

What Do Genomics, Float Pools and Cardiac Surgery Have in Common? Innovating Nurses

For me, the fall – even more than the New Year – is the time for new beginnings. This association is definitely related to my work in education and because city sidewalks and country roadsides are suddenly alive with children and their parents and/or guardians, most of them excited, laughing and eager to start a new school year. It is a time steeped in new beginnings and excitement about new possibilities and new innovations.

Many of the health systems' challenges that predated and/or were made visible by the COVID-19 pandemic require innovations in how the workforce is organized in order to provide holistic and evidence-based care that will improve health and system outcomes. Change is never easy, and the wicked problems we are facing as a country and world can be overwhelming. Embracing a “growth mindset” (Wolcott et al. 2021: 430) and courageous leadership that can withstand some unease and discomfort is needed. As nurse leaders, we have a window of opportunity to help strengthen the nursing profession to meet the health needs of people. This means becoming better educated and clinically proficient in using emerging technologies to improve health and healthcare and prevent and/or address future health crises and emergencies (Chapman 2024b). This requires us to collaborate with each other and with patients to embrace diverse perspectives and translate research and other forms of evidence into responsive and equitable practice and policy.

From the first to the last page, this issue shines with the radiant energy of innovation catalyzed by nursing leadership and collaboration. It is palpable. Yes, there are persistent problems that have intricate layers of complexities, which are not easily disentangled, but that does not absolve us from action or innovation. If anything, those problems need us to be more innovative, more collaborative and more courageous – leadership and collaboration are critical to success.

In This Issue

In a foreword to the first example of innovation in this issue, Leigh Chapman, Canada's chief nurse, provides an insightful commentary on the development of the Manitoba float pool (Chapman 2024b). Chapman highlights its alignment with strategies in the national Nurse Retention Toolkit, which she introduced in an issue earlier this year (Chapman 2024a). She discusses the innovation in this model and how it differs from traditional staffing models that some nurses may have considered rigid or restrictive. One important attribute of the Manitoba float pool is that it offers nurses the flexibility they desire to work in a variety of settings, including both rural and urban areas. The foreword reflects on the power of persistence, courage and embracing discomfort along the journey of change.

The issue then moves to the article written by Warren and Sneath (2024) who are nursing leaders from Manitoba – a province with many rural and remote health-care facilities where the recruitment and retention of nurses has been a long-standing challenge. The COVID-19 pandemic exacerbated these challenges and opened the door to an increase in the use of and reliance on private agency nursing – a pattern that nurse leaders recognized as not always meeting system needs. To address this, they convened a meeting to better understand the underpinnings of the success of private sector float pools and to consider what components could be applied within the public system. The authors underscore the importance of developing approaches that are concurrently responsive to the needs of the diverse nursing workforce and the needs of people seeking care from rapidly evolving healthcare systems.

Nursing Research

In the Nursing Research section, Limoges et al. (2024) use the findings from their survey of Canadian nurses (registered nurses, licensed practical nurses, registered practical nurses, registered psychiatric nurses and nurse practitioners [NPs]) about factors influencing the uptake of genomics to illuminate how nurse leaders can develop strengths-based strategies to accelerate the integration of genomics into nurses' practice. Their insightful discussion focuses on two main areas of opportunity for leadership to develop strategies at the structural and individual levels in order to address the lag in genomics knowledge that nurses presently have. Their article is rich with helpful examples.

Continuing the theme of genomics, Chiu et al. (2024) discuss a pan-Canadian collaboration to co-create strategic directions for the integration of genomics in nursing education and practice. The authors describe the frameworks and processes that structured two virtual deliberative dialogues involving educators, regulators and professional/specialty practice associations/groups from across the

country. The outcome of this process was the development of four strategic directions for Canada to develop the infrastructure needed to advance collaborative efforts across jurisdictions to integrate genomics into nursing education, research, practice and policy. The authors identify the value of national collaboration for developing the nursing workforce and highlight the catalyzing influence of nursing leadership.

Continuing in the genomics theme, Acorn et al. (2024) emphasize how the acquisition of genomic literacy by NPs is essential to the provision of healthcare that is safe, precise and equitable. They provide an analysis of how the new regulatory model of NP regulation with its common entry-level competencies will enable genomics to be integrated into NP education, thereby enabling a genomics-informed workforce. In addition to identifying the clinical benefits of NP genomic literacy, the authors explain the contributions that NPs make through their roles as advocates, leaders, scholars and educators (CCRN 2023).

Koning et al. (2024) conclude this issue with an article that describes how nurses in one cardiac surgery unit responded to data showing gaps in clinical outcomes between their units and benchmarks. The authors describe the processes used to engage nurses with hospital leaders and their use of a systematic quality improvement approach to develop a nurse-led clinical pathway designed to enable improved outcomes for patients undergoing cardiac surgery. The outcomes measured following the implementation of the pathway are reported along with an insightful discussion of lessons learned, including implications for leadership.

Conclusion

In summary, the articles in this issue are reflective of the power of nursing leadership to align nursing care with contemporary developments in science and care delivery systems to respond to the health needs of people. Surely that makes for a more energized and effective workplace that inspires satisfaction and a desire to stay.

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