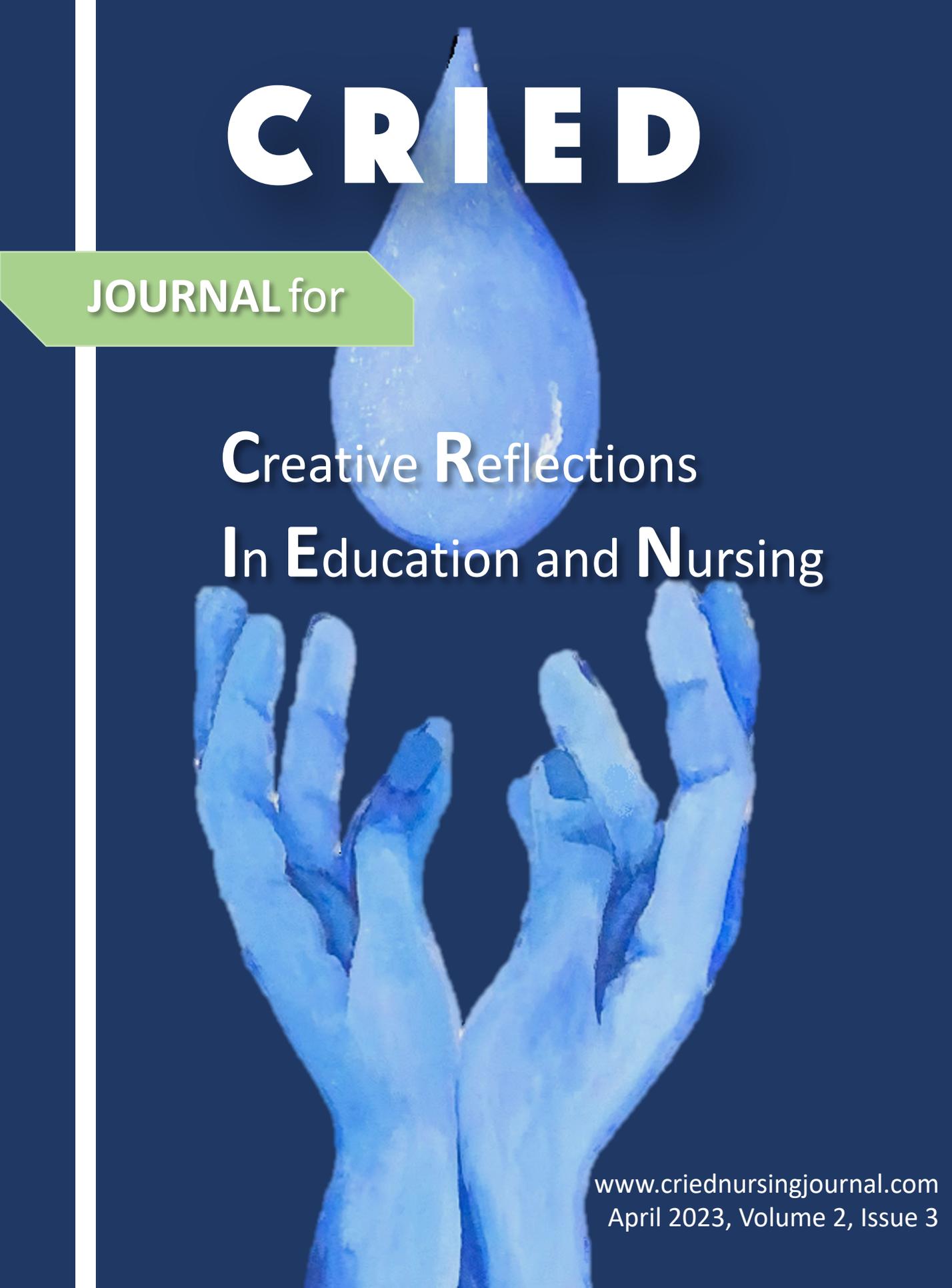


CRIED



JOURNAL for

Creative Reflections
In Education and Nursing

www.criednursingjournal.com
April 2023, Volume 2, Issue 3

CONTENTS

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April 2023, Volume 2, Issue 3

- 3 Editor's Note
- 4 Editorial Board
- 5 Journal Aims and Scopes
- 6 Submission Guidelines

Articles

- | | | | |
|----|--|----|---|
| 7 | Maleficent Mentoring:
Another's Success
Kristina Leyden, PhD | 26 | Soft Heart Steel Spine
Raj Ramakrishnan, PhD |
| 9 | Unicorn
Daniella Acosta, SN | 28 | Peace of Mind:
Imagination or Reality?
Kathleen Huynh, BSN,
RN, SCRNP – MSN in
Nursing Healthcare and
Simulation |
| 11 | Love
Angelica Espinal, SN | 30 | Bullying and Incivility:
An Introduction
Leslie K. Morris, MSN,
RN, AMB-BC, NPD-BC |
| 13 | Blank Faces
Sharon Fiallos, SN | 31 | Survivor
Adanma Kekeh, RN |
| 15 | Brain Waves
Nayeli Hernandez, SN | 33 | Building Blocks
Venice Macawili, RN |
| 17 | The Divided Brain
Laruen Fitch, RN | 35 | Then...Now
Sara Mokhtari, RN |
| 19 | Trapped
Ginger Graeter, RN | 37 | Sometimes It's Salient
Onyekenwa Nwosuocha,
RN |
| 22 | Drowning
Caitlyn Garey, RN | | |
| 24 | It's Not Always What You See
Damaris Garcia, RN | | |

EDITOR'S NOTE

Dear Readers,

Welcome to Volume 2, Issue 3 of our Creative Reflections Journal. We remain committed to publishing articles that reflect innovative educational and nursing experiences where students, educators, and nurses have an outlet for expressing their feelings on encountering complex themes in the workplace. We hope readers continue to enjoy the selections for this issue.

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

Drs. Kristina Leyden and Lucindra Campbell-Law

*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: Another's Success

Kristina L. Leyden

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Article Details

Article Type: Editorial

Published Date: 30 April 2023

Corresponding Author: Dr. Kristina Leyden, Carol and Odie Peavy School of Nursing, University of St. Thomas, 3800 Montrose Blvd, Houston, TX, 77006-4626, United States.

Email: leydenk@stthom.edu Citation: leyden K, (2022). Maleficent Mentoring: Another's Success. *CRIED Nursing Journal*. 2(3).

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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



Dear Master Mavolia,

I have quite a difficult matter to discuss with you. I have been asked to be on a nurse's dissertation committee. This would mean I would put a great deal of my time and effort into someone else's success. I would need to help facilitate someone else's work, monitor her. Not only do I not have the time, I do not have the desire. I do not have the time or desire to put any effort towards someone else's success.

My goal is to graduate new nurses with the inability to care for anyone, let alone care for anyone with the potential to "make a difference!" It is quite a conundrum indeed!

Your wisdom and mastery of such subjects, I await with great anticipation!

Prof. P



Creative Reflections In Education and Nursing Journal

Unicorn

Daniella Acosta, SN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Daniella Acosta, SN

Citation: Acosta, D. (2023). Unicorn. *CRIED Nursing Journal*. 2(3).

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I had a wonderful time during my clinicals. I especially enjoyed getting to communicate and get to know my patients and their families. There was one family that stuck with me, a 10-year-old girl and her parents.

She had been sick for months, was having seizures regularly and just want to feel herself lately. The little girl was eager to show me her new squishy unicorn her parents got her from the gift shop. They explained how they forgot to bring her stuffed animals and all their child wanted was the unicorn she saw in the gift shop. Her mom went to get it and forgot her wallet and she told me that she just started to break down, because her little girl had been so strong for months and all she wanted was a tiny squishy unicorn.

As she cried, a nurse (as the mom called, her “angel”) who was in the gift shop as well, paid for the unicorn. As they told me this story, they could not stop expressing how the nurse was a true angel and how happy their little girl was. I decided to

draw a stuffed unicorn to signify not only how special the small gesture of the nurse was, but how important the unicorn was to the child who despite being strong, was probably scared.

I had numerous patients during my clinicals who were surrounded by stuffed animals. These stuffed animals may be childish to us as adults, but never forget how they made you feel protected as a child. Also, never miss an opportunity to show kindness to others.







Creative Reflections In Education and Nursing Journal

Love

Angelica Espinal, SN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Chelsea Canada, SN

Citation: Espinal, A. (2023). Love. *CRIED Nursing Journal*. 2(3).

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For my reflective journal, I decided to do a collage of pictures to demonstrate what clinical experience was like. I decided to do the big heart with gloved hands because it demonstrates how the nurses love to be helpful to the community and are always there for the patients. The first picture of the two nurses hovering over the newborn demonstrates how during my last clinical rotation I saw all of the NICU nurses drop everything that they were doing to assist the nurse that was getting a new admin.

It was amazing and admirable how they were willing to help her smoothly do everything that was needed to admit a patient into the unit. This leads me to the second picture, I chose this one because everyone was constantly working together as a team, and I could even say as a big NICU family. Thirdly, this picture was chosen because of how effectively they were able to communicate with each other, when a person was on their break, and they received information about their patient the nurse that was still in the unit would inform the other nurse immediately. Additionally, if they could

do something on their end, they would lend a hand.

The fourth picture describes how the nurses were constantly making sure that the infants were doing okay and when they realized that the infants needed to be held, they would make time to be there for the baby. The fifth picture depicts how I have realized throughout my clinical rotations how resilient and strong children are, they are constantly fighting for their lives, and they don't give up easily. The sixth picture represents how the nurses would be there for the children even in the smallest way, even if it was by talking to them and providing their presence.

The seventh picture portrays that on every single clinical day I saw how the nurses were a big supportive community and they were never trying to bring any of themselves down, instead, they empowered each other. The eighth picture states "I've got your back and you've got mine" which is such an important thing in nursing because we should always be working with each other instead

of being a bully and trying to avoid helping other fellow nurses. This was also interpreted as the nurses constantly wanting to educate and have a student with them throughout their day.

They never complained instead, they encouraged me to become more familiar with the environment and gave me amazing advice concerning the field, and even told me that if I ever need a recommendation letter that they would be willing to write me one to help me

obtain a job at their unit. Lastly, the nurses were so caring, some were planning to buy a NICU patient a little Christmas tree since they felt that it would brighten up the little spot next to the bed and because nobody else could do it for the patient. Overall, what I will always remember from my clinical rotations is that the nurses were so willing to help nursing students learn, caring, and were all one community united solely for the purpose to help make children feel better and comfort the family's concerns.





Creative Reflections In Education and Nursing Journal

Blank Faces

Sharon Fiallos, SN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Sharon Biallos, SN

Citation: Fiallos, S. (2023). Blank Faces. *CRIED Nursing Journal*. 2(3).

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Here I am a 44-year-old mother of two beautiful children and a nursing student this far out in my life. Yes, I've had my share of experiences that could be said to be life-changing. Every single one of them, either good or bad, changed the course that my life has taken. I think that what I have recently experienced will reroute it once more. My pediatric clinical was such an amazing experience thus far. I've been placed in different clinical settings and not many have had such an impact.

I wasn't too sure of where or what department in the nursing field I wanted to practice until I met a baby boy born with Trisomy 18 and a nurse who really took me under her belt and showed me what we as nurses are capable of doing and how our talent can be placed in action, and in regard to this little patient, she made a world of difference in his little life. Although he had this medical condition, he was the sweetest angel God gave me the chance to meet and help.

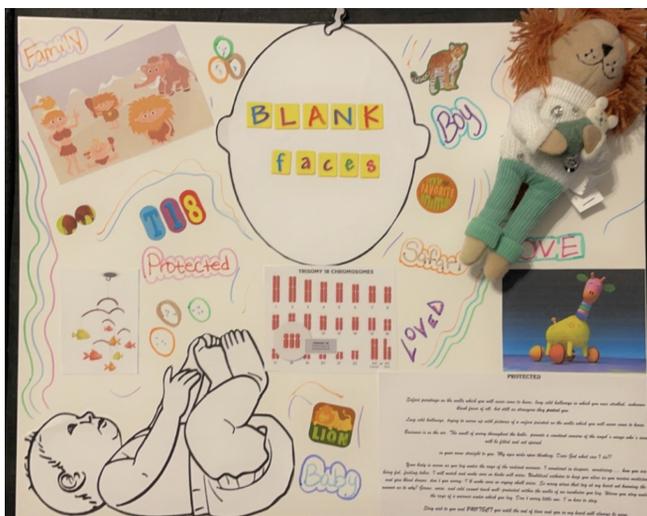
I was placed in the NICU unit with neonates born with Trisomy 18 also known as (Edwards Syndrome) and Trisomy 8 also known as (mosaicism) patients. The nurse I was placed with had so much knowledge and warmth, not only did she accept me with open arms she placed a vision of her daily nursing wisdom into a life that I came to appreciate and love. She is such a great mentor for any new nursing student who wants to specialize in NICU. She placed in motion the care, knowledge, and love for those who do not have much time here with us. Even though there is no cure for these conditions we can help these babies and their families feel the compassion, warmth, love, and medical treatment that they deserve, and what I experienced that clinical morning was exactly that.

Nursing is not just a job it is a way of living and giving to others without prejudice. The truth is I was afraid; I was afraid I would not know how to handle this kind of situation, that my fears would take over my abilities to be a good nurse, but to my

surprise, it came naturally and the warmth that I felt caring for this baby was one I've only experienced with my own children.

I think that my own insecurities about my past have been suppressing my abilities and this just gave me a new light on my life and what I would like to do as a nurse NICU has replaced that unsureness, I think that will be home soon. Being able to take care and protect with the profound

need of care for their health. This was one of many life changes to come in my life that I will hold, dear, as it was at this place and time that God shone his light and guided me to this journey in which all my nursing lessons will come together. I'm thankful to the University of St Thomas peavy school of nursing and Dr. Leyden for giving me this opportunity and experience. Maybe through this poem, I can share my feelings and thoughts about my clinical experience.



PROTECTED

Safari paintings on the walls which you will never come to know, long cold hallways in which you once strolled. unknown blank faces of all, but still as strangers they protect you.

Long cold hallways, trying to warm up with pictures of a safari painted on the walls which you will never come to know.

Business is in the air. The smell of worry throughout the halls. parents a constant concern of the angel's wings who's soon will be fitted and not spared in your room straight to you. My eyes wide open thinking, Dear God what can I do??

Your body is warm as you lay under the rays of the radiant warmer. I wondered in despair, wondering... how you are being fed, feeding tubes, I will watch and make sure no kinks will arise. Umbilical catheter to keep you alive as you receive medicine and give blood draws, don't you worry; I'll make sure no crying shall arise. So many wires that tug at my heart not knowing the answer as to why? Germs, noise, and cold cannot touch well-protected within the walls of an incubator you lay. Warm you stay under the rays of a warmer under which you lay. Don't worry little one, I'm here to stay.

Stay next to you and PROTECT you until the end of time and you in my heart will always be mine.



Creative Reflections In Education and Nursing Journal

Brain Waves

Nayeli Hernandez, SN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Nayeli Hernandez, SN

Citation: Hernandez, N. (2023). Brain Waves. *CRIED Nursing Journal*. 2(3).

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If someone told me at the beginning of the semester that I would change my dream nursing specialty from a Postpartum Nurse to a Pediatric Nurse, I would laugh. Why? The answer is what I used to tell my cousins as a teenager when they would ask me to babysit, “I love kids until they can answer back and start walking around”. They would always laugh. However, this Pediatric clinical rotation opened my eyes to a field I never knew I had such a passion for. The moment that elicited this change the most occurred on my last clinical day.

On this particular day, I followed my usual schedule when attending a hospital for my clinical rotation. I would receive my assignment, find my nurse, and begin receiving reports from the night shift nurse. We made our rounds in meeting all our patients and doing our initial assessments. It was early in the morning so most of the children were asleep and we mostly introduced ourselves to the parents. I accompanied the nurse back to the desk and before we could even take our seats one of the

patient’s call lights went off. Right when we sat foot in the room the mother said, “He is having a seizure and it just started”. My brain went off with everything I had learned in school and I told myself, “Make sure he is on his side, not held down, his head is protected, nothing is put in his mouth, and oxygen is available”. I could tell the mother knew all of this already, and it should have been predicted she has had an epileptic child that is mentally delayed for over 15 years. I snapped back to reality and my preceptor nurse instructed me to go get materials to administer oxygen and tell the nurse at the desk to call for a seizure. In less than five minutes it was all over. We walked back to the desk once again, and I could have not imagined what I would see next.

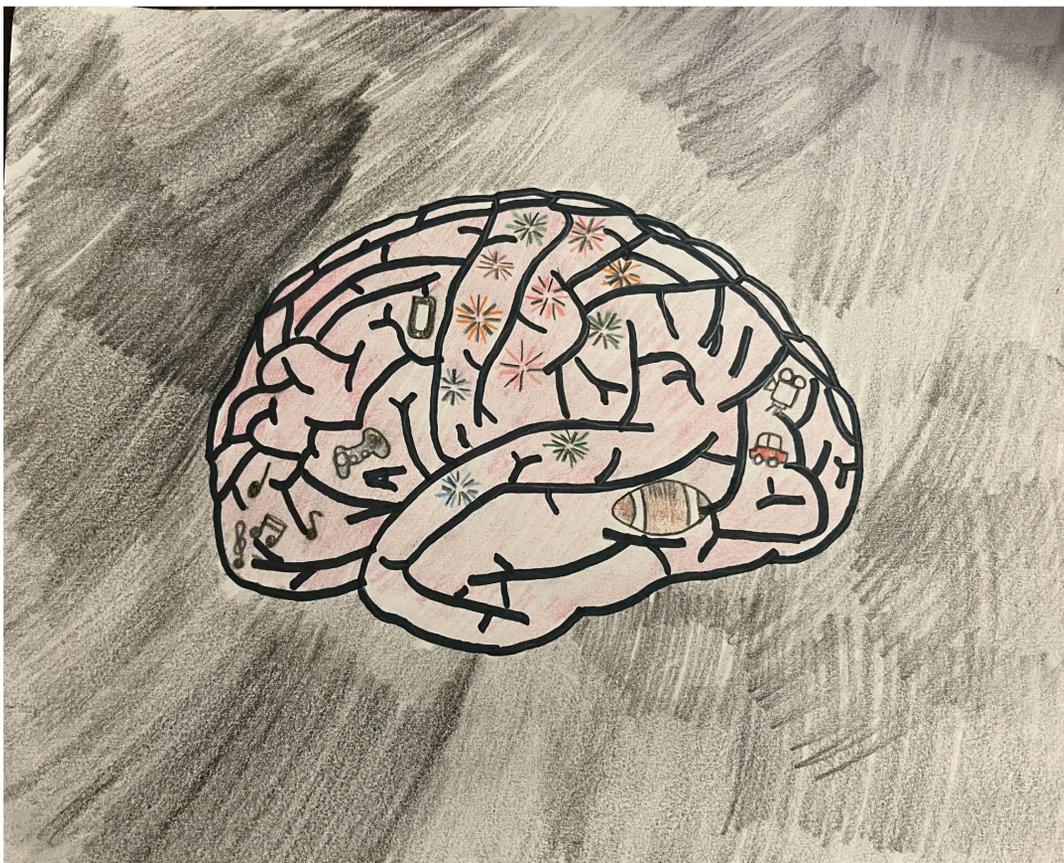
We hear his mother yelling his name and the call bell light goes off. When we walked in I saw the boy in front of his mother looking angry and like he might get physical with her. We attempted to calm down the situation and get him to sit down. I could

barely imagine the fear his mother was going through. The teenager that was a foot bigger than her was no longer her baby and could hurt her. His mother explained that this sometimes happens after his seizures. Then she followed by saying that she had to take a breather and tears started rolling down her cheek. The preceptor nurse hugged her and reassured her that we were there for anything they needed and that I would be assigned to look over him and make sure he is okay for the day. I took this very seriously and got right to work. I went over to my new friend and started talking to him. Right away he opened up to me and started smiling and laughing. My preceptor nurse told me that he was really fond of me. We talked for hours as I made sure he did not have a seizure, took his vitals, and kept his monitors on. While we kept each other company I used the computer in the room to learn a

bit more about my patient. This entire experience moved me to create “The Brain of an Epileptic Pediatric Patient”.

This drawing represents the brain of a boy who has been dealing with epilepsy since a young age. The seizures are represented by the fireworks in the middle of his brain that are uncontrollable. Since a young age, his family has needed to focus on these seizures pushing aside the things that make him young. For my patient, this included a love for music, video games, his cell phone, football, cars, and movies. In the background of the drawing, we have blackness representing the state after a seizure that might make the patient angry and physical. In a sense, this consumes his brain, but he is still a young teenager that loves to be a kid and express his passions.

The Brain of an Epileptic Pediatric Patient





Creative Reflections In Education and Nursing Journal

The Divided Brain

Lauren Fitch, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Lauren Fitch, RN

Citation: Fitch, L. (2023). The Divided Brain. *CRIED Nursing Journal*. 2(3).

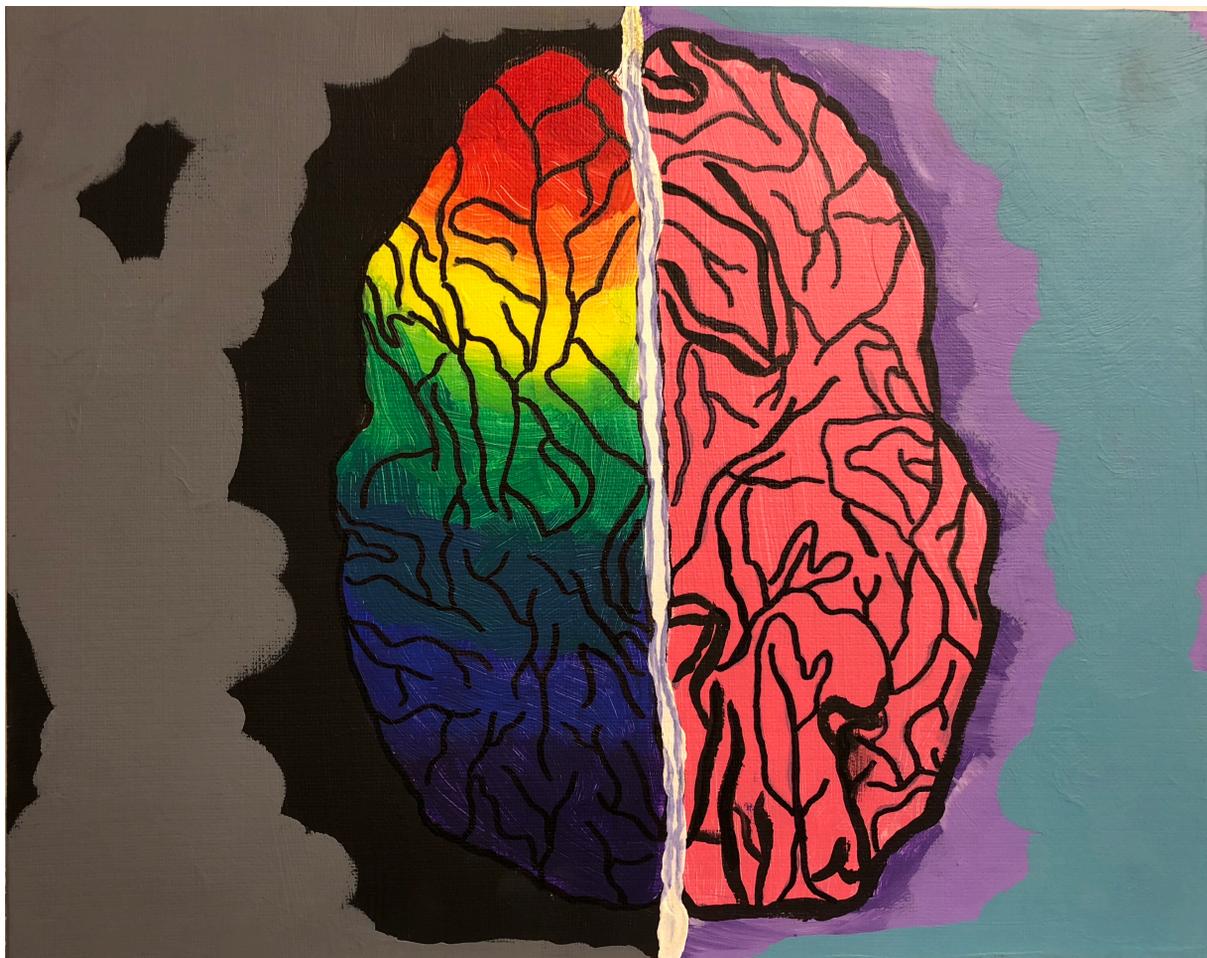
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One half of the brain is depicted as the brain of a healthy, "normal" functioning person, it is colored pink. The other half of the brain is rainbow colors, representing the spectrum of disorders that can disrupt the normal thinking process. The colors vary from darkness, representing depression, to bright and vibrant, representing euphoria or mania. I wanted the backgrounds to contrast each other.

The side of the diseased brain is black, being invaded by shadows. The black represents the hopelessness and loneliness that many of the patient's explained to me. And in my clinical experience many patients suffered from visual hallucinations. They described what they saw as shadows. The purple background behind the healthy brain for me represents courage, just like those in the military who display great courage are awarded a Purple Heart medal. The aqua cloud on the healthy side represents the healing and growth that a patient can experience if they have the courage to get help.

There is a line separating the normal brain and the mentally ill brain. This line will represent the thin line those with mental illness walk between reality and their delusions and hallucinations from mental illness. It also represents how with treatment and therapy the patients can restore health and function normally in society.







Creative Reflections In Education and Nursing Journal

Trapped

Ginger Graeter, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Ginger Graeter, RN

Citation: Graeter, G. (2023). Trapped. *CRIED Nursing Journal*. 2(3).

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My clinical experience was not at all what I expected. It was so much more! I envisioned myself working in Behavioral Health after I'm licensed and now I know this is where I desire to practice.

A large part of society unfortunately treats people with behavioral health issues as if they are outcasts and don't belong. They are people just like we are and deserve the same respect and care.

I spent most of my clinical assignment on the dual diagnosis unit. I was touched by every person I connected with during my time there and I connected with quite a few. My mixed media art piece is reflective of my whole experience not just one client. They were all struggling with their own "demons". I say demons because this is the word used by several of the clients when talking about their battles whether it be with addictions or mental illness.

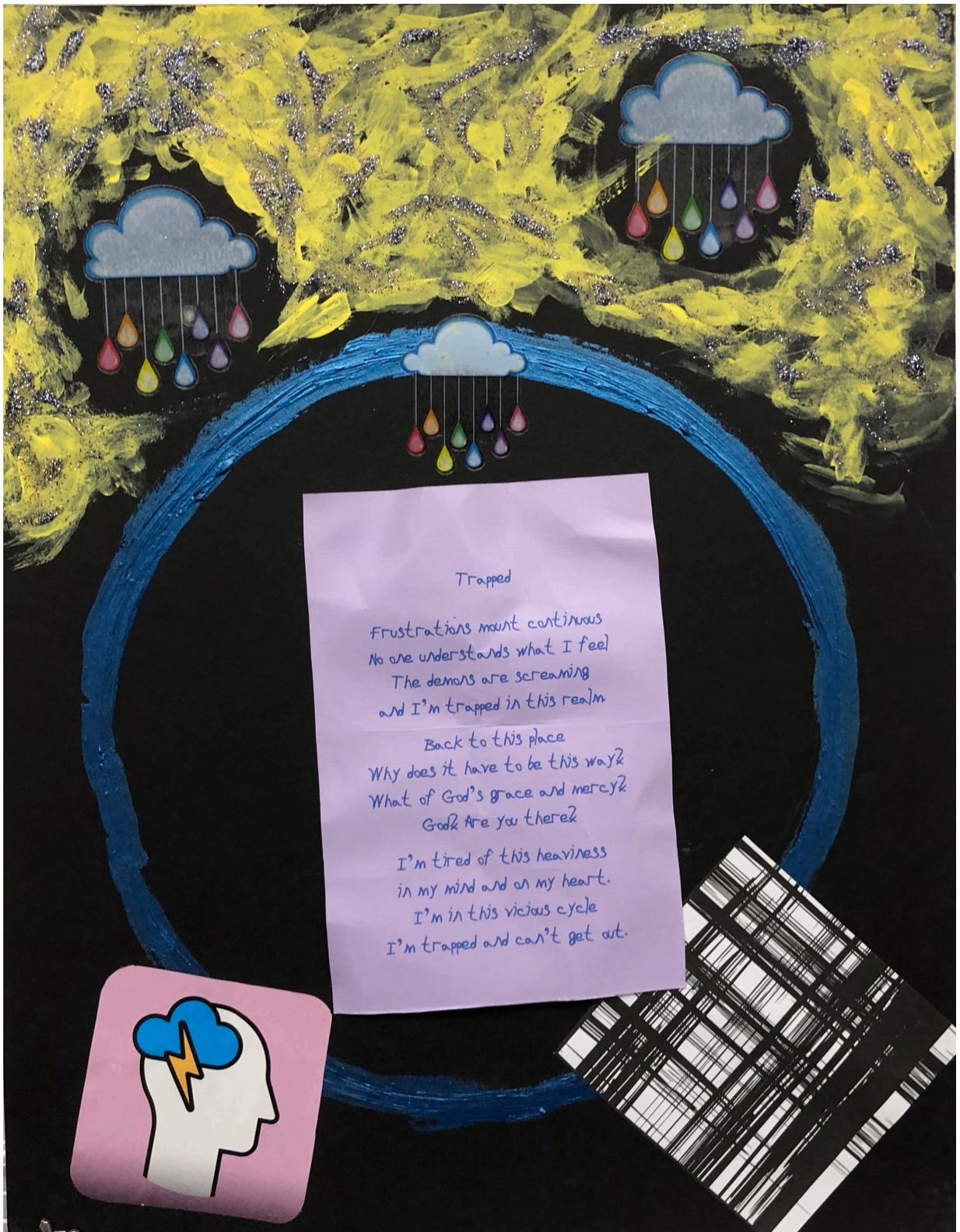
"Trapped" reminds me of what was shared with me by several clients. It was expressed that no matter what they do, they can't get out of the vicious cycle they are in. My poem represents the clients trapped inside the cycle whether it be the substance abuse, the mental health issues that are exacerbated by the addictions or the addiction triggered by life and their disordered stress coping mechanisms. Several of the clients also mentioned that they didn't understand why they keep going back to the substance use and wondered if there was in fact a "God" to help them.

In my art, the circle represents the cycle and blue for the sadness/despair involved with the perceived helplessness. The yellow represents light and the brighter time when the clients are able to get help, get med compliant, develop coping skills and get back on the road to recovery. Mixed into the yellow, the glitter stands for God who I believe is

always here for each and every one of us whether we realize it or not. Clouds and raindrops represent the fall and the return to the vicious cycle that so many mentally ill people are trapped in. The black and white lines represent the chaos involved in life for these clients when they are in the grips of their "demon". The cloud and lightning bolt clip depicts what I believe it must be like in someone's head when they have fallen back into depression, addiction, anxiety or the various other behavioral health disorders.

This class and rotation gave me greater respect for the mental health nursing field. Mental health nurses must be compassionate, empathetic, patient and nonjudgmental. I believe being a caregiver to this vulnerable population will be demanding but very rewarding. I look forward to helping people work toward the recovery of their mental health so they can live to their fullest potential. Thank you for this wonderful learning experience.







Creative Reflections In Education and Nursing Journal

Drowning

Caitlyn Garey, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Caitlyn Garey, RN

Citation: Garey, C. (2023). Drowning. *CRIED Nursing Journal*. 2(3).

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The patient I chose is a 25-year-old Caucasian male called "RM." "RM" came to the unit after hurricane Harvey with severe PTSD, anxiety, and depression. Before hurricane Harvey hit, "RM" got into an argument with his father and stepmom after opening up to his parents about being transgender/Bi-sexual. His Father and Stepmother did not support him and forced him to move. "RM" became homeless and was homeless during the time Hurricane Harvey hit ON Galveston Island.

One day when I was at clinical a thunderstorm hit. As soon as the lightning and thunder hit "RM" ran to a table and sat rocking back and forth. When my preceptor and I went to assess "RM" he was nearly in tears. He was having a panic attack from the thunderstorm as well as flashbacks from hurricane Harvey. When asked how he was feeling the patient said, "I feel like I am drowning." "All the emotions and traumatizing experiences from Harvey are pouring over me like a wave." "Although I know I am not alone, I feel as though I am." The patient

had tremors in his hands from his anxiety. Every time the thunder would hit he would put his head in his lap. The patient isolated himself from others during the storm. The nurse sat with the patient during the storm to help him feel a sense of security. The nurse and I used therapeutic communication to talk to "RM" during the thunderstorm to detour his mind from the event of the storm and the flashbacks he was having. We made him focus on what was going on in the milieu to distract him.

For my creative piece, I painted a man sitting on an island all alone to depict isolation.

The man is wearing a hoodie and pants because this is what I saw "RM" wearing majority of the time. I painted a thunderstorm in the background and a wave that looks like it is about to crash on top of the guy painted in the picture. The wave is to represent the wave of emotions that poured on "RM" during the thunderstorm. The wave also

depicts the sense of drowning once the wave crashes over top of him. I used oil pastels as my main medium to create the background and blend the color to depict a rainstorm. I used real sand as a second medium to depict how he was isolated and alone on an island. I used blue enamel sand to give

the wave texture and show how rough the emotions were that fell on top of him during the thunderstorm that day. The Beads represent the past emotions that arose in result of his PTSD from Hurricane Harvey.





Creative Reflections In Education and Nursing Journal

It's Not Always What You See

Damaris Garcia, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Damaris Garcia, RN

Citation: Garcia, Damaris. (2023). It's Not Always What You See. *CRIED Nursing Journal*. 2(3).

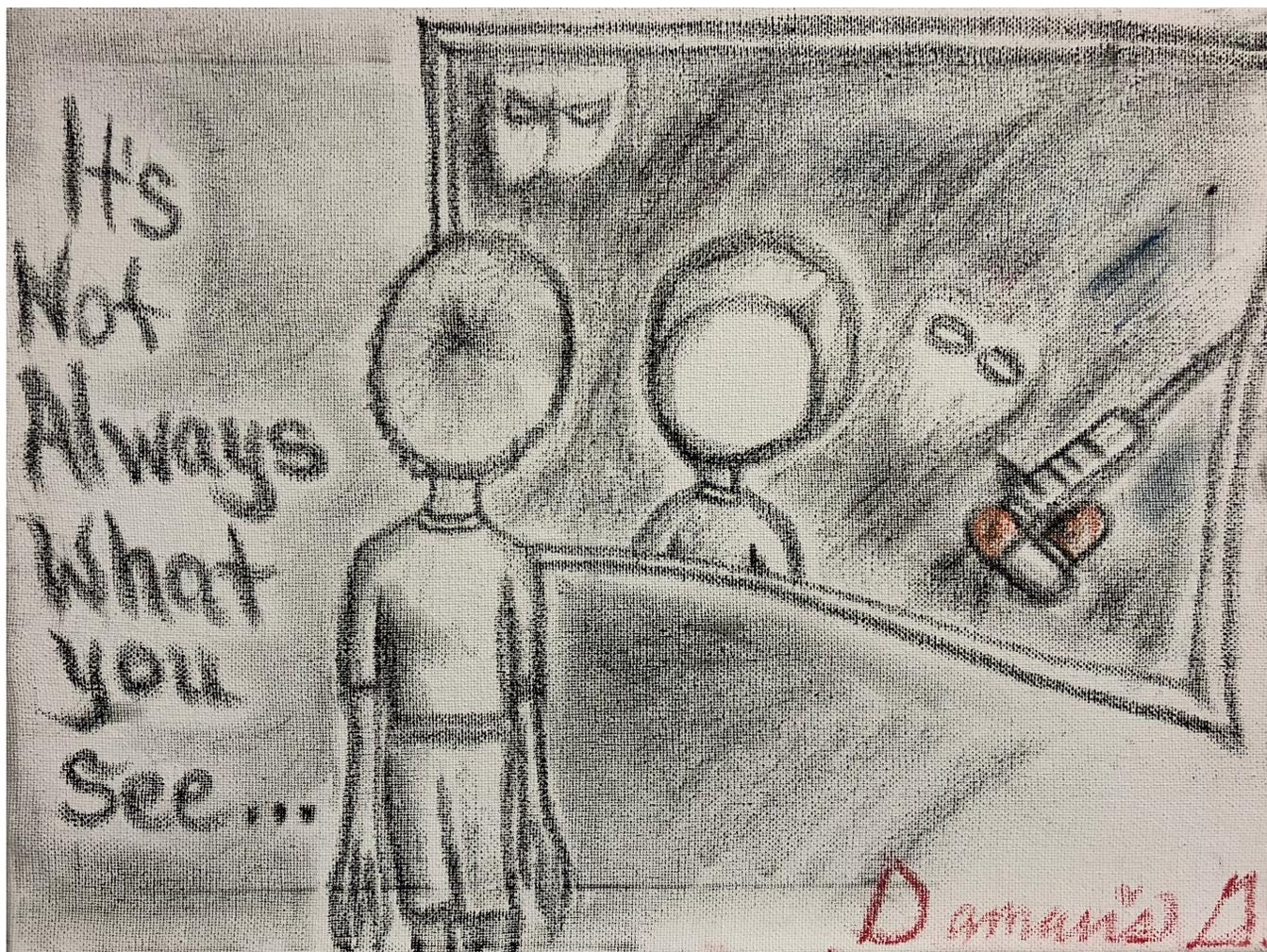
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My experience was a different experience and an eye opener. I went in there with a misconception of how the patients were going to be. As I started to establish a relationship with the patients I could understand their pain and suffering. Moreover, I felt like at one point in our life we can all end up feeling hopeless and fall into a dark place. However, it is how we handle the stress that differentiates us from the patients. This experience has changed my way of thinking because it is not always what you see, you must learn to look and listen to the patients in a deeper level.

My drawing represents a patient with a diagnosis of schizophrenia and dissociative identity disorder. My first encounter with Mr. H was very intimidating. He is a male of a stature of approximately 6ft, broad shoulders, and a long beard. However, when he spoke to me with a low, soft tone of voice I was able to ease my anxiety towards him. Even though his voice was low and calm his mannerisms expressed a very agitated

individual. The next day he was not the same patient I was talking to the previous day. He had shaved his beard and was very agitated with everyone in the unit. He yelled at me "I told you this life is just not worth living for I just want to die."

For my drawing, the black and white represents the pain he lives through every day. The reflection he sees on the mirror is that of a person without and identity. The voices in his head are constant and don't allow him to establish an identity. Father more, even though he seems normal from behind, his hands show the monsters that are hiding inside him. All though, he complies with the medication he stated that the medication took the little life he had in him and turned him into a zombie.





Creative Reflections In Education and Nursing Journal

Soft Heart Steel Spine, Series Abstract

Raj Ramakrishnan, PhD

Article Details

Article Type: Creative Work

Published Date: 30 January 2023

Corresponding Author: Raj Ramakrishnan, PhD

Citation: Ramakrishnan, R. (2022). Soft Heart Steel Spine. *CRIED Nursing Journal*. 2(2).

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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...

In the third article, MSN student Tracey Mujica reflects on her evolution as a newly minted ED nurse and the soul-searching she had to do to stay efficient in her ministrations of the patients. Just as one makes sure the phone/tablet/laptop battery is

always charged, one needs to ensure that the mind needs to be recharged regularly!

“Amor fati”.

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





Creative Reflections In Education and Nursing Journal

Peace of Mind: Imagination or Reality?

Kathleen Huynh, BSN, RN, SCRNP

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Kathleen Huynh, BSN, RN, SCRNP

Citation: Huynh, K. (2023). Peace of Mind: Imagination or Reality? *CRIED Nursing Journal*. 2(3).

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“There are more things...likely to frighten us than there are to crush us. We suffer more often in imagination than in reality,” wrote Seneca the Stoic to his friend Lucilius Junior around the year 65 A.D. (Seneca & Campbell, 1969). Seneca’s wise words ring true throughout the ages: anticipatory reactions often cause more suffering than suffering itself. Seneca posited that fear of suffering exaggerates potential misfortunes, leads to panic, and impedes development. I have come to understand this personally through my experiences in nursing.

I like to describe our experiences as being a constructed reality. By this I mean our reality is constructed from both our insights and our empirical observations. Thus, the subjective and objective combine into what is our experience of reality. Often, the subjective experience of our insights serves us well and provides a richer meaning to our human interactions. A bundle of flowers given to us by a loved one could be a sweet reminder of love, or a bitter betrayal if given to

another. However, when this impairs our functions or induces unnecessary suffering, we are carrying a perception that is limiting and harmful rather than helpful.

The Stoics (Seneca, Marcus Aurelius, Epictetus, Cato, Zeno, and others) realized this principle. They believed in focusing on what was in one’s control and interior demeanor by disciplining thoughts and reactions. The principle of acceptance was emphasized even when events were challenging, unpleasant, or unexpected. They even went so far as to recommend rehearsing worst-case scenarios and the practice of acceptance. In practicing stoicism one “holds on to oneself” so that even unexpected, stressful situations do not disrupt one’s peace of mind.

I vividly remember the moment early in my nursing career when I realized my emotions were creating a reality that wasn’t empowering me to help my patients. My patient in the emergency room holding area was in atrial fibrillation with a rapid ventricular response (a.fib RVR). Her heart rate

was 160, with a blood pressure of 210/120. I was surprised, emotionally strained, and internally freaking out. The interior “soundtrack” of my reality was a dramatic and tense symphony the crescendo of which was impending doom. Not only was I worried for my patient, but I was also worried for myself. Had I done something wrong? Was I doing something wrong? Was I about to do something wrong? I did not have much experience managing patients with a.fib RVR at that time. All I knew was I needed to call the physician, and I didn’t remember which cardiologist had been consulted for her, nor was I familiar with the host of cardiologists staffing the hospital.

At that moment, I recognized my interior state was impairing my ability to focus on how I could improve the situation. To help my patient, I needed to take certain steps as efficiently as possible. That meant acknowledging the knot inside my stomach and the tension in my throat, then directing all my energy into addressing the medical emergency.

The Stoics believed enduring difficulties with a “can-do attitude” of learning and resilience was the best approach for living a peaceful, growth-minded, and virtuous life. Taking a stoic approach meant not avoiding a difficult situation, complaining about it, being overwhelmed by it, or resenting it. In my scenario, the stoic approach meant setting aside my anticipation of terrible things to come, assessing the variables out of my control, and concentrating on the variables within my control: calling the cardiologist, communicating with and monitoring the patient, and administering medications. With these done, her situation resolved to a stable rhythm of atrial fibrillation with a controlled ventricular rate.

No doubt, nursing is a profession that tests one's limits of endurance. Over time, greater nursing experience and clinical knowledge have empowered me with an understanding of what is in my control. For example, I cannot control how the

physician, or the patient responds, nor whether the electronic charting system works properly. However, I can control how I communicate with the physician and patient. I can learn to keep a pleasant look on my face when things are not easy. I can hit the reboot button for a hard reset on the computer that just will not load and then ask for a workstation on wheels. I can call the pharmacist to ask very nicely for that medication to be expedited for my patient in a.fib RVR.

A life lesson I learned was to get to know the different moving parts that go into taking care of a patient and develop relationships with them. Thus, in the future, if faced with a similar situation, the phone call to the pharmacist would be effective, and asking the manager for a computer on wheels would be expedited. And I can learn to stay in contact with my internal dialogue, so I suffer less in my imagination, and perhaps in reality too.

Reference

Seneca, L. A., & Campbell, R. (1969). *Letters from a Stoic: Epistulae morales ad Lucilium*. Penguin Books.





Creative Reflections In Education and Nursing Journal

Bullying and Incivility: An Introduction, reprint for series

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

Article Details

Article Type: Creative Work

Published Date: 30 January 2023

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Citation: Morris, L. (2023). Bullying and Incivility: An Introduction. *CRIED Nursing Journal*. 2(2).

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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

Survivor

Adanna Kekeh, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Adanna Kekeh, RN

Citation: Kekeh, A. (2023). Survivor. *CRIED Nursing Journal*. 2(3).

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This poem reflects some of the different ways that bullying and incivility happen in the workplace and the negative impact they have on the victims. Bullying occurs in different forms: verbal, physical, psychological, etc. There are some people who do not regard bullying as a big deal. They tend to brush it off as some rite of passage or incidents that should toughen one up. Not only is this way of thinking wrong, but it also enables this hostile and discouraging behavior.

When we consider bullying, it may seem like a phenomenon attributable to school kids. However, it is disheartening to know that this also occurs in the workplace, perpetuated by adults. Some people are better able to cope with bullying/incivility at work but some do not fare so well. Not only can these actions impact the victims negatively but they can affect their work and productivity. Imagine the devastating effect it could have in a healthcare setting. This is why I believe that “bullying and

incivility in the workplace” should be a topic that is discussed and addressed in every hospital.



BULLYING “SURVIVOR”

It's only a phase, nothing but some fleeting haze
But it gets worse as she counts the days
Shrouds of criticism and constant humiliation
Clouds of snide remarks and discrimination
They say if it doesn't kill you, it will make you strong
But to her that quote couldn't be more wrong
She did survive but they did break her
With a little flicker all that's left of her fire



Creative Reflections In Education and Nursing Journal

Building Blocks

Venice Macawili, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Venice Macawili, RN

Citation: Macawili, V. (2023). Building Blocks. *CRIED Nursing Journal*. 2(3).

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The soft pastel drawing that I decided to make captures an experience I encountered one time during work. It was one of my first training days in an ICU as an intern and my preceptor had yelled at me in front of an entire healthcare team. My preceptor, who was one of the two PCA's available on the unit, was already frustrated at the fact that they were short-staffed --additionally with this responsibility to train me too. As a newbie, I wanted to make sure I was not bothering her too much.

At the same time, I understood that it would not be fair to patients and their families if I had zero to no training, especially on an ICU. The moment she yelled at me after she taught me a task on the computer and I demonstrated it to her back, I did not react. Doctors and nurses were looking at us and no one said a word. I never experienced anything like that before, but in some way, I was surprisingly not fazed. That is why I decided to

draw buildings from a worm's-eye view --a view where we tend to look up. In this case, I was looking up for guidance, but instead I got resistance. I felt like buildings were the best representation for my experience because not only did that event happen in a building, but because they represent resilience.

Buildings are supposed to be architecturally strong on the outside so that they can hold everything together, but sometimes on the inside of buildings, they're kept a mystery. Anything can happen in a building --good or bad, but the only people who know what really goes on are the people who are inside that building. Knowing I was in a professional workplace, I had no choice but to stay resilient. It was my coping mechanism. The three buildings represent my three training days, which all look distinctly different. The rain represents the tears that never came out of me but had been held inside to a certain extent. The light from the buildings and some of the windows represent the.

light I knew there was at the end of every tunnel. The yelling and the fact that no one asked if I was okay or checked on me told me a lot about the culture of that unit. I came to learn that not every

unit or team is like theirs, but what matters most is the knowledge I gained from the experience and how I handled and surpassed that building block



Venice Morcidi



Creative Reflections In Education and Nursing Journal

Then...Now

Sara Mokhtari, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Sara Mokhtari, RN

Citation: Mokhtari, S. (2023). Then...Now. *CRIED Nursing Journal*. 2(3).

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Bullying is seen day in and day out. Sometimes we look past it and sometimes we do not realize it. It can cause so much damage internally, but we all just go on with our day hoping to avoid it the next day. I have been bullied once from a coworker who was a lot older than me. They found ways to pick on me since I was the youngest in the group. They gave me extra work to do, made me feel like I was not capable in doing anything right due to my lack of experience and enjoyed ordering me what to do during clinic hours.

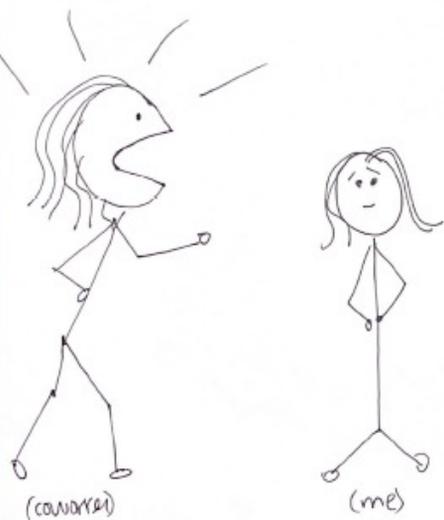
Deep down, I could not stand working in the same team as this individual, but I knew I had to go to work every day and act like nothing was wrong. Now looking back, I can say that it prepared me to be a strong individual as I am today; to stand my ground, and speak my thoughts. Part of me I am grateful I experienced something like that during my younger age, but that does not go for all. Bullying needs to be brought to more people's

attentions since it can occur at any day and at any time. We are all human and we all have feelings regardless of our expression. We must all remind one another to be kind because you never know what someone else is going through.

I really enjoyed the bullying presentation and find that it very important to highlight and emphasize on. If we all made one change in our lives to be more helpful and caring, the world would be in a lot better place.

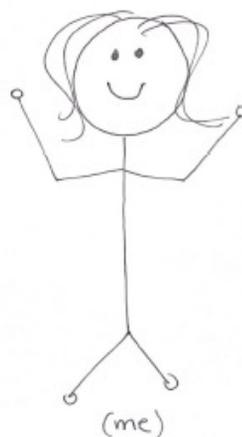


(THEN...)



DO THIS!
DO THAT!
YOU DON'T KNOW HOW TO TRIAGE!
JUST DO WHAT I SAY!

(NOW...)



I AM STRONG!
I AM CAPABLE!
I AM SMART!
BULLYING IS BAD!



Creative Reflections In Education and Nursing Journal

Sometimes It's Salient

Onyekenwa Nwosuocha, RN

Article Details

Article Type: Creative Work

Published Date: 30 April 2023

Corresponding Author: Onyekenwa Nwosuocha, RN

Citation: Nwosuocha. O. (2023). Sometimes It's Salient. *CRIED Nursing Journal*. 2(3).

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Bullying and incivility in the workplace encompass maltreatment that includes same-sex and same race harassment which cut across boundaries of gender, race, age, and ethnicity. The goal of the aggressor/bully is to render the other person(victim) unproductive and unsuccessful, and this may cause the victim to be psychologically, sociologically, mentally, and emotionally damaged. With each milestone one reaches in life, comes new obstacles and challenges, adding bullying as one thing to face in life might just be too much to handle. So, it is imperative that we say no to bullying when we see one.

Bullying comes in different ways, such as gossiping, spreading rumors and harassment. Let's learn to communicate effectively! Let's treat others with respect! Let's kick against bullying and incivility! Nobody should encourage it!



ON

Bullying and Incivility in the Workplace

By
Onyekenwa Nwosuocha

Sometimes it's salient; Most times it's surreal.
Long before swords are drawn;
Long before bullets fly; long before weapons engage;
Mostly covert and sometimes overt both in its nature and impact;



<https://www.dia.com/articles/251048/how-to-prevent-workplace-bullying.html>

Regardless of its manifestation, the risks all so high and destructive.
But this you must know; it is hurtful.
Crosses boundaries of gender, race and ranks.
Verbal assaults, strategic moves to control and render unproductive and unsuccessful.

Props up in more ways than one, instigated and unmitigated.
Resentment, aggression, and violence
Overthrows cooperation, camaraderie, and communication.



<https://depositphotos.com/4604-photos/workplace-bullying.html>



Disrespect, condescension, degradation, maltreatment;
The harsh results of this unruly act.
Call it what you may, it is bullying; it is incivility.
The invisible, the non-physical, and nearly always sub-lethal workplace violence.
The truth you must know; it is hurtful.
The incidence, the targets, the instigators, the impact, oh my!

ON



<https://www.themuse.com/advice/how-to-deal-with-workplace-bullying>

Enough!



<https://www.amazon.com/Enough-Eradicate-Bullying-Incivility-Healthcare-ebook/dp/B07VCFMUR>



<https://theconversation.com/everything-you-need-to-know-about-workplace-bullying-66541>

RAISE THE ALARM!

By
Onyekenwa Nwosuocha

The distress all so compounded;
cognitive, psychological, emotional, physical.

The truth, my friend, all so glaring.
Ring the bell!
Raise the alarm!

Sound the trumpet!
Enough is enough!

