Annotated Table of Contents for Creative Nursing 23 #1: Questioning Authority: What Does It Mean?

FROM THE EDITOR: Valuing Creativity over Compliance, 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 column first reviews the remarkable topical and geographic variety of our 2016 publication year, Determinants of Health, then introduces our 2017 overarching theme, Questioning Authority. These are the principles our editorial board has generated to guide this year’s journey:


**Standardization values compliance over creativity.** There are specific times when standardization and compliance are paramount. But of all the actions nurses take in a day or night, or in the course of their professional careers, those specific times are very few. In most of the moments of our professional lives, we need wide eyes, open ears, open minds, and a healthy skepticism, in order to reimagine the next health care system. Questioning authority takes courage: facing retaliation or marginalization; finding strength in trial and error and in failing forward; having the courage of our convictions, confidence in our Ways of Knowing. How do we process all this? Through reflection, on and about our practice: debriefing for meaningful learning. A summary of the current issue follows, connecting each article to the theme of Questioning Authority: What Does It Look Like?

FROM THE GUEST EDITOR: Deference to Expertise: Making Care Safer, by Gwendolyn Cherese Godlock, MS, CMSRN, CPHQ, PhD student at The University of Alabama At Birmingham in Birmingham, Alabama; Dori Taylor Sullivan, PhD, RN, NE-BC, CPHQ, FAAN, Principal Consultant in Leadership/Education/Quality Consulting in Stuart, Florida; and Rebecca S. (Suzie) Miltner, PhD, RN, CNL, NEA-BC, Associate Professor in the School of Nursing at The University of Alabama At Birmingham in Birmingham, Alabama.

Our guest editors lead off our year of questioning authority with a discussion of a key element of highly reliable organizations. Deference to expertise requires significant change in the organizational culture – change that decreases the role of the historical hierarchy and empowers staff at all levels to question potentially unsafe practices. They remind us that calls for high reliability will ultimately fail to create a culture of safety unless all health care workers are able to voice concerns about safety at the point of care.

**ARTICLES AND ESSAYS**

A Foundational Analysis of Dorothea Orem’s Self-Care Theory and Evaluation of its Significance for Nursing Practice and Research, by Ahtisham Younas, MN(c), BSN, Junior Lecturer at Shifa College of Nursing in Islamabad, Pakistan, where he taught nursing theories and models, and graduate student in the School of Nursing at Memorial University of Newfoundland in St. John’s, Newfoundland, Canada.

Nursing theorists have historically been a strong voice of authority in nursing education, but many
nurses now in practice have not studied nursing theory for many years, if ever. Younas presents a detailed analysis of Dorothea Orem’s Self-Care Theory and evaluates its current significance for nursing practice and research. According to Orem, nursing is a form of assistance for people who need it for preventing disease, promoting health, and sustaining life; nursing is required when a person cannot maintain the type and quality of self-care to sustain life and health and to recover from disease. This theory is being used, among other ways, to develop assessment and guidance tools to measure the quality of care.

Teaching Millennials and Generation Z: Bridging the Generational Divide, by Bobbi Shatto, PhD, RN, CNL, Assistant Professor at Saint Louis University School of Nursing in St. Louis, Missouri, and Kelly Erwin, MA, Senior Business Consultant at Daugherty Business Solutions in St Louis, Missouri. A whole slate of assumptions complicates relationships between nursing faculty, who are predominantly of the Baby Boomer generation, and their students, many of whom are Millennials. These authors remind us that in order to successfully educate these students, faculty members must understand the distinct characteristics, including learning styles, of each group, as well as recognizing their own personal biases.

Virtual Simulations: A Creative, Evidence-Based Approach to Develop and Educate Nurses, by Nancyruth Leibold, EdD, RN, MSN, PHN, CNE, Assistant Professor of Nursing at Southwest Minnesota State University in Marshall, Minnesota, and Laura Schwartz, DNP, RN, CNE, Associate Professor of Nursing at Minnesota State University, Mankato in Mankato, Minnesota. These authors provide a detailed explanation of the various kinds of virtual simulations, including virtual patients and virtual worlds. They state, “Virtual simulations are useful for learning new skills; practicing a skill that puts content, high-order thinking, and psychomotor elements together; skill competency learning; and assessment for low-volume, high-risk skills.” Online virtual simulation is a convenient method of maintaining continuing education without travel or time away from home.

Using Simulation Scenarios in the Classroom to Engage Learners, by Stephanie Turner, EdD, RN, and Leslie G. Cole, DNP, RN, both Assistant Professors in the University of Alabama Capstone College of Nursing in Tuscaloosa, Alabama. Another fertile ground for unexamined assumptions is simulation. The Boomer generation of nurses did have simulation – e.g., Rescusi-Anne mannequins for practicing CPR. The differences between those rather primitive tools and the simulation environment of today are the sophistication of the current models and programs, and the fact that some if not many nursing students graduate with more hands-on experience received as simulations than as clinical time with live patients and their families. Limited time and fragile patient circumstances in the traditional clinical setting may hinder student self-reflection; the classroom setting facilitates a controlled environment for these important and necessary aspects of student learning. Simulations may also increase students’ experiences with rare or critical clinical situations by introducing them to a vast array of scenarios.

The Effect of Preoperative Education on Postoperative Pain after Joint Surgery: An Integrative Literature Review, by Mary Ashley Barry, BSN, RN, staff nurse at Duke Raleigh Hospital and MS(N) student at Western Carolina University in Cullowhee, NC. Here’s an assumption made by many health care professionals: The more education preoperative patients receive, the better their postoperative
outcomes will be. This review of literature about pre-op education and post-op pain after joint surgery shows the reality to be much more complex. One important component of education for patients undergoing total knee replacement is how to successfully control postoperative pain, including appropriately timed analgesics. But advances in total joint surgeries have led to shorter hospital stays, decreasing the amount of time for education. This author advocates for individualized communication, allowing patients to participate in a learning setting in which they feel comfortable.

OUTCOMES
Human Milk Management Redesign: Improving Quality and Safety and Reducing NICU Nurse Stress, by Margaret Doyle Settle RN, PhD, Instructor in Pediatrics at Harvard Medical School and Nurse Director of the Newborn Intensive Care Unit at Massachusetts General Hospital in Boston, Massachusetts; Amanda Bulette Coakley, RN, PhD, AHN-BC, a Board-Certified Advanced Holistic Nurse and a Fellow in the National Academies of Practice, and Christine Donahue Annese, RN, MSN, AHN-BC, Administrative Staff Specialist and Nurse Scientist at Massachusetts General Hospital in Boston, Massachusetts. Does individualized care mean that nurses should perform all the functions that directly touch patients? The management of human milk in the hospital setting is a complex process laden with potential quality and safety issues. These authors report on the implementation of a Human Milk Specialists role in their neonatal intensive care unit. The role requires a degree in nutrition; the specialists assumed responsibility for all tasks associated with human milk, communicated with mothers about their milk supply, and conferred with the NICU nurses to create a plan for administering human milk to infants. Outcomes in the year after implementation of the budget-neutral human milk management redesign included zero errors in labeling, storing, fortifying, administering, or wasting human milk; nurses reported less stress related to human milk management, and more time available to interact with patients’ families.

THE STUDENT VOICE
Reflections on an Innovative Approach to Studying Abroad in Nursing, by Nancy Napolitano, MSN, BSN, RN, CCDS, Clinical Documentation Specialist at Baystate Medical Center in Springfield, Massachusetts, and Karen V. Duhamel, MSN, MS, RN, visiting professor in the College of Education, Nursing and Health Professions at the University of Hartford in West Hartford, Connecticut. Prolonged immersion in another country’s culture has been thought the best way to provide nursing students with a global perspective on health care. But despite the well-documented benefits, studying abroad is difficult to implement due to cost, curricular schedules, and family and job obligations. These authors describe a unique 8-day study-abroad model to address the needs of busy working nurses who are unable to travel for weeks at a time. Components include on-campus preparation and study prior to the trips (assigned readings, projects, and presentations about the health care systems of the countries visited), and, during the trips, a balance between clinical observation and cultural enhancement.

THE NURSING SALON EXPERIENCE
After Dr. Manthey Left Town: What Happened When a Busy Mom Was Inspired to Host her First Nursing Salon, by Kim Belcik, PhD, RN-BC, CNE, clinical assistant professor at Texas State University St. David’s School of Nursing in Round Rock, Texas. Hosting a Nursing Salon may seem to be an accomplishment reserved for people with large living rooms, superior culinary skills, and no minor children. But Kimberly Belcik found that these elements are optional, fulfilling her dream of “the day
when my house would be filled with interesting conversations and the open banter of students, friends, and colleagues, discussing and debating.” She says, “A Nursing Salon is about having hope for the future of health care and nursing, seeing a new nurse find comfort as a more experienced nurse reassures her.”

MEDIA REVIEW

*Nurses as Leaders: Evolutionary Visions of Leadership*, edited by William Rosa, Reviewed by Barbara Balik, EdD, MS, RN, co-founder of Aefina Partners Healthcare Consulting. In this compendium of personal accounts by 34 nurse leaders, each chapter leads with a title in which the author captures the essence of her or his work. Balik suggests to readers that a powerful conversation question could be, “What is my title – the essence of what I aspire to do?” She states that to develop the best of leaders requires those who are curious, connected, humble, and passionate about their purpose, not about looking good or being right.