

Leadership, Loss and What We Wore

In the past few years and months, decisions by some of our professional nursing bodies have left many with shaking heads, not to mention sadness and anger over the seeming irrationality of said decisions. Since our jurisdictional regulatory bodies opted to move to a US-based registration exam, the National Council Licensure Exam (NCLEX), significant negative consequences have surfaced that include: problematic French translations, higher than previous failure rates, an option for unlimited rewrites (because students have so much extra cash), and the tail now wagging the dog as curricula and approaches to evaluation are modified to address the exam methodology and content. During the Annual General Meeting of the Canadian Nurses Association (CNA) in June, student nurses spoke with passion and emotion about the impact of the NCLEX on their educational experience. From day one rather than enjoying the learning associated with their chosen career path, they are obsessed with the possibility of not passing that final test. As a nurse leader, it was discomfiting and at some level embarrassing to bear witness to their stories. The aftermath of this decision has been intense. And while the issue remains emotionally charged, new threats to our Canadian nursing identity and unity have emerged. Stay tuned. As an aside, it should be said that the contributions of the student attendees at the AGM were impressive and sophisticated. Our emerging nurse leaders bode well for the future of Canadian nursing.

The Registered Nurses Association of Ontario's (RNAO) recent decision to leave CNA has caused great upset and concern among hundreds of nurses in the province of Ontario. Thinking about "BREXIT" from the European Union, one might consider this an "RNEXIT." But unlike the Brits, our members were never given a chance to vote; the dictate was issued by the Board, and it was a done deal. The motivation remains unclear, but a refusal to engage in a dialogue about this decision with many longstanding but now former members, (myself included), and highly regarded leaders including past-presidents, is shameful. So much for the value of "respect for democracy" – certainly not evident these past months. The consequences of RNEXIT remain largely unknown but suffice to say, the membership of the emerging Ontario "Chapter" of CNA is growing daily. My CNA *will* include Ontario.

Among other resolutions tabled at the CNA AGM were those both progressive and regressive. Astounding that we continue to belabor our professionalism, image, uniforms, and now tattoos – seriously? If we elevate our professional profile and discourse, those issues will take care of themselves. We need to secure firmly our place participating in discussions of the Health Accord, advocating for equitable access to care, particularly within Indigenous communities, providing input on the sequelae of Canada’s right to die legislation, and so many other outward looking issues of concern to Canadians. While I agree that professionalism has a lot to do with the presentation of self, people will remember what you said and did, not so much what you wore.

On another decidedly positive note, in this issue, our contributors highlight the impact of the Dorothy Wylie Health Leaders Institute over the past 15 years. Purdy provides an in-depth overview of the Institute and the associated outcomes. With more than 2,400 alumni, the Institute has embarked on a new partnership with the Canadian Nurses Association as described by Pullen. With a national presence and the strategic alliance with the Canadian College of Health Leaders (CCHL), the Institute will broaden its reach and have an even greater impact. There is no doubt that the Institute has been a resounding success as reflected in the commentaries provided by two of the driving forces behind it, Kathleen MacMillan and Bev Simpson, and one of its alumni, Tracey DasGupta. In living the Institute’s guiding framework, the leaders behind this initiative have leveraged their collective talents and “inspired shared vision, enabled others to act, and modeled the way.” Because of their enduring commitment, the legacy of Dorothy Wylie’s leadership will continue to flourish for many years to come; we sure could use that bit of good news today.

Our other contributors to this issue address a variety of issues. A study by Carter and colleagues (2016) found that the presence of Nurse Practitioners (NP) in nursing homes and their availability in person and by telephone, provides primary care access to residents. Their findings lend credence and legitimacy for increasing the number of NPs in long-term care facilities and highlight the need for the development of specialized programs for the preparation of same.

Spiers et al. (2016) examined how organizational context and restructuring influenced nurse leaders’ use of evidence in decision-making in their management practice. Specifically, “a context of constant change; more scope less autonomy, and; decisional inertia in a sea of change had profound effects on nurse leaders’ ability to employ evidence in decision-making.” They conclude that in the face of ongoing restructuring, leaders need to understand and mitigate the negative impacts on evidence-informed decision-making. To do otherwise will likely impede optimal decisions in the context of destabilized environments.

And finally, Zanchetta et al. (2016) describe the elements of partnership, trust and leadership among nursing researchers. Interestingly but not surprising, barriers to trusting relationships parallel those previously identified in this editorial: an erosion of democracy, a lack of open dialogue, and the presence of authoritative rather than transformational leadership. Trust underpins successful and effective relationships; good leaders recognize and foster those behaviours.

Before signing off this editorial, I would like to extend sincere thanks and appreciation to Dr. Patricia Petryshen who has served our authors and readers most capably as our Editor for Practice over the past several years. A good friend and colleague, her thoughtful reviews and suggestions have been highly valued by the entire CJNL Editorial team. Thank you, Patricia!

As with every outgoing editor a replacement is in the offing and I am thrilled to announce that Dr. Lianne Jeffs has accepted the offer to assume the role of Editor for Practice. Lianne has been a long-time contributor to the journal as both an author and reviewer. A leading researcher and practitioner, her work focused on quality and safety, care transitions, and knowledge translation is held in high regard by healthcare professionals in every sector. Welcome to the team, Lianne!

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

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