

Annotated Table of Contents for *Creative Nursing* 23 #4

Questioning Authority: What is the Impact?

FROM THE EDITOR: Challenging Assumptions, Demanding Justification, 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 affiliate faculty member at the University of Minnesota School of Nursing in Minneapolis, MN.*

This editorial's title comes from Kathy Sheran, a nurse and former Minnesota state senator: "I have found the legislature to be among those practice settings in which challenging assumptions and demanding reliable, authoritative, scientific justification for existing or new law is the major function of the role." In this issue we also present a nurse theorist who went against the prevailing views of what constitutes health and illness; a biomedical scientist who questions currently accepted treatment for patients with breast carcinoma *in situ*; and nursing professors who ask why nursing students often don't question erroneous medication orders (the answer often involves issues of authority), why so many new nurses leave their first jobs, and what role workplace incivility plays in this exodus. Other authors wonder whether nursing students' performance in simulations (an increasing proportion of many nursing students' clinical experience) can predict first-time passing of RN licensure exams (turns out it can); explore the joys and concerns of online data collection (used frequently in nursing research but nobody is studying how rigorous it actually is); and advocate for interprofessional education for nursing and mental health professions students (the IPE literature seldom talks about this area of practice). We introduce the overarching theme for *Creative Nursing* 2018: Cornerstones of Healing, on which the art and science of nursing are built. Planned issues are Finding Meaning, Advancing Quality and Safety, Living the Code of Ethics, and Uncovering Hidden Resources.

FROM THE GUEST EDITOR: Finding Patterns of Meaning: Margaret Newman's Theory of Health as Expanding Consciousness, by *Ahtisham Younas, BSN, MN, PhD candidate in the School of Nursing at Memorial University of Newfoundland in St. Johns, Newfoundland, Canada, and a former Junior Lecturer at Shifa College of Nursing in Islamabad, Pakistan, and Sobia Parveen, RN, MSN Independent Researcher, and a former Assistant Professor at Shifa College of Nursing in Islamabad, Pakistan.*

Unlike many other theorists, who believed that health is a complete state of well-being, Margaret Newman's concept of health is more aligned with mysticism and concepts of psychological health and allopathic medicine which underscore that persons' well-being depends on what they believe is best for them. Newman postulated that disease is a manifestation of a person's inherited or developed underlying patterns; hence, diseased-focused nursing care will not modify those underlying patterns. Newman believed that the role of nursing is not only to deal with patients' physical needs, but to help them recognize their own potentials and capabilities to meet their life goals. Health as Expanding Consciousness has a meaningful influence on nursing practice, as it clarifies how patterns in people's lives are connected to their environment, and how these patterns influence their general health and well-being. Developing new ways to manage illness – finding simple pleasures, becoming a more

positive thinker, gaining self-control, differentiating one's illness from one's unique individual self – indicates an expanding consciousness.

ARTICLES AND ESSAYS

Keeping Abreast of Developments in the Cancer Wars: News from the Front, by Nancy L. Baenziger, PhD, associate professor of neurobiology (Ret.) at Washington University School of Medicine in St. Louis, Missouri. Her original discovery of thrombospondin (TSP) laid the foundation for what has grown into a broad research area of human biology. TSP is now known, among other actions, as a molecular homing signal that has implications for understanding and confronting the actions of disseminated tumor cells in breast cancer.

Cancer is not a monolithic condition, but reflects contributions from genetics, external and local tissue environments, and even a roll of life's dice. Critically relevant to the health care impact of questioning authority is the war within the breast cancer management community, among those studying molecular and cellular targets in breast cancer biology and those managing the human targets that represent cancer's toll. The prevailing view of lobular carcinoma in situ (LCIS) has evolved to become regarded as not cancer itself but an indication of elevated risk for invasive cancer; yet many women whose diagnoses are in the gray area of carcinoma in situ are subjected to treatments that may or may not provide real biological benefit. This gray area is not the province solely of women's breasts, but includes cervical tissue and male prostate tissue as well; some proliferating cells in these reproductive secretory tissues give rise to a lethal malignant process, and others never do. A darker side to the impact of questioning authority on the breast cancer field as a whole is pushback from professional power structures and from financial considerations behind diagnostic and therapeutic conventional wisdom. Questioning authority forces breast health care providers to take a stand, to defend their position on the medicine they practice. Patients have the right to seek breast health care based in reflective, rather than reflexive, practice; they should explore with candidate care providers the optimal means to establish a relationship in which their care concerns can be politely communicated and discussed.

Challenging Authority: The Impact of Practicing Nursing in the Legislature, by Kathy Sheran, BSN, MS, APRN (ret.), who practiced nursing for 35 years in a variety of settings including mental health, community health, chemical dependency, and acute care, and as an assistant professor of nursing at Minnesota State University, Mankato School of Nursing. In her ten years in the Minnesota Senate, she served on the Governor's Task force on Child Protection, the Long Term Health Care Financing Task Force, and as Chair of the Health, Human Service, and Housing Policy committee; she authored the Freedom to Breathe Act and an act establishing independent prescribing authority for Advanced Practice Nurses. She is currently the Vice Chair of the Minnesota Insurance Exchange (MNSURE). Applying the nursing process when assessing a proposed legislative initiative, Sheran used research methodology to help identify and diminish the impact of bias and prejudice by uncovering invalid

assumptions that were not founded in fact. The right to health care and access to adequate provider networks are of concern to nursing practice, but other laws related to environmental protection; renewable energy; building requirements; gun management; funding for homeless youth, those in poverty, foster care, child protection, and housing support; and restorative justice are also nursing concerns about promoting wellness and people's ability to care for themselves. Nurses' suggestions for changes to individual plans of care are often received without resistance, especially when working in a team environment; it is the challenges nurses make to the structure of the institutions they work in or the priorities for how resources are allocated that can make nurses feel as if challenging authority is beyond them.

Education as an Intervention toward Recognizing and Eliminating Incivility, by *Laura Marie Schwarz, DNP, RN, CNE, Associate Professor at Minnesota State University, Mankato and Nancyruth Leibold, EdD, RN, MSN, PHN, CNE Associate Professor at Southwest Minnesota State University in Marshall, Minnesota.*

Civility is an authentic respect for others that requires time, presence, willingness to engage in genuine discourse, and intention to seek common ground. Incivility may be exhibited in many forms on a continuum ranging from distractive and annoying behavior such as eye-rolling and sarcasm to more overt, aggressive, and potentially violent behaviors, including physical violence and even homicide. Synonyms include bullying, horizontal hostility, horizontal violence, lateral violence, workplace violence, relational aggression, mobbing, nurse-to-nurse aggression, and disruptive behavior. Incivility can foster lowered self-worth, damaged relationships, stress, tension, and physical symptoms. Identifying and combatting uncivil behaviors in the workplace is important because incivility takes a toll on nurses, patients, and organizations, in the form of medical errors, preventable adverse outcomes, compromised patient safety, patient dissatisfaction, and an increase in cost of care. Reasons for not confronting uncivil behavior include thinking nothing would change and instead may make the situation worse, fear of retaliation, witnessing people getting angry when confronted, and lack of time or opportunity. Education is a way to raise awareness of incivility; this awareness will not only liberate oppressed individuals but reduce incivility's incidence and effect.

Interprofessional Collaboration between Mental Health Counselors and Nurses, by *Akhtar Ebrahimi Ghassemi, PhD, MHC, MSN, RN, professor at Adelphi University, College of Nursing & Public Health in Garden City, New York.*

Mental health care includes both clinical and community mental health settings and a multitude of professionals (doctors, nurses, mental health counselors, social workers), each with her or his specialized knowledge. Interprofessional education is an ideal medium for introducing new knowledge to pre-professional students and health care professionals, and an effective pedagogical means of improving collaboration. Using role-play or standardized patients in simulation labs allows pre-professional students to practice the communication and decision-making skills necessary to work with

patients in their recovery journey. To provide holistic, evidence-based, respectful attitudes toward care and support, interprofessional education and collaboration are essential for mental health practitioners from different discipline backgrounds.

Transition from Education to Practice for New Nursing Graduates: A Literature Review, by

Bobbi Shatto, PhD, RN, CNL, Assistant Professor in the School of Nursing at St. Louis University in St. Louis, Missouri, and Lauren M. Lutz, MSN(c), CNL(c), BS, Registered Nurse in the Emergency Room at Saint Louis University Hospital in St. Louis, Missouri.

Successful transition to the professional nursing role is especially important in health care organizations to increase retention of graduate nurses in order to decrease costs, combat current and future nursing shortages, and help improve patient outcomes. New nurses are confronted with a broad range of physical, emotional, intellectual, sociocultural, and developmental changes that cause stress and difficulty in coping with the realities of nursing. The theme of chronologically younger and less experienced nurses, negative work environments, and higher intent to leave is a common thread that could point to poor transition and increased nurse turnover. Nurses who reported experiencing moderate or high levels of verbal abuse showed a significantly lower degree of job satisfaction and much lower levels of intent to stay than their colleagues who reported no abuse in the work environment. A positive preceptor experience can have a significant impact on new nurses' transition to practice; preceptors can provide socialization and support, and assist the new nurse in bridging the gap between the dependence of a nursing student and the independence of a registered nurse. The key is creating residency programs that focus on supporting new nurses, not just on increasing their skills.

OUTCOMES

Simulation Evaluation and NCLEX-RN® Outcomes: Implications for Regulation, by *Dana E. Brackney, PhD, MSN, RN, Assistant Professor in the Department of Nursing at Appalachian State University in Boone, North Carolina; Susan Hayes Lane, PhD, MSN, RN, Assistant Professor in the Department of Nursing at Appalachian State University in Boone, North Carolina; Tyia Dawson MSN, RN, Clinical Faculty member in the Department of Nursing at Appalachian State University in Boone, North Carolina; and Angie Koontz, MSN, RN, Clinical Faculty member in the Department of Nursing at Appalachian State University in Boone, North Carolina.*

Measurement of student performance is often confounded by the number of multi-faceted processes that occur during a nursing encounter. Evaluation of students' performance in simulation cannot be separated from the design of the simulation experience itself; environmental factors that influence measurement include the complexity of the simulation scenario and the performance of simulation in groups of students. Barriers to evaluating simulation performance include faculty preferences for correcting rather than failing students, societal change to viewing students as customers, and university standards that are lower than nursing program standards. In smaller simulation labs with

fewer faculty or less technician support, use of a summative term may facilitate managing simulation equipment while following a detailed evaluation checklist. Students whose performance faculty categorized as 'lacking confidence' or 'flawed' may need more support to achieve all aspects of the RN role; these students were 20 percent less likely to pass the NCLEX-RN on the first attempt than those in the 'almost perfect', 'novice', or 'competent' classifications.

A Research Experience Collecting Data Online: Advantages and Barriers, by *Malena Jones, PhD, RN, CNE, Assistant Professor at Niagara University School of Nursing in Lewiston, New York.*

The fact that use of online surveys, a research methodology employed widely in nursing and other disciplines, has not itself been described in the literature, clearly indicates a gap in research. Online survey tools have the potential to obtain a wealth of data from various populations; it is important for researchers to consider various commercial programs to determine the best ones for obtaining data relevant to their research. Researchers using online surveys need to consider the generational characteristics of participants living and working in a world of technology and multitasking. Further research into online survey use in nursing research is needed, including a systematic review of online survey data collection tools and experiences, cost analysis, obtaining qualitative data, missing data, incomplete survey rates, and the use of incentives.

PATIENT SAFETY

Nursing Students and Medication Errors: Why Don't They Question? by *Tonya Schneidereith, PhD, CRNP, PPCNP-BC, CPNP-AC, CNE, CHSE, Managing Partner and Director of Integration at SIMPL Simulation in Baltimore, Maryland.*

Nursing students have historically been indoctrinated to follow orders, which can inhibit the dialogue and interdisciplinary collaboration that is often required for appropriate patient care. While the seasoned nurse may understand the roles of various health care team members, not all nurses and nursing students know *whom* to question. Including multidisciplinary roles and responsibilities alongside teaching/learning opportunities to role-play conversations can increase self-confidence while teaching nurses *what* to question; role play can teach teamwork and communication techniques to increase comfort levels in *how* to question. While some internal factors related to medication errors, such as basic dosage calculations and procedures for safe medication administration, can be addressed through formal nursing education, failure to follow procedure may be linked to barriers related to questioning authority. While checking and changing orders is time-consuming, nurses are prepared with the necessary education and skill to interrupt a medication error, and have the ethical responsibility to do so.