

Putting Nursing Forward

Strategies for the Next Millennium

By Dr. Katharyn A. May, DNSc, RN, FAAN

Canadian Nursing faces an extraordinary set of challenges and opportunities in the next decade. I will talk about what some of the opportunities are, but mostly I will speak of the challenges. I will attempt to convince you that if Canadian Nursing can do a few very simple and very important things, that Canadian nursing may very well be poised to make the next great leap forward in demonstrating nursing's capacity to contribute to the health of all. And I also want to stir you up a little bit and scare you a little, because I will argue if Canadian nursing doesn't rise to these opportunities that you will lose ground like you've never lost ground before. This courage is not an optional feature of a nurse anymore and I hope that I'll be able to convince you of some personal strategies that you can make use of in your professional career that will carry you forward.

What I mean by putting nursing forward is essentially the following:

- Putting the message out about nursing's contribution to the greater good consistently and in very public ways.
- Rallying support for that message.
- Being creative about the practice of nursing and having the courage to innovate.
- Putting the news out about innovations.
- Being accountable for the outcomes of those innovations.

Putting nursing forward is not self-serving. It is not about self-aggrandisement or pumping up the image of nursing for collective advantage. Rather, it is putting nursing's message out to make certain nursing will continue to be able to make contributions. Nurses expect that they're going to get what they deserve. Nurses are never going to get what they

deserve, nurses will get what they negotiate in the sense that the people who control resources must understand the importance of nursing's contribution. You should be negotiating with a big stick!

My entry into this interesting country was kind of a shock. I had done a lot of graduate work in anthropology, so I understood a lot about different cultures, and getting into different cultures and I had done an awful lot of reading about Canadian life and culture, so I was prepared to enter a deceptive kind of place, deceptive in that it looked similar to the U.S. - we speak the same language, but under the surface the differences are huge and legendary.

One of the first things I realized on moving to Canada was that I wasn't going to exactly fit in quietly. There is an attitude, I hope it's dying, that Canadian women are supposed to be cool and refined. Understated is a compliment in Canada. I grew up in a world where loud, expressive, and in-your-face, is more or less expected and of course we all know that's what Americans are like. Well, I'm an extreme type of American, so I faced a considerable challenge. But I began to recognize the places where I thought this Canadian "niceness", politeness almost unto death, this unwillingness to put oneself forward, was hamstringing nursing. Everyplace I looked I saw the potential not quite realized.

Author

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Canadian system - best on the planet

The Canadian Healthcare system is the best system on the planet. If you harbour latent sensitivities around the possible good of privatization, come talk to me and I'll take you on a bus tour of the chaos down south. There is nothing to be gained by privatization for the vast majority of Canadians. My nursing colleagues are no longer making decisions consistently for the betterment of the American people. They find themselves trying to make decisions for the good of people in a system where the only person who counts is the one who pays the bills. Anybody want to venture a guess as to who owns the American healthcare system now? The insurance industry. The doctors thought they owned it about five years ago. They didn't then, but now they've figured it out.

Insurance companies are firmly in control of what gets decided about patient well being, and the health of Americans is what insurance companies decide is in their stockholder's best interest. Now the major networks are bailing out of their commitment to the poor who were previously covered by the healthcare system called Medicare/Medicaid. They realize they can't make a profit on those folks, and nurses in the United States told them that five years ago. The ANA's proposal for healthcare reform would have protected those patients in a fully federally supported, capitated system which would have allowed the private sector to take the profits where they could from people who don't need much healthcare. The nurses were not listened to in the United States, despite a valiant effort to get their message across.

Once again, the poor, the disenfranchised, the women and children of the United States, in the next 18 - 24 months are going to have inadequate access to healthcare, and we're going to start seeing preventable deaths as we saw them prior to 1992. So if you have any doubts about this system being the best on the planet, don't hesitate to give me a call and I'll give you American Healthcare 101, short course.

So, I want to make two major points:

1. Canadian nursing is privileged to sit right smack in the middle of the best healthcare system on the planet.
2. Canadian nurses work in a healthcare system which is almost perfectly designed to allow nursing to shine.

Most nurses don't understand the advantages they have, so I'm offering an American's perspective of the things you've got going for you that you really haven't put to use yet.

Why do I say Canadian nursing is poised for greatness and sits in the perfect position to make use of this very high functioning healthcare system? First, this is a humane system based on principles of moral position. I refer to the Canada Health Act. The five principles of the Canada Health Act square absolutely with nursing's view of what should happen. Absolutely, it's like hand and glove. It's as if nurses wrote the Canada Health Act. Did nurses write the Health Act? Probably, but you did it behind the scenes, quietly. And you didn't get credit for it, did you?

So the moral position of the Canada Health Act and the profound commitments of Canadians to those principles are absolutely square with nursing's moral stand.

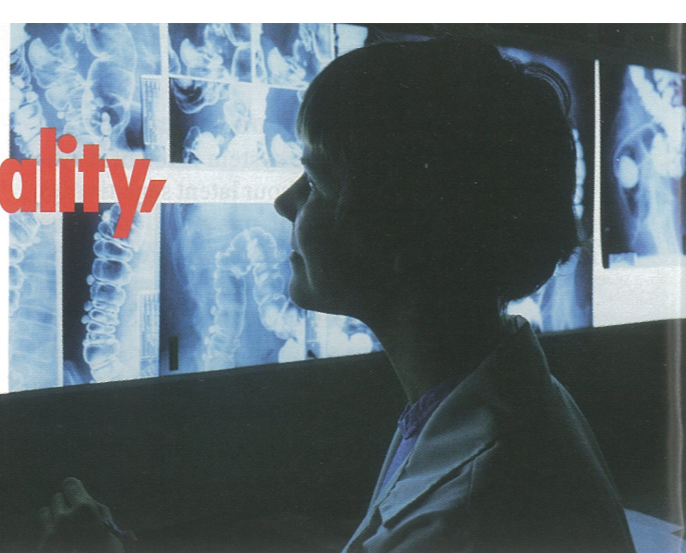
Nursing Has Points of Leverage Everywhere

Second, nurses are everywhere in Canada. I had the opportunity to talk to a group of nurses who were employed by Medical Services Branch but are now employed by First Nation's Bands all over B.C. They work in the smallest places. Canadian Nurses are everywhere like little points of leverage in each community.

Third, Canadian nurses have a general sense of the direction things should go. You have a shared vision of what the end goal is because of the comprehensiveness of the under pinnings, the Canada Health Act. That's a huge advantage because south of the border, nurses do not, generally speaking, have a shared vision for the future because they're in a system awash with chaos. Some are convinced capitated systems work, and some are now convinced that they don't work, and a fully-funded federal insurance system is necessary. And there are other nurses who are convinced that the profit motive is the thing that will drive the improvement of health care. Amongst those three positions there is no common ground. There is no common ground between a nurse who thinks profit will drive an appropriate health care system and the nurse who believes that capitated systems funded by the users will work, and the nurse who believes that the federal government has a responsibility to its citizens to support federal insurance. There's no common ground, there no single point of contact between those views.

Despite this, nursing in the United States has promoted their public image better than Canadian nurses - guaranteed. American nurses have publi-

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cists. They appear from the outside to be a pretty coherent group. But, from the inside they are fighting out some pretty nasty wars. Not wars about turf, but wars about what is possible.

Canadian nursing is exactly the opposite. There is more commonality of vision in Canadian nurses than I've ever seen in any other professional groups, but no public image, and no clear unified voice.

Now I'm going to say some things that are going to irritate you. When I came to B.C., I was appalled that the professional association was working so far behind the scenes as to be invisible. I couldn't find it. I could find association people, but I could not find the association's public stance. But I sure could find the Union. Their public stance was visible from the first day.

My fantasy would be to take some union stewards and some association activists, get them talking issues, then lock them in a room and then walk away. After the fighting and the screaming finished, they would come out with one strong plan. You know they would! They'd get over each other eventually. They would discover they agreed on what was good for the people of Canada and the people of BC, and they would come out with a strong voice. They'd come out with the capacity to sing from the same page.

Nurses can disagree in private. But in public they should have one strong voice. If that happened nursing would be unstoppable for the following reasons:

(a) Canadians like what nurses have to say. Opinion polls clearly show nurses rank right up there in the public trust.

(b) Nurses speak about a health care system which is one Canadians want.

(c) Everybody knows a nurse and most of the time it is someone they love and respect and trust. If nurses used that political clout to advantage to the common good, to the advantage of the people they serve, they would be unstoppable.

This is not true across Canada. I've talked to folks in other provinces and there are local conditions which hobble the strength of nursing.

Now I know Ontario thinks they've got everything bigger and better, and how Ontario goes, so goes Canada. Unfortunately, I don't think so.

The next great innovation in Canadian Nursing will not happen in Ontario. Too many competing vested interests. Too close to the seat of power.

Quebec, I'm afraid, is seriously derailing nursing with recent government decisions around nursing education. Hopefully our sisters and brothers in Quebec will turn it around.

The Maritimes, well maybe. There are some wild people in nursing in the Maritimes. But they're too small to make a difference. Not a critical mass here.

The Prairies? I don't know. Ralph Klein has turned himself around a bit, but my colleagues in Alberta are still not entirely sure that the system isn't badly damaged. The confidence of the people in Alberta has absolutely been eroded. Albertans don't trust the system anymore. They saw it go bad, go wrong. So that leaves us in B.C.

Affinity for the brakes

Canadian Nurses have an affinity for the brakes. They have to look everything over and over, from every angle. Is there a possibility that we can be making a mistake? Has anyone else done it? What will the physicians think? What will the administrators think? What will my mother think?

In the United States - the affinity is for the accelerator. The default position is "floor it". The default position in Canada is "brakes on!", with your foot dragging. Now I don't begin to understand where that comes from, it might have to do with the cold climate. I don't know what this passion is for the brakes. It serves you well sometimes, because you don't do stupid stuff a lot, but you don't do stuff a lot. The passion for the brakes is absolutely getting in the way of forward progress.

Despite this tendency, I am still convinced that Canadian nursing, perhaps British Columbia nursing, has the potential to make the next great innovation in nursing. Probably the most important reason, if you'll use it, is this weird thing that Canadians have about their healthcare system. And it's weird because your system is not that old. This is a relatively new innovation in Canadian culture, and you took it into your genetic material directly didn't you? When you ask people to talk about what is Canadian, by and large they say, their healthcare system. Or hockey. One or the other. That's cool, but it's weird.

Nursing and healthcare are not central to a perspective on life in the United States. In the U.S. nursing in many people's lives is irrelevant. It's big down there, it's bad down there, we've got 300 MRI machines on every city corner, but healthcare is not central in the minds of people. I'm not certain that healthcare is central to the minds of very many people on the planet. And you are sitting here amongst people who believe that the health of all is a goal worth paying high taxes for, putting up with some compromises for that's powerful stuff.

I wish somehow you could see it from my eyes, and understand what drives my passion for Canadian nursing. Because if you don't take advantage of these opportunities, it will be tragic. The failed potential of Canadian nursing would be a tragedy.

Nurses With Attitude Needed

You need to get over this Canadian niceness. What it is you're afraid of? I understand that not everyone is comfortable in the limelight, but there have to be more nurses with an attitude. I've noticed that unions selectively pick their spokespersons with attitude and provided coaching. That's all it is, learned behaviour. I fear that Canadian nursing has structured itself so those with the passion for a bit of a fight become convinced the only place where they can express themselves is in collective bargaining for the good of all nurses. But this is not the only place to show your passion for nursing! How do we change this?

First, I think you need to find the wild ones among you. There are some. There are some wild ones among who have the voice and somehow along the way learned how to use it, the ones who can look a threat right in the eye, be shaking in their shoes and not show it on the outside. Those are leadership qualities, they should be nurtured. You don't have to have the brains to formulate the plan, there are plenty of brains to do that. So if you find a wild one among you, who cleans up nice, who doesn't swear in public, who can get agitated about something and show some of that passion, line them up and point them at something. Get them fired on an issue, an issue on which you feel quite strongly and point them at a problem. This doesn't have to be dramatic but it works!

I witnessed an example almost a year ago where I was attending a nursing practice council and I heard a report from O.R. nurses at St. Paul's Hospital, Vancouver, who had done a research utilization project looking at whether it made any sense to wear masks if you weren't leaning over the patient. I was shocked - of course, masks are necessary! We always did it this way. How could this be? Well guess what - these nurses got organized and lost their fear of research and decided to investigate masks. They looked at the literature and discovered clear evidence that it is not necessary for some people in the operating theatre to mask. Clear evidence if you stop wearing unnecessary masks it will save a ton of money, clear evidence if nursing made this change then nursing would get the credit. They found some wild ones among them.

Got them riled-up and pointed them at a problem. *They put nursing forward.* Not by making the changes behind the scenes quietly and hoping someone noticed. They put it right there, right in front of the physicians and administrators who say, "how much money do we save?" That's how it's done. That's putting nursing forward. So get rid of your shyness. Find wild people, rile them up, give them information, point them at some issue you care about.

Second, it is really important that we constantly encourage those organizations which representing nursing and those volunteers within your specialty groups who work so hard on your behalf to improve the standards of practice. When I don't like something that a professional association has done, I pick up the phone and I call a Director. Cheeky? You bet. Necessary, oh yes. Absolutely necessary. I pick up the phone and call. They know I'm listening, they know I'm paying attention. If everyone of you agreed to do that after the meetings, would we see a change in how nursing organizations function? Oh trust me, we would. You may not like what your organization does, then you call the executives and say I don't like that and this is the reason why. You don't give them emotions, you give them some evidence. You show them that you've thought this through. If nurses did that, if one in ten nurses did that, we would acquire a voice like no other, but we don't do it. Why not? Whenever there is an issues on which you have some passion, call someone and tell them you didn't like the decision they made or you liked the decision they made, but make sure they know you are paying attention.

Quebec - A Recent Example

The Minister of Education in Quebec early in 1998 decided the baccalaureate programs would be for preparing managers and teachers, and entry into nursing practice in Quebec would be at the diploma level which would be delivered through the college system. A politician made that decision for nursing, and so far it's sticking. However, there was a letter writing campaign from nurses all over Canada and that Minister is now buried in paper. Unfortunately all they have managed to achieve is to delay implementation of his policy for three years. The Policy is not gone.

When that happened in Quebec I said to my colleagues in B.C. "This could very well happen here." We don't have a unified position. We all have various positions on whether the baccalaureate

is the entry level into practice. What offends me is this: who gave the government the right to make such a decision? Will they pull that with law, engineering or with medicine? No. But they feel then can do it with nursing because we don't call them on it. Because we are too nice.

Putting Nursing forward requires a little attitude, a little courage, and a lot of support. It's a little scary to be out there but putting nursing forward is necessary now. If we do not, the opportunity, the window will close. This unfreezing in the health care system is not going to last for very long. It's a mess now but it will refreeze. Trust me, systems always do, and if we don't move now while things are still unfrozen, then the new structure will set down and I'm not sure where nursing will be in the new structure. I am not confident it will be as we wish it.

Lessons from Star Trek: Next Generation

I enjoy the science fiction for lots of reasons but perhaps most importantly it enables me to "get out of the box". If you can imagine a being who lives in seven dimensions, as opposed to three, even for a second, you've got the mental wheels pretty well greased. I especially enjoy fiction about space travel because it helps me get clear about the matters of real importance. The vacuum of space gets you real focused. This is a quote from *Leadership Lessons from Star Trek: Next Generation*.

“ In deep space (or in the Canadian Health Care System) conditions rarely favor even the most experienced officers and crew. Therefore, mission success depends on those willing to work through obstacles with tenacity and persistent effort. One's incentive is a direct expression of ones ambition. There are times when one is granted considerable freedom to act. Such freedom does not permit inaction when action is required. ... We must allow each other to disagree on how to achieve the goals of the mission, and then we must support each other and meet the common threat with a common voice.”

Perhaps Jean Luc Picard was thinking about Canadian Nursing when he wrote that.

Quite simply the difference between the insignificant and the exceptional achievement is a matter of

the enthusiasm and the determination with which one carries out one's duties.

Progress is often due to those who acted when action was required, and those who acted when others saw no reason to act. If Canadian nurses can find a voice and use it as a tool to the common good, then the full potential of nursing can be realized.

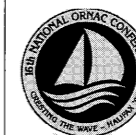
Conclusion

If Canadian Nursing does not choose to act, does not show the Canadian public how nursing benefits them, and can continue to contribute to the health of all Canadians, then the full promise of nursing and the full promise of this wonderful healthcare system will not be realized

I challenge you to seize the day. I challenge you to practice putting nursing forward on a local scale, and on a regional scale.

If nurses choose to act, then the energy and the drive will be unstoppable.

I hope that you will see opportunities to act and take them. I hope you will encourage your colleagues to act, and support those who act with vision and passion on behalf of Canadians by putting nursing forward. ■



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