

Grounded in the Present and Anticipating the Future

A new year is dawning and along with it, the first issue of the *Canadian Journal of Nursing Leadership (CJNL)* for the year 2025. We begin the year with significant and persistent health and healthcare challenges. Recently released data from the Canadian Institute for Health Information indicate that 5.4 million Canadians aged 18 years and older (17%) report not having access to a regular healthcare provider (CIHI 2024a). Mental health concerns are on the rise and made worse by intersections with gender and other social determinants of health, with many people experiencing delays in care or not receiving it at all (CIHI 2024b). Emergency departments are overburdened as more and more Canadians seek care there for conditions that could have been managed in primary care (CIHI 2024a). The social determinants of health have worsened as the cost of living has skyrocketed (Park 2024) along with gender-based violence and structurally embedded and pervasive racism (Government of Canada 2024a, 2024b).

The shortages of healthcare providers, including nurses and nurse practitioners, are unprecedented, complex and not amenable to quick fixes. To minimize the impact of these system stressors on patient care and health, nurses and nurse practitioners are being asked to do more and to think critically and innovatively about what we do, along with why and how. This kind of deep thinking is facilitated by collaboration and partnership, something we see often in the manuscripts that come to *CJNL*.

We have responded to the various challenges, and we will stand together to lean into leading meaningful change that acknowledges the healthcare crisis and the rapidly evolving advancements in knowledge and technology. Many of the authors of the *CJNL* issues in 2024 have provided research, commentaries, case studies, frameworks and toolkits to guide us in moving forward.

In This Issue

In this first issue of 2025, we begin the year with a mix of papers, some of which focus on persistent challenges while others focus on innovations that are rapidly

becoming part of our day-to-day realities. We cannot allow ourselves or the teams that we lead to become so bogged down with solving persistent challenges that we miss the opportunity to see and shape promising new ideas and technologies that could add value to population and community health and patient care processes. Both are important, and even in these very challenging times of workforce stress and shortage, our gaze needs to widen to embrace the creation of the future.

This issue begins with Jefferies et al.'s (2025) rapid review that aims to identify and describe initiatives used by organizations for the recruitment, retention and advancement of Black nurses in healthcare systems. Their findings are presented in three categories. The first is nursing education, which includes faculty-focused and graduate student-focused initiatives. The second is health systems, which includes the subcategories of racism and discrimination in nursing representation and visibility. The third category is nursing leadership, and it includes career advancement and advancement pathways, skill development and training programs and advocacy. The review explicitly illuminates supports for Black nurses to assume leadership positions – formal and informal – in healthcare systems. The authors describe how most sources identified recruitment, retention and advancement approaches with multiple components. Their review also highlights supports that enable Black nurses to take on leadership positions, as well as strategies to address long-standing system-wide barriers that restrict Black nurses from accepting and executing leadership roles. The authors emphasize the importance of creating an environment that is accessible to and inclusive of Black nurses and advances health equity for and with Black people.

Next is Walker et al.'s (2025) rapid review, which examines how whiteness shapes the Canadian nursing profession. Using findings from literature published from 2017 to 2023, the authors reveal how policies, practices and perspectives encourage and sustain whiteness within the Canadian nursing profession. Implications from their review of the literature are grouped into five interconnected themes: (1) accountability (through acknowledgment and commitment); (2) policy and procedures; (3) education; (4) leadership and mentorship; and (5) partnerships. Their discussion of these themes includes examples of how nursing leaders can interrupt whiteness and stresses on the importance of understanding, naming and disrupting racism, including systemic racism.

Srivastava's (2025) commentary on the Walker et al. (2025) review reflects on the importance and concurrent insufficiency of the discourse on white dominance. The problematizations contained within this discourse are thoughtfully examined. Srivastava (2025) concludes the commentary by elaborating on five domains for leaders to disrupt whiteness: (1) accountability (through acknowledgment and commitment); (2) policies and procedures; (3) education; (4) leadership and mentorship; and (5) partnerships.

Cardiff et al. (2025) provide a much-needed Canadian perspective on artificial intelligence (AI) and key organizational considerations for nurse executives. It is a commentary that is informative and reader-friendly for people like me, who have low AI literacy. Cardiff et al. (2025) note the scarcity of nursing-specific AI guidance documents and emphasize the critical role of nurse leaders in fostering the establishment of AI governance structures and facilitating AI adoption in nursing practice. They identify several considerations related to AI for nurse leaders, including those that are related to federal oversight and provincial regulation, as well as AI governance at organizational levels. Other topics include responsible AI use and modernizing nursing competencies. The article provides an important nudge for all of us to keep pace with AI developments – especially those that impact nursing and healthcare more broadly – if we are to develop what Cardiff et al. (2025) aptly refer to as a “future-ready nursing workforce” (p. 49).

The last article by House-Kokan et al. (2025) is a case study. The authors describe the development and implementation of a partnership between British Columbia’s health authorities, baccalaureate nursing programs and institutions that provide post-licensure specialty nursing education. The aim of this partnership is to address the current and projected shortage of registered nurses (RNs) prepared to offer specialized complex care – for example, in intensive care units and emergency departments. The goal of the program is to prepare pathway students for entry-level competencies required of all baccalaureate nursing students and the competencies required for a specialized practice setting. An ongoing evaluation of outcomes will inform pathway development and potential application to other practice areas and professions. Such evaluations are vitally important in Canada, and internationally, to inform credentialing of specialty practice for RNs and advanced practice nurses (Bryant-Lukosius et al. 2022).

The new year of 2025 is now upon us. Like an unread book, it stretches ahead with unknown joys, challenges and opportunities. I want to express my sincere gratitude to you, the authors, the reviewers and the readers of CJNL. Best wishes for the year ahead and thank you for caring so deeply about nursing and the importance of nursing leadership to create change for better health and better healthcare.

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