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***Creative Nursing* Vol. 27 #3 – In It Together: Engaging the Public in Public Health**

The launch event celebrating the publication of this issue is Wednesday September 22, 3-4:30p.m. CDT. Register for this event at [https://chcm.com/events/in-it-together-engaging-the-public-in-public-health/](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fchcm.com%2Fevents%2Fin-it-together-engaging-the-public-in-public-health%2F&data=04%7C01%7C%7C3093cc777bb544058c4708d9529abd6f%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637631647292393357%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=DQkJV0JPGC4OYO%2FE5FGW%2FFKBkMO%2BiEtbbDrXFOHg1hI%3D&reserved=0)

**FROM THE EDITOR-IN-CHIEF:** **The Public is All of Us,** 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 this world-changing year, we are all In It Together. In issue #1 we advocated for dismantling systems of white supremacy, in nursing education, in the organizations and systems where we provide care, and in the ways we treat each other. Our advocacy in Issue #2 was for leading from first principles, highlighting exemplary leaders in clinical practice, management, and education; acknowledging the grief and secondary trauma nurses and our fellow caregivers are incurring; and portraying the lives of nurses in new ways. It’s fitting that Issue #3, whose working title for more than a year has been “The Public Health Issue,” has a worldwide range of authorship, in age, geography, and walks of health-care life. For all the tumult of 2021, this issue of *Creative Nursing* is an antidote – people doing brave, creative, insightful things to promote the common good. From children who need to learn how to eat healthy and sleep better, to adolescents and young adults who need correct information about sex, to adult citizens who need to feel safe and to be treated equitably and compassionately by society and by their caregivers, to health care professionals in all arenas who deserve respect, and to all of us as we try to remember to wash our hands, we are all in this together.

**FROM THE GUEST EDITOR: Are We There Yet? Reflections on Life During a Pandemic, by** *Lori Steffen, MA, RN, PHN, Director of Home Care and Hospice at Northfield Hospital in Northfield, MN.*

Lori Steffen, whose career has spanned pediatrics and elder care, teaching and management, watched the pandemic unfold through the lens of public health – the collective health of all of us. She calls out the titular systems that were supposed to protect and educate us but often did not, the leadership and modeling of behavior that were needed but were so often lacking. She summarizes the theme: How do we get people to understand that actions today prevent illness tomorrow? Use a multifaceted public health approach, including providing accurate and timely data; creating legislative policies that promote health; excellent leadership; and continual clear communication describing the health risks and necessary strategies to reduce the risks. Public health officials have used these strategies to decrease the risks of communicable diseases like tuberculosis and polio, to improve air and water quality, and to minimize the risks of cigarette smoking. These same strategies allow us to create a path toward health for all.

**ARTICLES AND ESSAYS**

**The Impact of Unconscious Bias on Public Health and Health-Care Systems,** by *Abiola Abu-Bakr, DNP, MPH, RN, PHN,* *Advanced Practice Public Health Nurse and Doula.*

This article continues our discussion from Creative Nursing Vol. 27 #1, of the roots of health-care disparities.

The U.S. public health system has been challenged in constructive ways over the past year, from fighting a novel virus to managing the resulting pandemic, and surmounting public pressure to reconcile past and present trauma fueled by health and racial inequities that claim lives and perpetuate physical, mental, and emotional harm in predominantly Black, Indigenous, and other non-white communities. Through term definitions, discussion of the current literature, and content expert opinions, this article reveals the casual yet calculated way unconscious bias saturates health care and the governing public health systems in the US, and presents a call to action for professionals in the field to keep racial and health equity at the forefront of solutions. From birth we are being primed with thoughts and ideas that solidify into narratives, which are used to form policies that serve the dominant group; the result is structural racism. “Members of the public health field must move to action in a way that is conscious, efficient, acknowledges past harms, and works to eliminate the malpractice influenced by bias that is based in harmful narratives related to race and ethnicity.”

**Nurses, Public Health, and Human Rights: Their Role as Claim Holders, Duty Bearers, and Promoters of Social Change,** by *Claudio Schuftan, MD, public health and human rights specialist, and member and cofounder of the People's Health Movement.*

Nurses are Claim Holders of substantial social and economic rights, and Duty Bearers, guardians not only of the right to life (as stated in United Nations Universal Declaration of Human Rights: “Everyone has the human right to life, liberty, and security.”), but also the rights of women, children, and minority groups, among others. Nurses have inherent obligations in the domain of social determinants of health; nursing education must innovate, adding a human rights component to address the role of Promoters of Social Change. Nurses can alter trends and avert catastrophes if they recognize and exercise their own power to make a difference, especially if they organize around these topics. It is the principle of recognizing trends and acting promptly at the right time that differentiates politically oriented health professionals (including nurses) from theoreticians. This article is a call for nurses, not only to take charge of constraints in their professional lives, but also engage more on the humanitarian and human rights issues of the profession. If such a goal seems utopian or overwhelming, starting small can deliver daily victories.

**Promoting the Public’s Health with Personal Commitment and Gun Safety Policies**, by *Thomas E. Kottke, MD, MSPH, Medical Director for Well-Being at HealthPartners in Minnesota.*

Relative to comparator countries, the US has average rates of non-fatal crime and violence, but has much higher rates of overall homicide, gun homicide, gun suicide, and accidental gun deaths. Beyond the numerical availability of guns are laws, policies, habits, beliefs, and knowledge gaps that are amenable to public health measures. A campaign that promotes personal commitment to gun safety for gun owners, and public policy changes to enhance universal background checks and extreme risk protection orders, could significantly reduce the country’s threat of gun violence. Safe storage is a personal opportunity that gun owners can take for themselves, their families, and visitors to their homes, and the majority of Americans support universal background checks and extreme risk protection orders. A comprehensive public campaign to promote safe gun ownership and stronger firearm regulations has the potential for success.

**Associative Stigma Against Mental Health Nursing: Ways Forward**, by *Njaka Stanley, RN, RPHN, BNSC, MS.c, lecturer in the Department of Nursing at Ebonyi State University in Abakaliki, Nigeria, and a research fellow at Universiti Sains in Malaysia.*

This author reports that in many countries, the culturally supported definition of mental disorders (shared even among health-care providers) as a calamity caused by the patients to themselves has given rise to wide discrimination and stigma against these patients and those who care for them. This stigma is present not only in developing countries; studies from the US reported that those in psychiatric and mental health nursing were seen as doing work that others rejected, work that does not require training, and something anyone can do. It is important that health professionals, especially nurses in all specialties, should see members of the mental health team as fellow professionals who are equally skilled and knowledgeable. Classifying stigma against the mental health team as defamation would reframe cultural discussions about mental health care.

**Pediatric Health Promotion in the Community Setting: A Learning Experience for Nursing Students and Elementary Students**, by *Jessica Huber, PhD, MSN, RN, CCRN, CPN, Assistant Professor in the Undergraduate Nursing Program at Carlow University in Pennsylvania.*

The clinical setting remains the most effective learning situation for demonstrating theoretical possibilities and transforming the novice to a beginning nurse. Finding sites for clinical learning, especially about community health, is increasingly challenging for faculty. This author found a clinical site that welcomed her undergraduate pediatric nursing students: an elementary school. The students developed 30-minute health education presentations that included topic-related gross and fine motor activities, adapting their teaching to be developmentally appropriate for pre-kindergarten to 5th graders. A class on healthy nutrition included a fine motor activity of coloring favorite healthy food options onto a paper plate – the nursing students helped draw and label specific foods. Gross motor activities included playing hopscotch on colored squares containing the names of healthy food items, saying the name of the item, and categorizing healthy and unhealthy foods by moving healthy items to one basket and unhealthy items to another basket.

**Effects of Mutuality, Anxiety, and Depression on Quality of Life of Patients with Heart Failure: A Cross-Sectional Study**, by *Federica Dellafiore, PhD, RN; Cristina Arrigoni, RN, MSc; Francesca Palpella, RN, MSc; Alberto Diazzi, RN, BSN; Marilena Orrico, RN, BSN; Arianna Magon, RN, MSN, PhD; Francesco Pittella, MSN, MBA; and Rosario Caruso, PhD, RN, colleagues at Policlinico San Donato in Milan, Italy.*

Quality of life is a complex, subjective, multidimensional concept that includes physical, emotional, and social well-being as well as functional ability. Federica Dellafiore and colleagues report that although significant improvements have been achieved in medical treatment of heart failure (HF), these patients still present with a wide range of psychological burdens, including anxiety and depression, that impact their quality of life. The dyadic relationship between patients with HF and their caregivers is highly important for disease self-management in achieving the best clinical outcomes. The authors explore the concept of mutuality, the quality of the patient/caregiver relationship in four dimensions: love and affection, shared pleasurable activities, shared values, and reciprocity. Shared values between patient and caregiver, a factor that can be discussed and supported by health-care professionals, showed an important effect in enhancing quality of life.

**Flipping the Classroom: Incorporating Video Production in Public Health Nursing Education,** by *Misol Kwon, BS, RN; Mary Rose Gaughan, MS, RN, CNE; and Eunhee Park, PhD, RN, APHN-BC; colleagues at SUNY University at Buffalo School of Nursing in New York.*

A paradigm shift in pedagogical methodology and learning environments emphasizes the use of active learning models, including team-based learning, and the use of interactive technologies and clinical resources. A video production activity utilizing a flipped classroom approach in a public health nursing course educated

undergraduate nursing students about infectious diseases. Pre-work included study of the transmission, prevention, and surveillance of specific reportable communicable diseases: pertussis, influenza, *Salmonella,* human papillomavirus, Hepatitis A, and Lyme disease. Each student small group created a 3-minute video clip about their designated infectious disease, using the genre of their choice (e.g., short drama, campaign, direct education) to educate the public about it. The flipped classroom approach with video production encouraged students to engage in their public health nursing class and provided them with an opportunity to practice important communication skills.

**Elevating Equity and Inclusion for People with Intellectual Disabilities: A Nursing Student Sexual Health Promotion Project,** by *Allison P. Edwards, DrPH, MS, RN, CNE, Assistant Professor of Nursing at the University of Texas Health Science Center in Houston, Texas.*

People with intellectual disabilities encounter barriers to health-care services in communication, patient engagement, provider training and knowledge, exclusion from health promotion and research, and access; they are at a greater risk for sexual abuse, are more likely to become pregnant, and may possess insufficient and inaccurate information about sexual health. Their sexual experiences are limited by an absence of privacy in their daily lives. This author, who has initiated many clinical affiliations serving people with disabilities, engaged students in designing and presenting a series of gender-specific sexual health literacy seminars at an urban residence where people with developmental and intellectual disabilities lived independently; the seminars addressed mutual consent; appropriate places for sexual relations; prevention, transmission, and symptoms of sexually transmitted disease; genital hygiene; and condom use. The program was well received by residents, staff, and residents’ families.

**OUTCOMES**

**Usability and Usefulness of Mobile Heath App for HIV Prevention among Adolescent in Indonesia,** by *Linlin Lindayani, PhD, RN; Bhakti Permana, M.Kep; and Irma Darmawati, M. Kep., Ns., Sp.Kom; colleagues at Sekolah Tinggi Ilmu Keperawatan PPNI in Jawa Barat and Universitas Pendidikan Indonesia; and Taryudi Taryudi, PhD, Director of Engineering Laboratory at Universitas Negeri in Jakarta, Indonesia.*

Adolescents around the world are digital natives, adept at sharing and learning through apps. The usability and perceived usefulness of any health app are crucial to its success, particularly apps aiming to modify individual patients’ behavior and/or influence patient care. Linlin Lindayani and her fellow nurse educators with a passion for caring for persons with HIV/AIDS previously published with us about integrating comprehensive geriatric assessment into HIV care systems in Indonesia (*Creative Nursing* Vol. 26 #1). This time, they collaborated with Taryudi Taryudi, a member of the Faculty of Engineering at Universitas Negeri in Jakarta, on designing and testing a mobile app to teach adolescents about HIV transmission, risk behaviors, and sources of information.

**Effect of Multimodal Intervention on Nursing Students’ Adherence to Hand Hygiene: A Clinical Trial,** by *Mahsa Sadafi, MSN; Kaveh Bahmanpour, PhD; Bijan Nouri, PhD; and Sina Valiee, PhD; colleagues at Kurdistan University of Medical Sciences and Islamic Azad University of Sanandaj in Sanandaj, Iran.*

Nursing students spend significant amounts of time with patients and play an important role in transmitting or preventing infectious diseases. Mahsa Sadafi and colleagues report that logistical barriers to hand hygiene include large numbers of patients, lack of soap and towels, caregivers’ forgetfulness, lack of time, skin conditions, lack of knowledge of guidelines/protocols, and lack of positive role models. Psychological factors affecting adherence include risk-taking personality traits and self-analysis of risk; organizational factors include a climate or culture of safety. A multimodal intervention with nursing students at a clinical site included a workshop; e-learning on social media; pamphlets and posters; individual feedback, coaching, and role modeling by instructors; and increasing availability of sanitizer and protective lotions. Post-intervention, students’ adherence with hand hygiene improved, in some situations more than others. Reasons for lack of adherence to hand hygiene after patient contact may include lack of awareness about cross-infections; in encouraging hand hygiene after patient contact, clinical instructors should emphasize protection of both patient and nurse.

**THE STUDENT VOICE**

**A Quality Improvement Project: Improving Sleep Quality and Duration among Pediatric Mental Health Patients,** by *Mary Katherine Carpenter, DNP, PMHNP-BC; Linda Sue Hammonds, DNP, PMHNP-BC; and Carlie Frederick, MSN, FPMHNP-BC; colleagues at the University of South Alabama.*

Disorders of sleep in childhood are associated with obesity, social-emotional problems, diminished executive control, learning problems, behavioral problems, and psychiatric disorders. Educating families about sleep habits may be helpful in promoting sleep among pediatric patients, particularly fewer night awakenings and greater ease falling back to sleep when awakenings occur. As students at the University of South Alabama, Mary Katherine Carpenter and Carlie Frederick and their instructor Linda Sue Hammonds designed a quality improvement project in which families of children attending a mental health clinic were educated about the American Academy of Pediatrics’ “Sleep Tips for Your Family’s Mental Health.” The project involved systematizing the provision and documentation of the education, and showed a post-intervention benefit in time needed to fall asleep, sleep duration, ability to fall back asleep after wakening, and daytime somnolence.

**Upcoming issues of Creative Nursing:**

Vol. 27 #4, In It Together: Promoting Planetary Health, published in November 2021

Vol. 28 #1, Thinking Like a Nurse: Intention and Impact of Caring, published in February 2022

Vol. 28 #2, Thinking Like a Nurse: Caring Throughout the Lifespan, published in May 2022