Canadian Nursing in the Year 2020

FIVE FUTURES SCENARIOS

Martha Rogers, RN

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FOREWORD

Ideas can be incredibly powerful. Money, political strategies, laws, regulations and professional associations are influential too, of course. But ideas are especially powerful because they are creations or visions of the future.

Visions of an attractive future can inspire and motivate people into action. Some of the ideas in this publication will do so.

Visions of a repulsive future can also galvanize people into action. People are eager to avoid such a future. One of the tasks of this work is to include some negative visions of what the future may turn out to be for nursing in Canada. These days, in any field, much of our effort has to go into avoiding the worst possible futures that are otherwise all too likely to happen.

Where is Canadian nursing heading? What will it be like just a couple of decades from now? No one can predict with certainty, and no respectable futurist would claim to do so.

But all of us can think seriously about the range of possible futures – the panorama of potential scenarios. This can be an extremely useful and powerful exercise, with dramatic implications for today's agenda and actions. Thinking about future possibilities is an important activity worthy of our time and respect; it is not idle fantasy.

Looking ahead to several possible futures for nursing in Canada will provoke you to laugh, hope, work harder, worry, weep, think, become angry, give up, deny, plan, rally and take vigorous action. I would be surprised if your thoughtful reading of these pages does not affect you in at least one or two of these ways.

The scenarios of the futures of nursing in Canada were developed by Dr. Martha Rogers, a nursing professor and futurist. She has expertly woven together the fields of nursing and futures studies in this work that will make a significant contribution to the profession.

Fasten your seat belt before you begin your journey into the year 2020.

Allen Tough
Professor, University of Toronto, and author of
Crucial Questions About the Future

INTRODUCTION

We are in a time of enormous change. Thinking back a decade or two, it would have been nearly impossible to imagine our lives today. Who would have imagined pre-schoolers being more computer literate than many adults? Who would have thought about millions of people "surfing the net" and chatting with others around the world? Who would have dreamed that cars would become offices with telephones, fax machines, computers, modems and televisions? Who would have imagined that on-line shopping or banking would become the norm? These are only a few of the technological changes that have affected our lives. There are, of course, any number of other changes that few would have envisioned two decades ago. What about the next 20 or 30 years? What will life be like then? How and where will we be living, learning, working? What will health and health care mean to us? What will nursing look like?

Imagining nursing two or three decades from now is, indeed, a challenge for a profession that is also in the midst of tremendous change – perhaps the most significant change since modern nursing's inception. It is as if we have been paddling along a river for nearly 150 years. At this time along our journey, the increasingly turbulent and unpredictable river is presenting various forks leading in very different directions. Some of the directions may be desirable, while others may be undesirable. If we do not make choices, the river will simply carry us along the path of least resistance, perhaps to a destiny we do not want. In order for us to influence our future, we need to imagine some of the destinies that may await. By so doing, we will be able to make informed choices that will be in the best interest of our profession.

Our choices would be easy if we had a crystal ball to illuminate the future. Unfortunately, there is no way of predicting the future with any degree of certainty. However, we can be fairly sure, given the current speed of change, that the future will be radically different from the past and present. If the future is neither pre-determined nor predictable, what can be done to help us explore our choices? One approach that can be taken is to create scenarios that are images or pictures of a range of alternative futures. While scenarios are not predictions, they do provide illustrations of what could transpire in the future. Exploring the possible scenarios can help us reflect on what we do and do not hope for our future. Our reflections and deliberations on the options inform our choices and actions.

In the autumn of 1995, the Canadian Nurses Association com-

missioned the development of futures scenarios of nursing in Canada in the year 2020. The process leading to the development of the scenarios included an extensive review of the literature, environmental scan, and focus group workshop. This work includes the futures scenarios, but it has been expanded to include sections on futures thinking and research, uses of scenarios, and an exploration of the ways that each of us can contribute to the realization of a desired future for nursing.

The overall purpose of this work is to stimulate discussion and debate about the possible futures that may unfold for Canadian nurses. It is hoped that nurses will engage in the development of their own scenarios of a desired future. Most importantly, it is hoped this work will catalyze action. Every nurse has the capability to influence the future; to create a positive future for the profession, as well as the health and health care of those we serve. To make informed decisions and choices, we need to think about the future beyond tomorrow or the next day. We need to explore the possibilities, both good and bad. We need to use our minds, hearts and imagination to generate images of a preferable future and use our voice, hands and feet to create our destiny.

PART I:
FUTURES THINKING AND FUTURES RESEARCH

The Nature of Futures Thinking and Futures Research

At the most elemental level, the future is a part of the consciousness of every human being. We think about futures in everything we do, whether in planning a day's activities, plotting our career progression, taking a trip or thinking about the future of, and for, our children. It is impossible for human beings not to do so. In fact, thinking about the future gives meaning to our experiences of the past and present.

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Ideas about the future have been discussed and written by many remarkable human beings over the centuries – from philosophers, theologians and scientists to science fiction authors. At some point in history, perhaps the early part of the 20th century, some writers began to study the future more systematically. The beginning of the more formal study of the future is attributed to the science fiction writer H. G. Wells, commonly known for his novels *The Time Machine* and *War of the Worlds*, less-commonly known for his rigorous analysis of the future of society revealed in his books *Anticipations of the Reaction of Mechanical and Scientific Progress Upon Human Life and Thought*, and *A Modern Utopia* (Wager, 1992). Although writing about the future has existed for some time, the proliferation of writing, research and education related to the future began in the 1960s.

The study of the future has taken many forms. At the university level, futures studies has evolved as a distinct field, or alternatively, as a focus within a field. Courses and workshops pertaining to the future are regularly offered through such organizations as the World Futures Studies Federation, the World Future Society and UNESCO (Slaughter, 1991; 1992). Increasingly, the study of global issues and the future is being incorporated into the curricula for the education of

children and young people (Husen, 1990; Hutchinson, 1992). Learning about the future is becoming more and more common.

Over the past decade or more, futures research has been increasingly employed by businesses, governments and associations (Makridakis, 1990; Martino, 1993; Renfro, 1993; Schwartz, 1991). In the health field, where there is a global need to consider long-term planning, futures research methods are frequently cited (Bezold, 1992; Garrett, 1995; Garrett and Bezold, 1995; Hancock and Bezold, 1994; Schruder, 1995; Watanabe and Tsubo, 1995 and others). In a world that is changing quickly and dramatically, futures thinking and futures research are considered powerful approaches to planning for the immediate and long-term future.

What does the study of the future mean? One of the basic assumptions of futures studies is that the future is not predictable or predetermined (Bell, 1996; Slaughter, 1991). This is an important notion, as a common misconception of futures thinking and research is that it is an exercise in prediction. It is not possible to predict the future with crystal-ball accuracy. There are many possible ways in which the future might unfold. For this reason, the term "futures" (plural) is used in relation to the formal study of, or research related to the future.

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Futures researchers and writers emphasize the need to explore many possible futures in order to promote dialogue with respect to their desirability, as well as stimulate a critique of assumptions we hold. For example, we often erroneously assume that the future will be very much like the present. Take, for instance, the fishermen/women of the East Coast who assumed that there would always be a demand for cod – and that the cod stocks would always be available. Those who did not question their assumptions would not have considered the possible future of over-fishing and government intervention to control cod fishing. Every time we envision a future image, there are assumptions that underlie our beliefs. One of the purposes of futures research is to help people explore images of the future and examine the assumptions that are embedded in those images.

Futures research is also designed to help people create images of a desired or preferred future. While we hold all the possibilities in mind, we can still build a picture of what is desired. By doing so, it is possible to examine the choices we have and develop paths of action that are necessary to improve the likelihood of achieving the desired future (Amara, 1991; Bezold, 1995). In the fishing example,

one possible future would be that cod stocks are plentiful and a demand exists for the catch. Another possible future would be that cod stocks and/or the demand diminish significantly. The desired future for the fishermen and women would be sufficient fish and demand to sustain a reasonable living. Given the possible and desirable futures, one path of action to increase the probability of achieving the desired future would be to diversify. Diversification would enable the fishermen and women to achieve their desired future even though the government imposed a moratorium on cod fishing. This action would minimize the impact of the less desirable future and increase the chances of achieving the desired future. At its best, the purpose of futures research is to help people "to think and act more wisely about the future" (Hancock and Bezold, 1995, p. 23).

In summary, thinking about the future is simply part of being human. While every person thinks about the future to some extent, it is also possible to study the future in a more systematic and rigorous way. When we employ futures thinking or research, it means that we explore several possible futures, even those that we really do not want to think about. We also construct an image or vision of the kind of future we would hope for or desire. By examining our desired future and the various possible futures, we are able to see opportunities, choices and actions that can be taken to help us achieve the desired future.

Approaches to Futures Research

To study the future, various methods – both quantitative and qualitative – can be used. Early on in the development of the field of futures studies, the principal methods used were more quantitatively oriented, including forecasting, scanning, trend analysis, Delphi technique, modeling, simulations and cross-impact analysis (Amara, 1991). As the field matured, the use of scenarios and visions were added to the research repertoire. A brief overview of common methods follows.

Forecasting

Forecasting is one method people may use to envision one or more futures. The aim of forecasting is to identify existing and emerging trends, perhaps through computer simulations, modeling, environmental scanning, survey of expert opinion (Delphi technique) or cross-impact analysis. Current or emerging trends are then cast forward into the future, creating some image(s) of what might occur. Forecasting is based on what we know today and on assumptions we hold about the present and the future.

Forecasting, based on current and emerging trends, does have limitations (Marien, 1991). We all can identify trends that have been reversed in a short period of time. For instance, less than a decade ago, Canada was facing a severe shortage of registered nurses. Jobs were plentiful, hospitals were instituting packages to attract and retain nurses, and we were inviting scores of nurses to come from other parts of the world to fill the need. The trend suggested that the future of nursing would be quite secure, yet within seven years, we were experiencing bed closures, hospital shut downs and the lay-off of thousands of nurses. Trends can and do reverse. While forecasting can contribute to our understanding of the future, particularly when it is done in relation to several possible futures scenarios, the fact is the future is rarely an extrapolation of the present.

Futures Scenarios

Scenarios are images of the future that are constructed using in-depth knowledge of what is known in the present, as well as imagination and creativity. Scenarios are often classified according to four types: possible, plausible, probable and preferable or desired. Possible scenarios are those that encompass "everything we can possibly imagine, no matter how unlikely, including 'science fiction' futures that transgress presently accepted laws of science" (Hancock and Bezold, 1995). Plausible futures scenarios are narrower in scope and include images that seem reasonably likely to occur given our current knowledge. Probable scenarios are what might be considered status quo images. They are often extensions of the present based on knowledge of current trends. As Bezold and Hancock suggest, probable scenarios may be easier to envision, but they may limit our ability to see alternative futures. "They also often turn out to be the future we don't want!" (p. 25). Finally, preferred futures scenarios are ones that represent visions of a desirable future and may include values, beliefs and hopes. Entertaining alternative futures scenarios broadens our perceptual horizons as we contemplate the future. If we then situate ourselves in each of the scenarios, we can "backcast" from the future to the present as we examine choices and actions that are needed to prevent the undesirable and enhance the achievement of the desired.

In summary, various methods can be used to study the future. Some methods involve forecasting techniques that can be useful but also have limitations. Analysis of trends that are incorporated into futures scenarios can be effective, however, projecting a future based on present trends is often unreliable in a time of such rapid and somewhat chaotic change. The development of alternative scenarios, on the other hand, is now considered an extremely powerful and effective method for exploring and planning for the future (Amara, 1991; Bell, 1996; Hancock and Bezold, 1995; Schwartz, 1991; Slaughter, 1996).

Scenarios are images of the future that are constructed using in-depth knowledge of what is known in the present, as well as imagination and creativity.

Application of Futures Research to Canadian Nursing

The turbulent waters of these times are calling out, asking us to consider our future.

In Canada, as elsewhere, nursing is in the midst of very significant change. Some may argue that this change is a consequence of a broader global transformation as we forge our way, with considerable uncertainty, into a new "post-industrial" or "post-modern" era (Toffler and Toffler, 1995). Others may be satisfied to suggest that an economic crisis has catalyzed the restructuring of the health care system and consequently nursing. Regardless of the specific causes of this dynamic period, it seems certain that "within the next decade the nursing profession and the practice field will be bombarded by giant forces that are global, geopolitical, social, demographic, epidemiological, technological, political and industrial in scope and nature" (Styles, 1993, p. 7). This is a period in nursing's evolution that is pregnant with both tremendous opportunity and danger; the "paradoxical twins born of crisis" (Achterberg, 1990).

The turbulent waters of these times are calling out, asking us to consider our future. We can choose to create a desired future if we draw upon our navigational acumen and cast our eyes, our minds, and our individual and collective actions to the plausible and preferable destinies. While it is difficult to consider the longer-term destinations when we are vigorously trying to paddle our way through the present moment, it is a challenge we must take up for ourselves, for the profession, and most importantly, in fulfillment of our social mission to protect, support and enhance the health of Canadians. Imagining, exploring and critiquing alternative futures – both good and bad – are ways we can begin to create an image of a desired future for Canadian nursing and determine the actions we must take to create that future.

In the autumn of 1995, the Canadian Nurses Association commissioned this futures research aimed at developing scenarios of

alternative futures of Canadian nursing in the year 2020. The phases of the process leading to the generation of the scenarios are described in the following section.

Environmental Scan and Trend Analysis

An extensive environmental scan was conducted over a six-month period between September 1995 and February 1996. The purpose of the scan was to identify trends, issues, events and anti-trends that could potentially affect the futures of Canadian nursing. To ensure the comprehensiveness of the scan, a conceptual framework was developed (see Appendix). The scan not only addressed trends pertaining to nursing, health and health care but also social, environmental, economic, demographic, political and technological trends. As nursing's service is to society, any images of nursing futures must be situated in a social context. Data from the scan were analyzed and trends, issues, events and anti-trends were recorded.

Expert Opinion Using a Focus Group

A focus group of eight nurses from across Canada was formed to act as expert informants. The members of the group were selected by the Canadian Nurses Association. Participants represented various aspects of nursing life, including basic and advanced practice, education, management, regulation, research and the nursing collective (unions and professional associations).

In November 1995, a focus group workshop was held in Toronto. In preparation for the day, participants were informed of the purpose of the project and were asked to read two articles that discussed the nature of futures thinking and health futures. The workshop was facilitated by me who, along with a non-participant assistant, recorded ideas generated by the group. An emergent group approach was selected to keep structure to a minimum. The group elected to use the time together to generate ideas about possible futures, and discuss trends, issues, potential events and anti-trends. The role of the facilitator was to ensure that all voices were heard and to raise questions for the group to explore. A "tree structure" technique was used to stimulate futures thinking – each idea about the future that the group generated was used to explore additional futures. For example, if Future X was proposed, the group would be asked to consider the possible futures arising from that situation. Each additional future would be used to generate further ideas in a branching, tree-like form.

Fifty pages of ideas were recorded from the group's energetic and creative work. The notes of group members, the facilitator and the non-participant assistant were compared and combined. The data were content-analyzed, clustered, and themes were identified. The themes, in addition to ideas extracted from the environmental scan, were then incorporated into the scenarios.

Scenario Development

Scenario development is a creative process that weaves together imagination and knowledge of current and future trends. For the purposes of this project, four scenarios were determined to be sufficient to capture a reasonable breadth of the nursing landscape in 2020. A decision was made to create "plausible" scenarios that would represent a reasonable scope of possibilities. Another decision was made to present the scenarios in a narrative, story-like form so they would be accessible, readable and engaging. The scenarios were designed to achieve a balance between optimistic and pessimistic views of the future for both society and nursing. Thus, the structure of the scenarios, including the type, number and style, was determined prior to the development phase.

Futures thinking enables us to make choices, find opportunities and take actions that will contribute to the realization of our desired vision of the future.

The process of creating the scenarios began by dwelling with the data collected through the environmental scan, focus group workshop and literature. In particular, the work of Bezold (1992) significantly contributed to the generation of ideas, several of which were incorporated into the scenarios. Gradually, the data were clustered into four scenarios as images began to emerge. A matrix was formulated in an attempt to thread themes and sub-themes through each of the scenarios. The scenarios were distributed back to the focus group members for critique. They were also reviewed by futurist Allen Tough, from the University of Toronto. Based on the feedback, the scenarios were modified and are presented in Part II.

Summary

Futures research is one way of systematically studying the future – thinking about alternative futures is something every person can do. It is a way of thinking based on the premise that we realize the future is pliable; it is not pre-determined or precisely predictable. This approach requires that we read about, listen to, observe and talk about what is happening around us, globally, nationally, locally, professionally and in our day-to-day lives. Thinking about futures can help us imagine the "what ifs," and explore our assumptions, beliefs,

values, expectations, hopes and fears. Images of alternative futures can help us make choices in the present by evaluating the choices – no matter how big or small – in relation to how they may impact the future for ourselves, the profession or society. Futures thinking enables us to make choices, find opportunities and take actions that will contribute to the realization of our desired vision of the future.

PART II:
FIVE SCENARIOS OF CANADIAN NURSING IN THE YEAR 2020

What are plausible future scenarios of Canadian nursing in the year 2020? This question gave direction to the process leading to the development of images of nursing's future. Although we cannot know, with certainty, how the future will evolve, it is possible to use futures studies methods – which in this case included an environmental scan and trend analysis, expert opinion using a focus group and scenario generation – to imagine some of the possibilities. In the following sections, five scenarios will be presented. The first four were developed based on the process described earlier. These scenarios are not predictions. They are, however, images based on knowledge of present and emerging issues and trends, infused with creative imagination that comes from reading broadly in the futures field. They are meant to stimulate discussion, criticism and modification based on each reader's knowledge and experience. The last scenario presents an opportunity for each reader to create a desired future for nursing and the health of Canadians.

Before reading the scenarios, it may be helpful to know some of the common reactions people may have when they engage in futures thinking.

Common Reactions to Futures Thinking

Thinking about the future can be intellectually challenging. One of the reasons for this is that most of us tend to concern ourselves with the present – with getting through this day or this month. Consequently, extending our thinking even to 25 years from now may seem foreign or even nonsensical. A second reason is that we often unconsciously think that the future will be more or less similar to the present. When we start to look at various scenarios, some of our assumptions and beliefs may be questioned. Sometimes, people react with skepticism or they feel confused because the scenarios appear to be quite different from their current experience of reality. Sometimes, people find the exploration of alternative futures to be

intellectually exhilarating and energizing. In addition to the intellectual challenges, most people experience a variety of emotional reactions. These may include sadness, anger, fear, excitement or elation. Thinking about the future can also trigger soul-searching questions. What does it mean to be a nurse? What are my values and commitments to nursing and health? While people react very differently, it is safe to say that most people do not think about images of possible futures without some kind of emotional and intellectual reaction.

Preparing to Engage with the Futures Scenarios

When reading, thinking about or discussing the four futures scenarios, remind yourself that they are not predictions. This point cannot be overstated. When reading the scenarios, particularly because they are in a narrative form, it is easy to get lost in the story, so that it starts to feel like a prediction. Consequently, it is important to monitor yourself in this regard.

As the scenarios are meant to stimulate reflection, criticism and thoughtful deliberation, reflective questions are posed at the end of each scenario. It may be beneficial to take the time to respond to the questions before proceeding to the next scenario. In general terms, when reading the scenarios, we should be asking ourselves about the consequences or implications of each for people, society, health, health care and nursing.

The four futures scenarios of nursing in Canada in the year 2020 are meant to stimulate thought, discussion and possibly action. There has been no attempt to provide the single best or desirable future. The building of a desired future for Canadian nursing will be up to all nurses. We are the creators of our own future.

Technology Eclipses Caring: A Report From The Year 2020

Health management and health care are technologically driven.

After years of turbulence, the economy has stabilized and there is growth in the technology, space and communications industries. Canada's natural resources have become more and more in demand as the world's population has increased. Although the urban trend has continued, many people are now living, working and schooling from homes in small communities or rural areas. This has been made possible through advances in technology. Voice-activated and interactive computers, which are linked to large-screen televisions, enhance information access and communication in the home. The more affluent live in "smart" homes where almost every room in the home and every function is computer enhanced – security, cooking equipment, cleaning equipment, temperature regulation, internal communication, air quality and in-home safety.

Every "high tech" home is equipped with health screening, monitoring, diagnostic and treatment programs. Personal health information is stored on the home computer or on health cards that people carry with them. Community networks link homes to the offices of health care providers, hospitals, labs and community care agencies. Through access to expert systems and electronic health information, many people have the capability to diagnose and treat illnesses on their own, as well as monitor the health of family members. Health management and health care are technologically driven. While this has been of benefit to some, it has also disenfranchised the poor and others who do not have access to, or do not have the knowledge to use the technologies.

Hospitals are also "high tech" from top to bottom and are mainly reserved for traumatic or critical care. Advances in robotics have meant that many routine tasks and functions no longer require people. Every patient's total physical state is continuously monitored

through sensors in each room and the information is automatically recorded. Nano-technology enables the computerization of everything in a patient's room including beds, chairs, walls, windows and bathroom equipment. This means, for instance, that the bed in which a patient lies forms to the body by sensing the weight distribution of the person. It automatically changes to distribute weight, regulate temperature and so forth, so that no pressure is ever too great on any part of the body. The entire environment, including furniture, wall colour, lighting, temperature and sound, can be self-regulated by the patient, automated to respond to the sensory data, or it can be programmed by a health care provider. Voice-activated patient computers allow people to have instant access to their health information, as well as to their care providers or families.

Bio-medical advances have meant that many illnesses and diseases can be prevented or better treated. Genetic engineering is common now, allowing for the replacement of genes that place the person at high risk for developing illnesses or diseases. The technique has been effective in nearly eliminating diabetes, most hereditary diseases and some forms of heart disease and cancer. Highly specific enzymes can be taken orally to dissolve specific organs such as the appendix or gall bladder, which has dramatically reduced the need for traditional surgery. New biologicals are used to enhance healing or suppress the immune system in circumstances such as arthritis, AIDS or transplants. Advances in bionics make it possible to augment smell, hearing, sight, memory and physical performance. The latter has greatly benefitted the large elderly population, most of whom are living longer and healthier lives. Technological and bio-medical developments have enhanced the health of many people, especially the affluent.

Technological and bio-medical developments have enhanced the health of many people, especially the affluent.

While technology has allowed people to manage their own health and health care much more independently, in the community there has been a demand for access to a broad array of health care "supporters." Because of increased knowledge, people know what they want or need to support their own health and care. People seek out holistic physicians, massage therapists, acupuncturists, herbalists, chiropractors and healers on a regular basis. Many new health care specialists have evolved: health facilitators; health planners; health educators; home health care specialists such as palliative care assistants, elder care assistants, child development specialists and health communications specialists. The latter help establish health

programs at home and assist with the analysis and interpretation of health/illness information. The public's desire for choice in terms of care providers – in tandem with the government's need to control costs – prompted the government's decision to deregulate all the traditional health professions. The role of regulatory bodies is simply to fulfill a registry function. Health care is a market-driven system based on consumer demand.

The world of health and health care has changed dramatically and this had an enormous impact on nursing. Nursing, as we used to know it, has nearly disappeared. A few nurses still work in hospitals as specialized technical workers. Most hospital nurses were replaced years ago by technicians and lower-cost care providers. Similarly, in the community, many nurses were replaced by alternative care-givers. Some nurses work independently as practitioners, researchers or consultants, but the numbers are few. Thousands of nurses, disillusioned with how the face of nursing changed, simply left the profession. Others left the country to find work where nursing is still valued.

Nursing, as we used to know it, has nearly disappeared.

The few who remain have tried to understand what happened to nursing. A colleague and I have been interviewing nurses who worked during the turn of the century to try to shed some light on the situation. They tell of the time back in the '90s when dramatic changes in the health care system were precipitated by difficult economic times. Many administrators, politicians and health care providers, as well as the public, defined nursing by the skills and tasks nurses performed, not by the knowledge they had. Even nurses themselves, regardless of where they worked, had great difficulty articulating the breadth and depth of nursing knowledge, and the unique contribution of nursing to the health of people. Consequently, a movement began to replace professional nurses with cheaper alternative care providers. Some nurses were worried about what was happening, believing that the role of the registered nurse was being eroded.

In 2001, there was a national nursing association called the Canadian Nurses Association. The association sponsored a very large national symposium on the future of nursing. Nurses from across Canada attended, representing every walk of nursing life. A nurse from Saskatchewan gave a presentation summarizing more than 100 research papers that demonstrated the positive impact of nursing on patient/family health outcomes, as well as on costs. Another nurse from Montreal discussed the intricate and complex

knowledge nurses have of the people for whom they care. The knowledge of nurses and the impact of caring can be revealed, he said, by telling stories of nurses' experiences with patients and families. Many practicing nurses spoke of their concerns and feelings of powerlessness to effect change. All present at the conference said that nurses must act now or accept the fact that nursing will be defined by others. They encouraged everyone to speak about the issues with their nursing colleagues and to become active in their professional association and union. They asked that nurses read and make public the nursing and health research that was available. They suggested that every nurse start telling the stories of their powerful experiences with patients and clients and make them visible in their communities. "It Starts with Us" was the motto. It meant that all nurses must act to raise the awareness of those around them of the complexity and wholeness of nurses' knowledge and the essential nature of caring in contributing to health. Those who attended the conference apparently felt hopeful, energized and eager to stimulate discussion and action.

What happened after the symposium? The nurses we interviewed said some people took the profession's cause to heart and initiated discussions and political action, but many did not. Adele Jones, one of the interviewees said: "I just think that maybe too many of us could not believe such a thing could happen to nursing, so we did nothing. We just adhered to the belief that nursing would always be socially valued and that we would always be needed. We stuck to our work – to what was familiar and comfortable. And, look what has happened."

TIME OUT FOR SELF-REFLECTION

Take time to reflect on your reactions, thoughts, feelings, concerns and questions.

1. How plausible does this scenario seem?
2. What thoughts does this scenario bring to mind?
3. What feelings, if any, does this scenario generate?
4. What would be the implications for society, health, health care and nursing (practice, education, management, research, associations, unions and regulation)?
5. If parts of the scenario are desirable, what actions would need to be taken to increase the chances of them happening? If parts of the scenario are undesirable, what actions should be taken to prevent them from happening?

Control, Manage And Measure: A Report From The Year 2020

Provincial and territorial governments have become extremely centralized and controlling....

Twenty-five years have passed since Canadians were alerted to the severity of our debt problems. However, the country and remaining provinces and territories are still experiencing severe economic problems and the consequences of environmental degradation, poverty, unemployment, conflict, and the proliferation of diseases and illnesses caused by stress, eco-toxicity and untreatable mutated viruses and bacteria. In response to the economic struggles, the federal government has divested itself from all health-related matters. Provincial and territorial governments have become extremely centralized and controlling – some say even dictatorial.

Many social programs have all but disappeared. If they remain, they are very strictly regulated and controlled. The elderly poor still receive some social support, as do those who are unemployed. The state requires work in return for social support. The prescribed work is determined by local governments based on community needs and includes everything from child care, elder care, street and park maintenance, to fruit picking or whatever authorities believe is required.

In health care, the impact has been significant. Hundreds of hospitals across the country have been closed. The idea that the funds would be transferred from the hospital sector to the community turned out to be more rhetoric than reality. The fact is that the funds almost completely dried up. Governments still profess to value universality and access, but the meaning of the terms has dramatically changed. Universality and access now mean that all people have the right to health care that is determined by the government to be efficient and effective.

"Program management," a business orientation to health care delivery, exists in all publicly funded hospitals and community organizations. Rationing is the order of the day. Based on the assessment of need, the provincial and territorial governments determine which programs will be offered by each organization. Programs are administered by business people who are civil servants. All programs must submit "care maps" to the government for approval. In a recent government communication release, dated June 20, 2019, it was stated that all care maps must demonstrate measurable outcomes. The government will monitor compliance with the care maps and programs will be funded only when compliance is demonstrated. Where deviations occur, an explanation is required. If the explanation is not deemed sufficient, or if the care maps are not complied with, funding will not be provided.

The government will monitor compliance with the care map by regularly scanning people's health "smart cards,"....

This idea of "managed" care is also being implemented at the level of the individual. An experiment is currently under way whereby genetic fingerprinting is done on people under the age of 20. An analysis of the genetic code predicts most of the illnesses or diseases these people are at risk of developing. A "personal care map" outlining health behaviours for each person is formulated. These people are expected to follow their personal care maps if they are to receive government-sponsored health care. The government will monitor compliance with the care map by regularly scanning people's health "smart cards," which contain details about lifestyle, health status and self-care actions. People are still free to choose whether to comply or not. If they choose not to follow the map, then they must assume responsibility for purchasing their own health care.

The emphasis on centralized control has spread to the medical profession. To sustain some power and influence, physicians successfully lobbied for changes. They argued that strong medical leadership would be necessary to ensure care maps were implemented and monitored closely. Medical schools were reconfigured to provide education not only for medical students but also for paramedics, physician assistants, "medical" social workers, rehabilitation workers, pharmacists, technical nurses and generic health care workers. Medical teams, headed by physicians, are contracted by hospitals and community programs with the condition that they must guarantee compliance with the prescribed care maps. The composition of the team is determined by the physician

leader who hires the members of the team based on his or her determination of who would be most cost-effective and efficient in implementing the care map. All care providers are essentially "regulated" at the institutional level, where standards are established in relation to care maps and programs, and are monitored by the physician leader and program manager.

The preoccupation with measurable outcomes and business-managed health care has engendered enormous scrutiny of nursing practice over the last two decades. Many people in government and health care-related organizations believe that patient/client care can be adequately provided by minimally prepared, lower-cost workers. Consequently, the loss of RN positions, which began in the '90s, continued like an epidemic. The RN population in Canada dropped from 264,000 in 1994 to 66,000 in 2020. The vast majority of nurses work at hospitals and in the community, but are hired by the "medical teams" contracted to deliver prescribed programs. The focus of these nurses is technical care in accordance with the care maps. Some nurses have become physician assistants and find reward in managing the medical care teams. Most of the direct human care is provided by aids, multifunction workers or technicians, and is monitored by the business director of the program and the medical chief of the team. Still other nurses struggle to survive in private practice. The "control, manage and measure" mentality has resulted in a large contraction of the nursing population, as well as significant changes to the role of the registered nurse.

These nurses are committed to demonstrating through practice, education and research, the actual healing impact of nursing and its contributions to the health of society and the planet.

Most nurses have simply gone along with the changes. However, there are about 10,000 registered nurses across Canada who have chosen to work outside the formal health care system. Although they have faced a lot of resistance, these nurses hold fast to the belief that the system has oppressed nursing knowledge, diminished the contributions of nursing and undervalued the essential link between professional caring and societal health and well-being. Though the numbers are very small, there is a shared belief in the power of nursing to heal through caring.

These nurses are committed to demonstrating through practice, education and research, the actual healing impact of nursing and its contributions to the health of society and the planet. In practice, they provide truly holistic care, which is in demand by some of the population. As much of their work is with the growing disadvantaged population, including the poor, elderly or marginalized because of non-compliance with care maps, nurses also

play a crucial role in supporting, fostering and advocating social action for justice. Their political and research initiatives are supported by some consumer groups, one national nursing association, three small Canadian university schools of nursing and several international nursing organizations. The path these nurses have chosen is difficult, but there is sustained passion and commitment within this small but hopeful collective.

TIME OUT FOR SELF-REFLECTION

Take time to reflect on your reactions, thoughts, feelings, concerns and questions.

1. How plausible does this scenario seem?
2. What thoughts does this scenario bring to mind?
3. What feelings, if any, does this scenario generate?
4. What would be the implications for society, health, health care and nursing (practice, education, management, research, associations, unions and regulation)?
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The Return Of Caring: A Report From The Year 2020

It is hard for us to imagine the world-wide chaos of the early part of the century. We can see that the turbulence arose as the old industrial era was fading away and the new post-industrial era was beginning. The collision of tides meant stormy waters for more than a decade. We are finally experiencing social, political and economic stability. We learned some important lessons, the least of which is that we must live within our means. We have also learned that we must be more politically active and involved. We need to be more critical, more watchful and more active in influencing political decisions that affect the future of our people. Citizens have become more active, which has resulted in a move to simplify, streamline and decentralize government at all levels. We have adopted "values-based" politics, in which all political directions and decisions are made, regardless of party affiliation, in relation to established values. We vote not just for the politicians, but for the values that guide political action.

We are finally experiencing social, political and economic stability.

With respect to the health of Canadians, it has been the decision of the people to insist that health values be explicit in the policies of every government ministry. We believe, as this decision implies, that health is multidimensional and is influenced by genetic endowment, lifestyle choices, knowledge, socioeconomic conditions, security and safety, as well as a sustainable natural environment. The shift in focus to health, rather than illness-oriented medical care, has resulted in changes across the board. To broaden the spectrum of health care, publicly funded health care is balanced with private funding. The private funding is highly regulated and must demonstrate consistency with our health values. Of the public funding, a redistribution has occurred so that only a small percentage is allotted to illness care and the remainder is provided for health promotion in communities and other primary care settings.

Nursing, like the rest of society, went through a very turbulent and disturbing period at the end of the 20th century and the beginning of the 21st century. With the emphasis on finding cost-saving approaches to care, many registered nurses were replaced by lower-cost, minimally prepared health care providers. Nearly 40 per cent of registered nurse positions were lost, primarily in hospitals, where most nurses used to work. The decade of program management and "managed care" turned out not to be the panacea many thought it would be. While some improvement in medical care was achieved through care mapping, other negative outcomes resulted, including increases in morbidity and mortality, as well as consumer dissatisfaction. An analysis of the situation revealed that while tasks can be done by technicians, aids, multifunction workers and others, positive health outcomes are dependent on the knowledge nurses have of the whole human being in the context of his or her family and community.

Many studies were undertaken to examine the impact of professional nursing knowledge and care on health outcomes. The findings of these studies were consistent with those done at the end of the 20th century. For instance, the findings demonstrated that nursing, rather than medical care, reduced length of hospital stay and hospital readmission rates. Another set of studies showed that where professional nurses cared for people during and after surgery, there was a reduction in the need for analgesics, improved respiratory functioning and early mobility, as well as reduced anxiety. Other studies indicated that when registered nurses worked with residents of seniors homes, there was a significant reduction in the need for medical services, fewer hospitalizations and marked improvement in the emotional and physical health of residents. Although many similar studies had been done as far back as the 1980s, they were all but ignored until now. The end result is that we are now facing a great demand for registered nurses in hospitals, communities, health centres, homes and work places.

...we are now facing a great demand for registered nurses in hospitals, communities, health centres, homes and work places.

The rocky road leading to this time where nurses are in demand was very challenging. Through the bad times most nurses remained committed to nursing. They lobbied with other groups concerned about health and health care, and urged professional associations to gather and disseminate all of the research findings supporting the positive impact of nursing on health. They engaged in concerted national and international political action campaigns, not out of a self-serving interest, but out of an altruistic concern for the health and well-being of humankind. It was through collective political action that nurses began to shape their destiny.

Within the profession, major educational reform was achieved. Nurses everywhere are now able to access university education via distance education. Virtual reality technologies are frequently used to simulate client encounters in order to provide students with the opportunity to develop and enhance their practice even when the teacher is thousands of miles away. This also helps students prepare for registration exams, which now include virtual reality practice simulations. Regardless of where nurses live or work, whether they are in Halifax, Baffin Island or rural Africa, nursing education is accessible to them. As a consequence, the nursing population has changed. Now 50 per cent of nurses have bachelors degrees, 30 per cent have masters degrees and 20 per cent have doctoral degrees.

Nurses are continually learning and this, along with the increased demand for registered nurses, has significantly strengthened their ability to foster change. Support for nurses has also been fortified by the National Nurses Association (NNA), a merger of the National Nurses Union and the Canadian Nurses Association, as well as by provincial/territorial nursing associations. The NNA has played a key role in participating in international trade talks and in fostering international nursing links. The global demand for Canadian nurses, in practice, education, management and research, has been a factor influencing the increasing demand at home.

There is growing diversity in the work settings of nurses, but the majority (55%) work in hospitals. Hospitals, however, are very different places compared to what they were like at the beginning of the century. For one thing, over the past decade, hundreds of small hospitals have been opened or reopened mainly because small towns have become the most desirable place to live for many Canadians. This demographic shift necessitated the rethinking of health care needs in smaller communities. Hospitals are required to serve their community needs. Consequently, every hospital is unique. Many hospitals have healing rooms where patients, families and staff can enjoy music, art, poetry, as well as the natural environment. Many also have learning centres where patients, families, staff and members of the community can go to learn how to use computers to access and evaluate health-related information.

To attract nurses, hospitals have been transformed to support professional nursing practice. Many nurses are employed by the hospital, but there are also many who are self-employed, often working in group practices, who contract their services to the hospital. Nurses assume responsibility for planning the total care of patients before,

during and after hospitalization. They move in and out of hospitals with their clients to ensure continuity of care, which might involve providing "hospital-in-the-home" care. The distinction between hospital nurses and community nurses is quite blurred. Like nurses everywhere, learning, teaching, researching and facilitating health policy development are part of, not an add-on, to their practice roles.

Many nurses today work outside of hospitals in a multitude of primary care roles. The use of nurse practitioners and clinical nurse specialists is extremely common. These nurses work in schools, seniors' residences, elder-care facilities, publicly funded housing units, free-standing nursing or hospice centres, transition care centres, rural and outpost settings and in YMCAs. Others work in public health, home care, or are hired by collectives of people such as congregations, ethnically defined groups or cooperative living groups. Although there has been a decline in the numbers of the homeless and people living in poverty, there continues to be a need for nurses in hostels and on the streets, particularly in large urban areas. While most people have access to a great deal of information through computers, and have health screening and health management programs at home, there is a need for assistance in analyzing the information, exploring options and identifying, when necessary, which of the wide variety of health care providers should be selected to meet health needs. A growing number of nurses are specializing in space health in preparation for work with space communities. In all roles, nurses work in partnership with people (individuals, groups, families and communities) for health.

A growing number of nurses are specializing in space health in preparation for work with space communities.

TIME OUT FOR SELF-REFLECTION

Take time to reflect on your reactions, thoughts, feelings, concerns and questions.

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The Transformation: A Report From The Year 2020

Society is experiencing what people back in the '90s called a "social transformation." This major change has been fed by people's concern for the ecology of the earth and the realization that a more caring and spiritual existence begets better health and a more meaningful life. The earlier emphasis on material gain and consumerism has been replaced with a desire for a balanced life and an appreciation of diversity. A significant proportion of the population is over 65, and the wisdom of our elders and their contributions to child care, politics and community are greatly valued.

Living with the debt burden of the early part of the century was a struggle, but balanced budgets have finally been realized at the national, provincial, regional and local levels. Although it was a difficult time, the situation made people face fundamental issues about what is important in life, how life and the planet must be preserved – not just for ourselves, but for future generations – and the real meaning and purpose of life. Changes in values and priorities are reflected by the fact that many people have chosen to work less. Not only has this contributed to society by increasing the availability of work, but it has allowed people to spend more time with their families, enjoy nature, contribute to communities through volunteerism and care for themselves, as well as others. The notion of "community" has become highly valued, reducing the sense of isolation and alienation many people used to experience, particularly the elderly, poor, homeless or those new to the country. Within communities, whether they are in rural areas or in large metropolitan cities, people have found meaning and pleasure in caring for each other. It is not uncommon for community members to share child care, home schooling, elder care and to collectively attend to gardens, parks and home maintenance.

In keeping with the transformation, the prevailing view of health and healing has changed dramatically since the turbulent days of the '90s. For one thing, we now realize the critical role of nature in sustaining human health. This has meant healthy cities, healthy organizations and healthy homes have become the desired goals. Cars are strictly controlled in the cities and it is difficult to imagine any home or building that does not have fresh air, sunlight and lots of plants, trees and shrubs to help purify the air, cleanse grey water and add to the aesthetic pleasure of living. Our life is quite different as a result of our realization of the integral link between nature, health and healing.

This view of health and healing has greatly affected the nature of health care. The Ministry of Well-Being, established in 2010, integrated previous ministries allowing health policy to reflect social, economic, educational, environmental and human health dimensions. The focus is truly the promotion and maintenance of health rather than the earlier emphasis on illness and health care. The shift in focus arose, in part, from our growing awareness of the limitations of science, technology and traditional medicine in promoting and sustaining health and healing. Society has not rejected these contributions, which are still essential in certain situations, but generally, the view is much broader. We know that not everything is measurable, as they were trying to "prove" in the '90s. There is mystery in life and healing that absolutely eludes quantification and measurement. While we acknowledge that technology can be useful, we are no longer in a state of "techno-lust," believing technology can answer every question or solve every problem. Rather, technology is evaluated in terms of its contributions to health and well-being. We tend to value highly the natural healing capacities of human beings, which are supported and facilitated only when viewed holistically – as mind-body-soul. For years now, people have been engaging in holistic self-health/healing and seeking out a wide variety of health and healing options. It is common for people to use a variety of approaches such as meditation, massage, therapeutic touch, traditional culturally specific healing methods, acupuncture, energy modulation, nutrition, visualization and imagery to enhance well-being.

Our life is quite different as a result of our realization of the integral link between nature, health and healing.

A great deal of research done over the last two decades, especially nursing research, contributed significantly to our understanding of the contributions of mind-body-soul and nature to health and healing. As society has embraced more traditionally feminine values

and ways of being, the knowledge and contributions of professional nursing have become increasingly valued. Nursing, midwifery and other more holistically focused groups have contributed to the development of a new healing paradigm that is used as the basis for the education of all people in healing and health services.

Nurses, physicians, chiropractors, Shamans and other health care providers are educated together in faculties of healing arts and sciences. Although we have discipline-specific courses, much of our learning occurs together with all others who are in caring and healing roles. Because we learn together and value our various perspectives, we do not feel compelled to define the boundaries of our "disciplines." This is also reflected in the new structure of regulation in Canada. The colleges that existed at the turn of the century, have been replaced with one multidisciplinary, non-governmental body. We are regulated, not on the basis of scope of practice, but rather on our ability to provide safe, competent and ethical healing. It is possible to continuously expand the repertoire of healing acts or processes throughout the course of one's career. We carry "smart cards" that list our licensed acts and processes and which can be scanned by individuals or organizations around the world. The cards are guarantees of standards and competence.

We are regulated, not on the basis of scope of practice, but rather on our ability to provide safe, competent and ethical healing.

I am a typical nurse. I am employed by my community, a collective of 300 families who reside in an area in Vancouver. I was hired by the Community Planning and Advisory Council. My salary is partly sponsored by the community and partly by the government. One of my roles is to work with the council in planning for the health needs of the community. I am connected to every family member and household via computer through our community health network. People maintain their own health records, which are generally stored in the home computer or which can be downloaded onto the personal health information "smart card." This allows people to share their information with me or any other health care professional. Much of my time is spent working with families, individuals, self-help groups, and elder or child care groups in my community. I may provide counselling, facilitate health planning, assist with the interpretation of health information received via electronic sources, or assist people who are caring for others in their homes. Many nurses are hired by defined communities often facilitating health planning, healing circles and helping people learn self-healing practices. Often, I will act as a guide or simply be present with individuals or families as they explore the meaning of and make choices about their health

and illness. Based on community requests, I facilitate health learning and healing circles or guide people on health walks as we appreciate the healing effects of the natural environment. I frequently help people learn self-healing practices such as therapeutic or healing touch, relaxation, meditation, guided imagery and visualization, or help home care-givers to learn additional caring methods. For instance, I will work directly with families who are caring for the dying at home. When community members go into hospital, I accompany them, ensuring that institutional care is consistent with their health desires and that there is continuity of care after discharge.

I work closely with other nurses and colleagues within our community and around the world. Within the community, our ability to interact through computers enhances communication, coordination and planning, which translates into an improved quality of care. For me, and most nurses I know, nursing practice always includes research and continuous professional learning, both of which are strongly supported by my community. At present, three other community nurses and I are working with scientists from the Universities of British Columbia and California on a multidisciplinary research project that focuses on the impact of intentional healing presence on the immune and hormonal systems. I am also taking courses that focus on international nursing. The courses are offered via distance education through the Universities of Barcelona and Mexico. Our community is twinned with a similar one in Mexico, so I am learning about the health needs and healing traditions of people in that region. The community expects, and is supportive of, a six-month exchange with my nurse counterpart who lives in Tierra Blanca.

TIME OUT FOR SELF-REFLECTION

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A Report From The Year 2020: The Scenario You Create

The fifth scenario is for you to create. Having read the four previous scenarios, you may choose to build additional ones, or, more probably, you will choose to develop your image of a desired future for Canadian nursing in the year 2020.

PART III:
PUTTING THE SCENARIOS TO USE

To this point, we have examined futures thinking and research, and have explored possible futures scenarios for Canadian nursing in the year 2020. Futures thinking and the scenarios can be used by everyone, including individuals, groups or organizations. The purpose of this section is to provide ideas about strategies for using the scenarios.

Using Scenarios as a Screening Framework for Decision-Making

The scenarios can be used as a framework or as a way of evaluating decision-making....

Every day, we are faced with or affected by decisions that relate to nursing. The decisions may be about the role of the registered nurse, management of nursing services, curriculum or teaching, the focus of research or the work of associations, regulatory bodies or unions. Every day, decisions are made by governments, administrators and numerous other groups that have the potential of affecting nursing and/or the health of people. Regardless of our roles, we directly participate in or are affected by all of these decisions.

The scenarios can be used as a framework or as a way of evaluating decision-making, no matter how major or relatively minor the decision may be. Whether it is deciding to support a major health policy initiative, determining what constitutes professional nursing practice, or questioning whether we should take on another "delegated medical act," it is possible to consider the decision and possible courses of action within the context of the scenarios. With the scenarios in mind, we can examine whether our choices would lead to, or contribute to, a desired vision or an undesirable vision of the future. Used in this manner, the scenarios act as a screening device to critically analyze decisions and evaluate options.

Using Scenarios to Create Other Images of the Future

Scenarios need to be viewed as open, fluid and malleable. They are not written in stone. In fact, they will and should be criticized,

modified, added to and changed. They are evolving images that are responsive to different people, ideas and times. Scenarios can lead to the development of other images of the future, including preferred futures.

Building additional scenarios can be done in a simple or systematic and comprehensive way. How you approach the task will depend on your background and experience with scenario building, whether it is an individual or collective effort, the purpose of the exercise and the time available to generate the images. Also, scenarios can vary in scope. Generating a scenario of nursing in all of Canada, for example, would differ in focus from a scenario created for a single province or small group. Similarly, the context of the scenarios can vary. The four scenarios described earlier were based on broad contexts that included social, political, economic, environmental and technological factors, among others. Broad contexts such as these can be used, but it is also possible to situate the scenarios in a smaller context, perhaps your unit, committee or organization. Deciding on the type, scope, purpose and context of the scenario is an important preliminary step in scenario generation.

The process of building scenarios...can foster debate, collegiality, the sharing of visions....

An individual or group may elect to build scenarios "from scratch," or use the previously discussed scenarios as a springboard for elaborating or inventing new ideas. In either case, people may wish to use methods of environmental scanning, trend analysis and idea generation to add information or create alternative images.

If you are doing an environmental scan, you can use the framework provided in the Appendix, or the more usual approach that goes by the acronym PESTEM – political, economic, social, technological, environmental and managerial. You can collect your own information from the literature or World Wide Web, but you can also use environmental scans that are often done by nursing associations, unions, regulatory bodies, organizations and government agencies. Survey both nurses and non-nurses, asking them to identify key trends, issues and events that would impact nursing, health care and the health of people. Join together with colleagues to write about or draw pictures of alternative futures of nursing.

The process of building scenarios, whether they be entirely new ones or elaborations of the ones presented here, can foster debate, collegiality, the sharing of visions, as well as setting the stage for planning endeavours.

CREATING SCENARIOS

1. Determine scope, type, purpose and context.
2. Conduct an environmental scan and analyze trends.
3. Engage in idea generation activities, e.g., survey of colleagues, imaging futures through writing or drawing.
4. Build scenarios, incorporating factual information and creative imagination.

Using Scenarios for Planning and Action

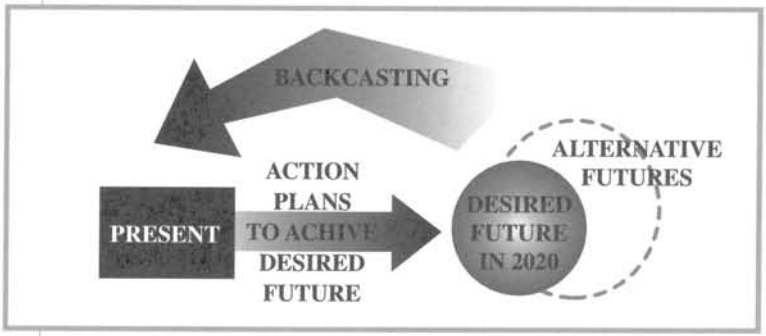
As mentioned earlier, futures scenarios are bound to elicit emotion. But whether they are disturbing or inspiring, scenarios should be catalytic. They should stimulate us to think about what we or others need to do to avoid the unimaginable or ensure the realization of the desired. Scenarios are, or should be, intricately linked to planning and action.

Planning can take many forms. It can refer to an individual plotting out a career path. Planning can also relate to teams, groups, committees, communities, associations or organizations. Whether we are talking about career planning for an individual or strategic planning for a large organization, the scenarios can be used as part of the planning process.

One important step in planning is the development of a desired future scenario or vision. Both the process of building the scenario and the product serve important purposes. The process often helps people to bring into consciousness and critically examine assumptions, beliefs, values, expectations and hopes. Discussing personal thoughts about a desired future of nursing is part of building consensus and developing a shared view. The desired future scenario can guide actions and significantly increase the power of nurses to influence change.

When using futures thinking as part of the planning process, it is essential to remember that the future may unfold in various ways. Thus, when an individual or group develops a desired future scenario, it is done with the knowledge that many alternative futures are possible or plausible. Therefore, while the desired future must be held strongly in the mind, it is always held along side of the other possible scenarios. Simultaneous consideration of other possible futures reminds people of the breadth of possibilities and the dynamism of the environment. Being clear on the desired future in the context of other possibilities, is an important part of all planning endeavours.

A second way of using scenarios for the purposes of planning involves the technique called "backcasting." As the model below illustrates, backcasting means planning from the future back to the present in order to identify strategies and take actions that will help achieve the desired vision or prevent a negative scenario. Backcasting is the opposite of forecasting. People situate themselves in the future, imagining what it would be like to be living in that scenario. From that vantage point, it is possible to reflect back to the present and plan various actions.



Backcasting, or planning *from* the future, is different than planning *from* the present to the future. When we plan for the future from the present moment, our thoughts are occupied by our current and past experiences, knowledge and the dominant values and beliefs in the sociocultural environment. Our vision, in other words, is biased by the present. By stepping into the future, perhaps through role playing, it becomes possible to see the present from a different perspective. We can never truly let go of the biases we hold, but backcasting is one method that helps us envision life in the future in a way that creatively informs choices and actions in the present.

A third way scenarios can be used in planning is by employing a method called cross-impact analysis. The four scenarios presented earlier describe a broad context of society and health care before nursing is examined. When using a cross-impact analysis, the broad scenarios (without the nursing-specific information) are reviewed and used to develop ideas about what nursing would be like if the future unfolded according to the scenario. The following questions could be asked: "If this scenario occurred in Canada, what role(s) might nurses play? What would nurses contribute to society? What

knowledge would nurses require? What would nursing education, management or research be like? What would be the nature of the nursing collective (unions, associations and regulatory bodies)? After it is clear what the nursing profession would look like in each of the scenarios, those images are compared and common themes emerge. This is the cross-impact analysis. The themes can then be clustered into a new image or future scenario, incorporating the common elements. The purpose of the exercise is to create a future image of nursing that is most likely to stand up regardless of which future scenario ultimately comes to pass. The future scenario of nursing that is created, by using a cross-impact analysis, is one that is more powerful because it is developed in the context of many possible futures.

There are many uses for futures scenarios. They can be used to foster discussion, evaluate decisions, generate ideas about alternative and desired futures. Regardless of their uses, scenarios are designed to stimulate planning and action.

CROSS-IMPACT ANALYSIS

1. Select broad, contextual scenarios.
2. For each scenario, build detailed descriptions of nursing.
3. Analyze all nursing descriptions, identifying common or repeating themes.
4. Use the common themes to build a vision of nursing – one that would endure regardless of how the future unfolds.

PART IV:
CAN ONE PERSON MAKE A DIFFERENCE?

"Can one person make a difference?" is a simple, yet profound question Tough (1991) raised in his book *Crucial Questions About the Future*. It is a question that certainly applies to all nurses. Many of us struggle, particularly in today's world, with a sense of powerlessness and impotence, believing that there is little we can do to influence either the present or the future. Powerlessness and impotence can cause people to use defense mechanisms such as denial, intellectualization and projection. Practitioners often argue that it's up to the professional associations or unions to solve the problems. Educators say it's up to managers to create practice settings and work environments that are conducive to professional practice. Managers and practitioners alike often blame educators for not producing the "right" kind of nurse. Governments and other health care professions also get blamed. While it is probably true that responsibilities for both problems and solutions can be shared, it may also be that we look to others rather than ourselves because, deep down, we believe that one person cannot make a difference.

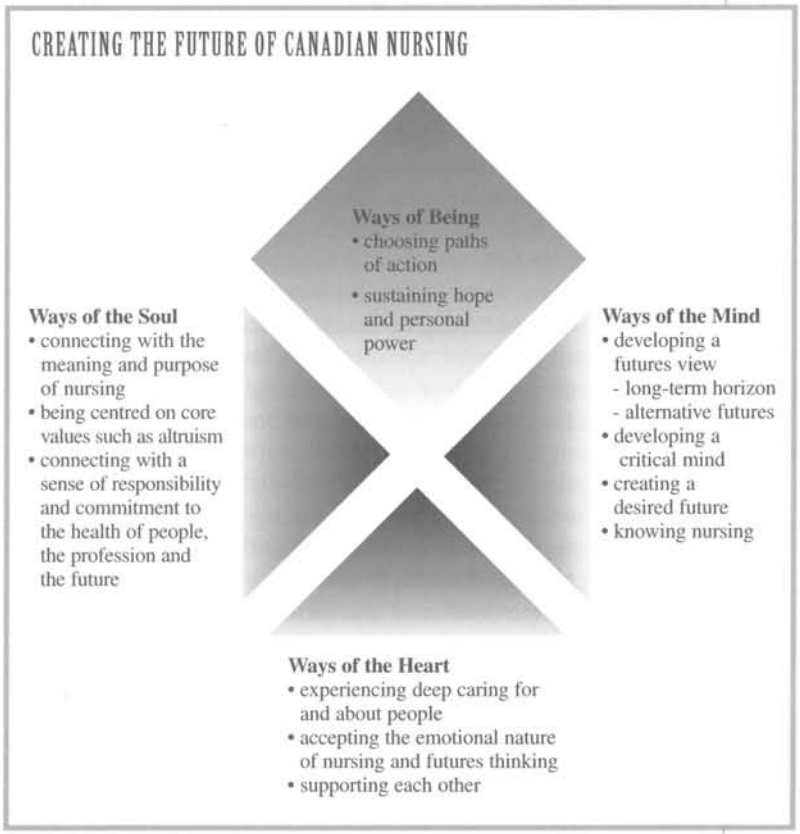
We need to believe that each one of us can make a difference.

We need to believe that each one of us can make a difference. We need to believe that we can shape the future of nursing in Canada. We need to believe in the essential contribution of nursing to the health of people. We need to feel powerful as agents of influence and change. We need to sustain hope for the future. And, we need to take actions that reflect these beliefs. Each one of us has the responsibility and power to shape the destiny of nursing and the health of people. Each one of us can make a difference.

How can we avoid despair or powerlessness? How can we sustain hope and a sense of empowerment to positively affect the future of nursing? In this section, I will share some reflections and strategies that may help you feel you can make a difference. The ideas presented are based on my studies of the human experience of learning about, and coping with, the future. The model, on the next page, is adapted from one I developed as part of my research

(Rogers, 1994; Rogers and Tough, 1996) and will be used as a conceptual map for the discussion.

Thinking about the future and our potential role in shaping our destiny affects our whole being. It is not simply a cognitive or intellectual exercise. Although there certainly are intellectual challenges, we frequently experience a variety of emotions and may even struggle with deeper, more soulful questions about the meaning and purpose of nursing. If facing the future affects our minds, hearts and souls, then it is to the mind, heart and soul that we must look to discover sources of strength. The mind, heart and soul are sources of knowledge, energy, hope and personal power – all of which are necessary before we arrive at a place where we truly believe that each person can make a difference.



Ways of the Mind

Thinking about the future – particularly long-term, alternative futures – can be very challenging. It is easier to focus on the present or assume that the future will be at least as good as today, perhaps even better. Futures thinking asks us to extend our temporal horizons and imagine many different future possibilities, both good and bad. By doing so, futures thinking can challenge and sometimes change our ways of thinking, our assumptions and beliefs, our expectations about the future, and even our world-views. Some people find these intellectual challenges to be exciting and inspiring while others may find them disturbing, overwhelming, even crazy. While futures thinking is intellectually challenging and can trigger many different reactions, it is also a powerful tool for helping us find ways to influence our destiny.

Can one person make a difference? Yes, if we put our minds to work. We can develop a futures-oriented way of thinking and acquire a working knowledge of the skills used to facilitate thinking about the future. We can use the scenarios included here, create scenarios, and generate – individually or collectively – a desired vision of nursing's future. Imagining alternative futures lifts us out of the present to consider our choices, which in turn influences our actions in the present. Imagining a desired future gives us hope and points the way to actions that will help achieve that future. Holding all of the scenarios in mind creates a means by which we can evaluate all decisions in the present. Developing a futures-oriented way of thinking is one way each of us can make a difference.

We can also develop a critical mind both in terms of ourselves and the environment in which we work and live. By critical, I mean a healthy questioning of assumptions, beliefs, values, expectations and perspectives. Thinking about and acting on behalf of the future means that some currently held assumptions will be challenged and sometimes changed. We need to critically evaluate our beliefs and assumptions in the context of alternative nursing futures. We also need to critically evaluate the dominant beliefs, assumptions and values that are implicitly or explicitly communicated to us through organizations, groups or politics. We need to critique everything – from health policy to the day-to-day work of a nurse. A self-reflective, critical mind is not a complaining mind. It is a mind that asks questions: "What are the assumptions, beliefs and values inherent in this idea, suggestion, policy, system, practice, curriculum? Do

they need to be challenged or changed? Are they consistent with the beliefs, values and assumptions we hold or want to hold now? Are they consistent with where we want nursing to be in the future?"

If we want to achieve a desired future, we must be able to articulate nursing's distinct perspective, knowledge and ways of being. Part of this knowledge stems from our magnificent heritage and history. Very few nurses know that Florence Nightingale's vision of nursing, which was described in the mid-1800s, has still not been realized today. She was a great futurist.

Knowing nursing means looking at our own and others' perspectives of nursing as well. We can talk to other nurses or read journals and books that describe various models or perspectives of nursing. We need to debate whether there is a distinct body of nursing knowledge. If there is, how can it be described? If there isn't, does it matter? Is nursing a set of skills, a sub-set of medicine, or is it a unique knowledge of human beings in health and illness situations? Is it the fact that the nurse in the NICU can "do" a gavage feed or is it the nurse's intimate knowledge of the uniqueness of the baby that reveals the distinct knowledge of the nurse? If we argue that nurses know people and focus on the experience of health, illness and healing, why do our orientation, in-service and education programs often focus on skill acquisition? If we say that nursing practice ought to be based on theory and research, why do we often structure the work of the nurse in a way that means he or she can almost never find time to read a journal, critique research findings, go to a library or systematically examine a practice-related issue? We need to ask questions such as these and explore the paradoxes to be better able to talk about the uniqueness of nursing.

...we must be able to articulate nursing's distinct perspective, knowledge and ways of being.

Much of nurses' knowledge has been and remains somewhat invisible, even to ourselves. We must make this knowledge visible or we will continue to be defined not by what we know, but by the skills and the tasks we perform, many of which could be done by others. Having the ability to clearly express the nature of nursing knowledge and its importance to the health of people is crucial for both the present and the future.

Knowing nursing also means having knowledge of theory and research. Not everyone will be a great theorist or researcher, but every nurse can know about research and theory related to nursing practice. Every nurse can and should know about research that has examined the impact of nursing on morbidity, mortality, length of hospital stay, health and healing. Every nurse can identify practice-

related questions, hunches, curiosities and incongruities that can lead to research or inquiry. As the old adage goes, "knowledge is power." The more we know, the better we are able to assert convincing arguments and the more influential we become.

Ways of the Heart

There are two main reasons to discuss the ways of the heart, or our affective nature. First, thinking about alternative futures of nursing can and often does make the heart stir. It is difficult to engage in futures thinking without experiencing a variety of emotions. Sometimes, considering the possible futures will be exhilarating and energizing. Sometimes, futures thinking can be accompanied by feelings of despair and grief. We may grieve for actual or potential losses. Perhaps it is the loss of an idealized vision of nursing. Perhaps it is the loss of nursing as we have known it. Perhaps it is grief associated with the losses we are currently experiencing. People may feel anger, guilt, frustration, depression – all of the emotions that generally go along with grieving. We need to accept the fact that thinking about the possible futures of a profession we care about can be emotionally tumultuous. We need to be supportive of one another through this process.

We need to accept the fact that thinking about the possible futures of a profession we care about can be emotionally tumultuous.

The second reason for discussing the ways of the heart is because the heart is a source of tremendous power. Over the years, I have read hundreds of descriptions of why nurses went into nursing. There is no doubt that nurses are nurses because they care about people and want to care for people through all the joys and sorrows that living and dying bring. Caring for and about people, in health and illness, is at the core of nursing. It is sometimes difficult to feel this caring in the course of a busy and demanding day. We need to, however, pause at times to consciously feel the caring that comes from the human connections nurses have the privilege of making. We can also pause to experience and express caring to the colleagues who have shared a chaotic shift. We can reflect on the special interactions or encounters we have had with patients. We can reread thank you notes or personal journals to rekindle the caring flames. We need to find ways of staying connected with our deep sense of caring for people, their health and well-being. When we experience deep caring about people, the profession and society, we feel a powerful energy. That energy fuels hope, empowerment and a desire to make a difference.

Ways of the Soul

Thinking about the future can stir not only the heart, but also the "soul." By soul, I refer to our essential understanding of the meaning and purpose of nursing, nursing responsibilities and commitments, values, including altruism. Notions of the soul are rarely spoken of or written about, however both my research and other reflections on nursing suggest that the soul may play a pivotal role in helping us explore possible futures, examine our deep sense of knowing nursing, and in strengthening our ability to make a difference.

There is no doubt that nursing involves the mind, including our ways of thinking, perspectives, theories, concepts, research and knowledge. As well, nursing involves the heart or the caring we feel through human connections. But, nursing also involves the soul. How do we know the soul? We know it, connect with it and feel its power through the exceptional moments we share with patients. Every nurse has a collection of soul stories; the kind that stay with each of us forever. In these moments, we know, truly know in our deepest selves, what it means to be a nurse. In these moments, we have a sense of certainty about our purpose and value. As it is said, "a moment in the soul lasts a lifetime." Nurses experience many moments in the soul.

Soul-knowing reminds us that there is mystery in life, and health and nursing that cannot be quantified or otherwise measured. Soul-knowing simply exists when we allow ourselves to open to the experience. We need to recount our stories to ourselves. We need to tell these stories to colleagues and others. I have included one of my own stories to illustrate my point (see the next page).

Soul stories are powerful. They teach and inform. They create instant connections. They help us stay centred on the meaning and purpose of nursing. They help us feel that we have responsibilities and commitments to people as well as to the profession. The path to informed, hopeful and empowered action is through the soul.

...the soul may play a pivotal role in helping us explore possible futures, examine our deep sense of knowing nursing, and in strengthening our ability to make a difference.

Forty below it was that night. My car barely started as it fought winter's bitterness. I reached the hospital for the seventh night shift. During those stints I never saw daylight, which only appeared briefly in the middle of the day when I was sleeping. In the parking lot I pulled up to a wee post, barely peeking its head above the snow. I got out of my freezing car and plugged it in. (Cars never get warm when its 40 below.)

My shift began. I chatted with the departing nurses. We shared stories about the weather, always the main topic of conversation when it's 40 below. Twenty-eight patients and me – oh, and a woman in labour. I'd have to be really organized! It used to scare me, being very much alone during the night with no one to call, but I was used to it by then. After all, I was an experienced nurse of two years.

I was told Mrs. Ghostkeeper was nearing death. She was a lovely woman I had grown to know over the days and weeks. I did my rounds, assessed every patient, checked my IVs, poured and distributed my meds. The woman in labour was just five centimetres – I had time.

I stopped to be with Mrs. Ghostkeeper. Her breathing was increasingly difficult. Surprisingly, she seemed calm despite the effort required for every breath. Her oxygen was flowing through her mask. I held her hand – cold and blue – life receding. We looked into each other's eyes. You know the look – soul to soul knowing – no words needed.

I mentioned the weather she knew all too well from spending her 70 years in the North. I told her it was lightly snowing and the moon was cast in a murky halo as it always is when it's 40 below. She looked at me and whispered, "If only I could see the hoarfrost one more time before I ...." I didn't know about hoarfrost until I came here. But now, I too had come to appreciate the beauty of the intricate display of fuzzy frost that covers everything in a lace of snowflake patterns.

Hoarfrost, she wants to see hoarfrost before she dies, I thought. I looked around the room. The window was many feet from the bed and she was tethered to the bed by the oxygen tubing. My mind explored the options. What could I do to help her see the hoarfrost before she dies?

I told her I would return shortly. I went to the supplies room and collected equipment for my invention. I checked on the other

27 patients and the woman in labour – seven centimetres and doing fine – I still had time. I returned to the side of Mrs. Ghostkeeper. I extended her tube-tether with more tubing and connectors. With the elongated tether I could move her bed to the window – to the hoarfrost. I scurried over to the light and turned it off. The panorama appeared.

What a magnificent picture. Blackness, counter-pointed with large white snowflakes, illuminated by an outside light – and, hoarfrost. Hoarfrost adorning the window, framing nature's beauty. She looked in silence. The picture – the blackness, twinkling snow, the halo around the moon and the hoarfrost. It was a picture that had filled the senses of humans for thousands of years. It was a picture of memories past. It was a picture of life's continuity beyond any one individual's life. In the stillness of the night we waited together. Cradled in nature's arms, she died.

An hour later, life began. I helped a woman give birth to her baby girl. Endings and beginnings. As I held the baby in my arms I thought, you don't know it is 40 below or the meaning of the hoarfrost, but you soon will.

Rogers (1995).

Ways of Being

Every nurse can make a difference. We can involve our minds, hearts and souls to help us find individual and collective paths of action. The taking of action sustains hope, commitment and a feeling of power to positively affect the future destiny of our profession. It does not matter how great or small the actions may be; it only matters that we take action to make a difference. While every person needs to find her or his own path of action, here are some ideas about what people can do.

1. Share the futures scenarios with colleagues and others. Use them as a stimulus for discussion and debate. Become a futures thinker.
2. Generate alternative futures scenarios. For example, post a large piece of paper at your place of work or school. Place a heading at the top: "What will nursing be in 2020?" Invite

everyone to engage in graffiti, writing down anything that comes to mind. Read and analyze the responses. Compare them to your own thoughts and ideas.

3. Create a desired future scenario. The clearer we are about the desired future, the better able we are to communicate it.

4. Use the scenarios as a screening mechanism to evaluate choices, decisions, policies and changes.

5. Learn. Collect and share articles, books, newspaper clippings and so forth that relate to nursing in the present and future. It can be research or professional articles as well as items in popular media. For instance, an article might appear about Nanotechnology or robotics. Perhaps the government proposes a new direction for health care. Discuss the potential impact on nursing and the health of people 25 years from now. It is even possible to discuss television shows like *Star Trek*. What could be the role of nursing in space colonies? The important thing is to learn and discuss.

6. Speak out about nursing, health and health care. Develop an ability to clearly articulate the nature of nursing, nursing knowledge and ways of being. Talk to everyone. We encounter many people each day and every encounter is an opportunity to speak out about nursing. Talk to the person in the cafeteria, the bank, the school, a class of six-year-olds, friends, family members, politicians, board members and anyone else who will listen. If every nurse in Canada spoke to two people a month for one year, we would have reached more than five million people.

7. Attend to the heart. Pause in the chaos of everyday to appreciate the feelings of caring that arise through our human connections with people. Accept the emotional nature of thinking about the future of our profession. Support each other.

8. Find ways to connect with the soul. Reflect on why you chose nursing. Talk with nurses across the generations or read about the history of nursing and the nurses who have made a difference. Reflect on the meaning of nursing and what it means to be a nurse. Think about what needs to be preserved in the future.

9. Tell soul stories. Share the stories of moments in the soul (remembering to maintain confidentiality, of course). Send the

stories to be published in newsletters or newspapers. Soul stories are powerful and need to be shared.

10. Participate. Get involved wherever there is discussion about the present or future of nursing and health care. Whether it is a committee at work or school, or involvement in a union, professional association, community or politics, participation is necessary if we hope to achieve a desired future.

The call is out for each of us to make a difference. Despite the fact that we may, at times, suffer from feelings of pessimism, indifference, apathy or powerlessness, we do have the capacity to transcend these feelings through knowledge of the crucial and unique role of nursing in preserving and supporting the health of all Canadians.

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APPENDIX

ENVIRONMENTAL SCANNING FRAMEWORK: LIST OF VARIABLES

For the purposes of the nursing futures project, the environmental scanning framework was organized around the four main concepts generally associated with nursing. These concepts include people, environment, health and nursing. Variables and/or trends that might affect the futures of nursing were clustered together within each of the four concepts.

1. The Nature of People

- demographic trends including: culture, language, ethnic diversity, gender, age and population distribution, urban and rural trends, employment and education trends;
- health and illness patterns;
- health-related technological trends associated with client/patient access;
- changing definitions of patient or client;
- changes in social values, beliefs and perceptions;
- changing constellations of living (families, individuals, groups);
- global issues and concerns affecting people.

2. The Environment

- socio-political trends and issues affecting health, health care and nursing;
- economic trends and issues;
- physical environmental issues and trends;
- legal and regulatory issues and trends;
- biomedical, communications and information trends;
- trends in health care professions and health care generally;
- changing notions of community;
- trends in organizational culture, structure, function, management and leadership.

3. Health

- changing definitions of health;
- global health issues and trends;
- trends in health and healing practices;
- globalization of health care;
- trends and innovations in health-related technologies and bio-medical sciences;
- changing knowledge of health.

4. Nursing

- nursing demographics: number, type, age, gender, distribution, work settings;
- educational preparations (basic, advanced, continuing education);
- trends in education, practice, research, leadership;
- issues and trends regarding relationships with other regulated and non-regulated health care provider groups;
- changing trends in client/patient-nurse relationships;
- nursing informatics;
- perspectives of nursing, nursing knowledge, nursing research;
- new and emerging nursing roles;
- trends in specialization and generalization;
- trends in healing and health practices of nurses;
- trends and issues related to the measurement of nursing, nursing impact;
- trends in care delivery;
- trends and issues related to the nursing collective – unions, associations, nursing regulation;
- global nursing issues.

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MARTHA ROGERS is a professor in the Department of Nursing at York University in Toronto and is President of Canadian Nursing Consultants. She is a strong advocate for nursing and has a long-standing interest in the development of nursing knowledge, transformative learning in nursing and futures studies. Her doctoral research focused on the experiences of adults as they learn about and cope with the future. She has been invited to present her model of learning about global futures at many international futures venues, including conferences sponsored by UNESCO, the Foundation for International Studies in Malta, the Future Generations Alliance Foundation in Japan and the World Futures Studies Federation in Spain. She is the author of numerous articles and chapters in both nursing and futures studies. As a consultant, she has worked with nurses from across North America, the West Indies and, most recently, Nicaragua.

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