BC NURSES' UNION

Standing up for health care

POSITION STATEMENT

NURSE AUTONOMY

www.bcnu.org

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UNIFOR moveUP

BC NURSES' UNION BELIEVES THAT:

- Nurses are autonomous, self-regulating health professionals with a distinct body of knowledge and practice in clinical care, research, administration and teaching.
- Greater autonomy for nurses improves patient care,[1] patient satisfaction rates[2] and elevates the status of the profession.
- Nursing autonomy increases when nurses and nursing work are respected and valued. BCNU strives to ensure that all nurses are treated with respect in the workplace and elsewhere.
- Increasing autonomy for nurses is vital and lies at the heart of many concerns related to recruitment, retention, workload, stress, violence in the practice environment and more.
- As a professional group made of predominately women, nursing autonomy will be advanced as women in society progress and build unity.
- Unions like ours, working with regulatory, health care, and educational institutions, as well as social justice movements and other unions, can make great strides for nurses, patients and the health care system through coordinated efforts to enhance nurses' autonomy.

BACKGROUND

Nurses' autonomy is embedded within socioeconomic, legal and political factors. Autonomy is essentially about power and control over nursing practice. Nurses' position in society, while generally valued by patients and the public,[1] is undervalued within the health care system. The value placed on nursing is at the root of autonomy. Increasing the value that nursing holds in the health care system increases autonomy and control over nursing practice.

As a union, we consider these issues central to our mandate. As employees, nurses report feeling undervalued and exploited.[2] Rectifying systemic inequities against nurses, who are mostly women,* is a large part of this struggle. Despite impressive gains made by Canadian women after the second world war, many women live in poverty, experience high rates of violence, underemployment, homelessness (and/or other housing difficulties) and more.[3] Women's roles as unpaid caregivers are, in part, responsible for socio-economic stresses facing women.

While caring work, paid and unpaid, is undervalued, nurses may face additional challenges such as lateral violence.[4,5] Social class, gender, ethno-racial status, sexual orientation, ability, age and other differences exist between nurses. Power inequities and oppression cause coercive and complex psychosocial dynamics in some nursing work places. These dynamics create stressful work environments.

Stress on the job creates low self-esteem, mental health imbalances and physical symptoms.[6] Job stress in the practice environment is the strongest predictor of nurses' job dissatisfaction and intent to leave – and is linked to the global nursing shortage.[7] The causes of stress

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3. CLC & FAFIA (2010). Reality Check: Women in Canada and the Beijing Declaration and Platform for Action 15 Years On. http://fafia-afai.org/wp-content/uploads/2011/06/Beijing-+-15.-FAFIA.-2010.e.pdf
4. McKenzie, J. (1997). "A Thorny Problem for Feminism": an analysis of the subjective work experiences of enrolled nurses. Journal of Clinical Nursing, 6:365-70.
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include poor nurse-doctor interactions, staff shortages, patient acuity, shortened length of stay, increased use of new technology (such as computerized documentation), unpredictable schedules, workload and/or workflow.[8]

On the other hand, good communication (particularly with doctors), control over practice, ability to make decisions at the bedside, high functioning teamwork and nurse empowerment increase nurses' job satisfaction and decrease turnover.[9,10] Organizational structures which increase autonomy lead to higher job satisfaction and retention for nurses.[11]

Autonomous nurse leaders are more able to cultivate a strong and vibrant nursing community. For nurse leaders, autonomy is related to having power at the senior executive level.[12]

**Men in nursing also face discrimination, some forms common to all nurses and some gender specific. Historically, nursing's social positioning as subordinate was based on the predominance of women in the profession. Men in nursing today inherit the power relations that have been established for decades.*

NURSES RISING UP: APPROACHES TO BOOSTING AUTONOMY

While nurses are an autonomous professional group, system undervaluing – of nurses and nursing – remains a major barrier to the complete expression of nurses' autonomy. Ultimately, acting upon social and political forces to help raise the status of nursing will bring nurses greater autonomy. At BCNU we increase awareness of sociopolitical issues and develop political skills to create large and small scale improvements in the health care system. Working with social justice movements, nursing unions have improved the status of "women's work" and respect for nurses. We continue to forge ahead in these areas, despite many barriers. Strong and coordinated actions leading to nurse-positive social and policy changes are also required by governments, policy makers, professional bodies and corporations.[13]

Increasing autonomy for nurses could improve the entire health care system. Primary care, provided mainly by nurses under shared care models, would improve care for those living with chronic conditions and others.[14] Mandated nurse-patient ratios would improve patient safety, decrease costs and improve nurse retention.[15] More interdisciplinary teams, working collaboratively, would reach more patients, particularly underserved populations. In this improved model, nurses would have access to full time employment and the rollercoaster of nursing shortage followed by unemployed nurses would end. The health care system would value nurses, reflecting society's appreciation of the important contribution to health made by nurses.

NURSE AUTONOMY: VITAL TO OUR UNION'S WORK

Nursing is an autonomous profession, accountable to nursing colleges which regulate the practice of nursing for the protection of the public. The profession has its own educational programs and generates its own body of research that supports nursing excellence in clinical care, administration and teaching. Evidence-based nursing literature also supports the evolution of the profession. Legally, nurses are obliged to act in patients' best interest, speaking out when care is unacceptable.

Nurses are an integral part of the health care team and, like other members of the team, nurses' work is interdependent. Without nurses, health care systems could not function effectively. Nurses provide the vital care that keeps people alive and improves their health. Nurses' work significantly improves patient, client and resident health outcomes.[16]

Magnet hospitals in the US are popular with nurses since they are characterized by high levels of management support, positive nurse-doctor and nurse-manager relationships, professional responsibility and autonomy.[17] Most nurses

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thrive in these settings as workplace empowerment structures enhance nurses' autonomy, control, power, and opportunity.[18]

Below we discuss two approaches for fostering nurses' autonomy—healthy work environments and shared governance structures.

HEALTHY WORK ENVIRONMENTS EMPOWER NURSES

Some hospitals have created healthy workplace environments for nurses, which typically include:

- recognition of the value of nursing's contribution,
- the presence of adequate numbers of qualified nurses,
- the presence of expert, competent, credible, visible nursing leadership,
- collaborative practice cultures with shared decision making at all levels,
- encouragement of professional development for nurses,
- clear and respectful communication,
- cultures of accountability.[19]

Healthy work environments improve patient safety, enhance recruitment and retention of nurses and promote excellence in clinical practice. In these work environments, nurses report high levels of autonomy and control over nursing practice.[20]

SHARED GOVERNANCE

Shared governance, an organizational model with about three decades of history, presents nurse employees with opportunities for increasing autonomy with respect to decision-making authority. Shared governance provides nurses a role in organizational power, control, authority, and influence. While shared governance models vary, accompanying legislation enables collaboration within practice settings. Political will from leaders, focusing on interprofessional education and teamwork, is vital for its success.[21] Satisfaction ratings of shared governance structures have been outstanding – from patients, nurses and doctors – and nurse retention has improved.[22] BCNU supports shared governance models that give nurses the power to implement evidence-based practices, creating cultures of nursing excellence.

BCNU: GIVING VOICE TO NURSES AND ADVOCATING FOR AUTONOMY

BCNU understands the problems created by exploitation of nurses and works to create stronger, more powerful and united nurses who are valued and respected in their workplaces. Through advocacy for the diverse body of nurses, better contracts, stronger representation, improved practice conditions and more, BCNU is working towards a cultural shift that respects the powerful and indispensible roles of ALL nurses in health care, regardless of the area within nursing in which they work. Through greater expression of our autonomy we create healthier nurses and more resilient communities.

FOR MORE INFORMATION

Please contact your BCNU Regional Chair to discuss these issues. Go to **www.bcnu.org** or look in your **Update** magazine for a list of representatives.

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