to continue to engage in the dialogue. However, it is notable that those same culpable organizations have been silent. I can only wonder whether they are feeling regret, perhaps recognizing the indefensible nature of their autocratic decisions and purposely distancing themselves from the fallout. Alas, I might also assume that my views and those of other respected nurse leaders simply do not matter to them. To be a passive observer of these unfolding situations is to effectively disempower oneself. I encourage you to reflect and respond; say something – let them know you care about having input into such weighty decisions.

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