Photo Marcel La Haye

What comes after Bill 25?

The challenge for nursing management

The position of Director of Nursing (DN), like that of Director of Professional Services (DPS), has existed since hospitals were created. Back then, the DN was responsible for managing hospital services, which essentially meant nursing services. There was no such thing as interprofessional integration in those days, since there were only nurses and doctors!

But hospitals are not what they once were. Other establishments, like CLSCs and CHSLDs, have entered the equation, along with family medicine groups (FMGs), more recently. First came the shift to ambulatory care, greater emphasis on home care and highly complex technical equipment; now, with the creation of health centres to act as integrated local health and social services networks, it is essential that the management of healthcare establishments and nursing care be reviewed. If we are to reach the objectives of the reform–better accessibility and better case management–then we must have management teams resolutely dedicated to "value-added" clinical solutions.

Redefining leadership

Nursing care, like medical services, accounts for a large part of the health budget and consequently is a strategic consideration in managing establishments. What type of nursing leadership do we need to meet the new challenges and support the development of integrated services? There is quite understandably some concern among leaders in the profession about changes affecting management staff and their functions. But there also seems to be a desire to redefine the duties of directors of nursing in this new context and, at the same time, to steer nursing practice toward the future. Their positions and mandates and the resources available to DNs remain major issues, for it is important that they be able to act effectively when making strategic decisions affecting their establishments.

Clearly, they must be able to assume all the responsibilities incumbent on them under the Act. The changes introduced by Bill 25[1] will *de facto* make the function of DN mandatory in most cases. The *Act Respecting Health and Social Services* would in fact do well to eliminate the concept of nurse in charge of nursing at CLSCs and CHSLDs, a position that now appears outdated. Indeed, the Bureau of the Order has submitted a request for amendment to that effect to the Minister of Health.

More than ever before, the creation of megacentres calls for strong directors of nursing to support the organization of care and services by program-clientele, by ensuring a dynamic and progressive vision of the nursing skills required and the professional standards guaranteeing healthcare quality and safety. Preparing and updating rules governing the development of professional activities so as to adapt them to the complexity and diversity of clienteles is a huge challenge these days–a challenge exacerbated by the fact that nurses and nursing assistants are still too frequently forced to waste their time on healthcare activities with no proven scientific value.

1) *Act respecting local health and social services network development agencies*

New organization, new collaboration

It is time to change the paradigm of work organization, based as it is on dividing jobs up into tasks, and finally move on to a "clinical organization" approach, one where the services and roles of professionals can be tailored to clients' needs. The introduction of oncology nurse navigators, case management nurses and nurses in FMGs is a superb example in this regard. Clinical organization makes it possible to look at a clientele's total needs over a continuum (before and after hospitalization) from a point of view that takes account of the input of the different professionals involved. So instead of asking what nurses are doing that could be done by less qualified personnel, the idea is to start by asking "What could nurses do to improve access to health services and their continuity by working in synergy with a given clinical department, for instance?"

This shows to what extent directors of nursing must play an active role in analyzing needs that call for the preparation of collective prescriptions for different program clienteles. They will have to work even more closely with DPSs, councils of physicians, dentists and pharmacists and the heads of medical departments in coming years, as specialist nurse practitioners become increasingly prevalent. In addition, with all the clinical activities now authorized under the *Nurses Act*, directors of nursing must develop a continuing education program to enhance their nurses' skills.

Another challenge, by no means a negligible one, is to see to the integration of the new generation of nurses and retain a critical mass of clinical know-how, given the current shortages and the wave of retirements. As for risk management, especially when it comes to nosocomial infections and the administration of drugs, once again directors of nursing will have a role to play and will have to call on their teams of clinical or consulting nurses as part of "transprogram" projects for preventing, monitoring and controlling risks within the establishment.

Directors of nursing will also have to oversee the reorganization and mobilization of executive committees of councils of nurses (ECCNs) and nursing assistant committees in new establishments. I am worried about existing ECCNs which, in the mergers of existing networks or the creation of new ones, could be encouraged to disband and instead form virtual ECCNs with no effective, ongoing link with all nurses in the megacentre. In my view, the existing ECCN at each site should become a CN committee and liaise with the ECCN at the new establishment. The Bureau of the Order has asked the Minister of Health to amend the wording in the Act concerning the composition of ECCNs, and has suggested that "consists of four persons" instead read "consists of *at least* four persons".

I am concerned, too, about replacing nurse managers. These managers have been through some tough times in the past decade. They have had to cope with budget cutbacks, shortages, the wave of retirements in 1997, and mergers and reorganizations of all kinds, not to mention that they are now being called on to transform practices to reflect the recent changes to the legislation governing our profession. MSSS statistics show that their numbers have declined: from 1994 to 2003, the number of nurse managers fell steadily, from 4,179 to 2,516. During this period, the ratio of union members to managers climbed from 24.4 to 41.2 and the percentage of nurse managers dropped from 3.9% to 2.4%. If we consider all the human resources in the system, there has been a significant decline in the proportion of managers, from 5.6% to 4.2%. Note that management in the nursing sector has been harder hit than in other sectors, and some corrections are now necessary.

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I cannot emphasize too strongly the undeniable fact that nursing care is part of the "core business" of the establishment. It is important to devote sufficient resources to management functions, including hybrid clinical-administrative functions. A profession is a reflection of its leaders, after all, and they have a decisive impact on the future course of events. This is why the evolving role of DNs in integrated local service networks is such an important issue, and one where the management skills and clinical vision of nurse managers will be put to the test.

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