

## Rachel Bard, Outgoing CEO Canadian Nurses Association in Conversation with Lynn Nagle



Rachel Bard

**LN: You have had a long, illustrious and varied career in nursing and healthcare, culminating in your current position. As you reflect upon your career, what do you consider to be the most significant advancement or achievement within the nursing profession over the last four decades?**

RB: If I reflect back to the 1980s, what comes to mind is the effort to advance the notion of a baccalaureate degree as the level for entry to practice. I can recall being actively involved in the '80s in New Brunswick – because that's where I am from – to move to a bachelor level. It was good to see that every province moved towards it – not at the same pace – but moved to it, with the exception right now of Quebec, where they are still trying to get it to where it needs to be. The effort sent a significant message: that nursing is a dynamic profession, grounded in its own body of knowledge. It was a big accomplishment, and I can remember that it influenced how I practised. I was working in mental health, and I knew how to move on initiatives, position nursing as an equitable partner in the system and demonstrate that as an RN, I had a contribution to make. That was one big milestone.

In the '90s and the early 2000s, again there was a focus on how to advance the profession – specifically, how to bring forward the value of nurses as an alternative point of access to addressing healthcare needs, in particular with the advancement of the role of the nurse practitioner. That certainly was an important milestone for the profession. To this end, steps taken to position registered nurses as part of the solution to improve access to healthcare and situating nurses in primary care have been important. Although I think there has been some progress in this area, we're still not there yet in terms of having it ingrained.

The other achievement that comes to mind is the fact that we do have a strong code of ethics that has guided the profession. For me, this is something that I've

used throughout my career in terms of values and ethics and how we work to continue moving forward.

When I look back at my 10 years at the government level, it was an opportunity to bring nursing to the policy decision level and influence decisions related to the social determinants of health. It meant working outside my comfort zone, outside the boundaries of typical nursing work and showing how we can have an influence at all levels.

**LN: You've been in the role of CEO at CNA for the last five years, and it's been an interesting time for the profession on many fronts. How would you characterize your experience?**

RB: It's been an interesting time, indeed. Certainly, I would say it's been a learning experience. You come into a job thinking, "Oh, well, this is very familiar to me; this is my profession. I've been president of CNA so I know that side of the equation. So it should be a breeze." But it's been a lot of learning on many fronts, particularly in the realm of interpersonal dynamics. You work with the entire family of nursing and with those beyond, which makes for an interesting experience. It was a revelation to realize how much the profession is constantly evolving but also constantly faced with challenges. For me, it's been action packed and challenging, but I also feel honoured to have had the capacity of serving the profession in another way in another role.

I came to CNA with a vision of the importance of having some equilibrium between the profession and regulation, the socio-economic issues, and education and research. I guess with all the complexities of what we're facing, be it economics, legislative changes, workforce challenges and education changes, the equilibrium is not evident right now. I think we are being challenged within nursing and also by external forces. This generates some negative energy, and so it's a flag for me. It's a flag, but I remain confident because I've always been an optimistic person – always trying to look through a positive rather than a negative lens. I believe that we will work it out and come out of this strong and unified – but we've got to work at it, and we have to not let go. But I feel that I've brought it as far as I can; not to say that I'm going to detach myself. I think that there's still some work that I can do from being on the outside. Sometimes you can position yourself from the outside as well, and keep pushing and support CNA. CNA is at a critical stage of being able to bring strength to the profession and be more relevant to it.

**LN: Have there been any surprises during your tenure as CEO?**

RB: I didn't expect some of the decisions and changes happening within the profession and the legislative changes regarding self-regulation of the practice of nursing. That was kind of a surprise because I was coming in with the idea of how do we keep and bring in the synergy between the two pillars of advancing the profession and regulating the practice. You need both a strong profession and harmonized regulation to facilitate mobility across provinces. There have been a number of challenges, such as the creation of the CCRNR [Canadian Council of RN Regulators] and the decision of the regulatory organizations to move to NCLEX as the entry-to-practice exam, to name just two surprises.

Another thing that surprised me was the fact that the healthcare system – and not just nurses – doesn't seem to have learned from what happened in the '90s with all the economic challenges that we faced then and are facing now. But here we are, right back into it in 2013, and I can't help but wonder why we can't learn from the past and not replicate some of the same mistakes, that is, workforce reduction at the point of care. It's not just nurses; it's the system. It's the whole environment that we're faced with, such that we need to be constantly vigilant and try to foresee what's on the horizon. We need to try to be one step ahead rather than constantly reacting. We need to ensure decisions are made based on evidence and not for economic reasons. We have to never assume that things are going to be easy. We need to always be prepared, be active and try to problem-solve.

**LN: In the years ahead when people talk about Rachel Bard as a nurse and CNA CEO, what would you like them to identify as your legacy?**

RB: I would hope that people will remember me as being an active, professional registered nurse, engaged, wanting to bring changes, wanting to influence – active, engaged, a catalyst for advancement and a change agent.

**LN: What do you see as some of greatest challenges and/or opportunities for Canadian nursing over the next decade?**

RB: I would say there are many – but I would say, assuming or retaining our leadership role at point of care is certainly a big challenge, particularly assuming an active role in overseeing and influencing the quality of care. In addition, if I look at some of the outcomes of the National Expert Commission [NEC], the message is clear about the leadership that nurses can bring to the transformation of health-care delivery. As the largest professional health group, we need to stay in the forefront. There are always threats to our position in the system, but one may never forget that we remain the most important professional that oversees the 24-hour care of individuals – no matter what the setting or community environment. Retaining that clinical leadership role is certainly a must.

I think one of the other challenges we're faced with is that decisions are not always made based on evidence. Decisions are made for economic or other reasons. I think as nurses, we need to become successful in being agents of change in these turbulent times within the healthcare system. Sometimes people don't always feel empowered, but I think as nurses, we need to get better at it.

If I look at the quality agenda, I think that's another area of opportunity. There's a good synergy right now between our partners – Canadian Federation of Nurses Unions, Accreditation Canada, the Canadian Patient Safety Institute and CNA – to see how we can – again, using evidence – address some of the issues that we're seeing right now, where quality is being jeopardized. There are some actions and deliverables that we will want to try move on, even if it's just to begin looking at a report card of quality indicators. We have four recently published major reports that all address issues that affect quality, including staff mix, workload and patient care, fatigue and patient safety, and healthy workplace environments. Each of these reports identified areas where quality is being jeopardized. Looking at all of the recommendations, and why and where we have made progress, will certainly lead to some future actions and deliverables.

Another opportunity, but also a challenge, is that we know we have to prepare nurses differently. We know we have to prepare them in the context of interdisciplinary, patient-centred, family-focused [care]. So what does that actually mean? And how do we prepare nurses for the future, so that they are effectively able to play their role within the complexities of care delivery and the interdisciplinary concept? Shortly, we are going to convene an education summit bringing [together] different stakeholders, not just from within nursing education or nursing practice, but also other professional groups, including government and the public, to start talking about this. The hope is to develop a guiding framework for the future so that we can influence curriculum directions.

These initiatives will undoubtedly have some impact on the future of Canadian nursing. My pleasure will be to see how each evolves, and know that I was part of getting the momentum going. But to be successful, we're going to have to be focused and try to work out some of the current differences among nursing stakeholders, and try to unify our position and our voice so that we become stronger. I don't think we've realized the full potential of what we can be as a profession just because of some of the dynamics that are underway right now.

**LN: Do you think that there are serious threats to the unity of the profession right now?**

RB: My vision remains that the nursing profession is a strong partner and can get, and will get, more influential if we unify our voice within the domain of nursing and the system. But I think right now, there are threats weakening us, particularly internal differ-

ences. I think we tend to talk openly about our differences, and I think we need to try to work out our differences behind closed doors. In the open, we need to come out more unified. I think there are other professions that have worked this out – not to name any names, but I’ve worked with them and despite internal conflicts, they always present as a unified voice to the outside. If I listen to André Picard or other journalists, they tell us. They say, “Rachel, you’re the largest professional group. You could become much stronger and clearer, but there are some unifying messages that need to get worked out.” But hey, it’s part of the evolution.

**LN: Do you think that the outcomes of the NEC will have a long-lasting impact in any way?**

RB: When I look at my time at CNA, certainly the NEC was a big milestone. I would say that it has started to influence some of the priorities that we’re acting upon, and it will continue to do so. For example, getting consensus on the “Top 5 in 5” – identifying five areas where we need to improve health or system outcomes and start making a difference is action, and not just within nursing; it includes all of our stakeholders and partners. This a good initiative that is underway, and I’m optimistic that in five years, we will have had an influence on health or system indicators by moving Canada to become one of the top five OECD countries rather than where we’re situated right now. There are many more actions taking place, and these can be viewed on CNA website.

**LN: How does it feel to be wrapping up your time at CNA?**

RB: Well, you know, it’s with mixed feelings, because on the one hand, with everything that’s happening, you feel like, “Oh my God, it’s not the right time to leave. I have to stay on and close the loop on a few more things” – even though there have been good accomplishments. But, on the other hand, when you look at your journey and where you’re at in life and the age factor, you say, “Well, you know, there’s never a good time to leave.” But I think as a leader, you need to know when it’s time to leave. I think I’ve made a contribution. And I want to believe that with the succession planning and team of people at CNA, the work will continue. It will evolve, but it will allow a new style and a new energy. I came with a five-year commitment. I feel I’ve contributed my best, and it’s time for me to embark on a new chapter of my life journey.

While I’m a bit torn, I’m at peace with my decision. I guess I’ve changed enough positions over my career, so it becomes a matter of doing your best work while you’re there but then letting go when you move on, with the confidence that others will continue. You think you’re not replaceable, but I think everybody’s replaceable.

**LN: Do you have any words of wisdom for our readership?**

RB: I would say, focus on the vision. We've got to know where we want to be as a profession. For me, certainly, I came with that vision, and I'm leaving with the idea that it is still important to unify our voices and come out as a strong body of influence at all levels of healthcare systems. For me, nurses at the point of care have as much of a role in leadership by advocating for patients, ensuring that patients are well informed about what's happening with their condition and educating them in terms of preventive measures. You can influence and be a good leader at the point of care, just as you can be a leader in managing a unit. Use evidence and influence at every level. Ground yourself with evidence, and also never think that you're working solo. You've got to work within and as part of a team – not just within nursing, but with the other stakeholders.

**LN: How might you characterize the leadership that exists among nurses at every level?**

RB: I would say it's informing – bringing knowledge, for sure, to any situation that you're faced with. It's bringing changes. It's being a catalyst, being an influencer, leading the way. It's more than just managing. It's really leading the way, but not being afraid of not necessarily being at the head. You can lead as part of the team as much as being at the head of the team.

**LN: Any final words?**

RB: I guess for me, when I look at my five years at CNA, I think it was very rewarding, even though it had its challenges and some remain. Representing the profession has been an honour. Meeting nurses at all levels – point of care to policy influencers – reaffirmed the full potential of what nursing and registered nurses can be, and all of what they bring, our leadership capacity. There's valuable experience out there and very valuable, innovative practice that is happening. It's a matter of how we get it to be known and used by others so that we don't necessarily have to build from scratch all the time, build on some of the successes, best practices and accomplishments that are out there.

It's been a good career move and a good learning, but I'm ready to move on to a new chapter. This is now about some personal quality time for me. I always say I've spent my life looking after people, situations and systems, and for me it's an opportunity now to focus on myself. I guess I'm not afraid of embracing change, because if I look at my career, I've always adapted to many different changes. With a philosophy that every phase of your life is a learning experience, I'm ready to

see what learning I will get out of my retirement chapter, and go after some of my dreams that I've never had time to pursue because of being very engaged in my work life.

**LN: Is there anything in particular that you plan to do that's been on your wish list?**

RB: I will certainly travel. Even though I've travelled a lot in my work, I've never had the luxury of just travelling for travel's sake. I will want to spend more time in Europe because my son lives in Norway. I want to learn more about that country because they have very interesting social programs – high taxes, but certainly good social programs looking after all the people. I want to have a bit of a better understanding, but at the same time, maybe – who knows? – embark on other projects.

**LN: I'd like to commend and thank you for your leadership over the course of the last 42 years, Rachel. I first knew of you back in the 1970s, when I was a nursing student in New Brunswick, and I have continued to watch your career over the years. I think your time at CNA has been remarkable and that you've made a very significant contribution. I wish you all the best as you move into the next phase of your life.**

RB: Thank you. I would say that if I were to start all over again, I would go back into nursing because in nursing, I have been able to do everything I wanted. With the broad knowledge base that we obtain in our basic training, you have the tools necessary to adapt to any environment, any situation.