FROM THE EDITOR: Global Determinants: Our Human Interconnectedness, 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, Minnesota.

This editorial describes the ways in which our human interconnectedness is reflected in articles from or about diverse geographies and cultures, as well as reports of activities in the US that are applicable to and replicable in many parts of the world. It then introduces our overarching theme for Creative Nursing 2017: Questioning Authority – that is, exploring, evaluating, and criticizing (when appropriate) the body of knowledge that informs our care.

FROM THE GUEST EDITOR: Identifying Indicators of Healthy Work Environments in Nursing as Determinants of Health in the 21st Century, by Helga Bragadóttir, RN, PhD, associate professor of nursing in the School of Health Sciences at the University of Iceland and chair of nursing administration at Landspítali University Hospital in Reykjavik, Iceland.

A paradigm shift is occurring in the definition of health and therefore also in the determinants of health. Social determinants of health, considered by many to be the premises of good health and a purposeful life, are now the focus of attention in determinants of health. These determinants of health bring attention to the conditions in which people are born and live and work. This article proposes that indicators of healthy work environments in nursing can be identified as determinants of health. Study findings from around the world confirm that the health and well-being of nurses and their patients is related to nurses’ work and work environments. Therefore, the working lives of nurses should be identified as an inseparable part of their personal lives, leading to consideration of work environments and thereby the quality of nurse’s work lives as determinants of health in the 21st century. Sustaining a competent and healthy nursing workforce is not a private issue but a public health issue, and therefore should be the priority in any policy making as well as in political and professional action.

ARTICLES AND ESSAYS

Women refugees arrive in the United States often having experienced extreme levels of poverty, deprivation, and violence, including gender-based violence, which can severely affect their physical and psychological health and well-being. A women’s group was initiated to improve the health and well-being of refugee women in Durham, North Carolina, through a collaboratively designed, culturally appropriate health literacy intervention for women based on mutually identified needs; to empower them to seek preventive health services and screening through knowledge and skills about health needs and access to care; and to create an environment for the development of a supportive social/peer network for the prevention of social isolation and mental health issues related to the refugee experience. Cultural norms, including male dominance, detract from women’s learning in mixed gender groups. Targeted interventions promote the development of social support systems for women who are in danger of developing anxiety and depression as a result of social isolation, and engender a sense of belonging to a group. Programs that provide a culturally appropriate, female-centered forum to discuss health issues, form social connections, and develop agency regarding their own health are better at meeting the needs of women refugees.

Mountains, Melting Pot, and Microcosm: Health Care Delay and Dengue/Zika Interplay on Hawai‘i Island, by Nancy L. Baenziger, PhD, associate professor of neurobiology (Ret.) at Washington University School of Medicine in St. Louis, Missouri.
Human history in the Hawaiian Islands offers a sobering study in the population dynamics of infectious disease. The indigenous population numbering an estimated half million people prior to Western contact in 1778 was reduced to less than 24,000 by 1920. Much of the decline occurred in the earliest decades after contact with Western diseases including measles, chicken pox, polio, tuberculosis, and venereal disease. A recent outbreak on the Island of Hawaii of imported dengue fever, an illness endemic in 100 countries affecting an estimated 100–400 million people worldwide, provides insights into the problems and prospects for health care policy in managing mosquito-borne disease in a multicultural setting of geographic isolation and health care provider shortage. This incident represents in microcosm a practice run, applicable in many contexts, for an initial localized appearance of Zika virus infection, with important lessons for effective health care management in a rapidly moving and fluid arena. Few people realize the role of competitive sports activities as the vehicle for transnational spread of Zika across vast distances.

The impact of communication deficits within Hawai’i Island’s melting pot of cultures, a microcosm of global issues affecting health outcomes, is evident in community outreach and vector control efforts that partially fostered rather than surmounted barriers to health care. The temporal profile of Zika infection and its consequences represents a core set of issues for the field of women’s health, including barriers hampering access to care, and individual and institutional views on contraception and abortion. Zika’s sociobiological repertoire is substantially increased by its recently identified dual mode of transmission, as an STD as well as a mosquito vector-borne illness.

Nurses See ‘The Big Picture’: Addressing Climate Change as a Social Determinant of Global Health, by Bethany Divakaran, BSN, RN, PHN, lab instructor and master of public health/doctor of nursing practice in public health student at the University of Minnesota; Shanda Lembeck, BSN, RN-BC, PHN, cardiovascular nurse at Abbott Northwestern Hospital, adjunct faculty member at Metropolitan State University, and clinical instructor in acute care and doctor of nursing practice in health innovation and leadership student at the University of Minnesota; Rachel Kerr, BS, RN, OCN, doctor of nursing practice in health innovation and leadership student at the University of Minnesota in Minneapolis, Minnesota; Hannah Calmus, BSN, RN, staff nurse in the Surgical/Trauma/Neuroscience Unit at Hennepin County Medical Center in Minneapolis, Minnesota; and Teddie Potter, PhD, RN, FAAN, clinical associate professor, coordinator of the doctor of nursing practice in health innovation and leadership program, and director of inclusivity and diversity for the School of Nursing at the University of Minnesota, and co-designer and co-teacher of The Global Climate Challenge: Creating an Empowered Movement for Change.

Although it is well known that health is influenced by social determinants, climate change is an underrepresented determinant of health within nursing and health care literature, curriculum, and practice. There is urgent need to recognize climate change as a current and future threat to human and environmental health. This article describes the role of nursing in taking action on climate change now and in the future. The profession of nursing, with its ongoing commitment to social justice and its unique position to collaborate with patients and other health care professionals, is particularly well situated to activate change to protect and promote the health of individuals, populations, and future generations.

Changes in climate impact the health of humans by altering the foundational conditions of our lived environment, including weather, air quality, food/water security, and human and natural ecosystems. There are vulnerable populations which are disproportionately affected by climate change, with personal and environmental characteristics such as age, ethnicity, social or economic standing, and disease status augmenting risk for serious harm. When working with nurses to change a workplace culture, it is imperative to start with education; addressing knowledge gaps and personal beliefs related to climate change helps to engage the nursing audience and increase the perceived relevance of (and vulnerability to) climate change.

Hidden Grief and Lasting Emotions in Emergency Department Nurses, by Darcie Schwab, MSN, RN, BS, Epic application analyst at University of Connecticut Health Center in Farmington, Connecticut; Nancy Napolitano, MSN, BSN, RN, CCDS, clinical documentation specialist at Baystate Medical Center in Springfield,
Massachusetts.; Kelly Chevalier, MSN, BSN, RN, CEN, emergency department manager at St. Francis Hospital and Medical Center in Hartford, Connecticut; and Susan Pettorini-D’Amico, DNP, MSN, RN, BS, director of nursing at St. Francis Hospital and Medical Center in Hartford, Connecticut.

The emergency department (ED) environment poses unique risks to developing moral distress and posttraumatic stress disorder (PTSD) in nurses. This impacts ED registered nurses’ ability to remain resilient. The purpose of this article is to explore the benefit of recognizing the signs and symptoms of burnout, introduce interventions to combat PTSD, and improve resiliency in ED RNs. If the nurse’s trauma is dealt with effectively, the pain is recognized, transformed, and transcended into the ability to draw on wounded emotions in order to heal others. The Wounded Healer theory explores the idea that personal or professional trauma coupled with ineffective coping mechanisms results in unresolved pain, and provides a framework to help nurse managers develop strategies such as critical incident stress debriefing (CISD) to address emotional distress. Elements of “psychological first aid” are employed in the implementation of CISD, such as contact and engagement, safety and comfort, stabilization, and practical assistance with links to support and collaborative services.

Barriers to Teaching Social Determinants of Health: Nursing Study-Abroad Programs in a Digital Age, by Hans-Peter de Ruiter, PhD, RN, associate professor in the School of Nursing at Minnesota State University, Mankato, in Mankato, Minnesota.

In nursing programs, social determinants of health are typically taught in community health courses. Another strategy is study-abroad courses. Budding nurses can learn how to assess conditions that influence the health of a community. Conducting this assessment in a culture that differs from the student’s own can help highlight what factors impact one’s own health. For the past 8 years, the author has taken nursing students on 3-week cultural immersion/community health study-abroad programs to Ghana, Austria, the Netherlands, and Thailand. The partnership aspect of his school’s study-abroad model is a move away from post-colonial thinking, in which people from predominantly the global north respected the autonomy of other countries and cultures but maintained a sense of superiority. This article presents observations on how the teaching of social determinants of health has changed during the period 2008–2016. The opportunity to be constantly connected has become a barrier to cultural immersion and to understanding the social determinants of health by experiential learning. As roaming became more affordable and Wi-Fi became available even in remote areas, students found themselves in two places at the same time: the study-abroad location, and back home with their families and friends, leading to a mental withdrawal from the community being visited. Smartphone technology offers a solution to any moments of boredom, via games that can be used during times of less stimulation such as waiting, eating a meal, or listening to a person who does not hold one’s attention. It is becoming increasingly harder for students to identify issues that require critical thinking and knowledge which are not easily answered in an Internet search. Ignoring the effects of changing technology could easily lead to a decrease in essential nursing /health care skills needed in upcoming decades; facilitators of study-abroad programs need to be aware of the issues, and shape programs in a way that hard-wires self-learning.

OUTCOMES

The Impact of the Primary Nursing Model on Cultural Improvement: A Mixed-method Study, by Rachele Ferrua, RN, MSN, advisor of Centro Studi Professioni Sanitarie (CESPI) in Torino, Italy.; John W. Nelson, PhD, MS, RN, president and senior analyst at Healthcare Environment, and International Research Collaborative, a research community of Sigma Theta Tau International; Claudia Gatta, MSN, RN, head nurse of Medical Units at Biella Hospital in Biella, Italy; Antonella Croso, MSN, RN, director of nursing in the Nursing and Midwifery areas at Biella Hospital in Biella, Italy.; Chiara Boggio Gilot, MSN, RN, project coordinator of Centro Studi Professioni Sanitarie (CESPI) in Torino, Italy; and Alberto Dal Molin, PhD, MSN, RN, coordinator of the Nursing School at the University of Piemonte Orientale, Biella Hospital, in Biella, Italy.

Evaluating the implementation of care models such as Primary Nursing requires assessment of both short-term and long-term outcomes. In a hospital in Piemonte, Italy, a mixed-method time-series study was
conducted to assess if and how the organizational culture of nurses changed in relation to the implementation of a new model of care. Results showed a significant culture change over time, mainly in terms of nurses’ understanding of their professional role specifications. Before implementation of Primary Nursing, nurses recognized their autonomy primarily in counseling activities, protocols, and administration of drug therapy. After implementation, almost all the participants reported as overriding in terms of autonomy those items referring to the care process: identification of needs and their satisfaction, and care planning. Nursing care was no longer seen as techniques or unconnected activities, but as a set of interrelated and homogeneous steps with a direct purpose, utilizing defined inputs of professional nursing care which gives rise to specific outputs and outcomes. The Primary Nurse is the preferential hub for communication for all the players within the care process to understand the current and proposed trajectory of care, and can delegate activities to other nurses or to support staff, depending on the complexity of care and the goals of care; this distinction helps nurses recognize their own areas of responsibility and autonomy, setting forth which elements mark the proper domain of professional activity. Nurses who received training learned to recognize themselves as points of reference along the care process, reflecting a strengthening of accountability and patient involvement in decision making, aspects that Primary Nursing strongly supports.

Walking for Heart Health: A Study of Adult Women in Rural New York, by Elisabeth Marigliano, BSN, RN, PhD(c), adjunct clinical faculty member in the School of Nursing at State University of New York at Delhi in Delhi, New York, and a doctor of philosophy student at Decker School of Nursing, Binghamton University, State University of New York, in Binghamton, New York.; Pamela Stewart Fahn, PhD, RN, associate dean, professor, and Dr. G. Clifford and Florence B. Decker chair in rural nursing at Decker School of Nursing, Binghamton University, State University of New York, in Binghamton, New York.; and Cristina Ludden, MS, advisement coordinator in the School of Nursing at State University of New York at Delhi in Delhi, New York. Public health intervention programs are often developed and tested in urban or suburban areas; there are concerns as to how transferable these interventions may be to rural communities. A study addressed reducing chronic illness including heart disease and obesity by examining the effects of a 10-week walking program (utilizing pedometers with tracking capabilities) on blood pressure, total cholesterol, high-density lipoprotein levels, body mass index, 10-year cardiovascular risk, and results of a 6-minute walk test, for adult women in a rural community in New York. There was a statistically significant improvement in weight, BMI, TC, systolic blood pressure, and 6-minute walk test. The data suggest that a community walking program using pedometers with tracking capabilities was successful in increasing steps and improving select cardiovascular disease risk factors in a group of women in a rural community in New York. Most cardiovascular diseases can be prevented if behavioral risk factors such as physical activity, weight, and smoking are modified. Posttest data showed a statistically significant improvement in weight, body mass index, systolic blood pressure, and the 6-minute walk test. There was also improvement in total cholesterol, diastolic blood pressure, high-density lipoprotein levels, and 10-year cardiovascular risk.

PATIENT SAFETY: Communication with Patients and Families as a Global Determinant of Health: Lessons from Care of Children with Special Health Care Needs, by Jenni Glad-Timmons, DNP, director of interprofessional practice and chief nursing executive at St. Joseph’s Health Centre in Toronto, Ontario, Canada; and Teddie Potter, PhD, RN, FAAN, clinical associate professor and specialty coordinator of the DNP program in health innovation and leadership in the School of Nursing at the University of Minnesota, Minneapolis, Minnesota. Until recently, patients and families were not considered by all providers to be valued members of the health care team. Many providers made decisions away from the bedside and then told the patient and family what they could expect from the plan of care. This top-down approach is not limited to one country or culture but reflects an attitude prevalent in biomedicine around the globe. However, the paradigm is beginning to shift. Parents of children with chronic illnesses can often offer providers the best background on their child’s condition and their immediate needs; however, they may feel uncertain about what and how to best communicate those needs. This article proposes that teaching patients and families use of the
Situation/Background/Assessment/Recommendations (SBAR) tool, traditionally used among health care professionals, will improve communication, enhance patient and family satisfaction, and potentially improve patient outcomes overall. The SBAR tool has had limited use with patients and families; reasons include the complexity of the tool for various populations with differing family structures, language and cultural factors, and scientific acumen. The SBAR4Patients project demonstrates the positive impact SBAR can have on parents of chronically ill children. Study respondents felt that SBAR4Patients promoted quicker diagnosis and removed hierarchical barriers, allowing health care professionals to catch areas of concern.

THE VOICE OF PATIENTS AND FAMILIES: Reflections from the Other Side: The Refugee Journey to Health and Well-Being, by Raney Linck, MSN, RN, clinical instructor in the University of Minnesota School of Nursing in Minneapolis, Minnesota; and Munira Osman, BSN, RN, PHN, pediatric nurse care coordinator at the University of Minnesota Community University Health Care Center in Minneapolis, MN.

The refugee crisis is an urgent global health issue; the number of displaced people has escalated to its worst point in recorded history. One in every 113 people globally is now either an asylum-seeker, internally displaced, or a refugee; if these 65.3 million people were a nation, they would be the 21st largest in the world. To explore the refugee phenomenon as a social determinant of health, this article examines the experience of Somali refugees in Minnesota. When civil war erupted in Somalia in 1988, schools, higher education institutions, health care facilities, and the health care system all crumbled. Health care barriers unique to refugees are explored through the first-person perspective of one Somali woman who ultimately became a nurse. Language barriers make it difficult to develop a trusting relationship with providers, communicate during assessments, make appointments, fill prescriptions, or properly follow the plan of care. A multiyear study of Somali refugees determined that more than 30% showed symptoms of psychosis, and 15% suffered from depression; an education program taught imams to identify symptoms of mental health issues in their communities and to provide referrals. The refugee journey is one of profound vulnerability, with struggles to achieve stability mentally, financially, and in terms of health. But there is also great promise on the other side.

THE STUDENT VOICE

Students and faculty from a Midwestern college conducted a neighborhood community needs assessment in an impoverished area of a Peruvian city to identify health needs of residents. Students interviewed residents in their homes, asking about the need for medical, dental, and ophthalmic care and screening for chronic conditions such as diabetes, heart disease, and tuberculosis. Although some health care is provided free of charge to neighborhood residents, they have to purchase their own supplies; often this small expense for needles, dressings, or other supplies is too much to afford. The survey provided necessary information to medical mission workers, and allowed students to directly observe family living conditions while assessing psychosocial needs of the families interviewed. Challenges of the survey included differing expectations, language barriers, recruiting neighborhood volunteers, safety risks to students, and mistrust by neighborhood residents. The faculty members for the service learning course agreed that conducting the survey would allow the students to experience the actual living conditions of the local community members in a natural instead of voyeuristic manner. Struggling with Spanish was a common experience for many students. They found themselves wondering about the American expectation that all immigrants to America should learn English. Several students remarked how surprised they were that Peruvians in this community were very welcoming and gracious hosts, even though they have little to share, and that they are in general quite joyful. Both these qualities were surprising to students who expected that intense poverty would be accompanied by equally intense sorrow. Students wondered if the focus on relationships in Peru leads to better care delivery than in the US, where there is an excess of supplies but limited relationships.