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Highlights From Editorials Published in Volumes 31–40

Throughout North America, nursing is on the defensive, and sometimes on the offensive. As hospitals and other health-care institutions try to cut costs, they are sacrificing nursing care at the bedside and in the community. Hospital units are chronically short-staffed. Nurses are having difficulty finding full-time work. Demoralized and depressed at the conditions under which they must work, nurses are burning out. They are leaving the profession. Worse still, they are discouraging young men and women from entering the profession.

If the profession is to survive, we clearly need energized nurses who believe in the possibility of change and who believe that they will be able to practise their profession in the way they have been taught, dispensing what they believe is quality care. We need nurses who believe they can change the public system in ways that will result in more support for nursing practice.

Strengthening the position of our clinicians who are involved in direct patient care will require a concerted effort that is supported by nursing academics and researchers.

Nightingale said it best when she talked about nursing and the imperative of scientific observation. "In dwelling upon the vital importance of sound observation, it must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort."

From **Addressing the Nursing Shortage: Researchers and Clinicians Unite**
by Laurie N. Gottlieb and Suzanne Gordon
(*CJNR* 1999, Vol. 31 N° 3, 3–5)

The goals of peer review are several: (1) to help authors maintain credibility by identifying errors they might have overlooked, (2) to protect readers from inaccurate or irrelevant information, (3) to protect clients from practice that is based on unclear or incorrectly presented research results, and (4) to help editors determine which submissions merit publication… A well-executed review process will have beneficial outcomes even when a manuscript is not ultimately published: for the author, an improved manuscript and greater clarity of thought on the topic being addressed; for the reviewer, a firsthand look at the latest research and an opportunity to participate in the research community by helping to

improve the work of colleagues. However, the literature on the topic of peer review suggests that the process also presents difficulties… It is slow, time-consuming, and subjective; and it can stifle innovation, harbour conflict of interest, be hurtful to the author if not conducted respectfully, fail to detect errors, and fail to respect confidentiality.

An excellent reviewer is one with high standards, knowledge of the subject matter — including an ability to cite references that the author may have missed — and an ability to identify key issues and defend his or her comments. An excellent reviewer can see how a manuscript might add to the body of knowledge in the field and communicates suggestions to the author clearly, making specific recommendations on content, organization, and style in a constructive and courteous manner. An excellent reviewer is able to go beyond an emotional reaction to the topic or the results, shows a willingness to learn from the author, and identifies any conflict of interest to the editors.

From **The Journey to Publication and Support for the Peer-Review Process**
by Anita J. Gagnon (*CJNR* 2000, Vol. 32 N° 1, 3–6)

Let me preface my comments by saying that I have personally experienced and observed sensitive, dignified, respectful, knowledgeable nursing care. But I have also experienced, far too often, both as a patient and as a family member, an appalling lack of nursing when quality nursing care could have made a significant difference in recovery. I have listened to nursing colleagues despair over the deterioration in the level and quality of nursing care. I have read research reports documenting how nurses spend a disproportionate amount of time on non-nursing activities and even provide very little direct patient care. The lack of nursing care has been ascribed to the shortage of nurses. This is too facile and superficial an explanation. The reasons for the lack of nursing care are more complex. They are embedded in nursing education; in the lack of a clear vision and framework for nursing; in an attitude on the part of nurses, their leaders, and others that devalues nursing activities and over-values medical activities; and in the resource-allocation choices of nursing leaders, front-line nurses, and others.

If front-line nurses, nursing leaders, and researchers do not enter into this discussion now, choices will be made for us that will result in a further deterioration and erosion of nursing. The nursing profession is an endangered species, as evidenced by the shortage of nurses. However, I believe that the shortage of *nursing* will result in a further shortage of *nurses,* rather than vice versa. This trend must be reversed before it is too late.

From **Shortage of Nurses, Shortage of Nursing**
by Laurie N. Gottlieb (*CJNR* 2000, Vol. 32 N° 3, 3–5)

Although every profession must re-interpret and re-think the way it fulfils its mandate in light of new scientific advances and changing societal realities, at the same time it must look to the past to ensure that it is being faithful to its basic principles and values. Continuing from Nightingale's legacy, for example, how does nursing "put the patient in the best condition for nature to act upon him"? A measure of our faithfulness to our principles and values is reflected in the choices we make and the directions we take. What does society require of nursing today, and what will it require of nursing in the future? How are we to address such needs within Nightingale's vision?

If I am correct and these *are* the conditions for nursing to flourish, then the present is a fertile time for nursing. Many have compared the technological revolution to the Industrial Revolution in its sweeping effects on society. The nature and rapidity of the current changes brought about by technology and in response to technology are resulting in a world that is, for many, overwhelming, stressful, and taxing beyond the limits which nature intended. We have only to look around us to see the direct and indirect effects of this new revolution: unprecedented increases in mental illness, physical breakdown, violence, and burnout. What is the role of nursing in helping people to deal with the effects of technology on their lives? What is our role as nurses in promoting health and preventing disease and breakdown, using technology but not substituting technology for care?

Clearly, in this age of increasing technological advances, we need the compassionate and knowledgeable services of nursing more than ever before. Ironically, with the new advances in technology we now have ways of measuring the efficacy of nursing acts, acts that until now have been devalued and minimized. For example, technology can now be used to demonstrate that when nurses provide comfort or stay with patients during periods of vulnerability they significantly affect a person's immunological system. Nursing is beginning to integrate these new technologies into its research, and must continue to do so. Again, Nightingale should be our guide. She understood that bringing about change required visible proof, provided in a truly persuasive form. One of Nightingale's greatest contributions was her use of statistical analysis, a novel approach in her time, to influence policy. She made the invisible visible, the trivial relevant and important to those who were in power. Nursing often hides behind "hard" indicators of impact (i.e., mortality rates) instead of tackling the "softer" outcomes of nursing care that may be just as significant to a person's health and well-being. Nursing needs to utilize the available technologies to ensure that it is heard. Advances in technology may be costly, but they may prove to be an important ally, showing that compas-

sionate, knowledgeable, and skilled nursing is what society requires of us now and in a future world transformed by technology.

From **Envisioning the Future: Nightingale Continues to Guide**
by Laurie N. Gottlieb (*CJNR* 2002, Vol. 34 Nº 1, 3–6)

It takes about 40 years for cutting-edge ideas to find their way into mainstream thinking. The first application of our knowledge of genes took place in the early 1970s, in the screening for carriers of the defective genes involved in sickle-cell anemia and Tay-Sachs disease. In both of these cases, the disease was a simple, single-locus gene alteration with readily identified and unique genetic changes. For most inherited disorders, however, the underlying genetic alterations would have to wait until the start of the sequencing of large portions of the human genome, which culminated in the mapping of the entire human genome. And it took the discovery of polymerase chain reaction (PCR), a technique that allows for the amplification of DNA, for scientists to be able to carry out the actual sequencing. This knowledge has opened up an entirely new level of understanding about how gene alterations can contribute to disease, and the application of this knowledge has revolutionized and will continue to revolutionize the practice of medicine, and subsequently the practice of nursing.

These discoveries have changed medical practices, which, in turn, have required nursing to change. Because nursing has often been at the end of this chain of events, its role has been reactive rather than proactive. It has been unaware of the new developments in science and therefore has been hampered in predicting and preparing for the future.

However, nursing is no longer in this position, because information on scientific developments is no longer the purview of just a few. Thus, nursing has an opportunity to alter the sequence of events and become one of the architects of future health-care services. But nursing will be invited to the table only if it has something unique to offer. Our research programs must anticipate the new directions and ask the type of questions that will contribute to new insights into how practices such as genetic screening affect people's health.

From **The Human Genome Impact on Health-Care Services: Are Nurses Prepared?**
by Laurie N. Gottlieb (*CJNR* 2002, Vol. 34 Nº 3, 3–4)

The e-version should make *CJNR* more visible and accessible to the international community. *CJNR* has a distinct Canadian character. Although Canadian scholars continue to be the major contributors in terms of submitting manuscripts and serving as reviewers and guest editors, in

recent years there has been a notable increase in contributions from American and European scholars. We would like to encourage this trend.

From ***CJNR* Goes Online: An e-Journal at Last!**
by Laurie N. Gottlieb (*CJNR* 2003, Vol. 35 N° 1, 3–5)

To ignore anything more than 5 years old is, to my mind, to engage in a sort of ageism of knowledge — discarding the old to create an illusion of the new. Knowledge must be rooted in the work of our predecessors and be built on solid foundations. How else can it advance?

There is no fast and easy way to circumscribe the time and energy required to develop in-depth knowledge in a given field of practice. Specialized, in-depth knowledge is acquired through years of study and experience in the skills of inquiry.

We need to carefully consider the practice of limiting our literature reviews to the last 5 years. If we fail to stop and think about what we are doing and why we are doing it, we risk taking nursing science backward instead of forward. We risk re-inventing the wheel, or at best spinning our wheels. We run the risk of unwittingly promoting ageism of knowledge, and in so doing planting trees with very shallow roots. A "best before" date may apply to food purchases. Surely it has no place in scholarship.

From **Ageism of Knowledge: Outdated Research**
by Laurie N. Gottlieb (*CJNR* 2003, Vol. 35 N° 3, 3–6)

The challenges faced in Toronto were not that dissimilar to those faced in Hong Kong. The deadly SARS epidemic exposed the inner workings of the health-care and related systems, and much was found wanting. The various systems proved vulnerable and lacking the capacity and flexibility necessary to adapt quickly and efficiently to a situation that was unpredictable and constantly changing.

Those who lived the SARS experience need to join forces and seize the initiative to create a new way of doing research, one that transcends borders. The challenge for the international nursing scientific community is to begin talking to our nursing and health-care colleagues now, in order to determine the role that nurse scientists will play in future times of crisis. We need to develop a model for working together as a scientific community in order to meet the next health-care challenge brought about by our connected world and the realities of globalization. The health, recovery, and well-being of so many depend on it.

From **Lessons from SARS: Challenges for the International Nursing Research Community**
by Laurie N. Gottlieb, Judith Shamian, and Sophia Chan
(*CJNR* 2004, Vol. 36 N° 1, 3–7)

Nurses have never wavered in their support for the principles of the *Canada Health Act* despite the incredibly harsh conditions under which they have laboured.

The past decade has been brutal to nursing. The system under which nurses work has not been as generous, supportive, committed, and loyal to them as nurses have been to it.

And yet despite the deplorable working conditions under which they care for patients and their families, nurses have remained steadfast in their support of a single-tiered, nationally funded health-care system. The question is why. Are nurses masochists? Angels? Paralyzed? Why have nursing organizations not advocated for a return to privately funded health care?

The answer may be found in nursing's ethos of caring. Caring has been nursing's banner, and, for many, caring and nursing are synonymous.

In 1970 the slogan Nurses Care; Physicians Cure was created to distinguish nursing from medicine. This was a time when nursing was seeking its own identity. It was an unfortunate slogan inasmuch as it sent the erroneous message that only nurses care. The reality is that the majority of those who choose a career in one of the many helping professions do so because they are dedicated and committed to people in need. They want to contribute to the betterment of humanity. Nurses care. Doctors care. Other health professionals care. However, there are many models of caring and many ways of expressing caring. The different models of caring may explain why one health-care profession supports a single-tiered system while another supports a two-tiered system.

Drawing on the analogy of different family structures and ways of functioning, Dr. Lakoff describes two basic family forms to represent two approaches to moral and political action: the Nurturant Parent Model and the Strict Father Model. The two models, based on different worldviews, give rise to different moral systems and different modes of reasoning and discourse, and lead to very different ways of acting. The Nurturant Parent Model stresses social responsibility, social and individual ends, and individual rights and freedoms, whereas the Strict Father Model stresses survival of the fittest, taking responsibility for oneself, self-reliance, and individual rights over social responsibility.

Nurses generally subscribe to the Nurturant Parent Model, because nurses bear witness to suffering. Nurses are privy to the most intimate aspects of a person's and a family's life. Nurses know the hardships endured during illness and how these hardships lead to increased vulnerability when access to affordable care is limited. They know how the vul-

nerable become more vulnerable, the needy more needy, the despondent more despondent when health care is not fully accessible or affordable.

Within the health-care milieu, nurses are among the strongest advocates of retaining the single-tiered system. However, if the government fails to properly support nursing and to radically reform nurses' working environment, it will find that its most loyal ally has deserted it. Even the Nurturant Parent cannot support a morally bankrupt environment. Without the support of nursing, the demise of the single-tiered system is inevitable. And it is more than the health-care system that will be lost. Canadians' sense of identity and this country's moral compass are also in jeopardy.

From **Nursing's Ethos of Caring and Its Support for a Single-Tiered Health-Care System**
by Laurie N. Gottlieb (*CJNR* 2004, Vol. 36 N° 3, 3–5)

What…makes scholarship Canadian? What purpose or purposes does the label "Canadian" serve? How can academic nationalism, if you will, be a positive force in moving the discipline of nursing forward?

The real [questions] for us and for you are whether national distinctions serve the interests of science and the extent to which research reporting advances or undermines the pursuit of cultural competence and better care for nursing's clients. All of these issues need to be probed.

In the meantime, we encourage you to begin thinking more broadly about the role of nationality and culture in the research enterprise. Ask yourself, your students, and your colleagues what exactly is meant when the label "Canadian" is used in your scholarly endeavours. Proud nationalism can be a great positive force, but open-mindedness and intellectual curiosity about the world beyond and how others see it are essential parts of the nurse scholar's toolkit in any country or culture.

From **Made in Canada? In Search of a National Research Identity**
by Sean P. Clarke and Laurie N. Gottlieb
(*CJNR* 2004, Vol. 36 N° 4, 3–6)

Open access refers to the products of scientific and medical research (usually meaning published articles) being made available, free of charge, to everyone. First floated some 10 years ago in reaction to escalating subscription rates, open access has gone from an idea to a movement. The open-access movement was born of the Information Age and the Internet. It holds that information should be available to the widest possible audience rather than just to the elite and the privileged.

In an ideal world who could be against open access? There is consensus that open access would indeed be a great thing if only it worked. But it presents many problems. At the heart of the issue are two questions: Who will pay? and How will standards be maintained?

From **Open Access: A Hot Topic in the Publishing World**
by Laurie N. Gottlieb (*CJNR* 2005, Vol. 37 Nº 2, 5–8)

For everyone involved, publication is a big step — sometimes a hurdle — in the research process. Much is at stake. Continued funding, scholarships, positive annual reviews, and even promotions can be contingent on having the right number and mix of publications on one's CV. No wonder publishing causes so much anxiety. In my role as Associate Editor and as a peer reviewer for *CJNR* and a number of other journals over the years, I've noticed a few patterns in what influences whether a manuscript gets accepted. Indeed the process of getting a paper into print isn't as secretive or obscure as it might seem.

One of the most preventable forms of rejection could be called "not our cup of tea," and it occurs when a manuscript is just inappropriate for the journal to which it has been submitted.

The second form of rejection might be called "too much development required" (or, less charitably, "not even close"). Editors are generally looking for work that can be brought up to an acceptable level of quality with one rewrite, followed perhaps by one set of revisions.

"Fatally flawed" is the third type of rejection. This category includes submissions that are turned down because of fundamental problems in study design that weaken or invalidate the conclusions.

The most discouraging reason why manuscripts are turned down might be called "and so?" (or, less politely, "so what?"). Bottom line: the "message" is unclear.

For you and for us, few things are as depressing as rejection letters and nothing is as uplifting as receiving (or sending) an acceptance letter and seeing your ideas in print. A little extra work on the basics can really pay off.

From **Advice to Authors: The "Big 4" Reasons Behind Manuscript Rejection**
by Sean P. Clarke (*CJNR* 2005, Vol. 37 Nº 3, 5–9)

The impact factor was never intended as a measure of the quality of an individual researcher's work. It is widely assumed that if a scholar publishes in high-impact journals, then his or her work must be of superior

quality. Remember, the impact factor concerns the impact of the journal, *not* an individual article.

It is generally recognized that we do need criteria for assessing the importance of researchers' work. We must ask whether the impact factors of the journals in which nursing scholars publish are necessarily the best measure of the quality of scholarly output.

Surely impact on science encompasses more than just the venues in the periodical literature where articles land, and surely the contribution of nursing scholarship extends beyond a work's influence on other publications — to include direct and indirect influences on the quality of health care. Nursing has an opportunity to lead by developing and testing new ways of assessing impact and influence, as an alternative to blindly following disciplines that, for a variety of reasons, have unquestioningly adopted the impact factor to the exclusion of other measures and considerations. Let us hope that researchers and leaders in academic nursing take up this challenge — and quickly.

From **Impact Factors and the Law of Unintended Consequences**
by Laurie N. Gottlieb and Sean P. Clarke
(*CJNR* 2005, Vol. 37 N° 4, 5–10)

While *CJNR* is an independent, academic journal not affiliated with a professional association, the rift between several professional associations and their official journals should be of concern to all. This rift is indicative of a fault line in a system that has been in place for almost a century, a system whose purpose has been to safeguard the role of professions within society and to ensure the highest standards of professionalism.

For some time now, there has been growing scepticism about the ability of professional associations to monitor themselves. New structures have been created to serve as "watchdogs." …[committees have been formed] to develop guidelines for improving the quality of scientific papers and to ensure that authors and editors meet the highest standards of ethical conduct. They stand on guard for signs of interference with editorial independence or violations of the principles of scientific publishing.

Until the issues eroding professionalism are better understood and a new social contract between professions and society is drawn up, we can expect to see more rifts between professional associations and their journals. These rifts should be seen as symptoms of serious malfunctioning. During this period of breakdown and transition, as we await the emergence of a new system, we must be prepared to defend the integrity of

our professions and to safeguard the public good. We all have a role to play.

From **Conflicts Between Professional Associations and Their Journals Strike at the Heart of Professionalism**
by Laurie N. Gottlieb (*CJNR* 2006, Vol. 38 N° 2, 3–6)

This editorial is a departure for me inasmuch as I have decided to devote much of it to reprinting authorship guidelines set forth by the International Committee of Medical Journal Editors (ICMJE). My decision to do so stems from a growing concern about the practice of assigning authorship of a manuscript to those whose contribution is limited or even questionable. Many nursing authors, knowingly or unknowingly, may be engaging in practices that are commonplace in other disciplines without questioning whether they are indeed ethical.

Each field develops its own practices [for assessing authorship] based on the nature and type of scholarship inherent in the discipline, its historical system of knowledge development, and the pressures and rewards from its various constituencies.

There is a growing belief among editors of nursing journals that some authors do not merit authorship, given the nature and extent of their contribution.

From **ICMJE Guidelines for Assigning Authorship and Acknowledging Contributions**
by Laurie N. Gottlieb (*CJNR* 2006, Vol. 38 N° 3, 5–8)

Tongue firmly in cheek, we can talk about three roles that reviewers tend to assume — diviner, goalie, and coach. All reviews are useful to us as editors in some respect, but their contributions are distinct.

The first reviewer category is the diviner. He or she has expertise that the editors usually do not, either in the subject matter or in the methods described in a paper. The diviner arrives at a judgement — "thumbs up" or "thumbs down" (worthy of publication or not) and may be more or less cryptic about the basis for that assessment.

The second role played by many (perhaps most) reviewers is that of goalie, trying to keep poor scholarly work out of the literature and holding high the bar for scientific publication. While diviners tend to get a global "feel" for a paper and make their assessments of suitability from there, goalies tend to be more rule-based.

The third role that reviewers assume is that of coach, helping both the author and the editor to ensure that only the best possible version of a manuscript (including the best science possible) appears in print.

In the end, if we are not prepared to be coaches, or have little time to write coaching reviews, some blend of the diviner and goalie roles usually produces reviews that are the most useful for editors. We tend to let many aspects of peer review drift into the background, because we see reviewing and receiving reviews as an imperfect but inescapable part of life as a scientist. But all of us involved in the process really need to read about, reflect on, talk about, and write about peer review and its successes and shortcomings. This will not only improve the process at individual journals and in nursing as a whole, but also, in the long run, help to create a system that gives us the kinds of reviews we ourselves would want to receive.

From **Reviewing Peer Review: The Three Reviewers You Meet at Submission Time**
by Sean P. Clarke (*CJNR* 2006, Vol. 38 N° 4, 5–9)

It has taken a mere 17 years to develop this critical mass of nurse scholars who have already made an unmistakable impact on the nursing profession and on health care. Although the Canadian nursing community built these successes, not all will remember the battles that were fought to arrive at this point. Those of us who were around in the early days never imagined how quickly the seeds of change, once planted, would take root and produce this amazing growth.

We are at a critical juncture. If we compromise quality and lower our standards, we run the risk of endangering the reputation of nursing as a serious science and, more importantly, providing poor science for the practice of nursing. We must stand on guard in order to protect what has already been built and determine the conditions that have to be in place to train first-rate nurse scientists. In the coming decade, we will have to go from strength to strength, not weakness to weakness. It is time for us to pause, take stock of our successes, and reflect on current trends so that nursing as a discipline can continue to celebrate excellence.

From **Canadian Nursing Scholarship: A Time to Celebrate, a Time to Stand Guard**
by Laurie N. Gottlieb (*CJNR* 2007, Vol. 39 N° 1, 5–10)

We think of our reviewers as partners. As editors we rely heavily on their assessments and evaluations in our deliberations on what will be published in the pages of *CJNR*. This means that we share responsibility with our reviewers for what appears in print. We draw on their expertise to assess the conceptual basis and scientific merit of a research study and to ensure the integrity of what we publish. The feedback and direction that their critiques provide us and our authors lead to improved manu-

scripts. As we have stated in *CJNR*'s editorial pages over the years, through their comments to editors and authors, reviewers make essential contributions to the development of science, particularly nursing science.

Our reviewers, and those who review for other scholarly journals, subscribe to an ethos of sharing: They are willing to give of their time and knowledge because they know this is the right thing to do for the community of scholars and readers.

We hear from readers, and see for ourselves, that the research contributions are more sophisticated and impressive with each successive volume of the Journal. This is not only a reflection of the maturation of the Canadian nursing research community, but also a tribute to our reviewers.

From **A Salute to Our Reviewers: Partners in the Scientific Endeavour**
by Laurie N. Gottlieb and Sean P. Clarke (*CJNR* 2007, Vol. 39 Nº 4, 5–9)

There are words and acts in scholarly publishing that are considered unethical, immoral, and in some cases even illegal. When such breaches of conduct occur in scientific publishing, they challenge the moral order of the scientific community by undermining the integrity of the literature and violating the rights of others — colleagues, subjects, readers, the public. When I think of such acts in the academy and in the publishing world, the ones that immediately spring to mind are plagiarism, duplication, cheating, misrepresentation, fabrication, and falsification of data… And every day new acts are added to the list. One of the most recent to make it onto editors' lists of offences is self-plagiarism. I have trouble adding it to mine.

Where is the violation or crime? What is being stolen, and from whom? What fraud is being committed? What is the nature of the misconduct?

In dealing with self-plagiarism, we at *CJNR* choose to steer a course of transparency and disclosure. We rely on a spirit of partnership with our authors — putting stock in their competence and their commitment to responsible authorship — on the conscientiousness of our reviewers, and on our own wits to help ensure the integrity of both the literature and scientific practice. In short, we choose common sense and reasonable accommodation.

From **Self-Plagiarism: Some Common Sense, Some Reasonable Accommodation — Please!**
by Laurie N. Gottlieb (*CJNR* 2008, Vol. 40 Nº 2, 5–9)

As we write this editorial we cannot help but reflect on how much has happened in the past 6 weeks. In the autumn of 2008 we stand in a

familiar place, with some continuity, many changes (some of which promise to be dramatic), and a nagging feeling that a profound and transformative shift in our societies is imminent. In Canada we have re-elected a minority government. In the United States a charismatic new president is preparing to take the helm, promising a dramatically different new era in American politics. We are now well into what threatens to be a deep and painful world economic crisis.

Every society in the West is confronting what health economists call the "iron triangle" of cost, access, and quality, meaning that it is difficult, if not impossible, to either change or hold constant any one of the three without affecting the other two.… Can we have infinite resources for health promotion, cutting-edge medical technology, happy, healthy, fulfilled health professionals, and patients equipped with all the tools they need to take control of their health care…? Will we be able to meet the demands for a "full service" health-care system without raising taxes? Will there be growing disparities, in terms of service access, between those who can afford to pay and those who cannot?

Keeping silent is no longer an option.… We must raise issues in public and in private, form coalitions with other health professionals, work with our professional associations and demand that they become players at the table, and ensure that the issues receive thoughtful attention by organizing and getting involved at the grassroots.

Researchers must show, with facts and specific details, how nurses make important ideas come to life in health-care delivery: cost-effective, high-quality care provided by teams that include patients and families and a balanced approach to the use of technology, one that recognizes both the positive contributions and the limitations of technology. Data in hand, nurses and nurse scholars can show how care at its best focuses on helping patients and their families pass safely through our networks of professionals and agencies — and, to the greatest extent possible, on their own terms.

This is a time to get involved, to be proactive, to seek solutions and influence new health policies. This is nursing's time to make its mark. Keeping the welfare of patients and the well-being of society front and centre in our actions as citizens, nurses, and researchers is more likely to result in viable, fair solutions than trusting others to take up the charge or leaving developments to fate and chance.

From **Influencing Health Policy for the Imminent Health-Care Crisis: A Task for Informed Citizens, Proactive Nurses, and Committed Researchers**
by Sean P. Clarke and Laurie N. Gottlieb (*CJNR* 2008, Vol. 40 N° 4, 5–9)