

We Need Not Wait to See What Others Do

We but mirror the world. All the tendencies present in the outer world are to be found in the world of our body. If we could change ourselves, the tendencies in the world would also change. As a man changes his own nature, so does the attitude of the world change towards him ... We need not wait to see what others do. (The Collected Works of Mahatma Gandhi 1913: 240)

In the last issue of the *Canadian Journal of Nursing Leadership*, authors provided numerous examples of nurse leaders making efforts to address the mental health of nurses in the midst of the pandemic. I personally thank guest editor Joan Almost for leading the collation of the issue and the authors who took the time to share their strategies and learnings. Unfortunately, we are not out of the woods yet, and I hope this collection of papers will continue to provide guidance to our readers for many months to come.

Amid these difficult times, an affirming step for Canadian nurses was the establishment of the Canadian Academy of Nursing (the Academy). Michael Villeneuve, the chief executive officer of the Canadian Nurses Association (CNA), presents an overview of the Academy and its purpose, structure and role within the Canadian nursing landscape (Villeneuve 2021). As we collectively struggle to discover new ways to support Canadian nurses, the Academy provides yet another vehicle through which to expose, elevate and exact the wisdom of our formal and informal leaders. CNA wants to build a comprehensive Canadian hub with opportunities to educate, empower and support nurses to lead, advocate, innovate and influence public policy that leads to sustainable change (Villeneuve 2021: 10).

Given the systemic and pervasive manifestations of social injustice and racism and discrimination throughout society, a strong nursing voice is needed more than ever before. As the Academy matures, efforts to cultivate leadership and an influential policy voice have the potential to inform remedies and mitigation strategies to begin to resolve these and many other challenges. Sustainable change is desperately needed on many fronts and the Academy, while undeniably an important supporting structure, is not a panacea. In this issue, our contributors describe the promise of some practical changes that could be applied to realize incremental change in practice settings. Identifying and adopting new ways to frame and address some of the issues are indeed part of the solution going forward, but there is so much more to be done and there is no need or time to wait on the efforts of others.

Matwick et al. (2021) present concepts and a framework to equip nurse leaders, healthcare administrators, organizations and public health nurses with the ability to integrate social justice into public health practice. Their framework and definition of social justice emphasize the social determinants of health, caring relationships and health equity. As such, it is clear that their proposed approach for public health has clear applicability to all areas of nursing practice. While trauma-informed practice has been commonly adopted in specific areas of nursing practice (e.g., pediatrics, mental health and substance use), other domains such as administration and policy are largely underdeveloped. In this issue, Wignall (2021) provides a discussion of the potential for trauma-informed practice in the context of contemporary leadership. Highlighting the “mass trauma” of the COVID-19 pandemic, she provides a compelling perspective on the importance and the need for trauma-informed leadership more than ever before. She demonstrates that a trauma-informed pandemic response can meaningfully change policy and practice and actively address traumatization in real time. Similarly, O’Flynn-Magee et al. (2021) offer a unique commentary on the intersection between bullying and racism, asking us to consider the role we may play, consciously or unconsciously, in reinforcing their prevalence. They entreat us to “do something” (p. 36) rather than doing nothing. What will be your something?

Devane et al. (2021) explore the impact of a quality improvement initiative on healthcare professionals’ experiences of delivering mental health and substance use services in the face of the COVID-19 pandemic. Specifically, they applied the ADKAR (awareness, desire, knowledge, ability and reinforcement) change management framework to examine respondents’ views of communication, redeployment, and safety and well-being. Based upon

their findings, they offer recommendations designed to inform the ongoing pandemic response procedures developed by healthcare leaders.

The long-anticipated nursing shortage has become a reality; beyond expected retirements, the problem is being compounded by early departures and career shifts related to the pressures of the pandemic. The workforce is dwindling at a rate unmatched by the number of new graduates from Canadian schools of nursing. Increasing the new graduate funnel is not as simple a solution as some would think; a growing shortage of nurse educators is equally problematic. Lee et al. (2021) describe a multiorganizational project that prepares internationally educated nurses (IENs) for employment in Canadian healthcare settings. Their guiding framework provides an interesting collaborative approach that brings greater coherence to issues such as licensure, practice, immigration and resettlement – all in support of facilitating IEN integration into the workplace. This partnership model may be instructive as we strive to identify innovative approaches to health human resource management into the future.

Efforts to retain and develop resilience within the workforce might be supported by exploiting untapped leadership potential. For example, Bailey et al. (2021) present their research findings, describing the practice patterns of nurse practitioners across a four-site academic hospital network representing acute, primary, rehabilitation and complex continuing care. The nurse practitioners' activities were varied but primarily focused on direct and indirect care, leading the authors to suggest that more effort should be made to capitalize on their advanced nursing practice knowledge and skills to the benefit of leadership, research and education.

Perhaps the time has come to be purposeful in identifying those hidden leaders – individuals who can help to bolster the nursing workforce in a post-pandemic world. Beyond the pandemic fallout, there are certainly more than enough other issues to be tackled in the coming years. We need all the help we can get, and we all need to do something. To echo the call issued by O'Flynn-Magee et al. (2021), what will be your something?

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