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FROM THE EDITOR: Caring is Social, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, editor of Creative Nursing, copy editor of the Interdisciplinary Journal of Partnership Studies, and an affiliate faculty member at the University of Minnesota School of Nursing in Minneapolis, MN.*

Most of us become health care professionals because we honestly want to make others' lives better. But what if health care that could have created, maintained, or restored well-being is avoided because of me? My tone of voice, choice of words to use and to avoid, management of time, the gentleness of my touch, all have an impact far beyond my ability to understand or predict. The editorial describes how each article in this issue relates to ways in which health care professionals can encourage or discourage people from seeking appropriate care.

FROM THE GUEST EDITOR: Our Capacity to Care, by *Brooke Cunningham, MD, PhD, assistant professor in the Department of Family Medicine and Community Health at the University of Minnesota Medical School in Minneapolis, MN.*

Caring is meaningful work. Unfortunately, the conditions under which health care personnel work can reduce caring to an abstract principle that we name rather than an everyday practice that we do. Several factors curtail our ability to care, including the social construction of caring as feminine and thus less worthwhile; the churn of patients through clinics and hospitals; and associated responsibilities, such as those that have developed with greater use of electronic health records. Work-related stress can activate implicit biases, which unconsciously distance personnel from members of stigmatized groups and contribute to health care disparities. Our expectations about caring reflect widely held social values about who is to care for whom and to what ends. To improve our capacity to care, we must tackle the barriers to caring that exist both within and external to clinics and hospitals.

ARTICLES AND ESSAYS

Painful Reality: Inappropriate Provider Management of Pain as a Determinant of Health Care Avoidance, by *Nancy L. Baenziger, PhD, associate professor of neurobiology (ret.) at Washington University in St. Louis, MO.*

Although pain is often characterized as a subjective, highly individualized phenomenon, in fact numerous elements which are simply biological in nature underlie interpersonal differences in pain experience that influence the effectiveness of provider pain management. For example, roughly 10% of the population are "poor metabolizers" of opioids to endogenous morphine in the body. Elements acting at the level of tissues and cells include signal-transmitting molecules in pain pathways; elements acting at the level of the whole person comprise entire brain networks and anatomic elements fostering pain vulnerability (for example, in fibromyalgia). However, knowledge of these elements and translation of such knowledge into practical means for relieving patient pain is dismayingly sparse across the total spectrum of health care professionals. A serious consequence of this knowledge and action gap is that pain experiences may lead to profound mistrust of the health care system and providers, and to health care avoidance (for example, of mammography). This article outlines a biologic knowledge base and proposed remedies to improve pain management across the entire domain of health care. Key components include enhanced education for providers and informational outreach to health care consumers. Increased accountability within the health care system is needed, both in knowing and applying biomedical knowledge and in best utilizing technical and interpersonal skills necessary for effective pain management.

Race, Racism, and Health Disparities: What Can I Do About It? By *Stephen Nelson, MD, director of the Hemoglobinopathy Program and co-director of the Vascular Anomalies Clinic at Children's Hospitals and Clinics of Minnesota in Minneapolis, MN and a Training Associate with Hackman Consulting Group.*

Disparities based on race that target communities of color are consistently reported in the management of many diseases. Patients with cystic fibrosis, a disease that predominantly affects white Americans, receive eleven times the financial support compared to patients with sickle cell disease, even though three times as

many Americans have SCD, the most commonly detected disease on newborn screen. Barriers to health care equity include the health care system, the patient, the community, and health care providers. Underrepresented and marginalized communities often lack the resources to advocate for policies and interventions to help improve their lives. This article focuses on the health care system as well as health care providers and how racism and our implicit biases affect our medical decision making. Health care providers receive little or no training on issues of race and racism. As a result, awareness of racism and its impact on health care delivery is low. A described training module helps improve awareness around these issues. Until racial issues are honestly addressed by members the health care team, it is unlikely that we will see significant improvements in racial health care disparities for Americans.

Second Life Patient Scenarios: Enhancing the Diversity of the Nursing Profession, by *Sharon Metcalfe, EdD, MSN, RN, program director of the Nursing Network-Careers and Technology (NN-CAT) Program and an associate professor of nursing at Western Carolina University School of Nursing College of Health and Human Sciences in Cullowhee, NC.*

Despite the increasing diversity of the U.S. population, the majority of nurses are from Caucasian backgrounds. Additionally, few secondary school students from ethnically diverse or rural regions are encouraged to pursue a collegiate education or to consider nursing as a career. Barriers to success for minority and rural students include having to work to provide funds for their families, perceived discrimination, lack of English proficiency, cultural tensions, and difficulty paying for tuition and room and board. This article describes an innovative three-year program in which a rural university in the southeast utilized a virtual environment, Second Life, to expose secondary students to nursing through role-playing as avatars interacting with patient case scenarios developed by science and health occupations teachers. Throughout three years, 300 rural and multicultural students were exposed to virtual world health care learning through quizzes with five patient case and environmental scenarios. This program demonstrates that use of virtual technologies such as Second Life may increase the interest of secondary rural and multicultural students in careers in nursing and in pursuing a collegiate education.

Use of Simulated Psychosocial Role-Playing Scenarios to Enhance Nursing Students' Development of Soft Skills, by *Christina Liebrecht, MSN, RN, associate professor of nursing at Ohio Northern University in Ada, OH, and Susan Montenery, DNP, RN, assistant professor of nursing at Coastal Carolina University in Conway, SC.*

Effective communication and interaction enable nurses to develop caring, empathetic, and respectful relationships with patients and families. However, the majority of nurses feel a lack of preparation in the 'soft' skills of communication, professionalism, and leadership, and emotional quotient characteristics such as self-awareness, motivation, self-regulation, empathy, and social skills. Assisting nursing students to develop these intangible, high-level skills presents an ongoing challenge to nurse educators. A creative teaching/learning strategy uses psychosocial role-playing skits to enhance development of the soft skills of nursing. Senior level nursing students work in small groups to develop and present realistic three- to five-minute skits based on common nurse-patient, nurse-family, or nurse-health care team interactions that incorporate the concepts of therapeutic communication, interpersonal interaction, empathy, active listening, teamwork, delegation, and/or professionalism, followed by a debriefing session. Student feedback suggests that these skills may improve by incorporating soft skill psychosocial role-playing into a nursing education course of study.

Servant Leadership, Emotional Intelligence: Essential for Baccalaureate Nursing Students, by *Della Anderson, MSN, RN, MBA, assistant professor at Baker University School of Nursing in Topeka, KS.*

Baker University Bachelor of Science in Nursing students study servant leadership and emotional intelligence in a Leadership and Management in Professional Nursing course. Students review literature on servant leadership and emotional intelligence, then participate in a change project using what they have learned. The acquisition of these skills increases collaboration with clients and colleagues. Servant leadership improves care

through encouragement and facilitation rather than power. Emotional intelligence allows individuals to deal effectively with emotions, and is associated with better health. Knowledge of servant leadership, combined with emotional intelligence, creates a relationship with self; encourages relationships with others, clients, and providers; allows teamwork participation; and impacts the entire community.

Empowering Nursing Students: 14 Golden Rules for Clinical Day, by *Maria Kneusel, MSHCE, MSN, RN, faculty member at Platt College School of Nursing in Aurora, CO.*
Few nursing school experiences are as intimidating as starting a clinical rotation. Sometimes, in seeking to alleviate their sense of otherness, students adopt passive roles and opt for observation rather than full participation in learning the work of nursing. Maria Kneusel addresses both students and clinical instructors, urging instructors to avoid micromanaging and instead to construct effective scaffolding on which students can build confidence and identity, and gifting students with 14 Golden Rules for gaining the most from the student clinical experience. Examples include: take care of yourself, come prepared to work hard, lean into the discomfort, ask lots of questions, do lots of listening, lend a helping hand, learn from your mistakes, share your learning with your peers, and take time to reflect.

OUTCOMES

Building Relationship-Based Care Among Nurses: A Holistic, Exploratory Project, by *Ruth Zealand, PhD, professor and chair of the Education Department in the School of Arts and Sciences at the College of New Rochelle in New Rochelle, NY; Dorothy Larkin, PhD, RN, professor and coordinator of the Clinical Nurse Specialist Master's Program in Holistic in the School of Nursing at the College of New Rochelle in New Rochelle, NY; and Max Shron, BA, consultant at Data Strategy in Brooklyn, NY.*
This article describes an exploratory project designed to strengthen a relationship-centered, caring milieu, to improve communication among nursing staff, and to help nurses identify and constructively resolve conflicts. Eighteen interactive workshops addressed communication patterns and helped participants identify causes of conflict, facilitate dialogue, improve collaboration, and resolve workplace conflict. The experiential workshops were analyzed with pre- and post-surveys. Participants perceived as individual and team members that it was less important to like one's colleagues and more important to be committed to the same purpose and goals. Individuals noted the value of respect for each other, regardless of title or position. They reported feeling more hopeful regarding work, and that practicing tactics to address conflicts made it easier to confront others when the team goal was clear and shared. They indicated a desire to continue to build on conflict resolution, mediation, stress management, and mindfulness skills.

THE VOICE OF PATIENTS AND FAMILIES

Desired Destinations of Homeless Women: Realizing Aspirations within the Context of Homelessness, by *Donna J. Biederman, DrPH, MN, RN, assistant professor at Duke University School of Nursing in Durham, NC, and Nicole Forlan, BSN, RN, clinical nurse 1 at UNC Women's Hospital in Chapel Hill, NC.*
Homelessness remains a substantial problem in the US; it is associated with poor health, and homeless women experience earlier mortality than their housed counterparts. While service providers are often focused on long-term goals including exiting homelessness, opportunities exist to fulfill aspirations within the context of homelessness as well. Understanding the aspirations of homeless women may offer service providers avenues for intervention to increase well-being among this vulnerable population. This study provides insight into the aspirations of homeless women, and describes opportunities for service providers to intervene upon these aspirations within the context of homelessness. Nurses have many opportunities to help homeless women maintain a level of normality despite their circumstances. The women in the study found significance in being heard and acknowledged, respected and understood, remembered, and needed; the majority of these actions are an integral part of good nursing care.

THE STUDENT VOICE

Workplace Violence Against Nurses: Making It Safe to Care, by *Susan Hester, MSN, RN, CNP, faculty member at Western Carolina University in Bryson City, NC; Christina Harrelson, ANP/GNP-BC, MSN/MBA-HCM, provider at the VA Medical Center in Durham, NC; and Tameki Mondo, MSN, RN, COS-C, clinical educator at Bayada Home Health Care in Gastoria, NC. All are also DNP students at Gardner-Webb University in Boiling Springs, NC.*

If nurses are to care to the maximum of their capacity, their own physical safety must be assured. "While any health care worker is at risk for workplace violence, nurses are especially vulnerable, as they provide direct patient care and are often the individuals who interact the most with the patient and family." Underreporting of health care workplace violence is often due to the persistent perception that such violence is part of the job culture in health care, and that reporting may result in retaliation or accusations of poor job performance. These authors report on primary, secondary, and tertiary levels of violence prevention, and review legislative and regulatory progress toward acknowledging the severity of risk of violence toward nurses and other front line care providers.

ARTICLE REVIEW

Cultural Humility: A Concept Analysis, by Cynthia Foronda, PhD, RN; Diana-Lyn Baptiste, DNP, RN; Maren M. Reinholdt, MSN, BSN, RN; and Kevin Ousman, MSN-HSM, BSN, RN. *Journal of Transcultural Nursing* 2016. vol. 27(3):210-17. Reviewed by *Lorraine Steefel, DNP, RN, TCN-A, Nurse Educator at Rutgers University Correctional Health Care, headquartered in Trenton, NJ.*

In moving health professionals toward care that considers the individual as much as possible, insuring that any assumptions that are made, given the realities of complex processes and systems, are valid and life-affirming, an overarching goal is cultural humility, a stance explored in a concept analysis in the *Journal of Transcultural Nursing*, reviewed here by Lorraine Steefel. Cultural humility involves being aware of power imbalances, especially those that foster the social determinants of health that are responsible for health inequities. Beyond tolerance or even acceptance of differences, cultural humility contains the ability to stand in awe of the wonderful variety within the human race.