

Transitions and Challenges

By Mary Knight, RN, BScN, MN, CPN(C)

Another National Conference has come and gone, and wonderful memories have been created. Once again, the bar has been raised! On behalf of ORNAC, I would like to congratulate the 2001 National Conference Planning Committee on a very successful event, which truly took us on "A Surgical Odyssey". This edition of our Journal showcases many of the events and celebrations from Banff, and shows why we arrived at home exhausted!

For those of you unable to go to Banff, planning is well underway for the 18th National ORNAC Conference "Planting Ideas, Reaping Rewards" which will be held in Winnipeg, June 8-12, 2003. Start to plan your fundraisers now!

The ORNAC Board meetings are also a time to bid farewell to our outgoing Executive Board members. Donna Farid, Past President and Shelly Zareski, Treasurer both completed their terms on the ORNAC Board. Thank you for a job well done, and enjoy your newly found time! New members on the Executive are Gloria Nemecek, President-Elect and Sheila Biliard, Treasurer - welcome!

Our Editor and Publisher will be retiring this year. Agnes and Ron Forster have produced our Journal since 1983, a significant contribution to perioperative nursing in Canada! Thank you, and best wishes as you plan your well-deserved retirement.

This is indeed a time of transitions and challenges in both perioperative nursing and our profession in general. A nursing shortage has raised its head once again. Elective surgeries are being cancelled on both east and west coasts as negotiators attempt to resolve collective bargaining issues. Research has demonstrated that nurses are the sickest workers in the country, with more than 8 % of the nursing workforce

absent in any given week because of sickness (Shamian & Villeneuve, 2000). And the Romanow Commission, established by the federal government, will begin to critically look at our healthcare system.

The Canadian Health Services Research Foundation has recently released a paper commissioned to answer two questions: "What is the impact of the working environment on the health of the nursing workforce (and thereby its impact on patient outcomes)" and, "What effective solutions could be implemented"? The report, "Commitment and Care: The benefits of a healthy workplace for nurses, their patients and the system" summarizes ideas for improving working conditions in healthcare, and can be found on their website: www.chsrf.ca

As perioperative nurses, we care for our patients when they are unable to advocate for themselves, and are dependent on our expertise and professionalism. According to Buresh & Gordon (2000), silent nurses are devalued. It is time to tell our stories and let the world know what we truly do. □

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The New Millennium: a Surgical Odyssey

By Ginette Lemire Rodger, RN, PhD.

Introduction

I am delighted to join you for your national conference to present the keynote address and to have the opportunity to meet many of you, particularly in this wonderful rocky mountains setting.

Having lived the last ten years in Alberta and being an avid hiker and skier, I am partial to this scenery, so much so that during my studies for my PhD. in Nursing at the University of Alberta, when came time to write my work. I packed cases of books and articles, and went to Jasper and worked surrounded by the rockies. My belief is that in such a grandiose place no one can do mediocre work. So, I know you will have a great conference.

The new millennium a surgical odyssey - the theme of your meeting seems especially appropriate, given all of the changes that we, as nurses, have lived through during the past decade. Odyssey aptly describes not only the breadth of the changes that have shaken our profession, but the tremendous revolution that has affected society as a whole - on a scale unprecedented in previous recorded history - as we move from the post-industrial age to the new information age.

While governments, policy makers and decision makers are trying to guide this social transition, we health professionals are calling for immediate action to ensure the current health care survives the transformation and grows to meet the demands of the public. Positioning nursing is then key to influence the future health services.

First, I will comment on the characteristics of the odyssey. Secondly, I will highlight the major impact on health care and nursing, and thirdly, I will conclude with ways to reposition nursing, both at the individual and collective levels.

I The Surgical Odyssey

The dictionary defines odyssey as a long series of wanderings, especially when filled with notable experiences, hardships etc. (Webster, 1989).

We have lived, and we are still living, in many work sites with a series of wanderings. Some of you as far back as five to six years ago (when the so-called reform started), and others are still in the midst of it.

Two years ago we and the public experienced a major unrest of nurses. Nurses, concerned with the uncertainty in health care and the quality of care, sounded the alarm from one end of the country to the other. This year, again, as negotiation resume nurses are concerned with the professional impact of new health policies and realities.

At the same time many new initiatives and opportunities are developing such as, new roles in surgery (nurses as first assistant), new techniques both inside and outside the OR doors, changes in professional nursing status, safety approaches, ethical dilemmas, legal issues, leadership, to name a few.

These wanderings as mentioned above are part and parcel of a much larger phenomenon A move from the post-industrial age to the information age. (Champy 1995) writes that we constitute the last generation of the industrial age and the first generation of the third wave.

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Ginette Lemire Rodger, RN, PhD, is the Chief of Nursing, Ottawa Hospital, Ottawa, Ontario, and President of the Canadian Nurses Association. Dr. Rodgers delivered the Valerie Shirreff Memorial Keynote Address at the 17th National Conference of the Operating Room Nurses Association of Canada in Banff, Alberta, April, 2001. This is an abridged version of her presentation.

Odyssey is one of many words that describes the transformation that is taking place. Words such as paradox, chaos, network, globalization, complexity, unpredictability, systems are now part of the vocabulary of the information age or the new age! All these definitions seem to include many elements that are conflictual and unpredictable. They are not new but more visible and their presence felt more than ever before. They are part and parcel of the transformation taking place in health care and nursing.

Definitions of Chaos, Complexity and Paradox

Chaos is understood to mean a sense of disorder, complete confusion, total lack of organization but in fact it has found a new meaning since the 1970's. The chaos theory originated in mathematics and physics during that period. It can be defined as a complex state in which apparent randomness of a system is really constrained by a type of order that is nonlinear (Hamilton, West, Cheri, Mackey & Fisher, 1994, p. 15).

Hidden within (what appear as) disorganization is a deeper structure of order. What may seem random is actually part of a larger pattern. In chaos theory, unpredictability, or apparent randomness, is seen as intrinsic to the system, not extraneous or aberrant. For example: If 700 balloons were to be released in this room their action would be unpredictable, chaotic. However, if one were able to measure the speed of deflating, the room temperature, speed, placement, texture, etc., the action of the balloons could be determined.

Dr. Halzberg and Dr. Cornelissen' theories on Chronobiology (circadian rhythms: 24 hours; circaseptan: 7 days; circatrigintan: one month; circannual: one year, etc), are now being examined.

We are all now paying attention to the phenomena we easily could previously ignore. Several journals are now dedicated to this concept, (e.g.) complexity and chaos in nursing.

Complexity is a more general and better understood concept. The hospital is a complex system. Complex systems have a great many independent agents interacting with each other in a great many ways. As a result, these systems are dynamic - they're always changing, and they behave in a non-linear fashion, and they may not react proportionately to inputs. Small inputs can have large effects, and large inputs can have small or no effect. Or, the same input may have different effects at different times. This makes the behaviour of complex systems difficult or even impossible to predict (Vicenzi, White & Begun,

1997, p. 26)

Examples: Complexity of individual clients, research on nurse-client interactions, organizations.

Paradox: the term paradox comes from para, meaning beyond what is thought, and orthodox, meaning conventional or commonly accepted. So paradox means statements or propositions seemingly self-contradictory or contrary to commonly accepted opinion (Webster Encyclopedia - Unabridged Dictionary of the English Language, 1989, p.1046).

Example: a request for a custom-made, high quality, low cost health service, provided now. Well, it won't be cheap and it won't be provided now.

There is no doubt that western philosophers have greatly influenced our understanding of paradox. In particular, the development of logic, mathematics, physics and philosophy left no room for paradox. The reality was described solely in terms of either/or categories. The dominant view in the development of knowledge, through science, uses logic as the validating process of scientific inquiry.

As you know, the logical vision of the world has been challenged, particularly, by the advent of quantum physics. The complementary principle which acknowledges that all things in the universe are interconnected and that the universe consists of overlapping and sometimes paradoxical views of reality, played a major part in legitimizing the paradox phenomenon in science.

So, these scientific developments have heightened our consciousness of paradox. Other events have also contributed to this consciousness. With exposure to other world views, such as those held by oriental philosophers, it has become more difficult to ignore paradoxes and comfortably choose the one view that will ensure that we live happily ever after.

All these definitions seem to include many elements that are conflictual and unpredictable. They are not new but more visible and their presence felt more than ever before. They are part and parcel of the transformation taking place in health care and nursing. Let us now look at their impact.

Impact on Health Care

Health care reform has definitely been the vehicle to destabilize the established order and brought to the forefront many of the latent paradoxes, complexities and chaotic situation. By the early 1990's. governments in Canada were finally setting the stage for the transformation and there was a consensus from all provincial advisory committees, task forces, premiers'

or royal commissions on what would be an appropriate model of health care for the next millennium. Many of the reforms now being implemented are based on provincial consensus. Mhatre & Deber (1992) reviewed and critically analyzed the policy options of all these provincial reports. Eight recurring themes were present and many of them represent different polarities or paradoxes with the current health care reality.

In every province, we are experiencing the changes of governments determined to bring about a new era. The new health care reality should have been easier to understand because it was in line with many fundamental values of health care professionals such as nurses (such as increase community support, promotion and prevention of disease and injury).

The Force, Speed, and Complexity of the Changes

Every one is taken aback by the force, the speed and the complexity of the changes underway. The force of the change is so powerful that it challenges the most basic values of professions, of health services and of society. It questions the scope of professional practice, dismantles infrastructures that have supported professional practice to date and creates new models of relationships, to name of few. If we were considering only the changes in health care, the force may not be as important but we are simultaneously affected by the profound social shift described by Toffler (1995) in his book, "*The Third Wave*". A social upheaval created by the replacement of the industrial age by the (e.g.) the high technology, network relationships and the information age. The transition that is taking place in health care is compounded by the effects of other social phenomenon (such as globalization, neo-conservatism,) that modify the rules of the game and impact on the reform which may not have been foreseen and create further paradoxes.

The speed of the change is also quite startling. Erickson (1963) predicted that the rate of change would continue to accelerate up to the as-yet-unreached limits of human and institutional adaptability and that we would face multiple changes at the same time. Today, we are living and experiencing it in an intense way. In fact, the speed of change with its own volition, has been integrated and accelerated as part of current strategies. The time line for changes in health care is often very short, in spite of the fact that health care is known as one of the most complex industries in the world. Even today we have not reached the limit of change. Therefore, as nurses we need to find ways

to reposition ourselves so that the acceleration cannot totally eat us up. This is the danger that is in this transition.

The complexity of change in health care is also worth analyzing. Under the label of health care reform, the complexity can be conceptualized as the three R's: the Reduction in health expenditures, the Redesigning of health care services and the Reform of the health care system.

Health Care Polarities

One way to visualize the impact on health care is by highlighting the paradoxes and the polarities that are very visible in the health care environment today:

- The pull between the promotion/prevention health care - and curative care;
- The pull between the importance of quality/qualitative care and quantitative care (hard numbers);
- The approach of care versus the approach of cure;
- The ecological pull, being in line with society and the environment versus being in an industrial/manufacturing model;
- The multi-disciplinary approach versus the gatekeeper;
- The community and the hospital;
- The pull between the public and the private; and
- The reform versus reduce/redesign.

Impact on nursing:

The new era is more and more visible in all domains of clinical practice (to more or less degree - depending if your work place is still very much in the industrial era or the information era) how do you know?

We know that the route ahead includes fixed-financing for health coupled with evidence-based funded practice and outcome-driven strategies in health and professional services; repositioning of services for the third wave. Toffler (1995) point out that the organizational model of the third wave will have the following characteristics: semi-autonomous units with little standardization of work, preference for self-design, self-management and individuality, decentralization of services and evidence of integration, contracting and distribution of work among different people at different locations.

If you had told me 10 years ago that I would be practicing today totally differently in a facility with four sites and 3,600 nurses and creating our own environment, I wouldn't have believed you.

The other influence of this reality is also the cost of providing services; other respected authors such as Peter Druker (1992) see the route ahead with minimal

structures and working smarter.

Mintzberg (1997) echoes the need to reduce management but work in a better integrated fashion. Differentiation between disciplines is inevitable, but healthcare should develop a higher level of integration.

The route ahead is challenging for health professionals, and the shortage of nurses is part of this odyssey.

Shortage of Nurses

There is no doubt that, as the backbone of the health care system, nurses have borne the brunt of health care transformation. We have suffered, first-hand, the effects of the past decade of cuts: widespread layoffs and increased workloads for those who remained.

The figures in the Ryten Report (1997) commissioned by the Canadian Nurses Association (CNA) tell a serious story.

- Nearly 50 per cent of Canada's 228,000 nurses now work in part-time jobs. Job security is not a given any more. Full time positions are scarce. (Canada has the world's worst record for fulltime positions. The U.S. fulltime rate is 66%).
- More new graduates are working part-time, or for several employers, than at any other time in the past decade.
- With the massive cuts to nursing staff, the increased numbers of critically ill patients and constantly changing practice environments, patient-to-staff ratios are higher than ever before.
- In the past 10 years, this ratio has risen from one nurse for every 123 patients to one nurse for every 133 patients.
- With heavier patient loads, fewer RNs and an increased use of assistive personnel, we, as nurses, have little time to build quality relationships with our clients and co-workers. As a result, nurses are worried about patient outcomes and are living paradoxical situations, (e.g.) great care versus poor care!
- The compromises nurses have had to make just to survive in this environment have led to high levels of stress, absenteeism, job dissatisfaction and burnout.

Nurses enjoy the dubious distinction of having the highest rate of injury and sick leave of any professional group in Canada, (6.2 days for other workers - compared with 3 weeks for nurses).

Canada's nurses feel distressed at not being able to provide the kind of care they have been educated to provide, and the kind of care we want to give: the very things that prompted us to go into nursing in the first place.

So little wonder that the number one issue for nurses is the nursing shortage, just as health care is the number one issue for all Canadians.

Nurses make up an astonishing 75 per cent of Canada's health human resources. Yet, more than 25 per cent of nurses will retire in the next decade, just when Canada's aging population puts even greater demands on our already strapped health care system.

With an aging nursing workforce - the average nurse in Canada is 47. (A large group of perioperative nurses will soon leave the workforce, so who will replace them and mentor the new graduates?)

Nursing graduates have declined, from a high of 10,000 in the 1970s to a low of just over 4,000 at present. The number of new people entering our profession is less than the number retiring.

Added to this is the fact that, in 1995, 2 out of 10 nursing graduates opted out of the nursing profession.

So where does that leave us? The CNA Ryten Report predicts that by 2011 the nursing shortage in Canada could be as high as 113,000 nurses!

Even now, there aren't enough nurses in full-time positions to ensure an experienced nursing workforce for Canada's aging population, especially in rural areas and northern communities, and in certain specialties such as emergency, critical and intensive care, and in perioperative nursing.

Nursing Knowledge/Nursing Research

There is a knowledge revolution that does and will further affect not only the explosion of knowledge, the speed of dissemination but also the infrastructure of knowledge.

Everywhere now, in health care, we hear knowledge words such as: evidence-based practice; outcomes research; and, impact/accountability.

We have evidence that colleges and universities (which are still fairly bureaucratic) are challenged by distance education, by computer-mediated learning, by entrepreneurship in the area of research. The same is occurring in the research foundations that use to be a place of expertise and scholarly competition for support.

Not anymore! The world is open universities, additional acceptable places of learning, and virtual foundations.

I recently met Dr. Bezancon, head of the International Development Research Council (IDRC), in fact he was reorganizing his foundation and moving to a virtual research council, for the virtual reality.

Our newfound capacity to know and use knowledge will force an integration of knowledge in all spheres and endeavours.

Example:

#1 incontinence nurse, ph.d.
clinical bladder control
research, clinics, teaching
half university / half agency
#2 mental health nurse, ph.d.
pharmaco
molecular biology

Nursing Research

The growth in nursing research is phenomenal over the last ten year. For the first time in the 1999, the federal budget allotted 25 million to create a nursing research fund, to strengthen research on the issues facing practitioners, specialist, and educators.

This year, we have strong empirical evidence that the reform has had major impact on nursing. The evidence confirms what we knew instinctively, that environments that foster strong professional practice provide for better client outcomes, and greater job satisfaction for nurses.

Research is an effective tool in this new era, and nursing is thriving !

ICT's

A significant impact in nursing will come from the information and communications technologies - or "ICT's" as they are commonly referred to. ICT's will revolutionize our ability to capture important information about the role we play in health care and help advance nursing practice.

At the 1994 United Nations roundtable on global change: social conflict or harmony? Dr. Bezancon, head of IDRC wrote:

"The world economy is experiencing profound transformations. Scientific and technological advances have become the main determinants of the paths that much of the world community will take in the new millennium. As a consequence, those who have access to the products of scientific and technological research - as well as the ability to understand, absorb and make use of them -

will exert an ever increasing influence in the conduct of human affairs. We are beginning to accept and internalize the tight coupling that exists between human beings and the physical and biological world. ...We are beginning to realize that advances in information technology are creating a new level of reality (virtual reality, cyberspace) that lies in between the tangible and real world which has been with us since time immemorial and the world of abstract concepts. ...We are becoming aware of our newfound capacity for consciously altering the direction of human evolution, and of the possibility to overcome the limitations of an individual's biological and genetic hardware. ...All this suggests that, as the new millennium approaches, humanity is in the midst of a bewildering transition something that cannot clearly yet be visualized".

As OR nurses you are living this reality with all the advances of technology so you have a good grasp of this impact.

The profession as a whole is also developing and/or using many icts such as: telehealth; info sante; nursing telepractice; patient education; (infirmiere virtuelle ... virtual nurse day surgery); info net; knowledge sythesis; nurse @ work; and the web, to name few.

With this new complex reality, that is not predictable what is the route to follow?

Repositioning Nursing

This odyssey brings with it the need to reposition our profession for the new era. It is challenging no doubt, but essential.

Individual Strategies

Muff (1 2994) summarizes the situation as follows:

"We face many paradoxes today, situations that seem to have no good answers, where forces are in opposition and may have both a legitimate claim. We try to mediate at the crossroads, that difficult place where client needs, professional issues, and institutional demands intersect. We grapple to hold the various pieces together, needing not only to be caregivers, but visionaries as well. We long for wisdom to guide us; we search for answers. Somehow, we have come to believe that if we could just find the answer to paradoxical situations, we would have an end to conflict and ethical dilemmas".

She goes on to explain that the strategies most often used to deal with paradoxes are either analyzing or theorizing, taking sides or integrating opposites to blur the boundaries between them to create a fictitious blend. She believes none of these tactics are helpful in the long run.

There are no ready-made solutions for dealing with paradoxes, but in my view, there are important tools that guide the choices we make. Vicenzi, White, Begun (1997) offered some strategies based on the science of chaos and complexity to help us shape the future and advance our patient and professional interests.

1. Abandon false notions of control: impossible to have control in a non-linear world. Issues management! Move with the flow!

2. Accept the reality of change: may need to grieve for the good old days; but create a good new way; (change locator this pm);

3. Accept the unpredictability of the future, including the uncertainty of your job: This is very difficult. Job security is one of our natural assumptions, basic to who we are, our financial base, and our relationships. Keep your resume current; continually review your knowledge and skills; i.e. what are you good at. Have the sense of preparedness required to grasp opportunity.

4. Keep learning: re-invent yourself, re-examine yourself; take responsibility to be up-to-date (continuing education) and develop new skills in your area of interest; be creative and inventive; ride the wave.

5. Build Relationships: partnership, more interdependent in health care and in the community; join forces with groups and other professionals; isolation creates apathy and death.

6. Change the World: lead the thinking. Do not get paralyzed. Shape the environment.

Professional Strategies

To accompany any of these individual strategies, there is a set of professional strategies, as well, a series of tools which will help develop professional strategies as we travel the road of complex change ahead. They are:

• Knowledge and Professional Values

We must ground nursing in knowledge and be anchored in our values.

• Leadership and Vision

The movement, growth, and values of a profession are inextricably tied to its leadership (Vance, 1977, p. 230-231). In a time of transition to a new paradigm, the leadership that is called for, is transformational lead-

ership. A leadership that is about change, innovation, and empowerment of others, (Barker, 1990, p.39). Leaders of practice education and research that do not move in parallel, play within the profession or with other stakeholders of the new reality being created. It is not an easy road and the map is not very precise. But how it will be carried out will most likely determine the future of our ability as a profession to contribute in the next century.

The Visionary Leader

Deveraux (1990) defines vision as the ability to dream and translate those dreams into reality. Baker (1990) considers vision as an image of a possible and desirable future but a future that is realistic, attainable, credible and attractive.

Vision is the ability to dream and translate those dreams into reality, Baker (1990).

A vision has a clear sense of purpose and detailed strategies for attaining the goal.

• Political Action and Visibility

Political action can be defined as a systematic series of actions which are directed toward influencing others into conformity with a pursued goal.

Image of nursing - A national nursing forum is needed to make visible that nurses are: knowledge workers; life and death decision-makers; and managers of billion of dollars of health care resources

Public trust of the nurse has been at its highest for three years and the politicians are very attentive!

National Plan

CNA has been very active to ensure that the nursing voice is heard nationally and internationally. The many issues we are working on, the goals we have given ourselves include:

• Public policy which incorporates the determinants of health and the principles of primary health care and expands the principles of the Canada Health Act across the health continuum.

• Public trust in nurses be maintained, including strategic actions related to education, continuing education, certification (11 specialties with more than 10,000 nurses certified), regulation framework for nursing and nursing resource planning, nursing resource planning, (recruitment and retention national plan - national committee on nursing resources;

• Nursing profession achieves its full potential; Quality practice environment - policy synthesis Standard of Practice in all fields;

Nursing at the policy table every where; and, Maximize scope of practice.

Leadership in Nursing

It has been said that there is a lost generation of nurses who graduated during the period of reform, and either left the profession or the country. As well, a leadership gap is developing as our senior academics and administrators move towards retirement and nurses in leadership positions retire. Now is the time to exercise all our leadership. We have a responsibility to mentor our young leaders. We need your leadership and influence to move from knowledge to political will and form the political will to action, significant action and this is very challenging.

Conclusion

In conclusion the surgical odyssey is unfolding in a very difficult and exciting new world. There are many situations in the transformation taking place where we need to be actively involved. We are co-creating organizations/society by either our assertiveness or our passivity, our vision or defeatism, our determination or insecurity, our beliefs and values or the feeling of being a plaything of circumstances. So whether we are active or passive, we are co-creating the transformation.

With the chaos and turmoil in the environment comes the opportunity to renew ourselves, to draw on our vast experience and our proven strength.

Positioning nursing in this odyssey is about taking a pro-active stance and not being deterred by set back.

It is about adopting the philosophy of continuous improvement, being unafraid to explore new territory, embracing new technologies, forging strong partnerships, communicating our successes and reinventing ourselves.

Yes, we do live in chaotic, complex times. But, as Latin American author, Olivero Battista, stated:

“Rainbows are born out of storms. And the more vigorous the storm, the more beautiful is their magnificent splendour”. □

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