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***Creative Nursing* Vol. 27 #1 – In It Together: Breaking New Ground for Leadership**

FROM THE EDITOR-IN-CHIEF: Leading from First Principles, 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* 2021 we are all In It Together. We chose this overarching theme more than a year ago, before COVID-19 and the murder of George Floyd brought a sea change in our awareness of what we must do to live together on this planet. The goal of our first issue (published in February), Dismantling Systems of White Supremacy, is expressed clearly in an article by guest co-editor Tammy Sinkfield-Morey and Teddie Potter: “We came together in conversation to help us understand how we can better use our leadership to acquaint nurses with the insidious ways that systemic racism endures, persists to the point of constancy, and serves to diminish the experience of healing for all of us and destroy it for some of us.” These two nurses, growing up in the same generation only a few miles from each other, had very different career experiences; both have become strong leaders. And leadership is what this second issue for 2021 is about. First principles are propositions or assumptions not arising from any others. They’re basic, self-evident – the most important reasons for believing or doing something. Work arising from first principles starts at the level of established science – it doesn’t shape itself to fit models or parameters. Each article in this issue has at heart a principle that has motivated its authors to do their work and, via *Creative Nursing*, to share it with the world.

FROM THE GUEST EDITOR: Transformational Executive Health-Care Leadership: What Makes a Good and Great Health-Care Leader? By *Cyrus Batheja, EdD, MBA, PHN, RN, National Vice President of Strategic Initiatives and Transformation, Government Programs, at UnitedHealthcare.*

Dr. Batheja’s position at the nation’s largest managed care organization has empowered him to develop and implement an internationally recognized program that serves his organization’s highest-risk patients – those experiencing chronic homelessness and significant health disparities. Providing dignified housing with trauma-informed supports was associated with significant decreases in emergency room visits, hospital stays, and inpatient days. In his career so far, he has known extraordinary leaders who cross traditional boundaries and take risks to achieve the greater common good. In the midst of crisis, these extraordinary leaders are focused on matters of the community, uniting their work with matters of equity, including race, gender, sexuality, and class; they are authoring an improved system of care while challenging traditional androcentric hegemony in health care. They have mastered interprofessional collaboration, while solving challenging issues, increasing quality, and driving sustainability. They inspire people, creating an atmosphere of appreciation, innovation, sharing, and positive mindset. These health-care leaders are breaking down professional boundaries by engaging deeply with organizations beyond their own, publishing about their learnings, and demonstrating results.

ARTICLES AND ESSAYS

Standing Tall: Leadership Reflections from the Community Health Center Frontlines, by *Colleen McDonald Diouf, MA, CEO of Community-University Health Care Center (CUHCC) and Chair of the Federally Qualified Urban Health Care Network (FUHN), an integrated network of community health centers.*

CUHCC Clinic in Minneapolis serves 11,000 people annually with 62,000 visits, with comprehensive primary, mental health, and dental care; 80% of patients are Black, Indigenous, and People of Color (BIPOC), and the majority live at or slightly above federal poverty guidelines. The triple pandemic—COVID-19, racism, and economic downturn—has placed added stress on those already vulnerable; people without housing have no place to recover from COVID-19, or for respite care from hospital stays, or adequate food and shelter. But it has also created a space and time for leaders to rise up and make transformative change. Many community health centers have engaged in innovations in services to build on trust and to reach community members with testing and other needed services. Lessons around leading these efforts could support systemic change in the health-care system. The murder of George Floyd shone a light on the deeply entrenched racial disparities in Minnesota, across the nation, and globally, which have persisted for decades. From housing covenants that kept Black people from owning property, to the destruction of cherished neighborhoods for major highways, local and state policies in Minnesota have resulted in reduced life expectancy and a disproportionate burden of chronic disease for BIPOCs. As health-care systems seek to reverse these health inequities, learnings from community health centers demonstrate tangible ways to improve access and health for all.

Voices of Nurses During the Covid-19 Pandemic: A Call to Action, by *Mary Jo Kreitzer, PhD, RN, FAAN, director of the Earl E. Bakken Center for Spirituality & Healing and a professor in the School of Nursing at the University of Minnesota.*

The COVID-19 pandemic hit at a time when the wellbeing of the workforce was already compromised by unacknowledged burnout, primary and secondary trauma, and moral injury, which may contribute to the development of PTSD, severe depression, and substance abuse. Now, nurses, their patients, and those around them are experiencing cumulative and collective losses due to contemporary biological, social, and political dynamics. Expecting or hoping that nurses will recover quickly or bounce back from the stress and deep trauma of the pandemic is not realistic. Each nurse has a story, and while these stories may have similar themes, they are all different. It is important to reflect on our stories, identify the myriad of emotions we are experiencing, and find ways to work through our feelings; ignoring, denying, or suppressing feelings does not serve us well in the long run. Action is needed to address the impact of the pandemic, clinician burnout, and systemic racism on health-care organizations and educational institutions. Organizational wellbeing must address both clinician wellbeing and the system issues that contribute significantly to stress and burnout, but actions must be meaningful and substantive. Too frequently, we design clinical care approaches without getting input from patients, and organizational strategies without getting input from staff, and are then surprised when they fail. The article also sounds a note of hope, with the concept of post-traumatic growth, the experience of positive change that emerges from highly challenging life circumstances or adversity. It may result in the discovery of strengths, improved relationships,

spiritual growth, and a greater appreciation for life, as exemplified by the words of poet Amanda Gorman: “Even as we grieved, we grew.”

Evidence-Based Nursing Management: Basing Organizational Practices on the Best Available Evidence, by *Elaheh Haghgoshyie, PhD, and Edris Hasanpoor, PhD, both assistant professors in the Research Center for Evidence-Based Health Management at Maragheh University of Medical Sciences in Maragheh, Iran.*

Evidence-based nursing management, developed as a framework for improving the quality of decisions to provide the most effective health-care outcomes, is a synthesis of clinical expertise, research evidence, and patient values, to create effective patient care strategies. Effective use of evidence-based nursing management requires identifying sources of evidence and assessing their utilization. This article suggests a model for evidence-based nursing management in nursing practice, with six sources utilized for nursing management decisions: scientific and research evidence, information from hospitals, political-social development plans, managers’ professional expertise, ethical-moral evidence, and values and expectations of all stakeholders. These sources correspond to six styles of nurse managers. A fully evidence-based nursing manager utilizes all evidence sources in a six-step decision-making process:

- Asking: translating a practical issue or the patient’s problem into an answerable question,
- Acquiring: systematically searching to retrieve the evidence among the six main sources,
- Appraising: critically judging the trustworthiness and relevance of the evidence,
- Aggregating: weighing and pulling together the evidence,
- Applying: using the evidence in the decision-making process, and
- Assessing: evaluating the outcome of the decision taken.

Preparing Nurse Educators: The Current Landscape, by *Susan Hayes Lane, PhD, MSN, RN, Associate Professor in the Department of Nursing in the Beaver College of Health Sciences at Appalachian State University in Boone, North Carolina, and Eileen Kohlenberg PhD, RN, NEA-BC, Professor Emeritus at The School of Nursing at The University of North Carolina at Greensboro.*

There is an urgent need to address the nursing faculty shortage and evaluate current enrollment in nurse educator programs across the country. These authors state that there is a mismatch among the demographics of nursing faculties, the programs currently in place to prepare new nurse educators, and the numbers of future students. They surveyed 53 nursing education program directors about curricular content, key issues, and areas for further development. Society assumes that all nurses are good teachers, but these authors emphasize that nurse educators need preparation for a variety of environments including universities, hospitals, community colleges, and community health settings. While demographic trends for nurse faculty indicate aging and larger numbers of retirements from faculty roles, competition from clinical organizations, and an undersupply of nursing education graduates, research is needed to determine why nurses are choosing other career paths than education, and what factors are motivating nurses who do select nursing education.

A Blueprint for Becoming a Successful Clinical Nursing Professor, Promoting Health and Wellness in the Clinical Environment to Produce Emerging Nurse Leaders, by *Diane R. Logan, MSN, RN, BSN, CSN clinical nursing instructor in the undergraduate and graduate CNL programs at Seton Hall University in South Orange, New Jersey.*

Our colleagues who teach undergraduate nursing students play a crucial role in retaining people in our profession. This author has a passion for promoting health and wellness in the clinical teaching environment. She presents a blueprint for planning and implementing clinical experiences in the most proficient way to maximize all the skills students need to become competent, prudent nurses, employing the qualities of an effective clinical professor: attitude, focus, role modeling, providing a caring learning environment, giving students a voice, and helping students develop self-esteem. This article contains a list of valuable learning tools and strategies for the clinical site, before and during clinical experiences. Good clinical mentors help students apply their theoretical knowledge to practice, provide learning opportunities, and help students to do their best.

Leading Novice Nursing Students to Engage in the Power of Primary and Secondary Prevention, by *Stacy Christensen, DNP, APRN, Nurse Practitioner and a Nurse Educator at Central Connecticut State University in New Britain, Connecticut.*

Early nursing students often look forward to learning advanced techniques that save lives in the acute care setting; this anticipation may lure students away from less glamorous basic nursing practice and cloud their ability to see themselves as ‘lifesavers’ in the early semesters of a program. First-year courses traditionally focus on theory, with little opportunity for practical application to patient care.

This article presents two educational strategies – role-play simulation and Rewind – that the author has used in a first-year wellness course. Both strategies aim to enhance students’ ability to go beyond theories and apply abstract concepts to the care of patients. In the Rewind activity, students present a very brief story about their hypothetical patient, who was adversely impacted by a risk previously identified: the incidence of the event, why the patient was at risk, how the event has impacted the family, and ways they may intervene to help the family cope with the incident. At this point, students then Rewind and start from the beginning, retelling the story while incorporating specific primary and secondary interventions that they as the nurse used early on to change the outcome and avert the tragedy. Students learn the benefits of simple primary and secondary prevention efforts, the true backbone of nursing, and the powerful impact these basic interventions can have on patients, families, and public health and wellbeing. These strategies provide the framework for less experienced undergraduate nursing students to go beyond the textbook and “think like a nurse” through creative pedagogy.

Converting to a Synchronous Virtual Nursing Research Conference Amidst a Pandemic: A Case Study, by *Lilian J. Canamo, MSN, RN, PCCN, nurse informaticist at the University of California San Diego Health, and chair of the organization’s Nursing Research and Evidence- Based Practice Council; Jessica P. Bejar, BSN, RN, PCCN, PHN, Progressive Care Unit charge nurse at the University of California San Diego Health and art coordinator of the EBP/Research Council; and Judy E. Davidson, DNP, RN, MCCM, FAAN, nurse scientist for the Division of Nursing at University*

of California San Diego Health and a research scientist in the Department of Psychiatry at the University of California School of Medicine.

The global pandemic brought the cancellation of professional conferences throughout the world. But the members of the Nursing Research and Evidence-Based Practice Council at University of California: San Diego Health were determined to continue their annual Nursing Inquiry and Innovation Conference in 2020, the Year of the Nurse and Midwife, to recognize the innovative work of nurses, especially when nurses desperately needed positive reinforcement. The conference planning team used this opportunity to demonstrate resiliency and rise above the challenges. These authors recount their process in pivoting to an all-virtual conference that retained plenary speeches, breakout presentations, posters, and even an online version of the annual art exhibit. Nineteen nurse-artists submitted images or videos of their artwork related to the conference theme of Healthy Nurse, Healthy San Diego, or to the pandemic; media included poetry, drawing, photography, painting, music composition, cinematography, and mask sewing. As the only conference *not* cancelled, from many local, regional, and national conferences where their nurses had been accepted to present, they compiled a list of these nurses and invited them to present at this conference, with their abstracts included in the syllabus.

Nurse Educators Teaching Medical Interns: Impact of Interprofessional Collaboration, by *Maryanne Barra, DNP, RN, FNP-C, associate professor at Seton Hall University College of Nursing in South Orange, New Jersey; Samantha Singh Hernandez, MSN, RN, MSW, LMSW, director of the Regional Perinatal Simulation Center at RWJBarnabas Health in Livingston, New Jersey; and Janet Czermak, DNP, RN, APN-BC associate professor in the Graduate Nursing Program at the College of Mount Saint Vincent in Chatham, New Jersey.*

Nurse educators teach others besides nursing students. For new graduates from medical school, having the intellect to retain and narrate information on disease entities and treatment plans lays the foundation for medical competency; however, intellect needs to be partnered with psychomotor skills when caring for patients. These authors presented a day of skills training for new medical interns. A didactic lecture was followed by simulation lab practice in nasogastric tubes insertion, intravenous therapy, use of personal protective equipment, blood collection, and arterial blood gas interpretation. In a safe, controlled simulation environment, students can practice without fear of harming patients or of retribution. Leading this orientation for interns introduced nurses as partners in interprofessional collaboration.

PATIENT SAFETY

Student Nurses' Assessment of Medical Errors, by *Ayşe Akbiyik, PhD, Assistant Professor and Research Assistant on the Faculty of Health Sciences, Department of Nursing, at the University of İzmir Katip Celebi in İzmir, Turkey; Dilek Sari, Associate Professor, College of Nursing, Department of Fundamentals of Nursing, at Ege University in İzmir, Turkey; and Nihal Taşkıran, Assistant Professor in the College of Nursing, Department of Fundamentals of Nursing, at Adnan Menderes University in Aydın, Turkey.*

These nursing educators highlight their concern about the incidence of medical errors made by nursing students during clinical practice. They presented their students with scenarios drawn from Text-Based Medical Error (TBME) forms they developed, that depicted real medical errors

involving patient identification, medications, falls, transfusions, health-care-associated infections, and pressure ulcers, asking them to categorize the errors and find the causes. Students had difficulty interpreting errors of patient identification; in a scenario depicting wrong-patient treatment (given to a patient in the same room, with a similar name), almost half of students could not identify the cause of the error, possibly because they have been taught to refer to patients by room and bed numbers, and see this behavior modelled by nursing staff. The medication administration error scenario involved a unit nurse handing a syringe of medication to a student and instructing the student to give the medication to a specific patient. The student verified the patient's ID and gave the medication, then discovered that the nurse had already given the medication. Over 80 % of students could not identify the reason for the medication error; one possible explanation is that students accept nurses as leaders and tend to follow their instructions without questioning. These authors advocate for an approach to nursing education that integrates training programs such as simulations and TBME cases, as an important pedagogical strategy for developing nursing students' knowledge, skills, and competence.

THE STUDENT VOICE

Stayin' Alive through Health Education in a Correctional Setting, by *Amy Johnson, PhD, RN, clinical instructor at the University of Illinois in Chicago.*

This author is a strong advocate for the dignity of those who are or have been incarcerated, focusing on improving the health and well-being of these individuals who are disproportionately affected by chronic disease, mental health concerns, and substance use. She describes creative health education modules her students provided to men finishing their prison sentences at an adult transition center. Topics included navigating the health-care system, diabetes, hypertension, pain management, heart disease, first aid, cardiopulmonary resuscitation (CPR), coping with stress, and opioid addiction. Students used mini-lectures, discussions, games, and activities to present the education. One group used the format of the game show *Jeopardy* to teach about acute and chronic pain and effective pain management; another used BINGO to teach about opioid addiction. Another group used making a parfait with yogurt, berries, granola, and dark chocolate, to discuss the positive effects foods can have on mood and stress relief. These voluntary health education classes provided the men with opportunities to increase their health knowledge, to empower themselves, and to establish trusting relationships with health-care workers. The article title contains the words Stayin' Alive because one of the men who learned CPR from the students saved the life of a fellow inmate using the beat of that popular song for the correct rate of chest compressions.

REFLECTING ON OUR HISTORY

Capturing Nursing History with Creative Writing: Two Exemplars, by *Jacqueline K. Owens, PhD, RN, CNE associate professor of nursing at Dwight Schar College of Nursing and Health Sciences at Ashland University in Mansfield, OH, and editor-in-chief of OJIN: The Online Journal of Issues in Nursing, the scholarly journal of the American Nurses Association.*

Preserving the contributions of individual nurses and the profession is a critical foundation to support continued efforts to measure our response to societal needs. Members of the public are less apt to read formal historical accounts that describe nursing. Lay persons often base

perceptions of nurses on personal encounters or from images of nurses presented in various media; images of fictionalized nurses are frequently, but not always, inaccurate, and are often dated, but can offer historical perspectives about the culture of nurses, especially related to nursing education. Dr. Owens advocates for creative writing, including historical fiction, personal narratives, and poetry, as valid ways to convey nursing history to people who may not otherwise learn about it. She profiles two authors of books about nursing. Terri Arthur wrote *Fatal Decision: Edith Cavell World War I Nurse* (2014) as a historical narrative novel, telling the story of this heroic nurse to a new generation. Jeanne Bryner has published many of her own poems, including *Blind Horse. Poems* (1999), and co-edited a recent anthology, *Learning to Heal: Reflections on Nursing School in Poetry and Prose* (Bryner & Davis, 2018) that includes a number of stories of nurses of color, whose histories are often oral and thus lost if not documented before they die.

The stories written by creative writers that capture nurses and nursing history reflect the careful research and revision that underpins the process from start to finish. Their work chronicles stories of everyday nurses who would never consider themselves heroes, offering hope and inspiration for today's nurses and our world.