

# Leadership in – and Despite – Troubled Times

*“I wish it need not have happened in my time,” said Frodo. “So do I,” said Gandalf, “and so do all who live to see such times. But that is not for them to decide. All we have to decide is what to do with the time that is given us.” (Tolkien 2001: 50)*

I am going to begin by simply saying hello. As I sit down to write, I cannot help but be aware of how familiar and surreal it simultaneously feels to me. Familiar because the *Canadian Journal of Nursing Leadership (CJNL)* is a journal that I have had the privilege of publishing in over the years. In fact, it was the first journal in which I published a first-authored paper more than 20 years ago. The surreal feeling arises from it being my first time writing as editor-in-chief of this transformative and influential Canadian nursing journal. Truthfully, never in my wildest dreams would I have foreseen myself in this role. I am deeply humbled and honoured, not to mention a bit intimidated, especially when I think of the nursing giants who have occupied this position before me – one of whom is Lynn Nagle. Thank you for more than a decade of wisdom and guidance and a legacy of inspired leadership. I wish you all the best in the adventures that lie ahead.

Here is a little bit about me. My career as a registered nurse (RN) and nurse practitioner (NP) includes critical care and primary care in four provinces and one territory. For the past 30 years, I have worked at Dalhousie University in Halifax, NS, with responsibilities in education and research. Since 2018, I have been the director of the School of Nursing and assistant dean, Research, in the Faculty of Health.

## **Challenges of the COVID-19 Pandemic**

Having just watched *The Lord of the Rings: The Fellowship of the Ring* for the 100th time, or so it seems, I am struck by Frodo’s sadness when he admits, “I wish it need not have happened in my time” (Jackson 2001). Gandalf’s words, quoted earlier, spoken with such compassion and honesty, remind Frodo, and all of us, that some things are not ours to decide (Tolkien 2001). What are we going to do with the time given to us? That is our question to answer every day, which grows increasingly difficult. As we move into the third year of the COVID-19 pandemic, with case counts continuing to rise, workforce numbers drifting dangerously low and public anger and intolerance growing daily, the challenges that we face day to day create a heavy burden of fatigue. This has led most of us to wonder: “Why did COVID have to happen? Why me? Why now?”

The commentaries (Acorn 2021; Booth and Strudwick 2021; Butler 2021; Chung-Lee et al. 2021; Duchscher et al. 2021; Jefferies 2021; Lankshear and Limoges, 2021; Lee and Wojtiuk 2021; McGillis Hall 2021; Nelson and Salami 2021; Stevenson et al. 2021; Thorne 2021; Wignall 2021) and papers (Almost 2021; Bourgeault 2021; Crosschild and Varcoe 2021; Dyck et al. 2021; Harris and Donner 2021; Pringle 2021; Tomblin Murphy et al. 2021; Villeneuve and Guest 2021) published in the last *CJNL* issue for 2021 gave us eloquent examples of how nurses have responded to that question. They bear witness to the impact of nurses who have heard, answered and continue to answer not *the* call but their call – *their* own unique call.

I feel particularly blessed to have been given the opportunity to serve in the role of editor-in-chief during a global pandemic. Why? Because as cruelly difficult and exhausting as the pandemic is for all of us – patients, nurses and other healthcare providers – whether in practice, administration, policy, education or research, there is no doubt that it is a fulcrum for change and opportunity. *CJNL* will be part of that movement as the journal continues to push the boundaries of understanding nursing leadership.

### **In This Issue**

In this issue of *CJNL*, we read about research being conducted on vitally important leadership capabilities – including followership, administrative leadership, practice leadership and communication with policy makers – required for nurses both during and post pandemic. These are leadership essentials that are part of our toolboxes as nurses.

Honan et al.'s (2022) scoping review provides an overview of literature examining the important role of followership in nursing. The authors point out the necessity of leadership and followership being understood as different roles with common and symbiotic goals. They are mutually dependent on one another. Success is dependent not only on leaders but also courageous followers. In our present Omicron-dominant environment of the ongoing COVID-19 pandemic and in the coming post-COVID-19 future, strong effective followers, especially first followers, are needed to move change and innovation forward. For a fun look at first followership, have a look at this YouTube video (Severs 2010).

Hamilton's (2022) paper describes a practical tool aimed at helping NPs develop their skills and competencies by discussing health service issues with policy makers. Her paper outlines strategies for teaching NP students valuable skills associated with deliberative dialogues. She notes how profoundly important it is for those involved in NP education to consider how students learn how to talk with policy makers about their role and other important health services activities.

Hamilton's paper challenges educators to provide real-life opportunities to students so that they can develop and practise the skills needed for the dialogue between NPs and policy makers.

Hublely et al. (2022) explain the components of their Strengths-Based Nursing and Health Care Leadership and Management (SBNH-LM) program and report evaluation findings from a pilot implementation study that was carried out in two Toronto-based hospitals. Funded by the Canadian Institutes of Health Research and the Social Sciences and Humanities Research Council of Canada, the SBNH-LM program is a value-based approach that intentionally aims to develop clinical leaders' capabilities to support and humanize healthcare environments that are frequently deficit based. The program includes 10 modules offered over four months using arts-based, active learning activities that encourage story sharing, self-reflection and small-group and peer-based learning. The pilot contained a strong mentorship component that participants reported finding very helpful. Clinical leadership is key to healthy work environments. This is something we have always known; however, the pandemic has highlighted the importance of this fundamental building block for a healthy workforce more than ever before.

Carson et al. (2022) describe the leadership of RNs and NPs in providing accessible and inclusive medical abortion services and the barriers experienced to the optimization of nurses' roles. Three research priorities identified in a 2019 priority-setting meeting with RNs and NPs engaged in medication abortion practice were identified. These included reducing barriers for marginalized and underserved patients, communication and relationship building and collaboration between physicians and health professionals, such as pharmacists and midwives. Their article reminds us of nurses' imperative societal responsibility to improve access to healthcare. This can be achieved through multiple strategies, such as strengthened relationships, communication and collaboration with other professionals.

Keilty and colleagues' (2022) case study provides a description of the implementation and evaluation of a virtual care and education tool, Connected Care on the Go!, which enables hospital-to-home transitions for children with medical complexities and their parents. Developed at The Hospital for Sick Children in Toronto, ON, Connected Care on the Go! provides education about various medical technologies that can be offered in people's homes. It is an exciting example of nursing leadership in discovery and innovation.

In closing, I want to bring us back to the words of another nursing giant, Sally Thorne (2021: 155), who at the close of her commentary said: "The future of our profession, indeed our world, demands a vibrant, highly respected and

well-supported nursing workforce, and that process begins with each of us.” The urgency of this statement builds with each passing day of public protests and divisiveness. The approval of a national chief nursing officer position is a welcome ray of hope.

I think Gandalf would agree and approve.

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