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What Policy Gap?

It is well recognized that recent decades have witnessed major changes in the regulation of nurses and all health professionals. These global trends have resulted from many factors, including a heightened sensitivity for evidence-based quality and safety standards, especially as they are enacted in multilateral trade agreements. In order to ensure that the right to define and monitor nursing practice standards remains within the profession rather than being devolved to governments, nursing regulatory bodies such as the CRNBC have directed an exponentially increasing proportion of their resources to formalizing oversight of professional standards and competencies. Like many such regulators, CRNBC has not only diverted resources away from activities formerly associated with a professional association, but it has also explicitly declared many of them a conflict of interest. BC nurses are painfully aware of the many professional functions that have been gradually eroded over the 5 year period since RNABC became CRNBC. This change has created a gap in which no organization in BC is able to articulate public policy on behalf of all registered nurses in the province. We recognize that the new association's success will hinge on its capacity to clearly articulate the nature of that gap and to align its decisions related to the size, scope and mandate of the evolving organization with a shared conceptualization of the need it is meant to fulfil.

What is the Missing Voice?

Essentially, it is quite simple. Nursing brings a unique lens to matters of public policy as they affect the health of the population. We understand the mundane everyday experiential embodiment of health and illness issues at a visceral level. We know how it is to be in pain, in distress, in confusion and despair. We understand the complex and multi-system impact of social conditions, organ failures, and biographical disruptions on people – patients, families, communities. And we understand at the very real human interface of the care system what it means when public social and health policy filters down into system delivery decisions. We believe that a society needs and deserves the advantage of a professional nursing angle of vision as part of public decision-making. We believe the perspective of nursing must be “at the table” in policy decision-making matters and that a collective voice of the profession in this way creates a better society. Nursing positions on such matters as family planning, health equity, risk reduction, public health have consistently placed us at the forefront of public advocacy - not on behalf of ourselves, but on behalf of our patients and the public. And this is now the voice that is absent from the places where policy is being made on our own behalf.

We have heard from hundreds upon hundreds of BC nurses hungry for a mechanism whereby nursing can speak up and be heard on issues of public policy and truly serve the population in a manner that justifies the trust it places in us. Although individual nurses and nursing groups (such as specialty practice groups) have been far from silent during this difficult time, they have been seriously hampered by being fractured from a major professional voice. Our street nurses should not be standing alone in advocating for Insite and other harm reduction programs. Our mental health nurses should not stand alone in advocating for early intervention and better community mental health services. Our administrative leaders should not be standing alone in arguing for nursing representation at health authority executive tables. Our educators should not be standing alone in defending baccalaureate entry to practice knowledge requirements. There are also many public policy issues where we share a common interest with all nursing organizations. For example all nurses share a belief in the importance of quality practice environments both for nurses and for patients. There are many matters of public policy that can be greatly informed by the special lens that the profession of nursing brings to the understanding of a problem. Sometimes that understanding will be shared with other professions and sometimes it is one that we uniquely represent. And although we are a diverse and dynamic group, there are many issues about which we can and should formulate a collective opinion and speak out with one strong professional voice.

Next Steps?

So as ARNBC moves forward with the complex process of creating the conditions for this evolving professional association while simultaneously ensuring that key decisions about its structure and function will be made transparently and democratically by BC nurses, we are striving to create ways in which all nurses can contribute to the thoughtful dialogue. Over the coming months and years, decisions will need to be taken relative to the mechanics of engagement and leadership of this organization, to its priority activities, and to its fundamental relationships with stakeholders and partners. We'll be asking all RN Network Members to help foster this dialogue, so that together we'll create increasing clarity around who we are, what we are doing, and why it really matters!

*Nursing brings a unique lens to matters of public policy
as they affect the health of the population.
BC patients deserve that informed public policy perspective.*

Rob Calnan, Susan Duncan (ARNBC Interim Board Co-Chairs); Lynette Best, Julie Fraser, Suzanne Johnson, Leanna Loy, Paddy Rodney, Maureen Shaw, Sally Thorne, Jo Wearing. (Interim Board Members)