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### *Creative Nursing* Vol. 26 #4 Seeing Beyond Current Care

**FROM THE EDITOR-IN-CHIEF: Resilience: A Motivating Life Force**, 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.*

In *Creative Nursing* 2020 we have Seen Beyond: Beyond Borders, Beyond Gender, and Beyond Traditional Measurement. Our final issue for this tumultuous year that has called for all the resilience we can muster is Seeing Beyond Current Care: Forward-looking care for ourselves and our colleagues – putting on our own oxygen masks before assisting others – and forward-looking care for those we serve.

**FROM THE GUEST EDITOR: Resilience Education for Health-Care Professionals**, by *Sarah R. Martin, MSN, RN, clinical instructor; Elizabeth A. Fiske, PhD, RN, CNE, PCNS-BC, Assistant Professor and Director of Graduate Nursing Programs; and Susan Hayes Lane, PhD, MSN, RN, Associate Professor, all in the School of Nursing at Appalachian State University in Boone, North Carolina.*

Guest editor Susan Hayes Lane and her colleagues from Appalachian State University call out the importance of resilience, identifying it as a set of skills and qualities that can be learned through education and practice, and then presenting examples of that learning and practice. We learn that resilience, once thought to be a set of internal and external characteristics, is now identified as a dynamic process of adapting to stress and adversity, as well as a motivating life force. Resilience education often involves major time commitments; these authors designed a 3.5-hour workshop to accommodate scheduling, limit overtime for those who work 12-hour shifts, and allow for enough content and experiential learning to have beneficial outcomes.

### ARTICLES AND ESSAYS

**Houser Gear Conceptual Model for New Nurse Educators**, by *Andrea Houser, PHD, MSN, CNE, CCRN, former nursing instructor at Galen College of Nursing and currently the psychiatric nursing department educator at University of Louisville Hospital in Louisville, Kentucky.*

The author, who became a faculty member after being a preceptor, charge nurse, and nurse manager, needed a conceptual model to understand how to transfer the skills she had, and what to do in the classroom. Phenomena such as nursing leadership, active teaching strategies, and student learning outcomes are concepts that may be unfamiliar to new faculty who are novice nurse educators transitioning from clinical practice to academia. She developed the Houser Gear Model that compares the “work” of a nurse educator to a gear system connecting these three concepts.

**Incivility in the Environment of Care: A Positive Approach**, by *Rosa Darling, PhD, RNC-NIC, Associate Professor in the Decker School of Nursing at Binghamton University in Vestal, New York.*

In some environments of care, incivility has morphed from an unacceptable behavior into a cultural norm. The prevalence of negative behaviors at all levels of organizations indicates a systematic problem that fosters incivility despite educational programs, policies, and rehearsed phrases. This author, through a vignette, offers a template for transforming a unit culture that enables incivility into one that honors positive, constructive communication.

**Arts and Humanities to Teach Civility in Health Professions**, by *Katherine Hall, MSN, RN, ONC, Clinical Education Instructor at West Virginia University School of Nursing in Morgantown, West Virginia, and Jennie C. De Gagne, PhD, DNP, RN, NPD-BC, CNE, ANEF, FAAN, Professor at Duke University School of Nursing in Durham, North Carolina.*

Nurses are obligated to practice compassion and respect for others, to preserve wholeness of character and integrity, and to maintain an ethical work environment; if any of these values are lacking, the potential for incivility increases. Effective communication, respectful interaction, and appreciating the interests of others

are essential ingredients for building a culture of civility in nursing education. Attention to the affective domain is especially important for teaching health professions students how to manage emotional interactions with others, and how to listen to and respect individuals. These authors discuss arts-based learning as a pedagogical tool to teach civility, including visual arts, verbal arts, and performing arts.

**Compassion Fatigue is a Misnomer: How Compassion Can Increase Quality of Life**, by *Jennifer de Decker, MS, PhD student in Mind-Body Medicine at Saybrook University, specializing in Mindful Leadership in Healthcare.*

The author describes a way of looking at compassion, differentiating it from empathy and stating that the ability to maintain compassion appears to be both the ability to down-regulate one's negative nervous system responses with awareness instead of suppressing the negative emotion, and to experience more positive emotions during caregiving. She advocates for educating caretakers in practices of compassion, loving-kindness, and mindfulness, to provide self-awareness, mitigation of burnout, recognition of when empathic distress is imminent, and a stronger sense of compassion-based care.

**A Call to Intervene: Suicide Risk among Nursing Students**, by *Catherine A. Stubin, PhD, RN, CNE, CCRN, Assistant Professor at Rutgers School of Nursing-Camden in Camden, New Jersey.*

The author issues a call to nursing educators to be aware of how their students are coping. Nursing students are subject to the same stress-provoking components experienced by all college students, but face the added demands of responsibility and liability for the safety and well-being of patients, and often must maintain a required grade point average to remain in highly competitive programs. Nurse educators must be the first line in addressing students' mental health problems, being the 'eyes and ears' in the classroom as they advocate for students.

**A Poverty Simulation's Impact on Nursing and Social Work Students' Attitudes toward Poverty and Health**, by *Mary Beth Kuehn, EdD, RN, PHN, Associate Nursing Professor at St. Olaf College in Northfield, Minnesota; Carlos M. Grosch Mendes, RN, BA, PHN, Emergency Department staff nurse at Fairview Southdale Hospital in Edina, Minnesota; Genesis M. Fukunaga Luna Victoria, RN, BA, nurse and researcher; Erin Nemetz, RN, BAN, Registered Nurse for UW Health in Wisconsin; and Zyreel Claire P Rigos, BAN, RN, staff nurse at Children's Memorial Hermann - Texas Medical Center.*

This article reports the results of a poverty simulation with nursing and social work students that was introduced in an article in the previous issue of *Creative Nursing* (Vol. 26 #3). Participants demonstrated a significant shift in their attitudes toward poverty, in the direction of viewing it as structural rather than a personal deficiency. Scores of participants' self-reported socioeconomic status also increased post-simulation, suggesting changes in perceived poverty exposure; this result was not statistically significant but is interesting considering that demographic information is not expected to change.

**The Challenges of Taking Breastfeeding Infants to Academic Nursing Conferences**, by *Sigrid Ladores, PhD, RN, PNP, CNE, Associate Professor and Co-Director of the BSN Honors Program, and Erin R. Currie, PhD, RN, CPLC, Assistant Professor, both at the University of Alabama at Birmingham School of Nursing in Birmingham, Alabama, and Laura Debiasi, DNP, CRNP, FNP-C, CNE, Pulmonary Resident Service Nurse Practitioner at Children's of Alabama.*

The authors recount their varied experiences bringing breastfeeding infants to conferences. They state, "The gender gap continues, and can only be addressed if women's rights, including the right to feed infants as they prefer and normalization of breastfeeding, are supported." The more baby-friendly conferences become, the easier it will be for mothers to travel with their infants and continue breastfeeding as long as desired.

## THE VOICE OF PATIENTS AND FAMILIES

**Addressing Intergenerational Trauma with an Innovative Instrument and Process**, by *Sheila Sweeney, PhD, LICSW, psychotherapist, consultant, and adjunct faculty member in mental health, and Founder and CEO of Peaces 'n PuzSouls: Journeys Thru Healing, a private practice specializing in intergenerational healing.*

The author interviewed eleven young-adult African American mothers and their children, using adaptations of the Adverse Childhood Experiences instrument, the Social Support Questions, and the Parent Development Interview. She found that most of the mothers talked about adverse childhood experiences in their narratives, but did not necessarily define them as adverse, suggesting closed-ended questions might not have detected trauma. After completing the questions from the hybrid instrument, she asked one last question: What was it like to be asked these questions? Each of the women expressed that no one had ever sincerely asked to hear their stories before. These mothers may have developed an enhanced capacity to integrate and mediate traumatic memories and experiences, as a cultural adaptation for survival; in the face of adversity, they hold what is intolerable as tolerable.

## REFLECTING ON OUR HISTORY

**Promoting Sustainable Nursing Leadership: The Nightingale Legacy**, by *Lynn Stover Nichols, PhD, RN, BC, SANE, Associate Professor and School of Nursing Archives Coordinator; Greg Eagerton, DNP, RN, NEA-BC, Associate Professor and Coordinator of the Nursing and Health Systems Administration Specialty Track; and Curry Bordelon, DNP, MBA, CRNP, CNE, Assistant Professor and MSN Core Course Coordinator, all at the University of Alabama at Birmingham School of Nursing.*

The authors discuss the legacy of Florence Nightingale in this bicentennial anniversary of her birth. Her impact on the nursing profession includes serving as a role model for leadership behaviors and strategies that have positively impacted the health of communities and populations around the world, including advocate, change agent, interprofessional collaborator, and visionary. They call on us to emulate Nightingale's courage and initiative: "Waiting passively for change to occur is not how today's leaders in nursing embrace the change process; they must build additional knowledge and skills, such as coaching, to empower others to adapt to evolving patient needs."

## THE NURSING SALON EXPERIENCE

**Nursing Salons Take to Hospital Education Days**, by *Lee Diedrick, MAN, RN-BC, C-NIC, and Kim Lorence, MS, RN, NPD-BC, CPNP, Clinical Education Specialists, and Natalie Lu, MSN, RN, Quality and Patient Safety Coach, all at Children's Minnesota.*

Three clinical nursing education leaders made the Nursing Salon experience widely available by designing mini-salons as part of their hospital's clinical education days, providing an opportunity for nurses, nursing assistants, and leadership to share their stories in small group settings where even the quietest voices could be heard. Overall, more than 550 nursing staff members participated. The article contains a toolkit for organizations interested in providing this experience, including a tip sheet for facilitators and a link to a free video introducing the concept of Nursing Salons.

## MEDIA REVIEW

**Trauma-Informed Care in the NICU: Evidence-Based Guidelines for Neonatal Clinicians** by *Mary E. Coughlin*  
Reviewed by *Elizabeth Fiske, PhD, RN, CNE, PCNS-BC, Assistant Professor and Director of Graduate Programs in Nursing at Appalachian State University in Boone, North Carolina.*

The reviewer reports that this book is written from the viewpoint that the NICU environment can be traumatic to neonates, and that evidence-based interventions can ameliorate many of the negative environmental effects. This well-referenced and comprehensive guide for trauma-informed care is a necessity for NICU educators and anyone leading a unit-based age-appropriate care initiative, and could also serve well as a textbook for new employee orientation.

## AVAILABLE ONLINE ONLY

**Dancing with Death in the Dust of Coronavirus: The Lived Experience of Iranian Nurses**, by *Fatemeh Bahramnezhad, PhD, Assistant Professor in the Nursing and Midwifery Care Research Center, Spiritual Health Group, Research Center of Quran, Hadith and Medicine, and Parvaneh Asgari, PhD Candidate in nursing education in the School of nursing and midwifery, both at Tehran University of Medical Sciences in Tehran, Iran.*

Phenomenological research is needed to understand the problems and demands of health-care providers in order to establish a safe health-care system that can respond effectively to disasters. These authors offered first-line nurses caring for coronavirus patients the opportunity to share their thoughts and experiences. Their article title comes from a nurse's quoting of a patient: "When the crisis peaks and death strikes, a lot of people escape, but the nurses stay face-to-face with death and dance with it."

**Building Nurses' Resilience to Trauma through Contemplative Practices**, by *Elizabeth Fiske PhD, RN, CNE, PCNS-BC, Assistant Professor and Director of Graduate Programs in Nursing at Sarah Martin, MSN, RNC-OB, Clinical Instructor; and Jennifer Luetkemeyer, PhD, Assistant Professor of Library Science, all at Appalachian State University in Boone, North Carolina.*

Resilience has been conceptualized as a personal characteristic, as a dynamic process, and as an outcome; commonalities of many of the definitions include self-efficacy, social support, and the ability to overcome trauma. Health-care workers are at risk for secondary trauma, in which stress-related symptoms develop after working with people who have experienced trauma. When nurses are healthy, they serve as positive role models, have a sharper focus, make fewer mistakes, and are better able to advocate for their patients and communities. This article addresses the risk for secondary trauma, and offers exercises in breathing, gratitude, and visual journaling and other art-based practices.

**The Role of Relationship-Based Care in Developing Empathy through Vulnerability: Visual Cues for Conversation and Change**, by *Sarah Ann Lackey, DNP, RN, CCNS, nursing leader responsible for nursing excellence and retention at Cone Health in North Carolina.*

The intentional practice of Relationship-Based Care (RBC) principles helps us bring our best selves to our interactions as team members and health-care providers. The author, a champion of RBC and its incorporation in individual practice, team dynamics, and organizational culture, explores the concepts of vulnerability and "armoring up" as discussed by author Brene' Brown, and offers a series of visuals depicting care for self, care for colleagues, and care for patients and families, through the lens of vulnerability. To function within the open-hearted uncertainty that is vulnerability, we must learn to be present in every encounter and resolve to establish connection. A work culture that holds care for colleagues as one of its strategic priorities will count connection and purpose among its outcomes.

**A Creative Action Plan for Mental Wellness: Tools for Primary Care in Rural and Underserved Settings**, by *Mary Icenogle, RN, BSN, Advanced Nursing Education Workforce Grant Project Manager; Cara A. Busenhardt, PhD, APRN, CNM, FACNM, Clinical Assistant Professor and Program Director for Advanced Practice & Midwifery Education Programs; Carol Buller, DNP, APRN, FNP-BC, GNP-BC, Clinical Assistant Professor and Program Coordinator for the Adult-Gerontology Primary Care Nurse Practitioner program; JoAnn M. Peterson, DNP, APRN, FNP-C, WHNP-BC, Clinical Assistant Professor and Program Coordinator for the Family Nurse Practitioner program; Lori Schwartz, DNP, APRN, FNP-BC, Clinical Assistant Professor in the Family Nurse Practitioner program; Lucinda Whitney, DNP, APRN, PMHNP-BC, Clinical Assistant Professor and Program Coordinator for the Psychiatric-Mental Health Nurse Practitioner program; and Cynthia Teel, PhD, RN, FAAN, Associate Dean for Academic Affairs, and Project Director for the HRSA Advanced Nursing Education Workforce Grant; all at the University of Kansas School of Nursing.*

Patients dealing with chronic illness all self-manage, some more effectively than others. Given the serious health consequences of prolonged, unresolved, or mismanaged stress, learning to regulate emotions supports

a quicker recovery from a stress-induced reaction and is considered an important resilience factor in diminishing the overall burden of stress. These authors report on a mental wellness toolkit emphasizing self-care that they developed to help primary providers in rural areas of Kansas support patients dealing with depression and/or anxiety. The tools are a self-assessment of mental wellness and a document for planning self-care activities to promote mental wellness. Self-care plans are not only for chronically ill persons; anyone can benefit from taking intentional steps toward wellness.

**The Importance of Proper Use of N95 Respirators by Health-Care Workers**, by *Tooba Hoseini Azizi, PhD, Department of Critical Care Nursing and Management; Saeideh Varasteh, PhD, Department of Medical-Surgical Nursing and Management; and Maryam Esmaeili, Associate Professor in the Nursing and Midwifery Care Research Center; all in the School of Nursing and Midwifery at Tehran University of Medical Sciences in Tehran, Iran.*

Health-care workers who are at the front line of treatment of COVID-19 are often concerned about the increased risk of transmitting the infection to their family members, especially those who are elderly, immunocompromised, or have underlying medical conditions. The protection afforded by N95 respirators depends on how well they fit on the wearer's face; any leakage in the sealing surface will allow contaminants to bypass the respirator's filter and be inhaled. Proper fit-testing of masks is crucial for protecting health-care workers. The technical information in this article could save lives; for example, counterfeit N95 masks that cannot properly protect health-care workers are being purchased by hospitals, and their defects may go unrecognized.