

The Canadian Academy of Nursing: Why It Matters

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Abstract

The Canadian Academy of Nursing (the Academy) was established in 2019 to provide a focal point for nursing leadership in Canada that had been missing among the 40+ specialty practice and interest groups affiliated with the Canadian Nurses Association (CNA). More than 41,000 regulated nurses work in formal administration or management leadership roles, and many of them have shared a worrying array of self-identified gaps in leadership skills and development. This article presents an overview of programs being launched within the Academy to help address these gaps and describes other public policy priorities being addressed by the CNA.

Introduction

As this issue of the *Canadian Journal of Nursing Leadership* is published in fall 2021, we will mark the second anniversary of the founding of the Canadian Academy of Nursing (the Academy) (<https://www.cna-aiic.ca/en/academy>) at the Canadian Nurses Association (CNA) (<https://www.cna-aiic.ca/en>). What started in 2017 as a dream to build a strong community of nursing leadership in Canada began to come to life when we established the Academy in November 2019. The Academy has become a growing hub of activity in this important area of nursing practice.

Why a Canadian Academy of Nursing?

More than 41,000 nurses across the four regulated nursing categories in Canada work in leadership roles defined as administration or management – i.e., roughly 9% of the nursing workforce. The constant drumbeat of *leadership* being essential to delivering great care and transforming systems is reflected in the myriad

graduate and professional development programs focused on leadership development for nurses. Yet, among the more-than-40 specialty and interest groups affiliated with the CNA, only the recently retired Academy of Canadian Executive Nurses provided a hub for nursing leadership. As reflected in its title, the organization was set up to include executive nurse leaders across Canada. For some time, the absence of a focal point for nursing leadership writ large, akin to the American Organization for Nursing Leadership (<https://www.aonl.org/>), has seemed an odd gap in Canada's professional nursing landscape.

Why did the CNA want to close that gap? Readers will know well that a growing body of evidence shows a relationship between nurse leadership and outcomes such as patient satisfaction, complications, adverse events, safety outcomes, mortality and healthcare utilization. Leadership also matters just as much to those delivering healthcare services as it impacts their job satisfaction, engagement and retention. However, findings such as those of the *BENCH II Survey of Health Care Leaders* (Bench II) reported by the Canadian Health Leadership Network (CHLNet) in 2020, in which the CNA was a partner, paint a worrying portrait of the state of the art (CHLNet 2020).

BENCH II (CHLNet 2020) surveyed nurses, physicians and a mixed, third group of other organizational leaders. Roughly 950 nurses were sent the survey, and 920 responded – an impressive result in and of itself and perhaps indicative of the interest in the topic. The following findings should give us all a reason for serious pause and consideration of what should be our next steps:

- Two-thirds of nurses and 80% of physicians who responded were in leadership roles, and more than 50% of respondents who perceive themselves as leaders came to the role with no leadership training.
- Among the respondents, 83% of nurses and 70% of physicians had not participated in any leadership development.
- Gaps between the leadership capabilities of current leaders and the skills needed by them to perform their jobs well and to anticipate and meet future challenges and reforms were reported as “large” or “very large” by nurses twice as often as the other leaders. Nurses also reported the impact of the leadership gap on organizational performance as being “very large” more than twice as frequently as physicians.
- Leadership development budgets were reported to have declined since the BENCH I study in 2014 (CHLNet 2014). Respondents also said that there was less time allowed for leadership development.
- We know that perceived clinician engagement is linked to retention, absenteeism, clinical errors and burnout but just 53% of organizational leaders felt that

their staff were highly engaged, and only 10% of nurses felt the same. Three-quarters of respondents said that engaging staff ranked low or was not a priority at all where they worked, and even more said that retaining talent and succession planning were not a high priority.

- It may be alarming to learn that leaders identified themselves as being the weakest at demonstrating systems/critical thinking (21%), self-awareness (25%) and encouraging and supporting innovation, including new technology (23%) – precisely the skill sets required for leaders to function optimally.

Concerns about the need to address these sorts of dynamics and outcomes drove the establishment of the Academy. It is intended to provide a space for identifying, educating, supporting and celebrating nursing leaders across all the regulated categories and all domains of practice. The CNA wants to build a comprehensive Canadian hub with opportunities to educate, empower and support nurses to lead, advocate, innovate and influence public policy that leads to sustainable change.

Academy Programs and Initiatives

Differing from organizations such as the American Academy of Nursing (<https://www.aannet.org/home>) and the Canadian Academy of Health Sciences (<https://cahs-acss.ca/>), for example (both entirely consist of nominated Fellows), the Canadian Academy of Nursing is member-driven. With more than 700 members, the Academy is already one of the larger professional nursing groups in the country. While the COVID-19 pandemic seriously impacted our best intentions for the Academy in 2020, we have regrouped. Programs aimed to address different areas of nursing leadership are being developed or have already been launched, five of which are highlighted here.

Communities of Practice

The new platform that will ground the CNA's web presence starting later in 2021 will allow us to establish and nourish communities of practice where nurses may come together more easily in areas of practice or interest. The initial areas in focus are novice and emerging nurse leaders, nurse managers, nurse executives, nurse researchers and nurses working in policy roles. The CNA will provide the platform for the Academy members but does not intend to run or control these communities. Early discussions have already begun among nurse scientists on the state of nursing research in Canada and funding for the same. Our hope is that the new platform will host vibrant discussions and help to fuel our thinking and actions at the CNA, as well as strengthen the practice of those working across all these roles.

Dorothy Wylie Health Leaders Institute

Well known to so many nurses and other healthcare providers across the country, the Dorothy Wylie Health Leaders Institute was established in 2001 to strengthen leadership in healthcare by way of an immersive, strategic, four-day residential program. During more than 30 such offerings over the past two decades, nearly 2,700 healthcare providers have taken part in the institute.

Similar to the fate of so many other planned events, the COVID-19 pandemic sadly required us to cancel the 2020 residential program. We are now considering options for 2022, and contemplating how the program could provide leadership training specific to public policy development, innovation and post-pandemic requirements for leaders facing new ways of delivering care. Please stay tuned to the Academy pages for upcoming updates.

Fellowship Program

Fellowship in the Canadian Academy of Nursing (CNA 2021a) is the flagship program within the Academy. Designed to recognize and celebrate the most accomplished nurses in Canada and across all domains of nursing practice, Academy Fellows earn the right to use the credential Fellow of the Canadian Academy of Nursing.

Under the leadership of Sally Thorne, who is the chair, the Charter Fellows of the Academy have formed the selection committee for Fellows nominated in 2020 and 2021 (CNA 2021b). Based on a rigorous nomination process emphasizing enduring impact on nursing and health, the CNA team was thrilled to welcome the 12 Charter Fellows and a further 46 Fellows into the Academy in the inaugural induction in fall 2020 (CNA 2020). In fall 2021, we are delighted to welcome 37 outstanding nurses as the second class of Fellows (CNA 2021c).

The CNA Board of Directors reserves the right to directly appoint Honorary Fellows who would, under any usual circumstance, represent all the experiences, skills and traits commensurate with Academy Fellowship. In 2021, the Board of Directors is pleased to welcome the first two Honorary Fellows of the Academy – Madeleine Kétéskwew Dion Stout from Canada and Shelia Dinotshe Tlou from Botswana (CNA 2021c). They represent the best of nursing leadership in our country and globally, and the board is excited that each of our Honorary Fellows will deliver an address at the induction ceremony.

Indigenous Leaders Series

To inform our journey of reckoning with our history, CNA worked with the Canadian Indigenous Nurses Association to develop an Indigenous Leaders

Series (CNA 2021d). By way of this series, CNA spends time with four different Indigenous leaders of the year – First Nations, Metis, Inuit and an international leader – asking each individual to spend a season providing some insights first to our board and our staff, and then in a more public event, such as a lecture or a performance.

We started the series with the best intent in spring 2020, with our inaugural leader, Mike DeGagné, who was then the president of Nippissing University and is now the CEO of Indspire (Indspire 2020). DeGagné kindly stayed with CNA through 2020 when so many CNA plans were cancelled, meeting twice with our board and staff and introducing a framework to help us conceptualize some of the work before us.

The series was relaunched in spring 2021 with Kerri Nuku, Kaiwhakahaere of Tōpūtanga Tapuhi Kaitiaki o Aotearoa – the Maori lead of the New Zealand Nurses Organization (<https://www.nzno.org.nz/>). Nuku also met with our board and staff and delivered a spellbinding public lecture (CNA 2021e) during the summer solstice, where she spoke about nursing and healthcare in New Zealand, colonial impacts and the legislative impacts of her organization.

We are so pleased to welcome back Elder Aline LaFlamme, a past CNA board member and close advisor to CNA, as our guest leader during summer 2021, who will present her public lecture at the autumnal equinox of September 22, 2021 (CNA 2021d). Elder LaFlamme is a Métis grandmother, pipe carrier, sun dancer, drum maker, singer, traditional healer and workshop facilitator who has held various leadership positions over many years in the healthcare and social work fields. She served on the CNA Board of Directors from 2018 to 2020. The focus of her time with CNA will be on how we look inward at ourselves, identify biases and privilege and recognize our obligation as individuals to call out and act on racism and discrimination.

Finally, we are humbled to welcome the Honourable Murray Sinclair who will serve as a CNA Ambassador for fall 2021. Sinclair was the first Indigenous judge in Manitoba and only the second in Canada, and he is well-known as the chief commissioner of the Truth and Reconciliation Commission of Canada. During his time with CNA and the Academy, Sinclair will focus on the roles of organizations and employers in tackling anti-Indigenous racism. Sinclair will be the opening speaker at the (virtual) First National Summit on Racism in Nursing and Health Care on November 24, 2021 (CNA 2021d).

Global Changemakers Speakers Series

This new series features a distinguished lineup of speakers that bring unique insights and perspectives to inform the work of nurses in the ever-changing global healthcare landscape (CNA 2021f). Fall events include Richard Booth speaking to the challenges of negotiating the intersection of technology and compassionate care, and what we may have observed and learned during the COVID-19 pandemic about these points of articulation (<https://www.cna-aiic.ca/en/academy/events/global-changemaker-speaker-series>).

Finally, Sandy Hudson, who cofounded Black Lives Matter in Canada, will be our final speaker for 2021, and will deliver a keynote address and lead a conversation at the (virtual) First National Summit on Racism in Nursing and Health Care on November 24, 2021 (CNA 2021f). Hudson is an inspiring social activist who will speak on the issue of activating anti-racism, and she will be speaking to us from Los Angeles, CA, where she is currently studying for her doctoral degree in law.

Each of the main speakers will address the Academy members and then enter into a question-and-answer session with participants. As a special benefit, Fellows of the Academy may then enjoy a private 30-minute conversation and reflection time with each leader.

We are already engaging an exciting lineup of speakers for 2022, so check the lineup when it is announced in fall 2021. You will not be disappointed.

Looking Ahead

As we launch the new CNA platform in fall 2021, we will be able to link Academy members more easily with their complimentary subscriptions to the *Canadian Journal of Nursing Leadership*, now owned by CNA and published by the Longwoods Publishing Corporation after the Academy of Canadian Executive Nurses moved its assets to CNA early in 2021.

We also will work with members and Fellows to identify structures through which the Academy can be strengthened to inform the policy work of CNA more broadly. With a smaller board and staff going forward, the CNA team will rely on the knowledge, experience and evidence of Academy Fellows to help provide policy responses and guide our policy directions.

While we recognize our size and resources, we are committed to building a strong, credible and respected Academy to strengthen nursing leadership in Canada and amplify the power of nursing voices in the interest of better health, better care and better value for taxpayer dollars.

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