



CRIED

JOURNAL for

Creative **R**eflections
In **E**ducation and **N**ursing

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EDITOR'S NOTE

Dear Readers,

Welcome to Volume 2 of our Creative Reflections Journal. We are elated we are celebrating our second year! We know you will continue to enjoy the selections for this issue. In this issue, we continue our two new categories of reflections: bullying and incivility in the workplace and topic of stoicism.

It is exciting to be editors of such an innovative educational and nursing journal where students, educators, and nurses have an outlet for expressing their feelings on encountering complex themes in the workplace. This is what one of our graduates from the class of 2016 who continues to do creative reflections had to say: "My purpose [in sharing my most recent piece] was to say, THANK YOU for letting me learn how to express and relieve my suffering, pain." Of course, she was encouraged to submit for publication! Stay tuned!

Happy reading and may it illicit your own "reflections" in your practice.

Sit back and sink your teeth in this issue!

*Drs. Kristina Leyden
and
Lucindra Campbell-Law*

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CRIED NURSING JOURNAL



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AIMS AND SCOPES

CRIED NURSING JOURNAL is a peer reviewed and open access journal. This journal is aimed at providing a platform for sharing meaningful experiences. This is the first journal of this kind that covers all aspects of personal reflections. It seeks to be one of most innovative open access outlets.

This journal does not limit content due to page budgets or thematic significance. Submissions are subjected to rigorous peer review and are selected based on meeting the submission criteria as a reflective piece.

Target Audience

Educators, therapists, nurses, nurse practitioners, and students in those disciplines, nurse practitioners, nurse managers and executives, as well as related disciplines such as healthcare administrators, nutritionists, psychologists, physician assistants, etc.

Article Types

Original creative works, creative scholarship, reflective experiences, letters to editor, and commentaries.



SUBMISSION GUIDELINES

For CRIED Nursing Journal Authors:

CRIED Nursing Journal publishes peer-reviewed original creative works, creative scholarship, reflective experiences, letters to editor, and commentaries.

All work are accepted for consideration with the understanding the work is original and that any work has not been published previously. All work will be reviewed for originality. Any work found to plagiarize will be prohibited from publication.

If a work has multiple authors, the work is reviewed on the assumption all authors have granted approval for submission and any correspondence will occur with primary author. All works are subject to peer review. All work will be judged on quality of the work and audience suitability. Questions should be sent directly to:

Editor@CRIEDNursingJournal.com

Manuscript Preparation

Written work should be submitted in a word document. If work includes references, manuscript should be in standard form according to the Publication Manual of the American Psychological Association (APA), 7th edition (2019). There is no minimal length required. Any written work should not exceed 15 pages.

All work should include author names, credentials, titles, and any affiliations for all authors. Any acknowledgements should be included.

Written creative submissions should include a separate summary explaining the creative piece and the impetus for the creative work.

Visual work should be submitted in a high-resolution jpeg or png format. Visual work should be submitted with written work explaining the submitted piece and the impetus for the creative work.

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Creative Reflections In Education and Nursing Journal

Maleficent Mentoring: Open Door Policy

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Abstract

Maleficent Mentoring is a series of satirical letters from a master professor to a novice professor taking on the reins of educating nursing students. The series was inspired by C.S. Lewis' *The Screwtape Letters*. Like *The Screwtape Letters*, *Maleficent Mentoring* is written in an apologetic and epistolary style. It is entirely satirical in nature. The letters are a correspondence between the two characters with the senior nursing professor mentoring this new professor. The characters and mentorship are used to address the notion of "eating our young" and address morals and ethics in educating nurses and patient care. Like C.S. Lewis' initial release of his letters, this too is released in each journal volume. All contents are fictional. All illustrations are original.

Keywords: education, nursing, coaching, mentoring, satire, ethics, morals, creative reflection

Professor Persephone,

I am tickled by your enthusiasm, indeed! However, I fear you are not ready for having an open-door policy just yet! Having an open-door policy is very risky and must be utilized with utter caution. If not executed carefully, you may be subjected to actually, ugh, dare I say - caring for them and into a close involvement with their personal affairs! In order to make sure this does not happen, I recommend this: do keep an "an open-door policy" so the



students think they can come see you when need. But, do not EVER adhere to it! Do not be found when they are seeking you. This will only help increase their confusion! Should the students enter your clutches, smile and nod when they speak, but always let your mind wander into ANYTHING else, your grocery list, your own life, your hobbies, and if it helps, take notes about your encounter while the student is talking. This will allow your mind to be occupied without falling into sympathy or empathy, plus it will give the student the presumption you care and are interested.

Good luck,
Master Mavolia



Creative Reflections In Education and Nursing Journal

Our Son

David Snider, SN

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It is of the utmost importance that healthcare professionals question. Always ask the question, “why”? This is what gives our lives meaning as well as purpose. If we cannot answer this question, then the action about to be implemented should be seriously questioned. We must take the time to reflect on the experiences that we have had. This will only add to our knowledge base and offer a glimpse more of understanding of the events that have occurred. It will help to compartmentalize certain facts and scenarios, as it breaks down complex problems in order to find more effective solutions. Creating the artwork above did many of these for me, as I took the time to sit and to really ponder what healthcare is.

As I thought back to the events told above, I found myself full of emotion. Where did these emotions come from? Why do I feel a certain way towards events? How do I respond to these events? These are all questions that came to me as I wrote my poem. It offered me a time to reflect on my experience.

I have the privilege of taking care of a wonderful young man who has been in the hospital for months. Separated from his family, I was able to offer the best care that I could. It was only when I spoke with the father did I realize how this child being here impacted the whole family in such a dramatic way. He began to tell me how this is affecting him and the rest of his family, friends and everyone else supporting his son. They would do anything for him, and they were anxious to do everything that they thought was right. I felt their feelings up hope, as well as just how desperate that they were to have their son return home.

This day taught me that I needed to be so much more than a student nurse, I had to be the person that this family needed me to be. Whatever that may be, I must be ready for it, and to serve with a selfless heart. Most healthcare workers could only imagine what this family is going through, but he has had the opportunity after opportunity to make a difference in their lives.

I started my poem with feelings of emptiness, the empty room at the end of the hall. This was to capture the family's feelings of emptiness of not having their son home with them. The father told me that they would do everything in their power to make sure he is not alone, and this I wanted to capture in the next two stanzas. I really wanted to capture the moment of different healthcare workers coming into contact with their son. "Students come to study", I thought captured it brilliantly because it views the son as a science project rather than a person. This is why I followed with, "that is our son". I wanted to show the emotion that this family has, and just how deeply that they love their beloved son. And although many students will forget his name, the emotional impact everyone had on me, I know that I will never forget his name. Throughout the next few stanzas, I wanted to add in how they were coping, the family trying to adjust to

their new lives and roles, wonderful memories that they shared together, and the faith and spirituality within the unit as well. Lastly, I wanted to leave the readers with a powerful symbol. We take for granted many things in life. Something so seemingly simple as having our children fall asleep in a bed that is theirs most people do not even stop to think that they are grateful for this. However, it would be one of the most special days of their lifetimes when this child gets to finally go home.

I vow as a future nurse to always put my patients first, to try my best to see things from the other perspective, and to care for my patients the way a family member would. Being in this clinical rotation has taught me many things. Always be thankful, never lost hope, and most of all do everything you can to improve the lives of those around you.

OUR SON

Our Son is not home
Lights always off at the end of the hall
Why was it not me
He was getting so Tall

Ventilation is his only company
Different color scrubs
Pictures we did not hang
And the pain, oh my the pain

Our son is not home
He's with the staff
But he cannot speak
He cannot even laugh

Students come to study
Smiles and Politeness they offer
They will forget his name
That is our son

Our son may never come home
We sit and pray
We are doing all we can
That is what they say

Old Toys collecting dust
We mustn't give in
Trucks were his favorite
I just want to see him grin

Our son is not home
Yelling at God is my sin
This all started
When the car took a spin

The Nurse shows how to cope
I feel that I am losing
Clinging onto my little hope
I know where he is

Our son is not home
Forgive me if I cry
Just leave the casserole
I will always wonder why

Why was it him?
Who's to blame?
Could I have done more?
It always ends the same

Our son is not home
I will never forget how he used to dance
Such a beautiful boy
Did he ever have a chance?

The nurse takes care of my boy
With the love of a parent, they are here
Our lives, will they go on?
Lord help me, help me with my fear

Our son is not home
Soon is what they said
I just want him here
In his firetruck bed



Creative Reflections In Education and Nursing Journal

Taking a Look at Yourself

Cristian Raul Torrico Caballero, RN

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During my visit at Shriners Hospitals, I encountered a couple of very happy children around 5-7 years old playing in halls and the playroom. The children had suffered from extensive skin injuries that covered a big portion of their body. In the room there was a big mirror and one of the children looked at his reflection. It seemed like it was the first time that he was looking in the mirror in a while. When the child saw himself in the mirror, he became upset and started crying.

I decided to show the little child's emotions that he elicited after seeing himself in the mirror. In this painting, hulk is representing the way the child thought he looked and it also represents the rage that he might have felt. Feeling trapped in the body of a monster; a monster that is suffering surrounded by flames. I really don't know if the burn injuries were caused by fire, but the fire represents anger.







Creative Reflections In Education and Nursing Journal

A Reflection

Jazmine Adame, RN

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I would like to begin by saying that I really enjoyed being a part of this rotation. I have always been interested in the pediatric area. I honestly wish that we would have had more time in our rotations, but I made the best of our time and learned a lot during those 3 days. I will be discussing my overall experience, but will also discuss more in detail the four symbols that I drew.

The first symbol that I want to discuss is the lion. I drew the lion because to me the lion is the strongest animal and to me the kids that I met are some of the strongest human beings that I have ever met. The kids that I met were all going through some really tough things and through it all they were positive and full of life. I can honestly say that I learned a lot from them, they inspired me to be a bit more like them and live more in the moment and enjoy life no matter what obstacles are put in my life.

The second symbol is the phoenix bird. To me, this bird symbolizes strength, rising from the ashes, a new start. That drawing represents two situations in one. The bird represents what we learned during the

workshop at Shriner's and it also represents the little girl that I met on my first clinical rotation this semester. The little girl was six years old and got burned with hot water. She had to get a skin graft. I got to interact with her, she and her family only spoke Spanish and I used that little fact to my advantage and gained both of their trust. I got to see and help with the dressing change, but that was a little hard because I saw her be in pain and that was challenging because I felt bad for her, but I tried to distract her and make her think of something else. At the end of that day I felt accomplished because I felt like I had been able to apply the skills that we learned in class and at Shriner's about how to interact with kids and especially in that situation.

Another symbol that I drew was a yellow ribbon, a symbol for the awareness of bone cancer. That ribbon represents another young girl that I met that day. I can say that I did not spend as much time with her as I did with the six year old, but the impact of even being in her presence was just as big. Learning briefly about everything that this

strong 14 year old girl had been through and why she was currently there almost brought me to tears. She arrived to the unit after her surgery, a surgery where they removed a tumor that was in her shoulder. At one point I walked in and took her vital signs and saw her and her family crying. I finished what I was doing and gave them their space. I walked out of the room and the nurse explained that they, more specifically the patient was crying because before the surgery the doctor had discussed with them the possibility of having to amputate her arm if the tumor was bigger than they had anticipated. Thankfully, that was not the case and the patient was crying happy tears because she was thankful that she still had her arm. At that moment I almost broke down because I complain about things that in that moment seemed so insignificant and here was this young girl going through such a difficult situation and she was so hopeful. She like the other kids changed my perspective in life and helped me to be more thankful for what I have.

Lastly, I want to talk about the five year old that left a mark in my clinical experience and that gave me moments that I will cherish for the rest of my life. The drawing that represents her is the American Sign Language hand shapes. The patient, was deaf, mute, had a feeding tube and was admitted because of urinary retention. I think that out of all the patients I met she was different because it was harder for me to communicate with her.

I was able to interact with her father and learn more about her through him. I also feel that I gained his trust because he and my nurse allowed me to help her a lot that day. I was able to help give her medications, help with her feeding (the parents were very particular about that), give her a bath and overall just be by her side. I even learned a few sign words/phrases from the interpreter. By the end of the day I could somewhat communicate with the little girl. Throughout the day I kept thinking that she probably did not trust me because I felt that because of the communication barrier we had not been able to bond.

I slowly realized that she was very observant and I think she saw the effort that I put in to try and learn a few words so that I could communicate with her. I also think that just being by her side was helpful to build trust. I felt this because towards the end of the day, she held my hand and smiled at me, her father was trying to feed her and she cried, he asked me to walk in and help him, as soon as she stopped crying and smiled at me and let me feed her. It is moments like that and the moments that I got to experience with the other patients and nurses that I am happy I am pursuing a career like nursing. Overall, I had a great time, learned a lot and made memories that will last a lifetime.





Creative Reflections In Education and Nursing Journal

A Gift to the World

Gissel Alvarez, RN

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My clinical experience reflection was from caring for a three month old boy whose reason for visit was poor social situations. The baby had an NG tube, atopic dermatitis, and Willi syndrome which made the child susceptible for cognitive delay, poor feeding, and muscle weakness. The nurse informed me that CPS was involved and that the parents didn't have custody. Meanwhile the mother's brother would care for the child. The infant's uncle arrived to the hospital and asked for additional information about his status, yet he did so in a passive aggressive manner. Therefore, I did not know if the uncle's demeanor was naturally aggressive or if he acted out of concern. The uncle was accompanied by his wife and they were relatively a young couple.

I was ambivalent about them caring for the child especially being so young, but later I was even more concerned when the uncle's wife asked surprised if she would have to feed the child at night too. I felt tension within the family as if the

uncle's wife agreed to care for the child only to please her husband. I do not know if the couple already had children, but either way a baby would increase their family size and I sensed that change was not what they were looking for. I worried for the child since he constantly had to move houses being only three months old. I sympathize for the baby because it seemed like he was not wanted. In a way, I was glad the issues were happening now rather than later because the child was not aware of his surroundings, but it was upsetting that he had to go through this situation at a time where he needed to bond with his parents the most. I do not know what the future holds for the baby, but I hope that his new family learns to love him.

I chose to write a poem because I felt that I could capture my emotions better than through a drawing or painting and I could recreate the story in a way that flowed successively. Through my words, I organized my thoughts and expressed how I truly felt without leaving anything out. I enjoyed writing

a poem because I could reflect about my day, how I interacted with my clinical preceptor, and my interaction with the child I cared for.

Additionally, I felt that my pediatric rotation gave me insight about how different it is to care for children as opposed to older adults.

A Gift to the World

Oh sweet boy I saw you sound asleep, an angel in that crib.
Your parents out of sight, but your uncle tries to make things right.
Your presence, however, may cause his family to divide.
If your parents only saw what I saw they'd realize how special you are.
You were born to do great things in life
So quickly get better before all of that!

A poke here, a tube there, your uncle looks puzzled your food goes down where?
My friend and I attempt to make you more comfortable.
No child should ever hurt and I'm sorry your tears indicate more than physical pain.
Oh sweet boy you crave attention. You crave care. You crave love.
The only thing you want is to be carried in someone's arms.
When I hold you, you become so peaceful and quiet.

Despite the neglect I truly hope you don't resent.
Remember you are a gift to the world waiting to be unraveled
To love and be loved, you deserve that and so much more.





Creative Reflections In Education and Nursing Journal

Inner Voices

Nestanet Tesfay, RN

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When I first started my clinical rotation at Houston behavioral hospital, I had no idea what I was in for or what to expect. The first day of my clinical rotation was overwhelming and challenging to face not because of what the facility was about, but only because I felt the pain of every person that was in there. I read and listen to many stories and many obstacles that they faced to ultimately survive. One of the days that I will never forget about is the day that I was placed in a pediatrics unit where there were 30 pediatric patients. This one particular patient who was only 11 years of age, stuck out to me because I had a chance to talk to her and gotten to know her for whole two days. This female patient was admitted and diagnosed with major depressive disorder. She was brought to the mental health facility by her father because she was found trying to commit suicide. This was not her first time trying to harm herself. This patient was troubled and misunderstood since she was young. Her mother left her when she was only 4 and she lived with her father and her uncle. Her chart explains

how she was inappropriately treated by her uncle and how her father was physically abusing her.

My artwork represents this 11-years-old patient who was struggling to win the inner voices telling her to hurt herself. The artwork significantly shows how she was broken to pieces and fading away mentally and physically as the day goes by. This art is representing how she was crying out for help until her eyes bleed out every night she went to asleep, but those tears turned into a river where she starts drowning in it. This artwork shows how she felt like she was prisoner of her own body and mind and how the voices in her head got louder and louder telling her go head and kill herself. Her story explains how she didn't want to live anymore, and all she wanted was for the voices to stop so she tried to commit a suicide.

The one thing that caught my eyes while I was reading her chart was how she left 6 pages of suicidal notes explaining her side of the story and

I had a chance to play badminton with her and she was so excited and determined to win the battle. She high fived me when we won the game.

This experience was an eye opener because I have learned that mental health is vital to our survival and that no one chooses to be mentally ill. There is a social stigma that if one gets help from psychiatrist that they are going crazy but NO! This is not true. There are therapy, medications, and resources that can help people with mental disorders. People with mental illness usually had family history of mental health problems and or other factors that precipitated to the mental illness. No one intentionally become mentally ill so respecting, and or understanding people with mental disorder is extremely important.





Creative Reflections In Education and Nursing Journal

Jasura-Courage

Audrey Gonzalez, RN

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Jasura is Arabic for courage. This is not the name of my patient but the alias I have given her. It reflects her spirit and outlook on the challenges that she faces in her life with bipolar disorder. Jasura is a 17-year-old Muslim girl who was admitted to the adolescent unit at Menninger for suicidal ideation and recently diagnosed with bipolar disorder. Jay had two previous hospitalizations following suicide attempts. The first attempt was by overdosing on Xanax and the second by throwing herself into a lake. Jasura is the oldest of five children born to an emergency room physician and a professor from Bangladesh (both practice in the US). All of the children were born in the US and are very much Americanized. Jasura is a caretaker to her younger siblings and is responsible for housework. She is a very intelligent student who makes good grades but feels constant pressure from her two professional parents to overachieve and remain extremely modest in accordance with her faith. She wears a hijab and dresses conservatively.

Jasura first started showing signs of BPD in her sophomore year while attending a health professions magnet school. Her parents noted times where she would be hyperactive and unable to finish thoughts. She would become aggressive with them and at other times feel so depressed she wouldn't leave her room. Jasura has reported abuse at the hands of her father on multiple occasions. CPS is aware and there is an open case involving multiple incidents of child abuse and hospital visits. In meetings with the social worker her mother has admitted to these events as well as other incidents of spousal abuse. Because they are both professionals in their field the mother shies away from making any of these incidents known or taking any action to leave her husband. One incident in particular involved Jasura being punched in the face by her father at the airport in front of many strangers. These eyewitnesses then involved police. There seems to be a cultural acceptance of male dominance among relatives and

now her next oldest sibling, a boy has begun to display the same verbal and emotional abuse tactics used by his father with both Jasura and her female sibling.

Jasura cycles through periods of depression and mania. Interesting enough she calls her "depressive states" the times when her medication is working. She is on 900 mg of Lithium which helps her to focus and finish school work but makes her feel like she is trapped in a shell. She states that she, "feels like a zombie and nothing like her true happy self". During these times she depends heavily on her faith by reading the Quran and praying. Jasura demonstrates classic symptoms when in her manic state. She has a flight of ideas and starts numerous craft projects without finishing one. She becomes extremely altruistic starting food banks, baking for strangers and family unlike and giving away money to the point of concern for her family. Jasura does not exhibit any promiscuous behavior. She states that her true personality is positive uplifting happy and full of energy. She likens her manic state to her true personality but a little more focused using her words.

The small group of friends that she does have are mostly relatives or family friends within her Muslim community. She has plans to go back to school and finish her senior year. She would like to write a book about her life and how she lives with BPD and succeeds. She would ultimately like to become a pediatrician. Jasura loves her family very much but at times is hopeless about how they will coexist. She would like her father to change as she does love him but feel like he is smothering her. Through her eyes her mother is too weak to leave him and it has become accepted in the culture. Her only option is to graduate and move away to college and remove herself from the situation. She is open to treatment and participates regularly. She plans to adhere to the medications and continue at an IOP.

My creative reflection is titled "Jasura-Courage". The piece depicts the patient kneeling on her prayer rug and her head covered in an American flag printed hijab. This represents her dualistic persona

of a Muslim-American and also the struggle to remain genuine to both parts of herself. Her arms are stretched above her head balancing several boards that seem to be ready to fall at any minute. The first level is that of her true self. There are origami butterflies that she made herself and several books semi neatly placed near a fallen jar of wishes that have spilled on to the ground. The butterflies represent her free spirit and the books and reflex hammer her love of school and desire to become a pediatrician. The spilled wishes are free to be shared and no longer bottled up. There is a bottle of medication near the wishes as she knows they are only possible with therapy and lifelong drug regimens.

The second level is that of her personality when medicated. As mentioned above she feels that this is actually when she feels most depressed even though she is focused. The books are neatly arranged with the Quran being first and prayer beads lay in front of them. These are the things Jasura uses most when she is in this state. On this level there is a seashell representing how she feels trapped inside by her medication and the arrows that hold her in place. The top level is representative of her manic state. There are sliding baking trays and toppled cakes surrounded by money and giggling happy faces fallen books. This reflects her disorganization and her frantic behavior. It is during the manic state she is consumed by baking and cooking for others and even strangers. She goes on shopping sprees to donate food and buys gifts for friends to the point she nearly cleans out the family accounts.

Lastly there are figures of her family. The mother with two brothers to her left and right and the sisters behind them on the periphery. Above them looming is Jasura's father dressed in his physician's jacket with his arms behind his back. His face is painted black to reflect the ominous nature of their relationship right now. There is also x-ray film with her name on the bottom to signify her ER visit related to abuse. Over all this piece speaks to the balancing act that my patient deals with on a daily basis. The weight she constantly holds over her head can be crushing and she is always shifting to

balance it. Her kneeling is both out of duty and from the weight of such pressures.

My time with Jasura dispelled many preconceived notions I had about the mentally ill and my own family issues regarding the matter. There was an apprehension about going to Menninger but it was

quickly dispelled by the staff and their professionalism, and having the time to get to know Jasura and follow her progress. I enjoyed the active role the nurses had in the healing process with their patients. I would consider myself lucky to be a part of the ATP team.





Creative Reflections In Education and Nursing Journal

A Ghost Among Ghosts

Alfred Medrano, RN

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Corresponding Author: Alfred Medrano, RN

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I decided to write my creative piece about the experience I had with a particular adolescent patient I interacted with during my clinical rotation. This particular patient stood out from the rest of the adolescent patients there because she was the only one that kept to herself. She wouldn't interact with the other patients nor would she participate in the therapeutic sessions being held.

For my creative piece I decided to write a poem, with the title of the poem being, 'A Ghost Among Ghosts.' I chose this title because during my clinical rotation on the unit, I noticed that this patient would ask the nurses questions, to which the nurses would either sit there annoyed or talk to each other and not answer the patient. After standing there for about half a minute and not receiving an answer, the patient would walk away, hence the "A Ghost" part of the title. For the "Among Ghosts" part of the title, I chose this because I feel like mental health isn't talked about as much as it should or as much as non-mental health diseases are.

While I was observing the patient, I noticed that she would sit on the floor and write in her journal. She would constantly write the same three words over and over again, followed by a drawing of a face. I was close enough to make out the words she was writing, and recognized the drawing of the face, which I will not express what they were. After seeing what she was writing, my heart began to break and I struggled to fight back tears. It broke my heart seeing what she was struggling with and getting a glimpse as to what was going through her mind. After she finished writing and drawing in her journal, she began to pull her hoodie over her head and began to lay in the fetal position on the floor.

After a few minutes, she got up and sat up against the wall. I noticed she had a sad look on her face so I went up to her and introduced myself. She was quiet and reserved at first but after a few minutes of me asking questions and us sitting in silence she began to open up. I made no effort in asking about why she was admitted to the hospital. Instead, I

asked about her. I asked about what she liked doing at home, what she enjoyed doing with her friends, and her favorite hobbies. This seemed to slightly brighten up her day. I was glad that I was able to get the opportunity to talk to this patient and make

her smile, even if it was for a short time. This clinical rotation was nothing like I expected it was originally going to be like; it turned out to be better than I expected.

A Ghost Among Ghosts

Is anyone out there listening?

I keep to myself, yet when I ask for help no one seems to hear me

So am I just talking to myself?

I must be because everyone seems to look right through me

I spend most days writing in my journal, trying to get my thoughts out of my head

Other days I sit alone on the floor, hiding in my hoodie, scratching at my scars

No one seems to take care at what I do

So I was surprised when you did

You came out of nowhere and saw me

You saw the state that I was in and took it upon yourself to see if I was okay

I kept my shields up, not knowing if I could trust you

But I soon learned that I could

We talked about not why I was there, but of how I was doing

About me as a person and the things of interest to me

You made me feel like I mattered

And that helped me realize that I wasn't a ghost among ghosts



Creative Reflections In Education and Nursing Journal

Origami Opening

John Cash, RN

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Upon entering a unit in a behavioral health hospital, the first couple things that caught my eye was the various art supplies scattered across a long table. Coloring books, markers, scratch paper and yarn covered the surface of a wooden table that has faded in color over time. One of the unique pieces of artwork that intrigued me was an origami crane. The artist behind the piece was a shy patient that has been at the hospital for quite some time. Through a whispered voice, they told me that origami was a form of art therapy that allowed them to relieve stress and express themselves. The patient was in the process of creating 1000 origami cranes because an old Japanese legend promised for recovery of illness and health if someone can accomplish this. For the patient, the cranes represented their journey to recovery and hope.

I developed my art project based on the adolescents I met on the unit. For most of them, they were guarded with their feelings, personality, expressions and emotions. I created an origami box that guards

certain unseen contents. The box is covered with 3 pictures. One picture is of keys that represent a locked box. Another picture is blue denim to showcase a conservative and darker connotation. The last picture is wood to give the sense of an enclosure. The origami box represents the outward demeanor of the adolescent patient.

However, after developing a rapport with the patients, a more vibrant display of themselves was revealed. They would smile and laugh when a joke was made. They felt encouraged that their treatment was progressing and they would be discharged soon. The flat affect many of them displayed vanished and was replaced with an outward aspect of liveliness.

Inside the origami box, bright neon origami animals can be found. One of the animals is the crane. The crane is symbolic of hope, healing, and happiness. Another animal is a fish. The fish symbolizes courage and perseverance. The last animal is a

llama. The llama represents strength and hard work.

The mental health of a patient can distort the outward display of one's self. The origami box represents this inaccurate presentation of who a mental health patient is. Patients have much more to who they are than is shown. As the inside of the

origami box contains vibrant animals, the inside of these patients are thoughts and feelings that are also vibrant. But finding a way to showcase and express this is the path many of these patients are currently on.







Creative Reflections In Education and Nursing Journal

Soft Heart Steel Spine, Series Abstract

Raj Ramakrishnan, PhD

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Abstract

Stoicism is a mindfulness practice that originated in Athens in the 3rd century, BCE. As a philosophy, nearly two thousand years have passed but in today's "stressful" lifestyle, stoicism has once again found resonance. How does one deal with all that is thrown at us by work, family, life in general? Do we sway at each perceived and real vicissitude and lose our inner peace? Or do we become so apathetic that we cease to feel for our fellows? Stoicism professes a middle path: cultivated detachment. This is achieved by willfully focusing on things that are under our control – our perception, thoughts, actions, words and detaching from things that are not in our control – death, action of others, natural disasters, and so on. This practice aimed at inner peace (eudaimonia) teaches you how to be strong in your mind and to control your emotions, not to eliminate them altogether. The term "stoic calm" perfectly sums up the philosophy.

If there is any field of endeavor that can benefit for practicing stoicism, it is Nursing! Every practicing

day, the nurse encounters situations swinging widely from exhilaration of seeing a baby delivered, to a patient cured and released to helplessly standing by when all that could clinically be done for a patient is futile. This series, "Soft Heart Steel Spine" is an attempt of nursing students at the Carol & Odis Peavy School of Nursing to engage in creative reflection on a stoicism principle as it pertains to their own experience. Each article in the series therefore is a unique take on a stoicism principle that may resonate with a wider audience in the Nursing field.

What is under our control is to run the series for as long and reach as many as we can. What is not under our control is whether it will...

"Amor fati".

Keywords: education, nursing, coaching, mentoring, satire, ethics, morals, creative reflection



Creative Reflections In Education and Nursing Journal

A Stoic Journey from Imagination to Leadership

Deborah Lange-Hall, RN

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For many years, I had aspired to share my evolving knowledge of school nursing with new nurses that joined this specialty field. It is an area of practice requiring a quiet autonomy, an acceptance that the school nurse is the lone health professional for hundreds of children on a campus. With experience, I became a lead nurse and eventually the district Health Services Coordinator. As happens with everyone moving into an advanced role, I spent what seemed like ages feeling like a novice nurse again.

I was surprised to feel I had returned to the novice level in the five stages of Benner's model of Clinical Competence (Petiprin, 2020). In the first months of my new role, and in anticipation of my Friday morning meetings with our director, I would find myself less assured that the guidance I was providing to our nursing staff was presented in the right way. Had I taken into consideration the type of learner I was speaking to? Had I provided guidance in the appropriate context? Was I teaching or telling?

As I lay in bed at night, the situations that had presented themselves throughout the day would flow through my mind and I would reexamine my response to each, wondering if my guidance would result in a positive outcome. Should I reach back out to the nurse to whom I had provided direction to measure its effectiveness? Was there time for this intense level of follow up? Would the staff feel that I did not trust them to implement the directions they were given if I called? If so, would this damage my relationship with them? Was it a practical and necessary step or would the same individual return to me seeking more information if my guidance had not been as applicable as intended? Should I leave it to them to decide? How much autonomy was too much? What would my director think of my work and was I meeting her expectations?

I looked forward to my Friday morning meetings with the director, excited to see what projects lay ahead and yet dreading that I had missed something. The dread would grow in my mind to where a feeling of anxiousness would precede the

meeting. This feeling, that I was creating for myself, was not productive. It was not grounded in any experience. To be introspective is one thing, but to "...suffer more often in imagination than reality" was not a sustainable approach to learning my new role (Seneca, 4 B.C.- 65 A.D./2016, p. 26, para. 2). Despite the feelings of doubt, I chose to enter the meetings with a calm demeanor, questions in hand, ready to learn. I understood that by displaying a stoic persona, refraining from appearing to be under stress, I would be perceived to be at peace and confident. By presenting with confidence, I would be perceived to be confident. This exertion of confidence on my part led to a sense of control in and of my own mind. Being self-assured can only come from facing challenges, persevering through the obstacles, real or imagined, and recognizing one's own abilities to be courageous.

As each Friday came and went with positive outcomes from my meeting, I began to relax and trust the strengths and wisdom that had led me to being accepted for this advanced nursing position. The school nurses in need of support called or emailed their thanks for the guidance I had given to them. When I visited campuses, the staff would share uplifting stories of successful case management based on the directions I had provided. I realized that much of my feelings of angst were grounded in my own imagination.

I now acknowledge the thoughts that come to my mind, and I accept them for what they truly are; they are a vital part of growth and leadership. To reassess, to consider, to be thoughtful, to change directions when not successful, to regard the needs of others as important, to be prepared to shift gears, these are all attributes of a successful leader. They are not unreasonable worries when put in context, they are areas for continued growth and respectful recognition that we are not alone when we lead and that true leaders are always learning. "It is likely that some troubles will befall us; but it is not a present fact (...) Perhaps it will come, perhaps not; in the meantime, it is not. So, look forward to better things" (Seneca, 4 B.C.- 65 A.D. /2016, p. 27, para. 2).

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Creative Reflections In Education and Nursing Journal

Bullying and Incivility: An Introduction

Leslie K. Morris, MSN, RN, AMB-BC, NPD-BC

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“Unnecessary noise is the most cruel abuse of care which can be inflicted on either the sick or the well”. - From Nightingale’s Book, “Notes on Nursing” (1859), p. 27

A wise woman taught me this truth, “once you see it, you cannot unsee it”. Such a simple, yet profound statement especially when dealing with the sensitive topic of incivility in nursing. Nursing is one of the most trusted and caring professions in our world today. As caregivers, nurses seek to create an environment of healing for those we serve, who are most vulnerable, and who would otherwise be forgotten. Nursing is both a science and an art, that promises to deliver prudent care no matter the threat. However, there is an insidious disease that has stood the test of time among those in practice. I wonder how many nurses have experienced this detriment? Sadly, there are many. The expression, “eating our young” is a popular phrase used in nursing and unfortunately it has historically been tolerated. Instead of building each

other up, we often tear each other down. We provide first-rate care to our patients, then turn around and hurt each other. I believe that prevention is crucial and that education around this topic is only part of the solution. I am convinced that early education is an excellent beginning step and assists in recognizing and dealing with incivility in the healthcare setting. The artistry you will see on the pages that follow are from students who attended an educational activity on incivility. These creative reflections are based on their expressions of insights gained from both a survey of varied experiences and the educational activity. Through these reflections, you will be able to feel how intense incivility is and see the harm it can bestow. I wish to leave you with one last thought, I challenge you to help stop the incivility that exists in the nursing profession – if you observe it happening, report it. Be committed to promoting a culture and work environment where incivility is not tolerated and healing is upheld for all.



Creative Reflections In Education and Nursing Journal

Incivility and Bullying

Ximena Alconeda, RN

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After participating in the Incivility and Bullying Project, I gained some insight into how workplaces can be and what an individual can do to achieve change towards a better work environment. I chose a creative art piece that I feel best emphasizes what I feel when I think of workplace violence. I will explain the feelings and ideas throughout this art piece transmits to me in hopes that someone else can also identify with these. In the picture, we see a person pushing away a fist. I feel that this is powerful because it shows that the power of one person may be enough to fight the great evil, which is violence.

When we think about a job, we expect to work some place where we feel comfortable and can showcase our skills while learning new things. In an ideal world, everyone in your workplace is encouraging and helps you become better at what you do. However, many times we find that this is not the case. Workplace violence can exist from small negative comments that affect you mentally,

to physical abuse that can lead to damaging physical and emotional damage. We must never accept violence as a norm in a workplace. Instead, we should all work together to implement change that will allow everyone to thrive and be successful. There have been many programs and administrations that focus on making these changes in the workplace and many have been successful. However, violence and negativism is not completely eliminated from the workplace. This is why each of us, individually, need to make the decision to make a change in the structure and communication between members of the team. Once we allow ourselves to take that step, we can work as a team to make it happen.

At the end of the day, patient care and safety is what matters most, but factors such as the interactions between the team members play a role in the achievement of such care. My creative art piece shows that if one person makes the decision to put their foot down and make a change, change

will happen. This often encourages others to also make the final choice to end what is causing the problem. Bullying is never a good option, whether it be in the home, workplace, or school and we must put a stop to it. In conclusion, we must all aim for a better, safer, positive community in which every member feels safe and valued.

Summary

The impetus for the creative work of Leslie Morris is a change in the current workplace environment towards safer and positive interactions.

We are encouraged to identify personal attributes that will help promote workplace civility.

The purpose of this is to allow us to see the reality of the workplace and implement changes that we feel will be accepted and promoted by every member of the team. By applying constructive strategies, we can begin to move towards our desired ultimate goal, which is a refined work environment.





Creative Reflections In Education and Nursing Journal

Bullying and Incivility

Tyrescha Blaylock, RN

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During the Bullying and Incivility presentation, I learned a lot regarding different ways in which nurses are mistreated or bullied on the job. I personally have never witnessed this during any of my clinical rotations, but I have however witnessed it in other areas while working as a retail associate. Bullying in the work place, especially in the hospital setting, should be banned because it can really affect the way other nurses care for their patients. As a nurse we are placed in these positions to advocate and speak up for others but I noticed during the lecture when we were discussing different scenarios that had taken place, most nurses find it hard to advocate for themselves because no one is willing to correct the person doing the bullying because of how long they had worked for the company.

Working in a hospital setting is already stressful enough, so to come to work every day and have to deal with more stress and negativity from your team members/ coworkers, it just adds to the stress and makes it difficult to get tasks done. In my creative

reflection project I made word map that just lists different words on how we as nurses can show civility in the work place to our team. We are all collectively working to heal and maintain patient safety in the end. Each word plays a huge role in the work environment and allows for everyone to build a positive, encouraging work place. Civility is important in the clinical setting because it demonstrates the support, respect and responsibility of everyone on the floor.

I know not every work place is completely free of negativity, but it helps to know that when you reach a conflict with someone you can confront them and resolve the situation in a polite and respectful way. It also helps to know that if it is not resolved you can speak with nurse managers who will help to resolve the situation so that it is not escalated and so that other nurses are not treated with incivility.

Resource used for words:

1. Incivility, bullying, and workplace violence - ana position statement. ANA. (n.d.). Retrieved April 12, 2022, from <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence/>





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Incivility in Nursing

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The drawing depicts a nurse surrounded by darkness and various forms of incivility occurring in the workplace that is slowly consuming her. I purposefully chose to use somber colors such as different hues of blues and violets along with the main color, black. Surrounding the nurse are multiple forms of incivility that are negatively affecting the nurse. The words were purposefully created with shape letters to symbolize how words can cut deep. As a result of the various forms of bullying in the workplace, the nurse becomes consumed with negative thoughts and emotions. The nurse now feels hurt by the negative actions and because of being excluded she now feels like an outcast. The despair and hopelessness that she feels are a result of the constant intimidation and torment that she receives from her peers. Incivility and bullying in the workplace can negatively impact the attitude of a nurse that comes to work.







Creative Reflections In Education and Nursing Journal

Rumors

Brenda Cantu, RN

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Participating in the bullying/incivility project created by Leslie Morris was a great opportunity that allowed me to explore this serious concern that is happening today in the healthcare field as nurses. Just the thought of graduating in less than a month, I will be working in a hospital where I may come across this conflict of nurse bullying, however this insightful opportunity gained me confidence and awareness on what's to come and how to prepare in difficult situations.

This conflict inspired me to express my feelings in art. In my drawing I have two nurses on the right side along with a nurse on the left who is crying. In between the two nurses and the third nurse on the right side, there is a patient's room who is on contact precautions due to c.diff.. The two nurses on the left are expressing false information regarding the nurse on the right side resulting in the nurse on the right to isolate herself feeling down. Furthermore, the two nurses who are spreading the false rumors have a sign just like the ill patient who

has C.Diff, saying "Rumor precaution". This represents the spreading of rumors is just as bad as an illness who is needed to be on contact precautions such as that of a c.diff patient. This act of behavior is highly contagious, if there is no awareness of this problem.

In addition, this similar event was my first actual experience witnessing nurse bullying as a student nurse, however the nurse on the right side in my experience had no idea of the rumors spreading about her. I want to represent that we as nurses and other collaborating team members should not start an illness of spreading false information when there's already illnesses from patients that nurses and other members are taking measures in preventing further spreading or declining. Healing doesn't begin through the first nursing encounter, healing begins as soon as the patient steps into the healthcare environment. Let's harmonize our working environment for our patients and for our practice.

