

The Dawning of a New Era of Leadership

Out of clutter, find simplicity. From discord, find harmony. In the middle of difficulty, lies opportunity. – Albert Einstein (Calaprice 1996)

This is the final issue of the *Canadian Journal of Nursing Leadership (CJNL)* for 2021, and the final issue for this editor-in-chief. It is with some reluctance that I step away from this role, but I am a firm believer in knowing when your expiry date is pending. When I took over *CJNL* from Dorothy Pringle in 2010, the task seemed daunting – what big shoes I had to fill – and almost immediately, imposter syndrome took hold of my psyche. But clearly, I forged ahead, and more than 10 years later, I have reflected on my editorial tenure, but more about that later.

The events of the past two years, and perhaps many months yet to come, may well be remembered as the greatest societal disruption of our lifetime, as citizens, nurses and leaders. Adding up to a loss of more than 5.3 million lives worldwide to date (WHO 2021), the pandemic has challenged our leadership in ways we could never have imagined. The devastating path has been indiscriminate, and the collateral damage significant, particularly within healthcare settings and among clinicians. The escalation of workplace violence and racism, the intensification of woefully inadequate staffing, impossible spans of control and unreasonable nurse–patient ratios are, perhaps, finally at a critical tipping point. The tragic failings in long-term care and intensifying nursing shortages have flagged the dire state of affairs. Tired of dealing with all of the aforementioned issues and more, nurses are leaving the profession in droves. They are justifiably choosing self-preservation over exhaustion and quitting rather than submitting to forced overtime and untenable work environments.

Prevailing silos of care, a system that is not a system and ever-widening fracture lines among our professional bodies are further undermining our capacity to act as a collective. Choices of competition over collaboration, control over co-operation, divisiveness over unity, regulation over advocacy and the sacrifice of made-in-Canada solutions (e.g., sacrificing the Canadian registered nurse examination for the National Council Licensure Examination) are not serving the interests of Canadian nursing well. Although many of these issues have been simmering over the course of my career, they have now been laid bare and are giving rise to an unmitigated state of urgency.

After more than a year of discussing this myriad of troubling issues with several nurse leaders, the imperative to gather perspectives to inform solutions and new directions led to the compilation of topics for this issue of *CJNL*. Invited contributors enthusiastically accepted the opportunity to further unpack the issues and postulate strategies to achieve a desired future for nursing in this country. The scope of issues is broad and is not meant to be inclusive of every challenge we are facing but it is a beginning. The burning platform for change is beneath our feet – we need urgent action to douse the flames before there is nothing left to salvage. This is not the message I expected to deliver in my final editorial, but there you have it.

Evolving Our Workforce: What Needs to Change?

As nursing shortages reach critical levels, nurses are increasingly experiencing moral injury, post-traumatic stress, exhaustion and forced overtime; to be frank, the stakes are very high right now. Alarm bells are being sounded as risks to patient safety intensify and the erosion of care quality becomes inevitable. Stopgap decisions to fill vacancies with less qualified, less knowledgeable and less experienced personnel may well become permanent fixes. After years of mounting, irrefutable evidence, how can health system leaders ethically settle for such suboptimal human resource solutions? Where is the valuing of nursing knowledge? How much more compelling could the evidence be?

Anchored by a detailed discussion of the vulnerabilities of the nursing workforce (Bourgeault 2021), our contributors contemplate important considerations for health human resource planning into the future (Stevenson et al. 2021; Tomblin Murphy et al. 2021). Commentaries are provided on key issues relative to workforce mobility (McGillis-Hall 2021), transition into practice (Duchscher et al. 2021) and expediting the integration of internationally educated nurses into the Canadian workforce (Lee and Wojtiuk 2021). Filling vacancies and meeting staffing needs into the future will depend on these strategies, but in the absence of meaningful retention strategies, it will inevitably be time limited. While not a focal discussion point, there is also an urgency to revisit past deliberations about the consistent measurement and reporting on the use and impact of health human resources; on this front, we remain largely data rich but information poor.

Anticipating Practice Transformations: What's Next?

In recognition of the potentially dramatic changes to the allocation and mix of health human resources, authors reflect on the need to strengthen and unify our nursing voice. Specifically, they describe the need to increase our understanding and operationalization of intraprofessional nursing practice in order to realize an optimal scope of practice for all (Almost 2021; Lankshear and Limoges 2021). Acorn (2021) echoes the call for increased role clarity and consistency but in the work of advanced practice nurses citing their current underutilization in supporting national and global health system transformations. Workforce shortages have incited troubling calls for a return to expedited nursing programs, even a return to hospital-based training. Rather than see a retreat to a past that diminishes the knowledge work of nurses, Dyck et al. (2021) and Butler (2021) emphasize the value proposition of baccalaureate preparation, particularly in anticipation of future practice demands.

Booth and Strudwick (2021) offer their views of practice in a post-pandemic world, specifically with the enduring use of virtual care. Chung-Lee et al. (2021) offer commentary on the need to address equity as virtual care becomes permanently entrenched as a mainstay channel of care delivery. Practice transformations enabled by digital health solutions have only just begun, and the opportunities abound. In my view, we have yet to reap the potential benefits for clinicians and patients; the technologies exist but our leadership in this realm remains limited. There is still much to be done to streamline, standardize and minimize the documentation and administrative burden borne by nurses and others. Efforts need to be directed to improve communications within and between care settings – informing care transitions, strengthening intra- and interprofessional practice and securing more active engagement of citizens in their own care.

A Sea Change Ahead: What if?

Villeneuve and Guest (2021) describe the evolution and complexity of the current array or, as they more aptly suggest, disarray of professional nursing organizations in this country. While “educators, regulators, and unions all have important roles to play ... none of them fulfill the functions of imagining and orchestrating (with partners) the future of the profession, supporting the non-specialty, cross-cutting legislative and social changes impacting nursing” (Villeneuve and Guest 2021: 118). Amid the many critical tactics identified in this set of papers, a plea for the creation of a nationally unified, powerful voice for nursing is probably the most weighty and impactful of all. Complementary to the creation of a national collective is Wignall’s (2021) compelling argument for the reinstatement of a federal chief nursing officer, without whom an influential policy voice for the profession is largely missing. Jefferies (2021) addresses the work needed in nursing to overcome systemic racism and discrimination; Crosschild and Varcoe (2021) highlight important steps needed to improve and strengthen our care of Indigenous communities and effectively realize decolonization. Nelson and Salami (2021) build upon these issues in describing the urgency for doctoral student recruitment and support, not only to ensure the future availability of faculty but also nursing’s vital contributions to scholarship and research. They highlight the need to rectify a historical exclusion of racialized and Indigenous nurses in recruitment strategies. And while not wholly sufficient, inclusivity is paramount to the future of nursing education at every level.

Thorne (2021) makes an impassioned plea for us all to commit to a renewed professionalism in nursing in order to overcome the forces that threaten our essence. This call for renewal is yet again reliant on a spirit of co-operation and collaboration among all of our professional bodies. In a summation of the issues, Harris and Donner (2021) call upon us to use our imaginations, speculating on possibilities for fundamental change in the delivery of nursing services and framing the opportunities by asking “What if?” And finally, out of deep respect and my sincere appreciation for the opportunity afforded me over a decade ago, Dorothy Pringle (2021) – nurse leader, mentor, colleague and friend – offers some final reflections.

Anticipating a New Era of Leadership

Armed with the wisdom and vision provided by our contributors in this issue, I believe that current circumstances dictate a new order of leadership. A leadership that is founded on thinking that is open-minded rather than parochial, strategic rather than reactive, inclusive rather than exclusive and futuristic rather than a reinvention of the past. Actions taken now will, to a large extent, determine the demise or flourishing of our profession over the next decade. With all that confronts the collective of our nursing community, I remain ever optimistic that we have the leadership capacity to set the right course and apply the best evidence to bring about needed changes and create the future of our imaginations. To paraphrase Friedman (2005), we need “strategic optimists,” the minds of a generation “with more dreams than memories,” and one that “not only imagines that things can be better, but also acts on that imagination every day” (p. 469).

Final Words

Being an editor is a bit like sorting the wheat from the chaff, deciding which things are good and important and which are less so. But it is also akin to mining gold, gleaning and summarizing the key ideas from a collection of papers. And not unlike an executive chef, you must also make the final determination as to what will be served, course by course. Given this age of misinformation, there is also a duty of care to readers, ensuring value and veracity of content. Reviewing papers on a wide array of leadership topics requires one to be somewhat of a “Jack of all trades” as it were, but having a supportive editorial team and an extensive database of reviewers allows the magic to happen. You quickly learn the limits of your knowledge, experience and expertise. For more than a decade, our contributors have expanded my views of leadership. I have gleaned many learnings from authors I might not have otherwise read, and most importantly, I have been impressed by the sheer breadth and depth of nursing leadership in this country. It is nothing short of amazing.

To our readers, I thank you for allowing me the latitude to draw upon my personal and professional experiences, apply my imagination and, at times, offer a harsh critique of decisions and circumstances impacting the profession. I offer my gratitude to members of the editorial advisory team, editors and guest editors, our significant complement of manuscript reviewers, book editor, Gail Donner, and the editor emeritus, Dorothy Pringle. I am thankful to my friend and colleague Michael Villeneuve, for his enduring leadership – I am particularly grateful for his partnership in reviewing the papers for this issue. My sincere appreciation to all for your support over the last decade.

To the editorial team at Longwoods, thank you for affording our profession this medium for our message. In particular, a heartfelt thanks to Dianne Foster-Kent, editorial director, who over the years has been a guiding hand, advisor, friend and tireless supporter of *our* work, ensuring delivery of the quality readers expect. Not to mention her infinite patience. Without fail, as production deadlines loomed, I came to expect her gentle prodding: “How is the editorial going?” Suffice to say, for me at least, writing editorials has been a largely iterative, reflective and intensely creative process, not to mention a source of considerable angst when finally hitting *send*.

A special mention and personal thanks to Anton Hart – the founding CEO and publisher of Longwoods Publishing – who from my first meeting evidenced his unwavering support for nursing and emboldened us to test new ideas and approaches in our formatting and delivery of content. To the entire editorial team, it has been an unparalleled privilege – thank you all.

Finally, I welcome Ruth Martin-Misener as the new editor-in-chief of *CJNL*. Enjoy the richness of the journey and the unfolding of new learnings and wisdom from an abundance of new colleagues, writers, reviewers and readers alike. I hand the stewardship of this preeminent journal – the vehicle for the voices of Canadian nurse leaders – over to you.

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