From the Editor-in-Chief

Shift Happens with Intelligence Anew

"All intelligent thoughts have already been thought; what is necessary is only to try to think them again."

– Johann Wolfgang von Goethe

Fifty years ago, philosopher Thomas Kuhn (1962) described the concept of a "paradigm shift," arguing that scientific advancement is not evolutionary but rather a "series of peaceful interludes punctuated by intellectually violent revolutions," and in the sequelae of those revolutions "one conceptual world view is replaced by another" (Wade 1977: 144). Although Kuhn was writing about science, the term paradigm shift has been since applied more broadly to numerous instances wherein new ways of thinking about old problems arise. Over the last century, there have been several shifts in our own and others' views of nursing as a profession, science and practice. Some of these debates, particularly in relation to nursing science, have been lively – sometimes even bordering on nasty – but to describe them as intellectually violent would be hyperbole to the extreme. Rather, those I have experienced over the course of my career could only be described as intellectually challenging and a welcome liberation from status quo thinking. If nothing else, they have led us to places of agreeing to disagree, mutual respect, shared understanding and, dare I say, sometimes about-face changes in perspectives.

More than 20 years ago, I naively wrote about my assumption of an imminent paradigm shift in traditional information and knowledge management approaches in healthcare. Informatics was going to revolutionize nursing practice and healthcare delivery worldwide. Lo and behold, a couple of decades later, I am still waiting for this to become a reality… but as you will see from the ACEN update in this issue, a shift is happening. For every nurse in this country, the unfolding of initiatives such as the Canadian National Nursing Quality Report (NNQR-C), the Canadian Health Outcomes for Better Information and Care (C-HOBIC) and the database of Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) signal a transformative shift in how nursing will be depicted, understood, referenced and supported. Collectively, these efforts will likely bring about an unprecedented visibility to the work of nurses in Canada. A welcome shift, to be sure.

We are currently at a crossroad in our discussions of healthcare delivery – with diatribes about the need for healthcare transformation, the need for systemic

changes to how, where and by whom care is delivered, the need for personal choice but also for a system that is affordable and efficacious for all citizens. In this issue, our contributors introduce some new initiatives and concepts, underpinned by ideas and principles that are not necessarily novel, but are perhaps timely in the contemporary context of nursing and healthcare delivery. For example, the notion of Strengths-Based Nursing Care (SBNC), as described in a new book by Gottlieb (2012), reframes the thinking and core principles of nursing practice posited by nurse scholars as far back as Nightingale:

> Strengths-Based Care (SBC) is an approach to care that considers the whole person, focuses on what is working and functioning well, what the person does best, and what resources they have available to help them deal more effectively with their life, health, and health care challenges. It is about how nurses can best support what is working in order to help patients cope, develop, grow, thrive, and transform. … Although SBC makes sense, it represents a radical shift in thinking and a new way of being and doing. It requires a new orientation on the part of most nurses, health care professionals, and the current health system. … It asks nurses and health care professionals to gain a fuller appreciation of the person and their family by situating them and their issues in context, considering their situation and circumstances, getting to know their "story," and accompanying them on their health and illness journeys. (Gottleib 2012)

LeGrow's book review provides us with a synthesis of Strengths-Based Nursing Care, describing its primary components as (a) theoretical foundations, (b) basic skills to support the practice of SBNC and (c) clinical examples from advanced practice nurses who have used the approach in their clinical practice. She provides a clear endorsement of this book as a must-read for all nurses in education and practice.

In a related paper in this issue, Gottlieb and colleagues present us with a corollary to the book, setting out the principles of Strengths-Based Nursing Leadership (SBNL) by also drawing upon previous works and evidence of leadership qualities that support the realization of SBNC. The principles address such concepts as holism, empowerment, equity, individualism, self-determination, collaborative partnerships, lifelong learning and healthy work environments. Clearly, none of these concepts are new to the nursing literature, and evidence abounds as to their influence on nursing practice. And while the significant impact of nurse leaders who operationalized these principles has been demonstrated over the years, a wholesale shift to such enabling leadership has not occurred. Without a doubt, there are still many organizational, structural and ideological traditions to be addressed, but perhaps this is another shift whose time has come. The authors discuss the significance and possibilities for SBNL within the context of

the current emphasis on healthcare transformation. Wong's commentary on the concept of SBNL nicely situates it within the context of relevant research and previous leadership models and underscores an optimistic view for the future.

This is a time of shifting sands and transformative opportunities, adopting new ways of thinking about and applying our collective knowledge, evidence and intelligence. The term "business intelligence" has been used for several years to describe the use of data to inform organizational decision-making and achieve new understandings about business practices. Recently, the concept of "clinical intelligence" has emerged as a way of applying our clinical know-how, supported by electronic data and information systems to inform clinical decision-making and derive new understandings about the impact of clinical practices (Harrington 2011). I suspect this concept in particular will evolve rapidly in response to the aforementioned Canadian nursing initiatives, but it also supports the advancement of SBNC and SBNL.

I submit to you that there is yet another dimension to be brought to bear on the work of nurses, that of "leadership intelligence." A convergence of business and clinical intelligence will aggregate much of what nurse leaders need to be truly transformative in today's healthcare climate. Although many of the fundamental values, principles, precepts and supporting evidence discussed in this issue may not be wholly novel, here's hoping that they prompt a rethinking of that which we have long known to be true, and potentially accelerate much-needed shifts to happen.

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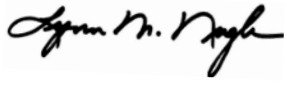

Lynn M. Nagle, RN, PhD
Editor-in-Chief