

# Nursing Workforce Challenges: Familiar Territory or Shifting Tides?

In this issue of the *Canadian Journal of Nursing Leadership* (CJNL), we are pleased to offer a range of articles and perspectives including a leadership profile, a letter to the editor, research-focused articles and invited commentaries. The unifying thread through all of them is the complex maze of challenges and opportunities facing the nursing workforce. This complexity is created by many factors in Canada and around the globe. To be sure, the COVID-19 pandemic is one of them but its effect has not been to create – but rather to accelerate and intensify the impacts of issues that have plagued nursing for decades. There are no easy solutions to what are longstanding challenges; however, that is not a justification for inaction. Improvements to the experiences of nurses in their workplaces is a responsibility we all need to own, beginning with how we treat one another.

How we give and receive respect is part of the human condition. We all deserve to be respected and at the same time we all are responsible for being respectful. Because we are nurses, there is another dimension – treating people with respect is a professional and ethical responsibility and nurses need to be accountable. Organizations and systems also have responsibilities and accountabilities to facilitate healthy, safe and respectful workplaces.

## Leading this Issue

The issue leads with an article by Almost and Mildon (2022), cleverly titled “R-E-S-P-E-C-T” (like the song [Frankin 1967] – for those old enough to remember it), that provides a comprehensive review of the troublesome history of respect in nursing, or lack thereof, beginning with examples arising from the pandemic. They trace the philosophical meaning of respect and how it has been manifested in the healthcare system and in nursing over time. Protests from nurses about the lack of respect for the profession has been a reoccurring theme in the nursing literature for almost 20 years and continues to be one of the top reasons that nurses are leaving their positions in the wake of the COVID-19 pandemic. While there is no doubt that the pandemic has been an extreme stressor, it alone is not the reason for the exodus from the profession.

The invited commentaries by Smadu (2022), Prodan-Bhalla (2022), Elliott Rose (2022) and Clarke and Cameron (2022) reflect on the concepts so clearly articulated in the Almost and Mildon (2022) article. They refer to examples from the literature

and reflect on their own past experiences with respect and disrespect, some of which have remained with them, often for years. There is a poignancy to their personal stories and reflections, and it is evident how deeply these experiences have shaped their thoughts about respect and how they apply what they have learned in their current nursing leadership roles. Their messages of hope and belief in the art of the possible, going forward, are encouraging. I agree with these authors that there is fresh interest from health human resource decision makers in using evidence to guide timely planning and an openness to innovative solutions that is promising.

The commentary by Clarke and Cameron (2022), in particular, proposes that human-centred design be used to advance respect in the workplace. Human-centred design is an iterative, solution-focused process built on principles of empathy and co-design that honours lived experiences and emphasizes the value of the process of finding a solution as much as the solution itself. Clarke and Cameron (2022) stress that an important component of the co-design process is that leaders be authentic in their engagement with nurses. This includes being honest about what influence nurses have and what decisions they can and cannot make.

### **Profile in Nursing Leadership**

The leadership profile written by Stake-Doucet and Cérat (2022) presents a case-study of Gracia Kasoki Katahwa, registered nurse and mayor of a Montreal borough in Quebec. Based on a personal interview, this profile tells the story of Mayor Kasoki Katahwa, the first Black woman and nurse to hold this office. As the authors so eloquently note, “her story gives us profound insight into political agency within, and for, nursing” (Stake-Doucet and Cérat 2022: 52). They also remind us that telling this story now is important because it captures Black nursing history in the making. Stake-Doucet and Cérat’s (2022) leadership profile is inspiring and moving. It is an important reminder that the workforce challenges in nursing are experienced inequitably. Racism and discrimination are still far too common in nursing and in other institutions within and outside systems of higher education and healthcare.

### **Leadership Research**

Chiu et al.’s (2022) article reminds us that nursing, now more than ever, is part of a global community and workforce challenges transcend geographic borders. Their synthesis of policy foci at the International Council of Nursing’s (ICN) Congress 2021 highlights how important it is for nurses to be knowledgeable about the context of global nursing policy, regulation and education. Their article highlights the significant attention given to workforce challenges and opportunities at the ICN Congress 2021 including education, regulation, recruitment and retention and scope of practice optimization in advanced practice nursing. Additional areas

of focus at the Congress included strengthening nursing leadership; epidemic and pandemic preparedness: lessons from the COVID-19 pandemic; strengthening nursing's role in health equity; advancing patient care and health service delivery through innovation, data and quality improvement; and strengthening the capacity of nursing organizations.

The second research paper focused on genomics and nursing by Limoges et al. (2022) finds that healthcare, and consequently workplaces, are changing rapidly and leadership is needed to help nurses stay abreast of the changes. Their focus is genomics, a growing component of healthcare that nursing is not keeping up with. Knowledge of genomics is being actioned in models of care that are tailored to individuals and referred to as precision and personalized healthcare. However, as Limoges et al. (2022) observe, Canadian nurses are not being educated about these new models of care and they identify strategies that will rectify this gap.

### **Letter to the Editor**

I would also like to draw attention to the “Letter to the Editor” from Marfo and Fernández-Sánchez (2022) that raises important questions about the barriers facing internationally educated nurses (IENs) who want to practise in Canada where there are severe nursing shortages. Written in response to a commentary authored by Lee and Wojtiuk (2021) in a previous issue of CJNL, this letter focuses on the systemic factors – for example, requests from various organizations involved in the processing of applications for the same documents that impede access to bridging programs and create financial hardship and stress. The authors present ideas for solutions to address these barriers and issue a call to IENs to share their experiences.

### **Conclusion**

To summarize, this issue highlights significant nursing workforce challenges and inequities that demand leadership at all levels, across all sectors and in collaboration with partners from local to global. The issue also identifies strategies and solutions that radiate hope and stimulate optimism that meaningful change is within reach. Perhaps it is good that the coveted Canadian summer months of July and August are upon us bringing us the gift of time for some rejuvenation of body, mind and spirit before diving into that change-work.

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