

In Conversation with Michael Villeneuve

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Since 1978, Mike Villeneuve has held progressive roles in the healthcare system as a nursing attendant, staff nurse, nurse-in-charge in a remote First Nations community, clinical instructor, clinical nurse specialist, manager, researcher, lecturer, consultant, author and administrator. He was appointed Chief Executive Officer (CEO) of the Canadian Nurses Association (CNA) in June 2017. He leads the organization's operations which include 139,000 members across all 13 Canadian provinces and territories supported by the team in Ottawa. In his role, he will help implement a forward-leaning vision for professional nursing in Canada and the related services needed at CNA in the future to support that transformation. He serves as a member of the boards of directors of the Canadian Nurses Foundation and Winchester District Memorial Hospital, and for 2017–2018, he has been appointed as the virtual visiting scholar at the Dalhousie University School of Nursing. Mike is author of the first Canadian text focused on nursing and public policy – *Public Policy and Canadian Nursing: Lessons from the Field* – published in 2017.

Lynn M. Nagle recently spoke with Mike about his new role with CNA.

What was your motivation for pursuing the role of CNA's CEO?

Canada's federated model brings some added value to our lives and helps to define our place in the world as people who have certain sets of values, roles, rights and accountabilities. The same is true for nursing. There are more than 400,000 regulated nurses in Canada, spread across six time zones, 13 provinces and territories, dozens of specialty groups and thousands of employers. They are like thousands of points of light that are important as individuals, but in some cases, could exert so much more impact if linked together effectively. So I am not just a registered nurse working a night shift in a palliative care unit in a hospital in downtown Charlottetown. I am a nurse from Prince Edward Island and that has cultural and contextual meaning. And moreover, I am a professional Canadian registered nurse, and that means something bigger and broader on the world stage.

Without some central hub rallying and connecting all those groups and individuals, we risk being nothing but a fragmented collection of hundreds of groups speaking disjointed messages. We grew up in a time when nurses and nursing practice were, above all, tied first to individual employers, usually hospitals, and their needs and rules. We know where that got us, and it took us a century to escape its clutches. It is a divisive, sometimes even adversarial model. It is not effective in building a cohesive, powerful profession – and we cannot risk going back.

So that is some of what is burning inside me at this stage of my life and career, and what propelled my interest in the CEO role. The move for me at this time is about my age, I suppose, and a sense that one has accumulated a certain professional maturity, mindset and courage that may be of value to the cause. And some of it relates to the set of career steps and experiences that brought me to this point in life.

As I reflected on the CEO role, knowing that our amazing colleague, Anne Sutherland Boal, was set to retire, the time felt right for me personally to offer my service to CNA, the profession and the people who need our services across this country. As Mary Walsh said, "You can't go on your whole life longing to do something and not have the guts to do it." So, I took deep breaths and decided that I wanted to at least offer to try.

What do you see as the most significant challenges for the CNA over the next three to five years?

In my view, CNA faces one key challenge in common with every other professional association: it no longer has much special information that every member cannot

already access in seconds in a digital world. So, unlike our early days, people do not need to travel to a convention or read a paper journal to learn and connect. CNA was birthed before the telephone or the automobile, never mind planes and computers. So, the *raison d'être* for professional groups has been flipped on its head and most associations, health and otherwise, are scrambling to find their footing in this brave new world.

As we move forward, CNA, the physicians, social workers and all similar organizations all have to be really clear about what value we add that would cause people to line up and join. It's not enough to meet needs; we need to shimmer and exceed expectations of what an association can be.

We must continue to hear what members need and expect, identify and deploy the most effective methods of communicating information with them and make practical advances such as finding less costly ways of running events, including meetings and conventions.

We must be savvy purveyors and interpreters of data and information, putting it together in ways that are useful to users in all sorts of settings.

I believe we will develop new services and new ways of delivering them – and doing that will mean having our minds open to innovative thinking including partnerships with new and different individuals and organizations within both the public and private sectors.

And in defining itself for the 21st century, I have been very open for a long time about my belief that CNA must take a bold step forward and put the structures in place to be a home for all Canadian nurses in all the roles that contribute aspects of nursing care to people in Canada. We should be the hub of Canadian nursing.

Finally, as we wrestle with the implications of the Truth and Reconciliation Commission as a nation, CNA will need to partner meaningfully with Indigenous individuals and groups to seek and follow advice on how best to help nurses to act meaningfully on the health and social calls to action.

There are big and exciting conversations and changes lying ahead. I see this as a time of relationship-building and healing across professional nursing; we need that now. And it is a time of defining the business model for a modernized, pan-Canadian, professional nursing association. That's already been ably started by our very capable president, Barb Shellian, the Board of Directors and previous CEO Anne Sutherland Boal and her team in Ottawa. So I will have my ears and eyes open, and I would say to stay tuned for exciting evolutions ahead!

What are the top three areas/priorities that you intend to address over the next three to five years?

I will first need a bit of time with the Board of Directors, members and the team at CNA to get a handle on their current priorities and existing obligations. In the spirit of “no ‘I’ in team,” this is not a solo journey nor will all the decisions be made by me alone. However, as I have watched CNA closely and stayed tuned in to a number of facets of its work, it keeps coming back to me that many of the sectors that used to be central to CNA’s work have been moved to other organizations. My view is that the gaps where CNA can and must focus fall in three broad areas:

- Programs and services to support strong professional nursing practice including specialty credentialing, evolving areas of practice (e.g., nurse prescribing) and responding to changing legislation across the country
- Talent and knowledge development in the broad arena of nursing leadership across all roles, and nursing administration supports and networking specifically for those in formal management and executive roles
- Public policy and advocacy—the hard work of galvanizing nursing voices to engage meaningfully with decision-makers to influence public policy all sectors having an impact on human health.

On the business side specifically, we must continue to drive forward a new membership model, then build the kinds of services that attract nurses to CNA. All options must be on the table; no sacred cows. The horizon must always draw our eyes to what members need and to what CNA can do to most effectively support and influence programs and policy that impact human health and nursing practice.

What specifically would you like to convey to Canada’s nursing community as you embark on this new role?

Professional nursing is at risk from many divisive forces. Among our big challenges across nursing are to: (a) know and be able to state our clinical and economic value; (b) have our eyes and minds open to opportunity; and (c) pounce on it when we find it. I am terribly concerned that, already, other health providers have not just encroached on nursing practice but in some cases are happily claiming it and taking it over. If the public is satisfied with that care, and if decision-makers see that, and especially if it does not appear to cost more, we are going to have a hard time getting that market back. So we need to be sharp innovators, working cohesively as a force, and act quickly in these next few years. If we don’t, I fear we will be relegated permanently to the supporting cast and never see the light of the centre stage.

How does it feel to be in a position to influence the future direction of the CNA and Canadian nursing?

I am deeply humbled by the trust being accorded to me at a very challenging time. I am very excited to be the twelfth CEO of our special organization, but I think I am appropriately daunted by the importance and volume of the work lying ahead. All I can say at this point is that I'll try to follow the old wisdom around keeping my eyes and ears open more than my mouth, and do my best to steer the ship into safe waters.

Do you have any thoughts about how to further the Canadian nursing community's influence on health policy directions?

People cannot influence policy if they don't understand the content well or the process of marketing it. We need to tackle both ends. Policy has to look, sound and feel like it's relevant to every nurse. I like the model that was used at the late Health Council of Canada and I see now at CIHI and some other organizations, where longer, main reports on any topic are accompanied by briefing notes, one-pagers, infographics, slide decks and so on. I think at CNA we will need to really follow that lead and market our materials in all those ways for our different audiences, including the public. We really have to have the public strongly on side.

On the "doing policy" side, we have to nail down some practical skills training to help nurses harness their energy and ramp up their understanding of how policy happens. CNA is an ideal broker for those sorts of skills across the country.

What would you like people to know about you?

People might not know that I am a classic introvert. I'm not shy, thankfully, but my natural comfort zone is to retreat to very small groups or even to being alone. Speaking to an audience of several thousand people provokes no anxiety at all; the meet-and-greet afterward makes me want to retreat. So, to succeed in some of the public roles I have held—none as public as the one I am about to take on – I have had to learn some strategies to manage that side of myself, guard my soul and recharge my energy.

I love being around smart people. I am always happy to be surrounded by a team of people who are wide awake and fully engaged. It puts me at ease to know that there are competent people around me.

People sometimes confuse humour with not being serious. But I believe one can be deadly serious while still finding humour in tough tasks. And humour can soften otherwise very hard news or tough situations. During presentations, I often share at some point the words of Oscar Wilde, who said, "If you want to tell people the truth, make them laugh, otherwise they'll kill you." I think that's basically

sort of true. The courage required of captaincy needs all sorts of supports, and laughter, I suppose, is one I rely on.

I am addicted to CBC-1 radio and I am still cranky about the loss of The Vinyl Café at noon on Sunday. I get Canadian news from CBC radio and I tune in daily to BBC and Al Jazeera online for views of what is happening in the world. I subscribe to updates from a long list of healthcare associations and organizations.

I love Grand Manan Island, and that's where I escape when my body, soul and/or ego need re-grounding.

What are you reading these days that is informing your thinking about the future of Canadian healthcare and nursing?

I've been reading *Warrior of the Light*, a beautiful gift to me from my friend and a former CNA president, Barb Mildon. It's a brilliant companion, filled with lessons, as I start down this new road. I also picked up four of the books from CBC's 2016 Canada Reads competition, and hope I can plough through them in all the quiet moments of the coming year – ha!



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