## EDITORIAL

## Continuity and Change: Setting the Direction for the Next Five Years

Over the years I have learned how important it is to maintain the delicate balance between continuity and change. Continuity provides important links with the past, whereas change shapes the future. By adhering to continuity we run the risk of becoming dated, unresponsive to changing needs. On the other hand, by responding to every demand or every new trend we risk becoming faddish.

With this issue, the *Canadian Journal of Nursing Research* begins its 31st year of publication. This issue also marks the passing of seven years of my editorship and the completion of five years of focus issues. In planning for the next five years, Dr. Anita Gagnon, the newly appointed Assistant Editor, and I reviewed all aspects of the Journal's operations with an eye to what to continue and what to change.

When I assumed the editorship, I invited Dr. Mary Grossman to serve as Associate Editor. Together, we revamped the Journal and set it on a new course. We were committed to the original mission of a scholarly journal promoting the exchange of ideas. To formalize this objective, we created the section called Discourse, in which renowned scholars were invited to challenge conventional wisdom and put forth new and, at times, unorthodox ideas. We agreed that the *CJNR* should remain a broad-based scholarly journal, but we recognized the need for greater focus. Thus we continued to publish a wide range of research while at the same time introducing focus issues. We drew upon the talents of well-established nurse scholars to serve as guest editors. Judging from the feedback we have received over the years, these directions have served the nursing community well, and they will be continued.

In planning for the next five years we have again committed to the format of publishing research articles on a wide range of topics as well as devoting a portion of each issue to a focus topic. After discussing what topics to feature, we have concluded that many of those presented during the past five years are as relevant now as when they were published. In considering which topics to retain and which new ones to

introduce, we examined the societal and health-care trends that are shaping and will continue to shape the health-care system and the development of nursing. We decided to retain topics such as Chronicity, Coping/Adaptation, Culture & Gender, Gerontology, Health Promotion, Philosophy/Theory, and Women's Health. Some topics, such as Alternative Treatment & Symptom Management and Ethics, Values, & Decision-Making, we decided to broaden, while Nursing-Care Effectiveness we have repackaged to focus on new and future trends in the area. The new selection of topics includes: Abuse & Violence, Addiction, Economics of Nursing Care, Health Resources Planning, Home Care, International Nursing, Mental Health, Continuity & Transitional Care, Primary Health Care, and Research Utilization.

One of the most rewarding aspects of this position has been the opportunity to work closely with the guest editors. During the past five years I have collaborated with 20 guest editors. Although each of them has been unique in style and approach, they have all shared many qualities — a pioneering spirit, a willingness to experiment and try new things, a commitment to excellence and rigour, and a passion for nursing. Moreover, there has been a shared sense of humour and sense of fun. As for continuity and change, Dr. Judith Ritchie and Dr. Gina Bohn Browne have agreed to continue as guest editors, while 18 new scholars have been invited to participate; each has accepted our invitation with great enthusiasm.

As we move into our 31st year, I once again invite the *CJNR* readership to help shape the direction of the Journal. We want to have your opinion on what to continue, what to change, and what to feature that is new. It is through the delicate balance of continuity and change that the *CJNR* will continue to make an impact on nursing and on health care.

Laurie N. Gottlieb Editor