Names like Hôtel-Dieu de Québec, Hôtel-Dieu de Montréal, Hôpital Saint-François d’Assise, Hôpital Notre-Dame, the Montreal General Hospital, the Royal Victoria Hospital and Hôpital Saint-Luc summon up images of renowned nursing schools, prestigious hospitals, the most advanced medical innovations, and exceptional careers for nurses and doctors. Now a page in their history has definitely been turned, however. While in Quebec City the Deputy Minister of Health, Pierre Gabrièle, is proposing yet another distribution of missions among the different hospitals, in Montreal the increasingly tenuous prospect of seeing two new hospitals built is giving way to discouragement.

We cannot remain indifferent to the fate of such important hospitals, especially when there is uncertainty regarding nursing leadership and the decision-making authority of directors of nursing care (DNCs). For Odette Plante-Marot of the CHU de Montréal, Valerie Shannon of the McGill University Health Centre and Gilles Thomassin of the CHU de Québec have bowed out. Each one under different conditions, but with the same result. I would like to take this opportunity to thank them for their remarkable work and constant commitment to supporting nursing practice that meets the highest standards in Quebec. I am sure I do not need to remind you that Valerie Shannon received the Insignia of Merit from the Order in 1997.

In the past two years, the guard has changed among DNCs not only in the UHCs, but also in major regional hospitals like the Cité de la Santé in Laval and the Centre hospitalier régional de Lanaudière in Joliette. In fact, Hélène Labrie’s career was celebrated by the Montréal/Laval regional order, and Richard Morin’s accomplishments were marked by the OIIQ, which awarded him the Insignia of Merit in 1994.

A tumultuous history
My predecessor, Rachel Bureau, made defending DNCs her crusade. In 1972, after a fierce struggle, a regulation was adopted that required all hospitals to create a position of head of nursing services, which was replaced by the title of director of nursing care (DNC) the next year. Finally, in 1974, an amendment to the Act respecting health services and social services made it mandatory for boards to appoint a DNC in each hospital centre.

But that is only part of the story. In fact, it’s always the same story... The OIIQ has intervened countless times and submitted innumerable briefs to protect the powers of DNCs related to the management responsibilities they have always assumed in institutions. In 1985, the Order concluded that “it is now clear that the content and sense of responsibility of directors of nursing care are being taken away and their structure and staffs undermined.” As 2003 dawns, we could probably sign the same declaration.

Responsibilities without power
The Act contains vague provisions that have led to ridiculous situations. First of all, CLSCs and merged CLSC-CHSLDs are not required to have a DNC, because the Act provides that the Executive Director may appoint a Nurse in charge of nursing (NICN). Her responsibilities are the same, but she may not even be a...
manager, or may hold the position of Nurse in charge of nursing along with one or two others.

Our investigation¹ found that it is harder to update the mandate in these institutions. In CLSCs, for instance, the DNC or NICN devotes an average of 1.8 days a week to these duties. In a hospital centre, the DNC is a full-time position, although since the introduction of the program structure, it has sometimes been twinned with another management function. Our investigation found that 42% of DNC-NICNs already say that they have trouble coping with all their responsibilities. We also found that 32% of DNCs in hospital centres said they work in a program management situation and have more difficulty carrying out their mandate.

So after the mergers and budget cutbacks, the new trend in hospital management is restructuring by program. I have been hearing about this for fifteen years now. It began in psychiatric hospitals and is spreading. Does this structure in itself have perverse effects, by marginalizing or diminishing the contribution of nurses? Can it accommodate a Director of Nursing Care who reports to the Executive Director and has decision-making authority, both within each program and in developing programs to support and develop the profession, including nursing research? The answer is not clear for the moment.

**Supervision of nursing care in jeopardy**

A study of the restructuring of three hospitals in Ontario and the impact on nurses² showed that they reported three main effects: less integration of relationships, greater uncertainty and disempowerment.

A major international survey³ of 43,329 nurses in 711 hospitals in five countries showed that re-engineering and restructuring health-care systems are aimed more at imitating industrial models so as to increase productivity than solving the problems faced by nurses in their practice. The results highlighted significant dissatisfaction, readiness to leave the profession and a high incidence of professional burnout.

Studies of magnet hospitals⁴ in the United States reported the same findings. In addition, they revealed that a key aspect of the organization, statistically linked with the quality of conditions for professional practice and care outcomes, is the presence of an influential director of nursing care at the highest decision-making level.

**The influence of the nursing profession at stake**

Clearly, what is at stake in the restructuring affecting the supervision of nurses is the influence of the nursing profession over priorities of institutions and the way health care is to be delivered.

Shannon’s viewpoint⁵ on the matter goes far beyond the issue of management and questions the very mission of a hospital. She works from the assumption that since nursing is a unique discipline that makes a special contribution to patients’ health, this justifies its influential position within the organization.

[Trans.] “As producers of unique and indispensable care, nurses must be systematically invited to take part in developing health-care policies and institutional policies. Recognizing the importance of the nursing profession is tantamount to recognizing that providing care is a basic ethical obligation and the pillar of an advanced and progressive society, and that nurses embody this care-giving ethic.”

The author’s position is in stark opposition to those we see nowadays in our so-called advanced societies, where hospitals have become campuses or even technical support centres!

The current shortage of nurses requires more than ever that we develop a feeling of belonging to the profession, founded in part on a dynamic and well-equipped structure for overseeing nursing care, able to work in synergy with nursing councils and with decision-making influence in health institutions. All management approaches that are likely to exacerbate the shortage by driving nurses out of the profession are inappropriate and must be condemned.

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¹ Including the Centre mère-enfant at Hôpital Sainte-Justine in Montréal.
² PARKER SHANNON, V.J. op. cit., p. 105-106.
⁶ PARKER SHANNON, V.J. op. cit., p. 105-106.