

Annotated Table of Contents

Creative Nursing Vol. 25 #4 – Professional Practice in a Changing World: Emerging Leaders

FROM THE EDITOR-IN-CHIEF: Stories Stick: Scholarly Articles in the First Person, by *Marty Lewis-Hunstiger, BSN, RN, MA, retired pediatric nurse and preceptor, Editor-in-Chief of Creative Nursing, copy editor of the Interdisciplinary Journal of Partnership Studies, and affiliate faculty member in the School of Nursing at the University of Minnesota.*

We began *Creative Nursing* 2019, Professional Practice in a Changing World, with compelling stories of nurses who were or are radical advocates for those we serve and for our profession. Issue #2 is full of attention to the most vulnerable among us, in all the settings in which we work and live. With Issue 3, The Changing Climate, we are the first scholarly nursing journal to devote an entire issue to the defining challenge of our time. In this issue, Emerging Leaders, we continue an editorial practice that distinguishes us from many scholarly journals: articles voiced in the first person. As environmental activist Shanda Demorest, our Guest Editor, writes about how to convey most effectively the facts and the urgency of the health effects of climate change: numbers numb and stories stick. Many nurses at all levels of education have been taught that scholarly writing never speaks in the first person – that would be an unscientific, subjective, qualitative, primitive, and/or feminine way to impart information. We respectfully disagree. In this issue in particular, the best way to educate our readers about nurse leaders who inspire us is to let our authors speak in their own voices, about their leadership journeys or the leadership they have witnessed in others. These are stories of younger generations as well as seasoned veterans, who discover passions and skills as they practice their profession. In selecting the articles for this Emerging Leaders issue, the compelling characteristic is creativity.

FROM THE GUEST EDITOR: Building a Global Movement for Health: Nurse Leadership on Climate Change, by *Shanda Demorest, DNP, RN-BC, PHN, Member Engagement Manager at Practice Greenhealth, affiliate faculty member in the University of Minnesota School of Nursing, cardiovascular nurse at Abbott Northwestern Hospital in Minneapolis, leader of the Nurses Climate Challenge, and Executive Committee member of Health Professionals for a Healthy Climate.*

In the interest of elevating the narratives of emerging nurse leaders, Shanda Demorest first recounts her own journey to environmental advocacy, beginning with an inspiring presentation from a professor of nursing, then presents the stories of four nurses from across the United States who are working within the realm of environmental health. From climate change to lead poisoning, and from environmental advocacy to community health education, these four nursing leaders from the Alliance of Nurses for Healthy Environments (ANHE) embody what it means to tackle the challenges of environmental health with courage, innovation, and tenacity.

ARTICLES BY EMERGING LEADERS

Analysis of Excellence in Nursing Education in Indonesia Using Baldrige Criteria, by *Abdul Aziz Alimul Hidayat, Dr. Ns., M. Kes, and Musrifatul Uliyah, M. Kes, faculty members in the Department of Nursing at the University of Muhammadiyah in Surabaya, Indonesia.*

These nursing educators employed the Baldrige Criteria for Performance Excellence to evaluate processes and outcomes in 54 schools of nursing in East Java. This creative use of a tool not originally designed for nursing education, as the first step in helping these schools enhance their competitive advantage on an international level, addressed leadership; strategic planning; customer focus; measurement, analysis, and knowledge management; human resource focus; and learning process focus. Their discussion of each aspect includes these insights: Leaders must model the value of ethics in managing educational organizations, especially in the areas of social responsibility and community support. Strategic planning is important in assessing how to develop and grow the organization to achieve its purpose in a way that can be understood by all stakeholders. Students are not educational

products, but rather customers who need and a sense of ease and comfort in their education. Management of human resources involves attention to work satisfaction, comfort in the work environment, reward systems, job training, educational opportunities, adequate pay, good teamwork, information technology, career development, and support and care for employees on a personal level.

Vulnerability in Health Care: A Concept Analysis, by *Erika Gathron, PhD, RN, Medical Science Writer in Dallas/Ft. Worth, Texas.*

The American Nurses Association's *Code of Ethics with Interpretive Statements* requires nurses to promote, advocate, and strive to protect the health, safety, and rights of all individuals and groups. Dr. Gathron is an advocate for those whose determinants of health leave them vulnerable to inequities of health care processes and outcomes, including as subjects of research. Health disparity requires a careful examination of its inherent complexities in order to develop interventions that best suit the needs of vulnerable groups; an actionable step in this examination is exploring what it means to be vulnerable and how vulnerability is experienced. Vulnerability occurs at the intersection of powerlessness and exposure to risk, either foreseen or unforeseen. A conceptual understanding of vulnerability allows nurses and researchers to advocate for and better serve individuals and groups deemed vulnerable. Researchers have an obligation to design research whereby vulnerable groups are the true winners, not merely the object of a broader research agenda. Nurse advocacy is paramount in reducing health disparities and improving health outcomes among vulnerable groups.

Determining the Effect of Two Different Approaches to Orientation on Self-Efficacy in Inexperienced Nurses, by *John Napolitano, MSN, RN, Supervisory Educational Coordinator in the Emergency Department at Hackensack Meridian Health JFK Medical Center in Edison, New Jersey.* Self-efficacy is an extensively studied yet underutilized indicator of the effectiveness of education, the measurement of which can contribute to planning future education. The Generalized Self-Efficacy Scale (GSES) assesses the strength of an individual's belief in her or his own ability to respond to novel or difficult situations and to deal with any associated obstacles or setbacks. This study in an urban community hospital used GSES scores as a measure to compare a traditional bridge program for orienting new nurses to a medical/surgical unit (general hospital orientation and nursing department orientation, followed by approximately eight weeks with a preceptor) with a nurse residency program for orienting new nurses to an emergency department (combination of classroom learning and patient care experience, dedicated orientation time with department nurse leaders, post-conferences allowing residents to ask questions and express feelings in a no-fault environment, and a 12-week one-to-one preceptorship with an experienced nurse preceptor). The results support the hypothesis that a nurse residency program has a stronger effect on self-efficacy of inexperienced nurses than a bridge orientation program; the increase in GSES scores of the nurse residents was greater than for the bridge program participants. The difference did not reach statistical significance, but the real value is in the scores of the individual questions: For each of the ten questions, educational interventions can be developed to address the ones with lower self-efficacy scores

Black Nurses Rock: Leaders in Caring for Our Community, by *Kelly Verdelle Tolbert-Robinson, RN, Nurse Care Coordinator in the Minneapolis RISE, Inc. office of Westat Research of Rockville, Maryland; Assessment Nurse and PCA Trainer for Love, Care & Beyond; coordinator of health fairs for 2nd Chance Outreach; Site Care Coordinator for the StairStep Foundation, and current president of the Twin Cities Chapter of Black Nurses Rock.*

The author has practiced nursing for 25 years in orthopedics, pain management, behavioral health, implantable medical devices, and currently public health. Her article depicts her journey to a nursing career and to a recognition of her leadership style and calling, beginning with an inspiration as a fifth grader. She says, "As nurses, we are trained to take charge, lead the people and face the task at hand.

Over the years, many of us apply this mindset across all boundaries...I consider myself a strategic leader, discovering the needs and developing the tools to complete the task.” As the current president of the Twin Cities Chapter of Black Nurses Rock, the largest minority nursing association in the US, she has led initiatives such as community health fairs, which can provide blood pressure screenings, cholesterol checks, and blood glucose testing for teenagers and adults, to familiarize them with the numbers that are consistent for them and the importance of knowing those numbers. Her passion is to present access to health care for underserved people who sometimes are not familiar with the resources available to them in their time of need, and accompany them toward well-being.

Essential Elements of Song for Grieving Young Adults, by *Sarah Louise Faulkner McCurry, BSN, RN, staff nurse at Novant Health Presbyterian Hospital in Charlotte, North Carolina; Robin M. Dawson, PhD, RN, CPNP-PC, assistant professor and director of the Smart Start Program at the University of South Carolina College of Nursing; and Sue Porter Heiney, PhD, RN, FAAN, Dunn-Shealy Professor of Nursing at the University of South Carolina College of Nursing.*

Complications experienced by grieving young adults have developmental, mental, and behavioral components. Music offers opportunities to promote normal grieving. This study explored the grieving experiences of young adults who had lost a family member or friend; identified song elements (tempo, volume, and lyrics) that would be most helpful in promoting healthy grieving; and used these findings to compose a piece of music. Fifteen 20 to 23-year-old participants were interviewed about the death of a close friend or family member, using a structured interview guide that included questions about their experience with the death and their grief, as well as questions about what song elements might help in grief. The responses were analyzed for themes; the lyrics of the resulting song, “Behind the Clouds,” are included at the end of the article.

The Nursing Salon Experience: A Salon for Nurses of Color, by *Tammy Sinkfield-Morey, DNP, RN, PHN, CCRN, Nursing Supervisor at Gillette Children’s Specialty Healthcare in St. Paul, Minnesota.*

Dr. Sinkfield-Morey is the organizer of a series of salons for nurses and other health professionals of color, in which participants are given safe space for conversations about their experiences with racism, discrimination, and institutionalized supremacy in their practices. Her inspiration came from attending Nursing Salons hosted by Marie Manthey, in which she was the only African American nurse; the issues on her mind about nursing were quite often not the same as those of the white nurses present. The experience of being “the only” was nothing new to her; she had spent most of her life as the only person of color in the spaces she inhabited. But she wondered what could be accomplished by a collective of Black and Brown women and men in health care, gathering in conversation about what’s on their mind about the social construct of race, and the undermining behaviors and divisiveness that accompany it. What effect could it have on the experience of professional validation and emergence, and on the institution of racism? She envisioned that a “Nurses of Color” salon would provide a shelter under which the burdens and pain of discrimination, racism, bigotry, bias, and white supremacy experienced when caring for others could be spoken aloud, unharnessed, and heard. Since the inception of the Nurses of Color salon on Juneteenth 2018, the hosts and their participants have created lively gatherings where all have engaged in big conversations about the challenges they face as nurses of color, and about racism past and present. The sacred space of the salon has fostered a renewal of their spirits, and a restoration of their passion for what and who they are as nurses.

Addressing Workplace Incivility: Facilitating Nursing Students’ Transition to the Health-Care Setting, by *Jessica Chisholm, MSN, RN, C-NPT, CNE, instructor in nursing and emergency medical services at Pensacola State College in Pensacola, Florida.*

Since new nurses are particularly a target for lateral violence, due to perceived lack of competence, lack of organizational tenure, and authority gradients, this author sees undergraduate nursing

education as the place to start teaching and learning about workplace incivility, framing nursing school as its own workplace, where students and faculty are sometimes uncivil to each other but can learn, via a curriculum she developed, to identify, counteract, and mitigate this major source of stress. Incivility among nurses begins in academia. Students may be uncivil to each other, partly due to heavy workloads and stress associated with nursing curriculum; faculty members may be uncivil to students and to each other for the same reasons, perpetuating a cycle of unprofessional behavior. Generational differences between faculty and students are an issue as well, with younger generations sometimes viewed as “entitled.” Her curriculum included establishing behavioral ground rules, and employing Cognitive Rehearsal Technique and simulation to recognize and practice responses to incivility.

Diverse Representation in Nursing Leadership: Developing a Shared Position Statement on Allyship, by Jennifer Lane, BSc, BScN, RN; Leah Carrier, BA (Hons.), BScN, RN; Keisha Jefferies, BSc, BScN, MN, RN; and Ziwa Yu, BScN, RN; graduate students in nursing at Dalhousie University in Halifax, Nova Scotia. This article reports on a coalition of students from the Black, Indigenous, LGBTQ2S (Lesbian, Gay, Bisexual, Transgender, Queer, and Two-Spirit), and International communities at Dalhousie University in Nova Scotia who are leaders in an initiative to promote diversity, inclusion, and equity within the School of Nursing. This coalition seeks to offer students who are often rendered invisible within the academy and society more broadly in relation to dominant cultures and normative expectations an opportunity to build relationships and expose shared histories of oppression in such a way that issues of social justice are uncovered. In response to nursing students and faculty who self-identify as members of dominant groups and who sought inclusion as allies, the leaders of the student community groups recognized a need to develop a position statement on allyship. The article contains a description of the context in which this unique initiative is taking place, the rationale behind developing a shared position statement on allyship, and the significance of this work in positioning and supporting nursing students of minority status as emerging nurse leaders.

ARTICLES ABOUT EMERGING LEADERS

Becoming Aware of Compassionate Care through a Patient’s Story: Reflections from First-Year Nursing Students, by Stephanie Jeffers, PhD, RN, Associate Professor of Nursing at Widener University in Chester, Pennsylvania.

Current nursing education uses technology such as virtual and high-fidelity simulation to teach the science of nursing; incorporating books, narratives, and stories into nursing curricula has the potential to engage students in a different way, helping them learn the art of nursing. In order to study compassionate care in the nursing role, Dr. Jeffers assigned her first-year students, who had not yet had any clinical experience, to read the book *I’m Here: Compassionate Communication in Patient Care*, by Marcus Engel, who coincidentally is a long-time colleague of *Creative Nursing*. In the book, he described his experience as an inpatient after sustaining traumatic injuries including blindness following a car accident. The students then wrote letters to Marcus about their responses to his story, which he answered individually. Content analysis of the letters revealed three themes: lessons about compassion through literature; changing personal, professional, and educational perspectives; and connecting to the story on a personal level. For some, it was the first time they were seeing themselves in the caregiver role that they are beginning to prepare for.

Learning Beyond the Classroom: A Student Teaches Peers about People with Mental Illness, by Barbara Champlin, PHD, RN, Clinical Associate Professor at the University of Minnesota School of Nursing, and Riley Tousignant, BSN, RN, oncology nurse at the University of Minnesota Medical Center. Dr. Champlin teaches mental health nursing and has a passion for helping her students see that their patients in her clinical rotation are people, who struggle with mental illness. She emphasizes the humanity of those who have a mental illness, even in instances when their behaviors and symptoms

are unfamiliar and perhaps frightening to students. The students will all work with people with mental illness during their future nursing careers; the relationships they establish and the messages they convey to patients and families regarding people with mental illness are essential cornerstones of healing. One of her students, Riley Tousignant, used a photo of a healing garden that is part of the mental health clinical site, and a companion photo, in an elective photography class, to convey to her classmates the lessons about people with mental illness that she was learning from Dr. Champlin. The two photos, titled *Breathe in Love* and *Walk in Love*, are included in the article. As Ms. Tousignant says, "I have learned from my mental health clinical rotation to simply walk in love wherever I am, because I know that there are people around me who are struggling."

The Nursing Doctorate: One Size does not Fit All, by *Diane Young, PhD, MSN, Program Coordinator for the ASN Program at Troy University in Troy, Alabama; Natasha Colvin, EdD, MSN, RN-BC, CNL, Assistant Professor in the BSN program at Auburn University in Montgomery, Alabama; Sherry Seibenhener, DNP, RN, FNP-BC, WHNP-BC, Assistant Professor in the graduate program at Troy University; and Andrea Johnson, MSN, RN, Assistant Professor in the ASN Program at Troy University.*

As a service to emerging nurse leaders who are considering a career path that includes doctoral education, these authors present a concise, practical summary of the Doctor of Philosophy (PhD), Doctor of Education (EdD), and Doctor of Nursing Practice (DNP) degrees, their focus and applications, the advantages of each, and the resources needed. They state that the DNP degree is an option for professional advancement in a clinical setting, focusing on the translation of research into practice, while the EdD and PhD degrees are an essential commitment for research-focused academicians, providing the data on which evidence-based practice is founded.

AVAILABLE ONLINE ONLY

The Role of the Doctor of Nursing Practice in Promoting Nonpharmacologic Pain and Comfort Management, by *Tara Nichols, MS, DNP c, APRN, CCNS, AGCNS-BC, Clinical Nurse Specialist specializing in pain management, and Relationship-Based Care expert, at Mercy Health in Grand Rapids, Michigan.* In *Creative Nursing* Vol. 24 issue 2, Tara Nichols introduced the Nichols-Nelson Model of Comfort, a whole system approach to pain and comfort management that identified the clinician as a crucial external predictor of pain perception; the clinician-patient relationship impacts the patient's perception of pain, comfort, and associated treatments. In the current article, she presents sound advice for incorporating and promoting non-pharmacologic modalities into pain and comfort management, with individual patients and in health-care organizations' pain management programs. Developing evidence-based guidelines for the integration of non-pharmacologic approaches will help organizations determine which treatments require a licensed professional, which services are available, which services are needed, which are considered independent nursing actions, and which require a prescriber's order. The author advocates refining and expanding the three-legged stool of evidence-based practice (best evidence available, practice-based evidence, and alignment with the patient's values and beliefs), to give more than lip service to honoring patients' preferences; a truly evidence-based change must have room for individualization so that patients' values, beliefs, and personal goals can receive equal consideration. The stool also needs a fourth leg; the values and beliefs of the clinician. Pain has predominately been assessed, researched, and managed from the perspective of the patient, a reductionist approach implying that the patient's pain experience exists in a vacuum external to society, the community, their family, and the health-care system and its providers. The whole system approach to pain management calls for more attention to the clinician-patient relationship, which is a critical predictor of the efficacy of non-pharmacologic treatments because the relationship is part of the treatment: the therapeutic use of self.

Implementing Relationship-Based Care as a Professional Practice Model: Promoting Nurses' Understanding and Confidence to Apply in Practice, by Janet Reilly, DNP, RN, APNP-BC, Associate Professor and Chair of the MSN Leadership & Management program at the University of Wisconsin Green Bay, and a certified family nurse practitioner; Kristy Krause, MSN, RN, nurse leader in a recently merged health system; Carleen Vande Zande, PhD, Associate Vice President of Academic Programs and Educational Innovation for the University of Wisconsin System in Madison, Wisconsin; and Barbara Knutzen, FACHE, MPA, BSN, retired health-care administrator who has held leadership positions as COO, Vice President, and President in various health systems.

Professional practice models (PPMs) guide nursing practice, professional behaviors, and clinical leadership. Health care continues to evolve (for example, through health system mergers), and nurses may need to adopt and understand new PPMs to confidently align their interventions and professional nursing practice accordingly. Nurses need to understand their organization's professional practice model for it to be meaningful, and for nurses, patients, and the health system to experience its benefits. An organization's professional practice model should be embedded into many aspects of its culture, including job descriptions, orientation, performance appraisals, and systems to recognize and reward nurses for exceptional outcomes. This article describes an educational module about a new PPM based on the model of Relationship-Based Care (RBC), which was adopted following a health system merger. The RBC model contributes to more successful transitions of care for patients, as well as the development of trusting relationships between nurses and patients, both of which positively impact health care. To sustain RBC in a health system's culture, it is important to continually address the resiliency and engagement of the nursing team; self-care practices can increase the system's likelihood of retaining its nursing workforce. After implementation of the education module, quantitative data showed it to be an effective method to increase nurses' understanding of, and confidence in providing care utilizing, the RBC model. Qualitative data analysis generated themes (team building, need for self-care, being present, lack of time and resources, and resistance to or fear of change) about how implementation of RBC as the organization's PPM would change professional nursing practice, and barriers related to its implementation.

Making Advance Directives Visual: Introducing Young Adults to Advance Care Planning with Video-Recorded Advance Directives, by Cameron Kiersch, DNP, RN, assistant professor of nursing at Viterbo University in LaCrosse, Wisconsin, and Teddie Potter, PhD, RN, FAAN, Clinical Professor, Coordinator of the Doctor of Nursing Practice in Health Innovation and Leadership, and Director of Planetary Health at the University of Minnesota School of Nursing in Minneapolis, Minnesota.

The complexities surrounding the dying process may distort rational decision-making and impact care at the end of life. Advance care planning, which focuses on identifying the individual's definition of quality of life, holds great potential to provide clarity at the end of life. Currently, young adults are not the intended audience for advance care planning. A quality improvement project engaged 36 college-age adults in structured group advance care planning discussions, and evaluated the perceived value of a self-recorded advance directive. Findings from a pre- and post- intervention survey suggested that young adults welcomed conversation about end-of-life care; they wished for more information and expressed that a video-recorded advance directive stimulated thoughts about their own definition of quality of life. Participants' improved self-perception of comfort, confidence, certainty, and knowledge of the advance care planning process and end-of-life care indicated that young adults may be a willing and eager population for the expansion of advance care planning. In addition to directing advance care planning to a younger audience, a personal video-recorded advance directive may complement the current advance care planning process and aid individuals in defining their quality of life.