COMPETENCE NETWORK
HEALTH WORKFORCE

Ideological and structural barriers to nursing workforce development within our evolving systems of health service delivery

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Attitudes

In the form of assumptions and ideas at play

Structures

In the form of control mechanisms

The Power of Numbers

- 27.9 million nurses globally
- 50% of the global heathcare workforce

Source: WHO State of the World's Nursing 2020

The Public Trust

History of Leadership as Change Agents

Florence Nightingale's Poor Law

- Scientific basis for sanitation and nursing care

- Fierce campaign against social structures that sustained poverty in her world (her "ABCs of Poor Law" was a precursor to modern universal health care services)

(1820-1910)

Women's rights, community health, and social activism

Lavinia Dock
(1858-1956)

Lillian Wald
(1867-1940)

Margaret Sanger
(1879-1996)

So why do we find ourselves caught in a collective sense of powerlessness?

- Power includes the ability or capacity to do, or to not do, something.
- It also includes exercising influence, control or force through a variety of means.
- Power exists in the relationships (often hidden and covert) between people and groups of people.

Structural Power

- The ability to shape the rules of the system, and therefore control outcomes.

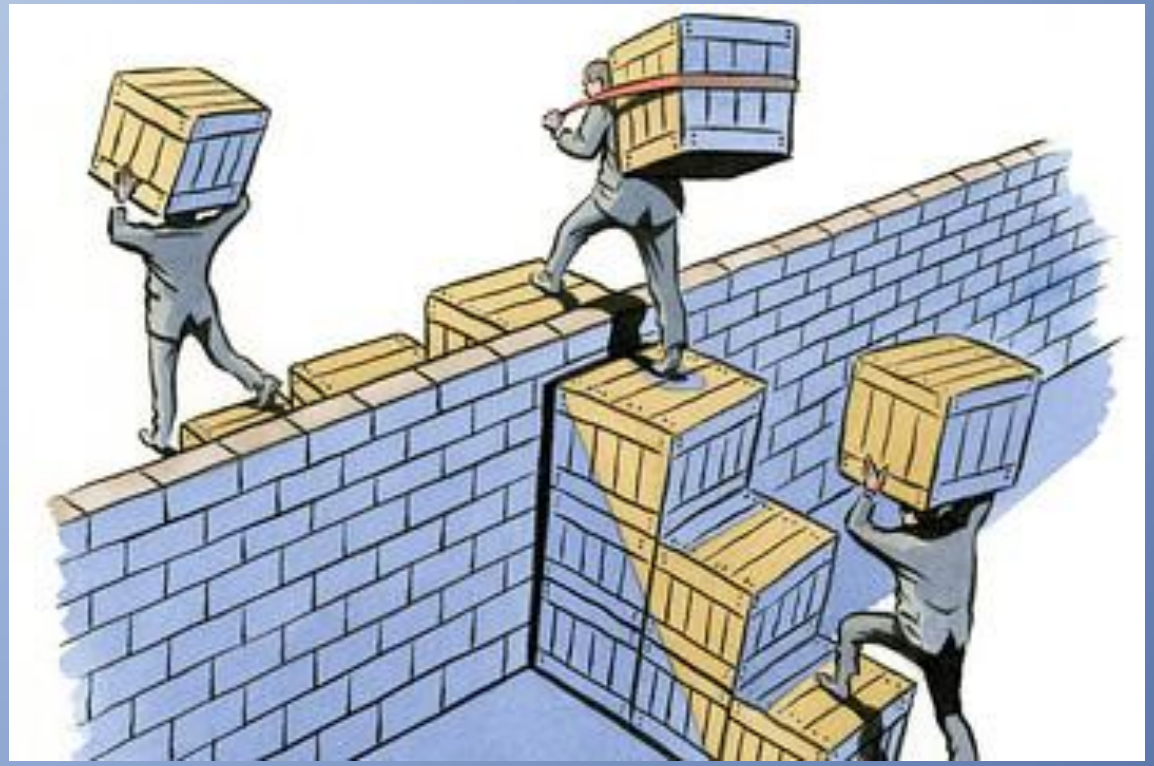
- Requires a system of attitudinal conditions

Governmentality

- the organized practices (mentalities, rationalities, and techniques) through which subjects are governed

- Power of the rational expert invades the social body
- Frames exertion of governing authority as ‘for their own good’

Leads to normalizing conditions that should not be normalized



1) The Inflated Social Influence of the Medical Profession

The genderization of our role

Nursing’s subservient relationship with medicine

2) The Dismantling of Nursing Leadership Systems

Corporatized managerial philosophies lead to better documentation of patient outcomes

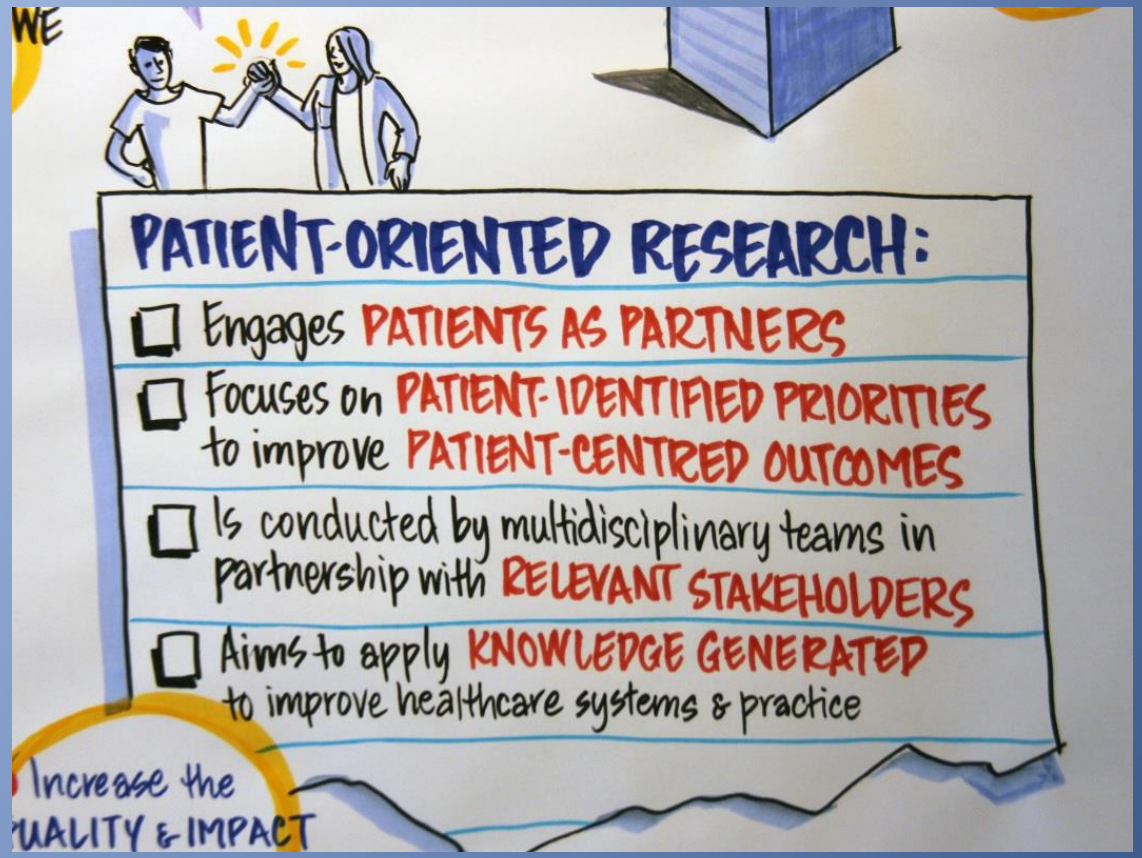
Interprofessional health care requires dismantling disciplinary silos

3) Systems of Care that were Not Designed for Nurses (or patients for that matter)

Our uncritical approach to evidence based practice

Co-opting the ideas of patient centred care/ patient oriented outcomes

- Pits patient advocacy against “health care provider perspective”



4) Our Absence from Key Decision Making Processes

Our strategic naivety

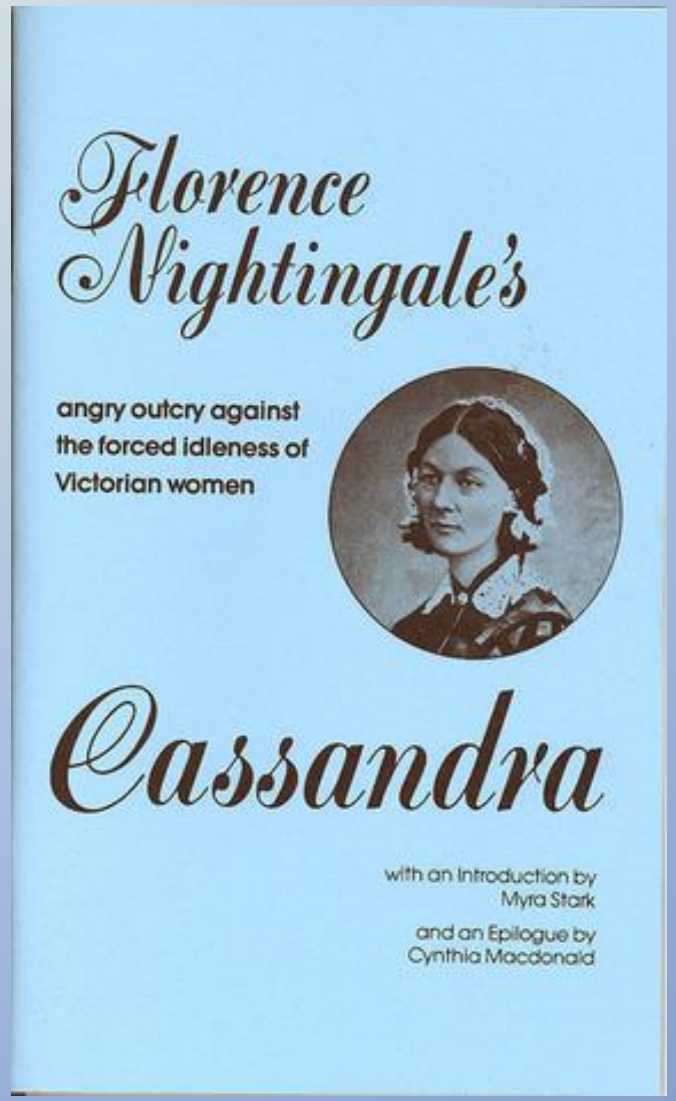
Our obsession with being oppressed

Infighting

5) Our Acceptance with being Anonymous and Interchangeable

Sameness is in the interests of unions and regulators

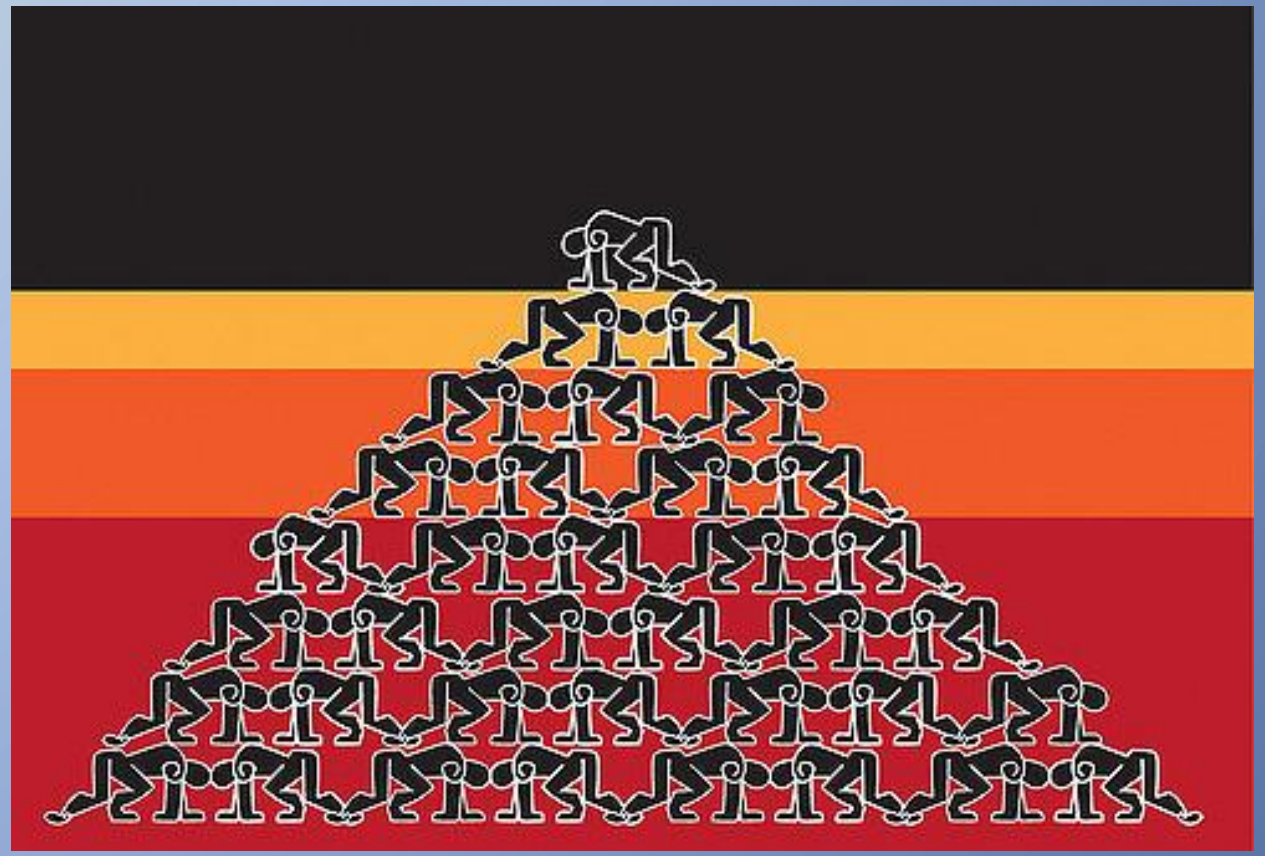
Nurse as interchangeable “unit of labour”
not as “specialized professional.”



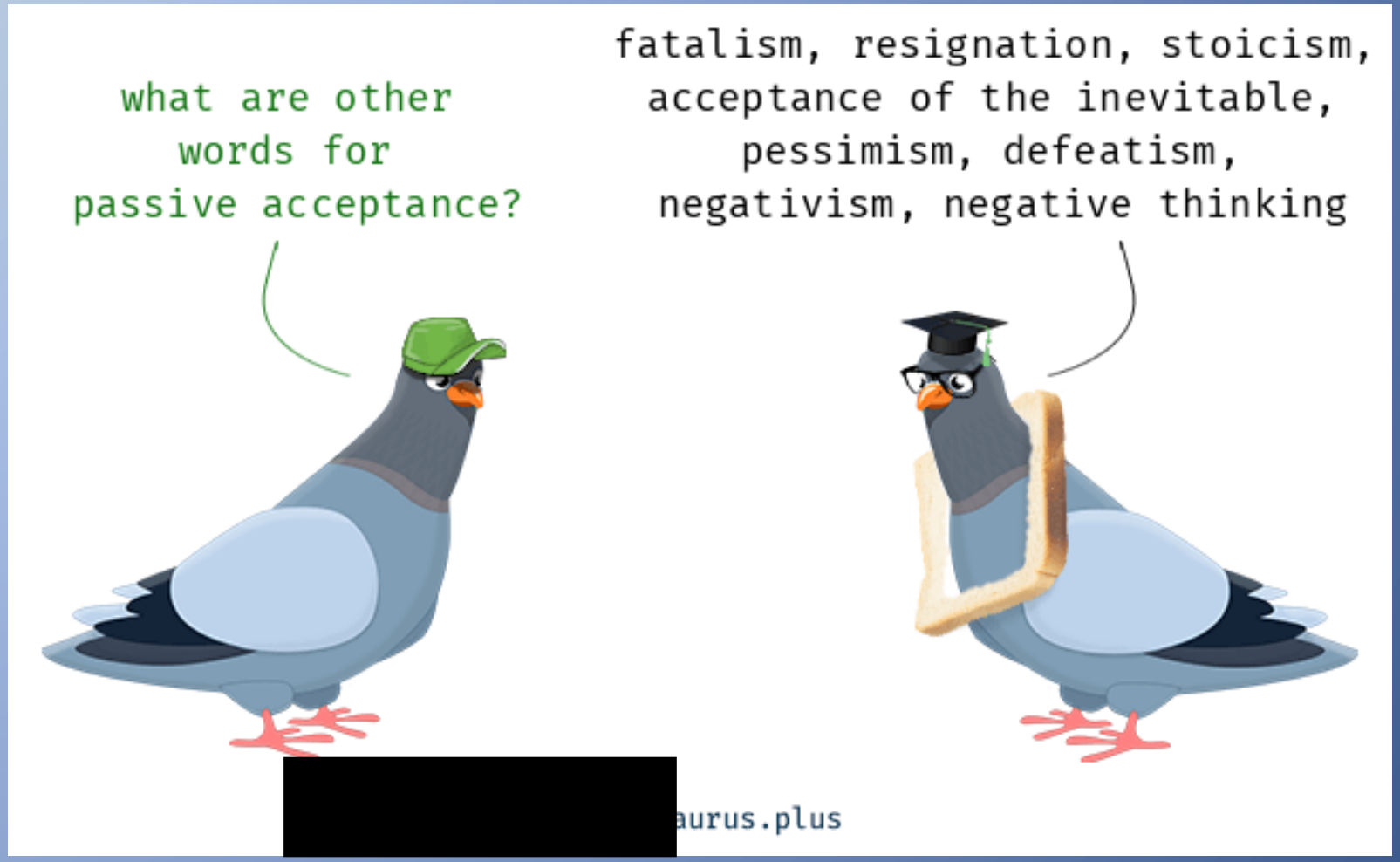
"Why have women passion, intellect, moral activity – these three – and a place in society where no one of the three can be exercised?" (1852)

Knowledge is Power (ie understanding the dynamic)

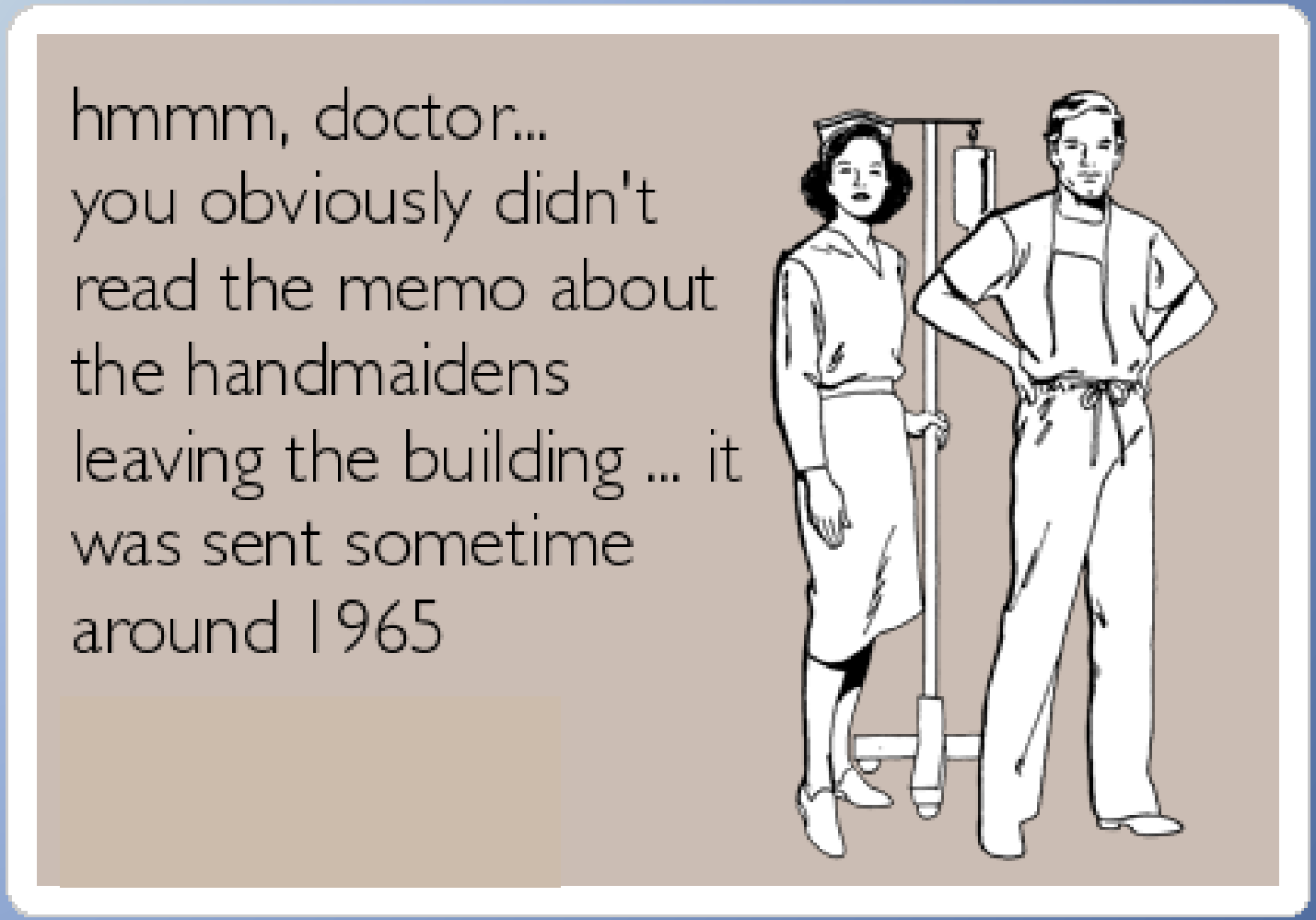
Appreciating the power of structures and attitudes



Moving beyond passive acceptance



Pushing beyond concession to old attitudes



Taking control of the part we play in sustaining these conditions

1. Build skills and confidence in the next generation of nurse leaders

2. Generate (and use) evidence of what happens if you dismantle nursing leadership systems.

3. Ensure that a strong professional association voice is well integrated into the idea of the discipline

4. International collaborative efforts with a common and credible message

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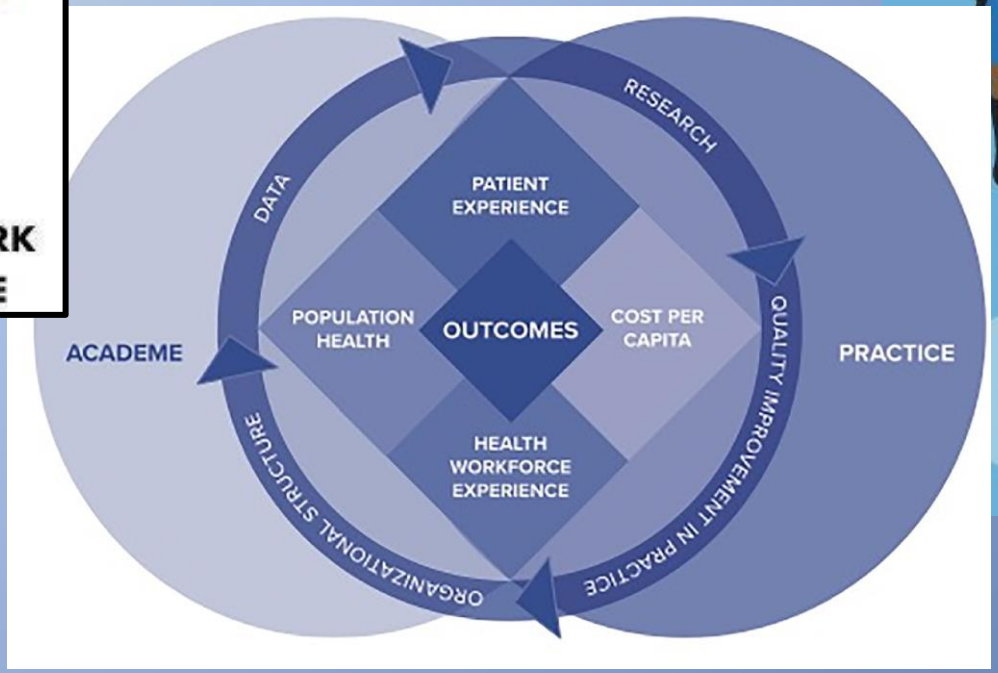
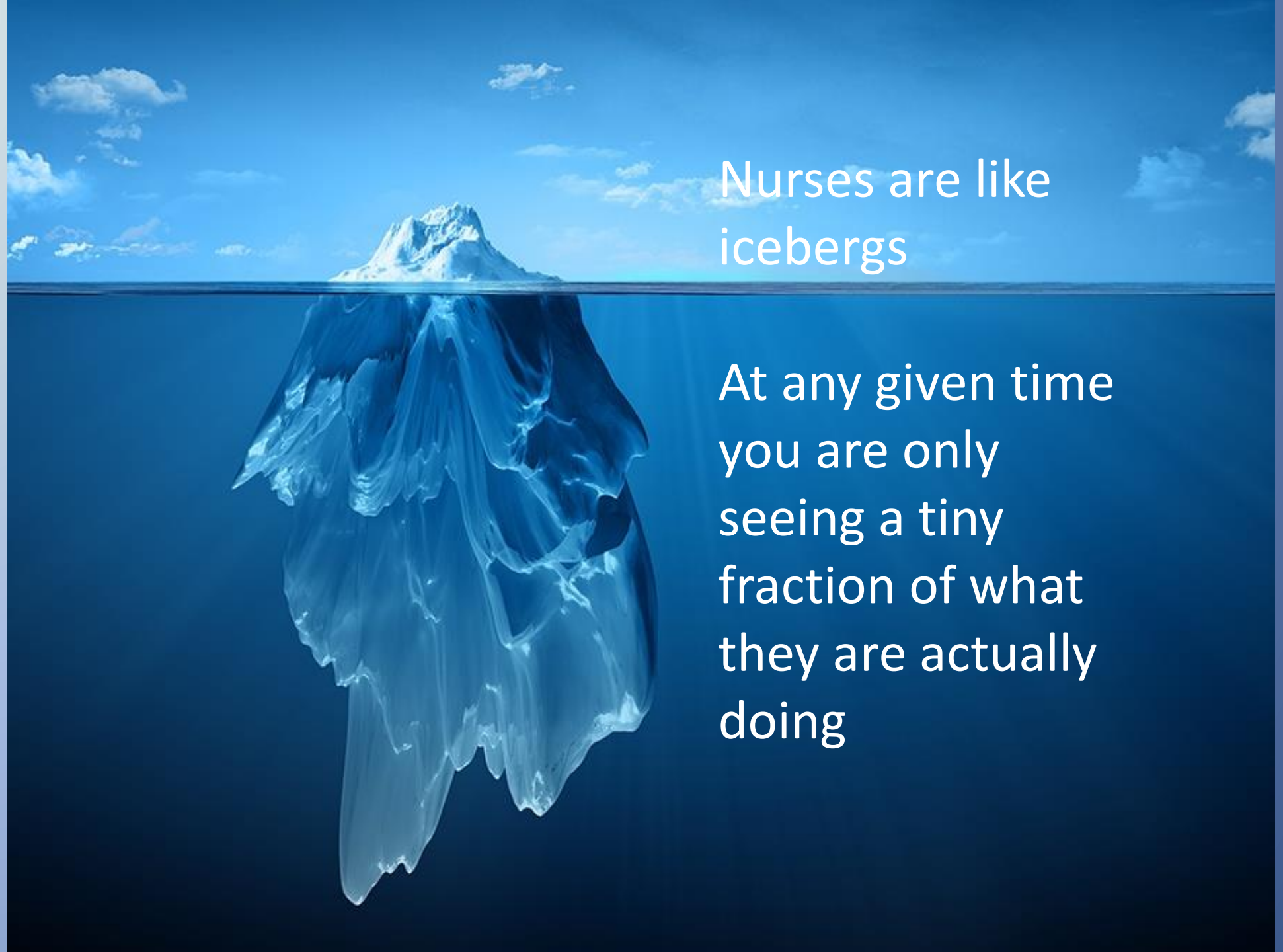


Nursing Workforce = Population Health Outcomes

These are all complex problems


Nurses are like icebergs
At any given time you are only seeing a tiny fraction of what they are actually doing

Marching On Together!