



Photo: Marcell La Hoya

Nursing leadership: essential for a successful clinical approach

It was heartwarming to see the large number of participants at the 11th Councils of Nurses Conference. This is a very special and increasingly popular event.

Right from the time Councils of Nurses (CNs) were introduced, in the 1992 legislation concerning the organization of health services, the Order understood that these new bodies, equivalent to Councils of Physicians, Dentists and Pharmacists, would be a valuable voice for nursing leadership in healthcare institutions and decided to do whatever it could to support their creation. CNs, as channels for consultation with an institution's Board of Directors and senior management, are involved as much in organizing services, making technological choices and overseeing the quality of services as in developing nurses' skills. The Order's monthly newsletter, *CII à l'écoute*, shows just how right the Order was, and what a difference CNs have made over the past ten years in contributing to institutional governance and professional activities in healthcare settings.

We were worried about the potential impact of the latest healthcare system reform on executive committees of Councils of Nurses (ECCNs) and on nursing care governance, with the creation of health and social services centres (CSSSs) and the inevitable merger of institutions (hospitals, CLSCs and RLCCs) it has entailed. I hoped that the gains made in the past ten years or more by ECCNs would not be lost, and that the best initiatives by the CNs of the merged institutions could serve as inspiring examples and the starting point for the creation of new CNs. Quite honestly,

I was simply hoping that nurses on the ECCNs would not be discouraged at the task of rebuilding a CN in a new institution. This is why the Order produced a special issue of *CII à l'écoute* in December 2004, focusing on mergers of CNs.

It is also why we asked the Minister of Health and Social Services to amend the Bill and ensure that ECCNs can consist of "at least four nurses." This amendment will give institutions more flexibility in recreating their ECCNs and will make it easier for nurses to be better represented, in line with the actual conditions at each CSSS – for instance, representation by site, by client program, and so on. The amendment, as well as the one we requested to make the appointment of a Director of Nursing mandatory in each CSSS, were submitted as part of Bill 83, the *Act to amend the Act respecting health and social services and other legislative provisions*. As I write this editorial, Bill 83 has not yet been adopted. However, the Minister of Health and Social Services has assured us that he agrees with the requested amendments. In our opinion, they are essential to fostering nursing leadership in healthcare institutions.

A special kind of conference

The annual CN Conference looks specifically at matters affecting the organization of care and services, and endeavours not only to identify issues important to the nursing profession in the overall context of the

healthcare system, but also to inspire new initiatives in the area of healthcare organization, by presenting ongoing projects in different settings. The intention underlying this year's CN Conference program was to allow ECCN members to understand the various factors that influence the healthcare system and, accordingly, to put nurses' experiences into perspective. Each ECCN is a bit like one car in the healthcare system train; the CN Conference attempts to understand and explain where the train is headed.

Leaders just naturally try to turn any situation to their advantage, so we are wagering that ECCNs, with a better understanding of the social issues involved in the healthcare system and decision-makers' concerns, will manage to position the profession in this changing context. This year, the main speakers laid out the challenges of shifting from an approach based on individual clinical services to a population-based approach, as well as the challenges inherent in sharing clinical information within a healthcare network.

These speakers convinced me that the intrinsic values of our profession are perfectly in line with the objectives of the reform. Continuity of services, integrated patient care, systematic case management, the population-based approach, integration of methods to prevent disease and its complications in healthcare programs, and reducing health risks are values common to our profession and the reform.

As the authors of an article in Le Devoir point out, nurses have been involved in most efforts to integrate patient care over the past ten years. They have often been the ones who initiated new models of interprofessional and inter-organizational practice that are compatible with the goals of integrating health care and services.¹

The reform and CNs

The reform is not really a surprise: the Department of Health and Social Services has been trying for years to better apply the three approaches, i.e. the community-based, population-based and program-based approaches. Health centres and local networks responsible for the health of the population in a territory and access to services were absolutely essential to implementing these approaches, since they could not co-exist in institutions with limited vocations.

As far as the reform is concerned, the authors of the above-mentioned article continue, the concept of integration, when seen as an attempt to fit structures together like some kind of jigsaw puzzle, certainly appears to be a

complex and even abstract exercise. But when it is seen as an effort to promote collaboration among the players in the healthcare system, it becomes a force for change and innovation in work reorganization and promoting coherent linkages among professional skills.²

ECCNs will be very well placed to influence the implementation of the clinical approach by CSSSs and encourage its success. After all, nurses have plenty of experience in community and public health. They excel in front-line health care as well as second- and third-line care. In the review of our field of practice, nurses were recognized as key players in implementing provincial and regional public-health programs, in particular by conducting an activity reserved to our profession, for the purpose of screening. I consider that the clinical approach at each health centre is a very valuable opportunity to integrate preventive and therapeutic activities, by setting more comprehensive public-health targets.

Of course, this does not mean that it will all be easy! For one thing, the financial resources of the healthcare system remain limited. Moreover, the way in which doctors are paid is certainly not suited to the desired objectives – similar reforms in other countries have taken a different tack. Furthermore, local administrations' obsession with cutting nursing budgets can lead to regrettable decisions. With the population-based approach, however, it will be less tempting for directors to take such short-sighted steps as reducing the number of infection-prevention nurses or cutting back on budgets for hygiene, a move that led to an unprecedented epidemiological crisis in Quebec.

ECCNs, which have frequently called for prudence and compliance with standards as a way of guaranteeing healthcare quality, should be heeded more closely in future and may even find unexpected allies among the members of public-health administrations. There is no doubt, in light of the objectives of the reform, that nursing leadership will play a decisive role in implementing this reform and that ECCNs, along with nursing administrations, are key players in ensuring the success of these clinical approaches. ●



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1., 2. Liette Bernier and Marie-Claire Richer. "Santé: la clé de la multidisciplinarité." *Le Devoir*, May 4, 2005.