CHAPTER 27

The Canadian Nursing Profession: Looking Ahead

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Chapter Objectives

At the completion of this chapter, you will be able to:

1. Discuss some of the trends that will have an impact on the practise of nursing.
2. Examine barriers that have prevented nurses from having as significant an effect on the health care system as they might.
3. Outline strategies for nurses to emphasise their roles as influential members of the health care system.

In speculating about the future of Canadian nursing, students and others can identify trends that will affect the profession, consider alternative futures, and challenge themselves to analyse how they envision nursing in this new age. Nursing is a dynamic profession that could and should positively affect the health of populations. Nursing is the health care profession with the greatest number of members. Its relative lack of visibility as a profession is a matter to be examined and addressed so that the full benefits of what the profession offers become apparent. The vast pool of knowledge and skill that resides within the profession must be tapped to change health outcomes for Canadians. The futures of the profession and of the health of Canadians are inextricably linked. We are facing broad societal changes that will ripple throughout every sector, creating an environment unrecognisable from that which we now know.

THE FUTURE

Of the many frameworks to envisage the future, the framework introduced by Henchey, a Canadian futurist, highlights four imagined futures: a *possible future* that is unlikely to happen, a *plausible future* that could happen, a *probable future* that is likely to happen, and a *desirable future* that we prefer to happen (Roy, 2000; Ward-Murray, 2000).

- A *possible future* is one that might happen but for which the probability is very low. This is the kind of future that is difficult to imagine ever happening—even in one's wildest dreams. Such a future would have a real focus on health promotion and disease prevention and the funding support necessary to achieve change. In such a future, community members and politicians fully collaborate with educators and practitioners towards a common goal of health for all.
- A *plausible* future is one that could happen. It is one in which society and nursing evolve to include governments that work to protect the environment and thereby alter the health care needs of the world's residents. Development of a comprehensive home care system across Canada that permits citizens who wish to remain in their homes during periods of ill health and infirmity is a plausible future.
- A *probable future* is one that is based on current trends and one that is likely to happen. If changes to modify or reverse current situations do not happen then, today's realities are likely to be our future realities. Unless there are significant changes in the nutritional and exercise habits of Canadians, the increasing numbers of Canadians now developing diabetes will continue and so will the concomitant effects on the health care system (Zinman, 1998).
- A *preferable future* is one that is desirable, one that addresses the hopes and wishes of the profession and society. A preferable future is one in which nurses are autonomous, accountable decision makers with both the authority and resources needed to provide competent ethical care to patients and their families.

Rogers (1997) suggests that an effective strategy to plan for the future is to develop future scenarios and work back from what has been envisioned. By stepping into the future, we are unencumbered by current and past "experiences, knowledge and the dominant values and beliefs in the sociocultural environment" (p. 32). Considering the

possibilities for what each of these futures could hold provides a vision for the profession and a direction for future goals. By working through the scenarios one has envisioned, each with different consequences, one can make decisions and choices regarding the actions needed to bring about the preferred scenario. Nurses are well positioned to participate in co-creating a vision for health and health care for Canadians and members of the global community.

TRENDS AFFECTING THE FUTURE

According to Roy (2000), five major trends will have an impact on health, health care delivery, and the nursing profession: the information explosion, changing demographics, changes in health care delivery systems, the consumers' movement, and advances in technology. Throughout the previous chapters in this text, these trends have either been highlighted or interwoven into the various discussions. What follows are some issues that arise from, and must be analysed and resolved within, each of these trends. It is important that readers consider a sixth trend that is having an effect on health and health care delivery. This trend includes the global changes in trade, travel, disease patterns, and climate that are occurring at an ever-increasing pace.

The Information Age

The explosion of information technologies and systems has radically changed how interactions between, and within, governments and all other organizations, including the health care system, are conducted. Information that is now available regarding individuals and their health needs could be stored in microchips and electronic cards. The issues of confidentiality, individual privacy, and the potential for abuse by employers and others who gain access to this information raise serious concerns. The growth in telehealth and telemedicine—the transmission of imagery over the telephone that permits the treatment of illnesses within distant communities—will have an effect on northern and rural health care delivery (Lindeman, 2000). Lindeman suggests that this information expansion will result in the further growth of virtual universities and a need for ongoing education throughout one's working life.

The availability of information through Internet technology has the potential to either provide misinformation or to educate the public regarding any subject possible. Are nurses prepared and actively developing credible information for responsible distribution? Are nurses analysing what is currently available, or are nurses allowing others to decide what information will be available? In Chapter 13, Care and co-authors critically examine multiple issues related to the information age. Readers are encouraged to examine the issues that were discussed and the implications for their own practice.

Changing Demographics

One of the many demographic changes influencing future directions is a population that is living longer. This phenomenon increases the chances that more health care services will be required to support this longevity. The health care professionals needed to provide such care are also aging faster than they can be replaced. Many concerns have been raised regarding whether there will be adequate numbers of health care providers in the future.

The aging of the populace has implications within Canada and other industrialised nations across the globe (Frean, 2002). Increasing numbers of people with chronic conditions could place great demand on the health care system, ultimately affecting how the system is structured. In nursing and other health and social science disciplines, there has been a deluge of research studies supporting the need for the health care system to shift its focus from illness care to health promotion and disease prevention. These studies and discussions have yet to influence changes in the health care system to the degree that is needed.

The current and predicted nursing shortage that McIntyre and Ceci explored in Chapter 2 is affected by an aging workforce similar to predicted shortages in multiple industries throughout Canada. Retirements within the next 10 to 15 years will add to a lack of experienced nurses in the system. As experienced nurses retire there will be fewer nurses available to preceptor and mentor students and newly graduated nurses. The retention of experienced nurses in the system is one of the many recommendations from the final report of the Canadian Nursing Advisory Committee (2002).

Another demographic change is the ongoing shift in immigration to this country. Canada is continuing to receive more migrants from Asia and Africa than from European countries, as was common in the past. This results in diversity in the population that is not yet reflected in the student body, nor in the faculty, in most nursing education settings. An issue that requires immediate attention is the preparation of nurses who are educated to work with people from many different cultures. In addition, adequately prepared interpreters are needed to assist health care professionals in the provision of culturally appropriate care.

A present and even greater future concern rests with the health of and health care delivery for aboriginal peoples. First, given the size of Canada's existing aboriginal population, the number of aboriginal students and graduate nurses reflects neither the number nor the nature of nurses needed to meet the complex needs of aboriginal people. Second, given the predicted increase in growth of First Nations communities, attention must be urgently given to attracting aboriginal students into nursing as they begin to graduate and enter the workforce (see Chapter 24). Coupled with the lack of aboriginal persons in nursing is the recognition that there are many health challenges faced by aboriginal peoples in Canada (Federal, Provincial and Territorial Advisory Committee on Population Health, 2000).

Another demographic change that will affect health care is a shift of population in much of rural Canada as more people move off farms to towns and large urban centres (Brethour, 2002; Rothwell, Bollman, Tremblay, & Marshall, 2002). This migration means that alternative methods of health care delivery must be found for rural and remote regions of the country. Besides the changes brought on by geographic shifts of people requiring nursing care, there is also a widening gap between the wealthy and the poor throughout all of North America (Roy, 2000) as well as between the industrialised and agrarian-based nations around the globe. This disparity between the *haves* and the *have-nots* may ultimately lead to greater difficulties and disputes throughout the world. Nurses need to prepare to be active participants in this demographically changed world.

Changes to the Health Care Delivery System

Of the many changes to the health care delivery system during the 1990s, the alterations and closures of institutions, specifically hospitals, have affected access to health care by Canadians. Current terminology, such as "restructuring, right sizing,

down sizing and regionalization," emphasises the ongoing structural and organisational changes in health care—both institutionally and nationwide. In Chapter 3, Storch discusses how important it is for nurses and other Canadians to understand the evolution and current state of Canada's health care delivery system as well as what drives it. Drawing on Coburn and Rappolt's analysis of the current state of the Canadian health care system, Storch helps us understand how the *logic of medicare,* coupled with the *internationalisation of capital,* has led to the disempowerment of nursing and the enabling of globalized industry to manipulate health care.

Storch encourages nurses to position themselves to be part of the change by "knowing the history, current status and future projections for health care; by being listening and caring care-givers; and by doing, i.e., taking action individually and collectively to influence greater attention to social determinants of health and better health care provision for their clients" (p.57).

As we look toward the future, even greater changes are could evolve from the Fyke report in Saskatchewan, the Mazankowski report in Alberta (Premier's Advisory Council on Health, 2001), the Kirby Report and the federal Romanow Commission addressing the future of the health care system for Canada. As recently as the summer of 2002, the Government of British Columbia was closing rural facilities, eliminating long-term care beds, changing the shape of health regions, and shifting funding for health care throughout that province (Canadian Broadcasting Corporation [CBC], 2002).

One outcome of the random restructuring of the Canadian health care system in the 1990s was that many nurses lost their jobs and new graduates could not find work. This resulted in decreased enrollments in nursing schools and a subsequent loss of nurses to the United States or from the profession all together. Admissions to nursing schools and faculties in Canada had decreased from 12,170 in 1990 to 8,750 by 2000 while Canadian population continued to grow (Advisory Committee on Health Human Resources, 2000). Governments have not acknowledged the drastic impact their restructuring exercise had on the exit of nurses and on the decreased numbers entering the profession. Time is now required to educate the numbers of nurses needed for the system. The actions of the Manitoba government and the attempt by the Saskatchewan government to decrease the educational requirements of nurses (see Chapter 10) are stop-gap measures that will ultimately have a further negative impact on the profession.

A different type of change that has future implications for the profession is the education of nurse practitioners to work not only in traditionally underserviced northern and remote regions but also throughout the country. Unless nurses make the effort to implement the advanced practitioner programmes throughout the country, the possibility remains that others will decide what will be included in the education programmes. Mahnken sounded an alarm for those in other countries when she observed that nurses throughout Australia had "relatively little input into influencing and shaping reforms" (2001, p. 2), leading to the nurse practitioner role. Due diligence is required lest the important decisions ahead are taken out of the sphere of nursing.

The Consumers' Movement

In Canada, an increasingly enlightened public is having an impact on health and health care delivery. Inspired by the vast amounts of information available on the Internet, in the press, and during public campaigns, the public is demanding changes in the delivery of, and access to, health care. Activists, such as those working with the

Friends of Medicare, have mounted campaigns in Alberta against the privatisation of the health care system and the dismantling of medicare (Friends of Medicare, 2002). These activists face formidable opposition from the insurance industry and some governments, which suggest that sweeping changes to the current system would enable public health care funding to be reduced and private for-profit health care introduced.

The need to inform patients fully regarding their health care options and the pros and cons of treatment has altered the manner in which many physicians provide information regarding risks, benefits, and options for treatment before the signing of treatment consent forms (see Chapter 20). Hardingham in Chapter 18 discusses issues related to informed consent, moral dilemmas, and legal concerns that are influencing both patients' and nurses' options and decisions about treatment.

Technologic Advances

At the writing of this chapter, the Canadian Parliament was debating the use of embryonic stem cells for research purposes (MacKinnon, 2002). The potential to alter the treatments available to people with chronic diseases and traumatic impairments, such as spinal cord injuries, through stem cell research is unlimited. A process that has even greater potential to change the face of health and health care is cloning as a device for pooling organ donations or for limitless other possibilities.

Scientists from public and private industry have participated in research to map the human genome from the body's DNA. The changes in treatments and materials used in organ transplantation and the changes in care of patients that this multimillion dollar project portends have unknown ramifications for the future.

The ethical implications of biotechnical advances are vast and complex. Clinical trials have raised controversial questions about human life. When does life begin? When does it end? What does this signify in terms of potential abuse of individuals? This multi-billion dollar industry is controlled by large biotechnology companies that stand to earn substantial profits if they can develop products for use in coronary, renal, or other chronic illnesses. How prepared are nurses to contribute to discussions on the use of genetically modified treatments?

Global Changes

Globalisation and international trade agreements can affect the future of health care for Canadians. Large multinational companies are suing governments in Canada, Mexico, and the United States because of decisions that did not permit them to build industries that have the potential to pollute the countryside or to import and export potentially harmful chemicals. These companies claim these restrictions are illegal under the North American Free Trade Agreement (Knight, 2001). No one yet knows how these actions may affect the health and health care of ordinary citizens. Concerns have been raised that there is the opportunity through international trade agreements for private insurance and medical care companies from outside Canada to enter the Canadian health care arena.

Other global issues that will affect health, health care and nursing are the displacement of populations that are occurring, particularly within Africa and Asia. The movement of vast numbers of immigrants and refugees, often propelled by natural and manmade disasters such as famine and war, will create changes within every country in the world. In North Africa, the Sahara creeps ever farther south, spreading desert terrain and dislocating many other populations. Global warming has the potential to

alter species habitats to an extent that can only be imagined (Malcolm et al., 2002; see Chapter 23). The extent to which these habitats will shift, the spread of diseases and parasites to previously moderate and cold climates, and the changes in vegetation and weather patterns resulting from climate change are all unknown. How nurses can remain current in the midst of these ever-escalating changes will be another major issue.

PAST, PRESENT, AND FUTURE CHALLENGES

Porter-O'Grady (1998) noted that nurses have waited for others to recognise their worth and the importance of the role nurses have in health promotion, disease prevention, and illness care. As nurses, we have often not taken the initiative to demonstrate our value; to sing our own praises. Porter-O'Grady suggests that we do not address issues head on; we undermine the actions of others inside and outside of the profession. An alternative viewpoint suggests that nurses as a group are neither passive nor inactive, but that we have been socialised in particular ideologies of what it means to be a nurse and what it means to be a woman. Conservative ideologies have undermined the initiative of some women to act in direct, challenging, and powerful ways. The challenge is to disrupt discourses that promote and sustain powerlessness and to support one another in raising the profile and the esteem of the nursing profession.

Equally important is the inability to articulate fully the difference that nurses make to the health and health care of citizens. The newly released study by Tourangeau, Giovanetti, Tu and Wood (2002) that found that having more registered nurses on a unit led to lower mortality (after 30 days) for acute care patients needs to be emphasised to both consumers and governments. The challenge will be to educate employers and society about what nursing practise includes and the value of attracting and keeping registered nurses in the system.

Equally challenging are the attitudes demonstrated by governments and employers toward a profession that has remained largely female. In Chapter 19, McDonald claims that "ideas about women, about women's work, and whether this work requires significant knowledge, responsibility and skill contribute to the devaluing of nurses' work by society" (p.358). She reminds us that to "effectively challenge what is taken for granted about the role of gender and its powerful influence on nurses' work, we must be willing to notice difference and to acknowledge the way that differences, such as gender, class, race, ethnicity and sexual orientation matter in the ways our identities are lived and viewed by the world" (p.369).

The chaos that exists throughout all of society does not allow anyone to cling to, and use, past successes as a guide for future actions (Porter-O'Grady, 1998). Corcoran (2000) noted that constant change and the need to adapt are inherent in every action. However, it is time-consuming and tiring to be focussing on how to reshape our actions and our entire world in the midst of heavy workloads, turmoil, and little time for reflection.

Globalisation and the pressures for a market-driven economy will have a major impact on the delivery of illness care in this country. Political ideologies ranging from ultraconservative to social welfare liberalism are driving the multiple commissions and taskforces that have crossed this country. Depending on the perspective of the various authors, the entire Canadian health care system is either at risk for complete failure, or the health care system's economic picture is not nearly as bad as has been painted. There has been a tendency to look to the American or British health care systems for

ideas rather than to examine systems in other countries, such as Sweden, Norway, or New Zealand.

One of the greatest challenges the profession faces is the current and projected nursing shortage. Not only are there shortages of nurses for specialty clinical areas and particular regions of the country as in the past, but also there are projected shortages that will affect all areas of health care. In Chapter 2, McIntyre and Ceci remind us that the current shortage and the "recurrence of nursing shortages relates directly to an inability to see beyond the immediate problem of not enough nurses to the larger issues that have sustained and perpetuated shortages" (p. 18). These authors challenge two prevalent beliefs: first, the "inevitability of recurrent shortages" and second, that "nurses are expendable, interchangeable and easily replaced" (p.18). They dispute that "the predicted scarcity of nurses is a problem that can be solved" by temporary increases in the numbers of nurses or "superficial changes in nurses working conditions" (p. 18).

The Canadian Nurses Association (CNA) has highlighted an impending shortage of the nurses who have the skills and knowledge to meet the health care needs of Canadians. According to Eva Ryten's research study commissioned by the CNA, "Canada could face a shortage of up to 113,000 nurses by the year 2011 unless, nursing, government and educators act now" (Sibbald, 1998, p. 22). This report further suggests that the "current pool is not renewing itself at a sufficient rate" (p. 23) and that, as currently practising nurses retire and increasing numbers of nurses leave the country or leave the profession, the shortage in Canada could reach between 59,000 and 113,000 nurses within the next decade. An issue raised for Canada and other countries experiencing shortages is the "poaching" of nurses by the wealthier provinces and countries.

A major issue created by a shortage of nurses is that we do not have enough nurses available to mentor, support, and be preceptors for nursing students and new graduates, including new faculty in nursing education programs. Another challenge the profession faces is the need for leaders to speak out against future actions that can be detrimental to providing health care in this country. At present, there is a dearth of nurse leaders who are prepared to pursue aggressively and generate changes required within the profession and society at large. In Chapter 16, McIntyre notes, "downsizing and restructuring have undermined existing leadership structures and the vision that the CNA documents provide for nursing [leadership]. Significantly, positions such as the chief nursing officer are being eroded. In some instances they have disappeared altogether" (p. 311). Equally concerning is the fact that many current nursing faculty will be retiring in the next decade. The lack of senior leaders and educators who can foster growth and mentor new faculty will have a detrimental effect on the profession.

The acuity level and complexity of the conditions of patients in hospitals challenge the provision of care. The rapid turnover of patients, the availability of diagnostic and treatment modalities, and shortened hospital stays mean that the acuity level of patients in hospital has risen significantly. Concomitantly the level of illness of those being cared for in their homes, either by family or home care nurses, is also much more acute. The impact this has on nursing practise has not been fully articulated.

STRATEGIES FOR THE FUTURE

A vision of how nursing can move forward into the next decade can develop only through a concerted effort by all members of the profession. Nurses cannot sit back and wait for others to decide what the future should hold and how it can be affected.

How do we create the future we want? Porter-O'Grady (1998) stresses that nurses must be discerning: we must look beyond the obvious to determine how we can best contribute to the challenges we are confronting.

Values and Behaviours

Salmon (1999) noted that values that nurses have demonstrated in the past will also help them achieve desired outcomes. These values include the following:

- Caring about the well-being of people. Although the expression of the value has been modified from doing for, to working with, to helping achieve, caring is the core value undergirding all nursing actions.
- Courage. Nurses value the ability to speak up for those who cannot do so for themselves. Advocacy is a central role of nursing practise. It takes particular courage to advocate for the marginalised members in society. Without courage, one cannot step forward in the face of opposition from co-workers, other professionals, and administrators.
- Openness to and acceptance of diversity—in our patient population, our student bodies, our worksites; in race, gender, sexual orientation, abilities, economic status, views, and outlooks. Davidson-Dick and Cragg (see Chapter 10) highlight the need we have for greater diversity within the nursing profession.
- Reflective and critical thinking. Nurses must be able to analyse and synthesise the formidable amounts of information now available and accommodate the frequent changes in practise that result.
- Social responsibility. Encompassing larger system-wide and societal issues, social responsibility demonstrates itself in concern and action regarding environmental health and social issues that ultimately affect the health of citizens.

Lindeman (2000) notes that a value for lifelong learning by practitioners and educators alike will be important to move the profession forward. It will not be possible to use yesterday's information in tomorrow's world. This focus on ongoing learning, coupled with a recognition and demonstration of a valuing of nursing, will strengthen the profession.

Carpenito (2001) listed behaviours that positively affect practise, education, and administration. Among many others are ones we believe would benefit nurses and nursing (Box 27-1).[[BOX27-1]] These activities will have a positive impact on nurses, patients, and workplaces.

Strategies for Action

All events and actions occur in a particular temporal and social context. The environment, including attitudes of citizens, plays a major role in what transpires. Nurses recognise the inherent importance of their practise and the intrinsic values they bring. Actions individuals and the profession need to undertake for the future include the following:

- Developing a vision of what nursing can accomplish for the health of the population and a plan for how nurses can achieve this vision. If we do not develop a future reality of our own, then as Porter-O'Grady (1998) noted, anyone's future will do. Allowing others to plan nursing's future will serve neither the profession nor Canadian society.

- Clearly articulating the nature of nursing practise and its value to the health care system. Pringle (1998) (see Chapter 14) discussed the need for nurse researchers to play an active role in this area. We need to tell others what we do and the value that the system receives from our actions. Nagle (1999) cautions that unless we profile the value of registered nurses, other care providers will be substituted for registered nurses—in the name of cost savings.
- Defining the conditions nurses need to provide competent, quality care (Baumann et al., 2001; O'Neil, 1999). High-quality workplaces are associated with high job control, positive relationships with co-workers and employers, sufficient material and personnel resources to conduct tasks, opportunities to maintain skills and develop knowledge, and apprisal of what is happening within the organisation (Koehoorn et al., 2002). It is the role of individual nurses, administrators, nursing associations, and unions to ensure that care is provided in safe and healthy workplaces.
- Preventing fragmentation within the profession. Nursing must develop a collective conceptualisation of its goals and develop a united front to accomplish them (Corcoran, 2000).
- Promoting a systems approach within practise. Building networks and relationships with other health care professionals, government leaders, and policymakers will enable nurses to accomplish far more than we can by acting alone. Antrobus and Kitson (1999) emphasise that the profession cannot take a parochial approach to practise because of the impact that events in the environment have on nursing. Partnerships with patients and their families strengthen the ability to accomplish positive change.
- Becoming politically active and knowledgeable about the political process and power. Hodges and associates (2002) emphasise the need for political activism by being cognizant of the issues, having the data to support your position, and being knowledgeable about what is happening within your geographic area and the country at large. Clark (Chapter 4) and Shamian (Chapter 5) illustrate the need to participate in policy development.
- Building evaluation into all nursing processes to demonstrate the responses and value of our actions. Developing the awareness that there will be more than one approach to achieve a desired goal.
- Mentoring nurses in leadership and education roles, rather than placing obstacles in the paths of those who are attempting to forge a future orientation (Broughton, 2001; Olson, 1999). We need to recognise the potential in others and help them grow and develop.
- Leading by example. By not waiting for others to make decisions and taking the first step, nurses can assume the leadership roles they are capable of achieving within and out of the profession. We need to invite ourselves into decision-making roles.
- Learning to operate in a market-driven society while retaining our social values and responsibilities. The needs of individuals must not be lost in the pursuit of improving the system.
- Tracking scientific developments and forming collaborations with those in practise. Educators must prepare nurses to practise in an environment of ambiguity and uncertainty (Lindeman, 2000). They must challenge students to become lifelong learners with the ability to analyse critically new developments and to integrate the deluge of information that arrives daily.

- Being prepared to defend the high costs of clinical instruction required to prepare students in a time in which cost effectiveness and minimal expense are valued.

Through these actions and a myriad of other measures the reader of this chapter is encouraged to envisage, the health of the population will be positively affected.

SUMMARY

This chapter has examined the challenges and strategies for action that nurses and the profession face in realising their preferred future. A wealth of knowledge and experience underlies each of the previous chapters in this text. Readers have the opportunity to draw on this knowledge on a multitude of topics regarding the profession, the health care system, regulation of nursing, the breadth and scope of practise, workplace realities, social issues, and leadership. This knowledge and experience can provide the impetus for nurses to achieve a future that will have a positive effect on society and the health of the population.

Reflections on the Chapter

1. Develop a clear picture of the future you desire for nursing. Is your future made up of achievable goals?
2. What barriers does the nursing profession face as we move forward in health care?
3. List what you can do personally to ensure that the future you desire may be realised.

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