

NURSING: THE FUTURE

FUTURE ROLES of CLINICAL NURSES

On March 25-26, 2007 the Office of Nursing Policy, Health Canada hosted a meeting entitled *Nursing: the Future*, which brought together a wide range of Canadian nurse leaders representing nursing stakeholders from across Canada. At the meeting, participants identified a number of future roles for clinical nurses. The roles are clustered in three areas: roles in relationship to clients; roles in relationship to other health care providers, and roles within the healthcare system.

Roles in relationship to Clients

- Nurses will assume **expanded roles in health promotion**, primary health care, and community capacity-building
 - Nurses will be engaged in **health promotion** activities that eventually reduce admissions - working within social determinants framework and connecting with the public.
 - Nurses will understand, address & influence **psycho-social determinants** of health.
 - Nurses will build capacity within **communities** – and be more involved in partnership with communities to customize health promotion and illness prevention.
 - We will define a broad role for nursing in **occupational health** services – workplace, work in schools etc... create more positions... with emphasis on health promotion.
 - RNs & APNs will deliver much of the **primary care** that used to be delivered by GPs to individuals & families; RNs & RPNs will provide education, coordination of care and help individuals and families to navigate the system.
- Nurses will be health system **navigators / enablers**, assisting individuals, families and communities to improve access to health services.
- Nurses will focus on community-based **chronic illness**, e.g. diabetes, and work on maintaining people in their community.
- A larger proportion of LPNs will work in **acute care** providing delegated medical and nursing care to patients to overcome acute illness episodes.
- All classes of nurses will have a legitimate role in **emergencies** in helping resolve bottlenecks in system (transfers to LTC), advocate changes in regulations, underlying philosophies that say we can't do it... Nurses will **initiate** the change process.
- Nurses will move away from paternalism in patient care and fully embrace **client-centred** care – fully embrace patients as partners in care.
 - Nurses will assist individuals and families to practice **self-care**
- Nurses will demonstrate **cultural competency** and sensitivity to alternative therapies.
- Nurses will continue to touch people, but balance this touching with divesting tasks that do not require our skill or yield additional benefit.

Roles with other Providers

- Nurses will be **partners in collaborative care** –to assure right provider and response to patient need
- Nurses will function effectively as **members of inter-professional teams** configured to client needs.
- Nurses will within an intra-disciplinary **nursing team** to support each other's practice
 - When we speak about nurse – we will be speaking about any one of the three categories with clear exploration of all three... we will work more as a 'collective' or 'community of practice' rather than silos.
- Nurses will work with a team of **unregulated workers** ... define and develop roles for unregulated workers –avoid the trap of over training and over regulating

Roles within the Health Care System

- Nurses will become **politically active** – to articulate unmet needs of their clients in number of ways to community, to government, etc.
- Nurses will more fully embrace their **advocacy** role (social cultural advocates of care, advocates as citizens; advocates for profession of nursing ;advocates for new technology and for knowledge transfer)
- Nurses will recognize that **communication** is the root of patient centred, collaborative practice.
- Nurses will be **information technology competent**, and will help the clients sort through all the information to identify quality, relevant information to support their decisions.
- Nurses will be more **economically savvy**, and able to build better business cases for changes in nursing care.
- Nurses will **think and act globally** to influence health and the health system – e.g. health of environment
- Every nurse will think of him/herself as a **leader**, and act as such.