

Annotated Table of Contents for *Creative Nursing* 23 #2

Questioning Authority: What Does It Take?

FROM THE EDITOR: Reflecting on Environments, Assumptions, and Courage, 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 issue of *Creative Nursing* is about the personal and system attributes required to challenge assumptions: courage, leadership, authenticity, humility, tolerance for disruption, and safe environments. This editorial calls out the assumptions questioned in the various articles. These include: health care professionals' capacity to influence patients' behavior; how accurately exam scores predict nursing students' readiness for self-directed learning; determining whether current practice is in fact best practice; how accurately health care policy reflects the realities of current practice environments; and the place of conflict, competition, teamwork, respect, and mentoring in the healthy working and learning environments of everyone involved in nursing, from certified nursing assistants to PhDs. Stories of a home care nurse who created a dignified end of life for a patient when other providers had stopped seeing her as a person, the nursing pioneers who created a profession distinct from medicine, and a Nursing Salon embodying both the variety and the universality of the nursing profession round out this issue of the journal.

FROM THE GUEST EDITOR: Reflective Practice as a Tool for Questioning Authority, by *Susan LaRocco, PhD, RN, CNE, MBA, FNAP, Professor and Chairperson of the Nursing Division at Curry College in Milton, Massachusetts.* Dr. LaRocco advocates for reflective practice as a tool for considering whether current practice is in fact best practice. She states that our reflecting must involve both our patients and ourselves: "It is at the intersection of the self and the other that true reflective practice occurs." It is not enough to develop our own reflective practice; we must create a workplace climate in which reflection is valued and encouraged, to lead to future wisdom and to strong patient advocacy.

INTERVIEW: Bridging the Policy/Clinical Practice Divide: A Conversation with Parmeeth M. S. Atwal, JD, MSN, RN, MPH, FNP. Marie Manthey, MNA, PhD (hon), FRCN, FAAN, founder of Creative Health Care Management, interviews Parmeeth "Par" Atwal, whose first career included representing the National Association of Community Health Centers as an attorney, editor of a major health policy journal, and a senior position in the Office of the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services. He then became an active participant in the health care system, earning a bachelor of science in nursing, working in cardiac critical care, and now becoming a family nurse practitioner. He shares his perspective on the divide between health care policy and regulation, and the delivery of direct patient care.

ARTICLES AND ESSAYS

Triggers and their Influence on Health Behaviors, by *Christine S. Gipson, PhD, RN, CNE, Assistant Professor and Coordinator of the RN-to-BSN Track in the College of Nursing and Health Sciences at the University of Texas at Tyler in Tyler, Texas.* Health care professionals often hold unexamined assumptions about their capacity to influence behavior, and how this influence functions. Dr. Gipson explores the concept of triggers, internal or external stimuli that, when combined with appropriate motivation and ability, can lead to behavior change. Understanding triggers can help nurses influence patients' individual health behaviors related to obesity, a complex problem with multiple social, environmental, and personal factors.

The Importance of Healthy Academic Learning Environments in Nursing Education, by *Shelly Clay-Robison, MS, adjunct faculty at York College of Pennsylvania in York, Pennsylvania, and in the Negotiations and Conflict Management graduate program at the University of Baltimore in Baltimore, Maryland, and Lisa A. Ruth-Sahd, RN, DEd, CEN, CCRN, Associate Professor of Nursing at York College of Pennsylvania in York, Pennsylvania and a Summer Extern Coordinator at Penn Medicine Lancaster General Health in Lancaster, Pennsylvania.* Healthy learning environments in academia are essential for the recruitment and retention of both nursing faculty and students. In healthy learning environments, conflict is seen as an opportunity for change, not necessarily something to suppress or avoid. The culture supports communication and collaboration, recognizes individuals as assets, and participates in shared decision making, while helping faculty members to define, encourage, model, and embed respectful behaviors into the workplace.

Competition vs Collaboration in Health Care Teams, by *Orlando R. Chapa, DNP, RN, NE-BC, Assistant Vice President at Cook Children's Hospital in Fort Worth, Texas; Sobha M. Fuller, DNP, RN, NE-BC, Associate Chief Nursing Officer at CHRISTUS Trinity Mother Frances Health System in Tyler, Texas; Lisa J. Hernandez, DNP, RN, CENP, Chief Nursing Officer and Vice President of Patient Care Continuum at Sarah Bush Lincoln Health System in Mattoon, Illinois; and TaShauna McCray, DNP, RN, Chief Nursing Officer at Cypress Fairbanks Medical Center Hospital in Houston, Texas.* These authors highlight work teams characterized by collaboration rather than competition. Leaders must navigate team direction (competitive or collaborative) based on team needs. Convincing staff of the benefit of collaboration is aided by focusing on "virtues in common"—core values such as caring, respect, and beneficence. To achieve the aims of better service, quality, and patient autonomy, we need teams capable of working within their system walls, as well as across disciplines and societal spectrums.

OUTCOMES

Problem Based Learning for Didactic Presentation to Baccalaureate Nursing Students, by *Susan Montenery, DNP, RN, CCRN, CNE, Assistant Professor of Nursing at Coastal Carolina University in Conway, South Carolina.* Dr. Montenery used Problem based learning (PBL), a student-centered active learning strategy in which students study case scenarios in small groups under the direction of a facilitator, to study nursing students' perceived readiness for self-directed learning, and found that students' perceptions of their readiness did not always correspond with their mastery of course content as reflected by exam scores. Montenery theorizes that traditional pedagogy methods may elicit short-term improvements in surface learning and performance on multiple choice examinations, while active learning strategies such as PBL promote deep learning which may not be immediately apparent through testing.

Examining Certified Nursing Assistants' Perceptions of Work-Related Identity, by *Jennifer A. Gray, PhD, MPP, Associate Professor of Health Studies in the School of Health and Human Sciences at Northern Illinois University in DeKalb, Illinois; and Valentina Lukyanova, PhD, MS, Research Analyst with the American Association of Nurse Anesthetists in Park Ridge, Illinois.* Certified nursing assistants (CNAs) take on a variety of roles: friend or fictive kin to residents, assistant with daily tasks, monitor of health status, and facilitator of work-related communication. Despite the importance of their work, CNAs regularly experience low status in nursing facilities, and are poorly compensated, with low wages and limited benefits; thus they may struggle to find meaning, dignity, and ownership in their work. Policies such as including them in selected patient care conferences and in goal setting for residents for whom they care regularly are one way to place authority on their side.

THE VOICE OF PATIENTS AND FAMILIES: Fading Away in Plain Sight, by *Shirley A. Lucier, MSN, RN, CNL, CWOCN, Certified Wound, Ostomy, and Continence Nurse at VNACare in Leominster, Massachusetts.* Ms Lucier has practiced in home care for over thirty years and remains an advocate for vigilant teaching at the point of care, seeing her patients as whole people not defined by their conditions or symptoms. Her compelling depiction of a patient and family at the end of life whose needs were not being perceived by their primary providers gives new meaning to patient advocacy. Using Virginia Henderson's nursing model in the home health setting, Lucier developed and implemented a plan of care that met the goals of promoting comfort, maintaining dignity, managing symptoms, and optimizing quality of life.

THE STUDENT VOICE: Precepted Experiences for Doctoral Student Nurses, by *Brenna L. Quinn, PhD, RN, NCSN, Assistant Professor in the School of Nursing of the College of Health Sciences at University of Massachusetts Lowell in Lowell, Massachusetts.* This article explores the assumption that clinical experience, training in research, and competence in the role of

independent nurse scientist automatically translates to excellence in pedagogy. Dr. Quinn describes her preceptorship with an expert faculty member that included a teaching-learning project in which knowledge, skills, and attitudes of advanced nursing practice in nursing education pedagogy and scholarship were used to integrate educational concepts and nursing education research to improve teaching an undergraduate class.

REFLECTING ON OUR HISTORY: Challenging Unjust Authority and Creating a Profession, by *Mary Ellen Doona, RN, EdD*. Dr. Doona is a nursing educator and historian; her column in the *Massachusetts Report on Nursing* features nurses whose judgments became nursing history. Here she narrates the history of the movement in the mid- to late 1800s and early 1900s to establish nursing as a profession distinct from the medical profession, with control of education and licensure firmly in the hands of nurses. This movement, succeeding in the face of the paternalism and misogyny of the era, was led by several pioneers. Doona states, “Nursing’s history is replete with nurses who spoke truth to power to safeguard the well-being of their patients; none was more conspicuous than Sophia French Palmer, whose defense of nurses and their patients echoes to this day.” Palmer was a co-founder of the precursor to the American Nurses Association, and the first editor of the *American Journal of Nursing*.

THE NURSING SALON EXPERIENCE: A Salon for Facilitators of Re-Igniting the Spirit of Caring, by *Cheyenne Van Dyke, RN, BSN, PCR CNII; Donal Grohosky, RN, BSN, PICU Assistant Nurse Manager II; Melissa Tayarani, RN BSN, Patient Care Resources Assistant Nurse Manager II; and Theresa Pak, RN, MS, NE-BC, Nurse Manager of T7 MSICU Blue and T7 MSICU Gold; all at University of California Davis Medical Center in Sacramento, California*. These authors are all facilitators of the *Re-Igniting the Spirit of Caring (RSC)* curriculum at UC Davis Medical Center, who traveled to Minnesota for RSC recertification and experienced a Nursing Salon at the home of Marie Manthey. They describe their experience: “Sharing with other nurses in such an intimate way was life-affirming; there was a sense of community even though most of us were strangers to each other before the salon began.”