



CRIED

JOURNAL for

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

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EDITOR'S NOTE

Dear Readers,

Welcome to issue 4 of our Creative Reflections Journal. Enjoy the selections for this issue. In this issue, we introduce two new categories of reflections. One category is on the topic of bullying and incivility in the workplace.

Undergraduate nursing students' reflect on a graduate student presentation on the topic of bullying and incivility in the workplace, including the historical nature of "nurses eating their young." An additional new category is on the topic of stoicism. Nursing graduate students reflect on 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 difficulty themes in the workplace. It is much needed.

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

Kristina L. Leyden

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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.

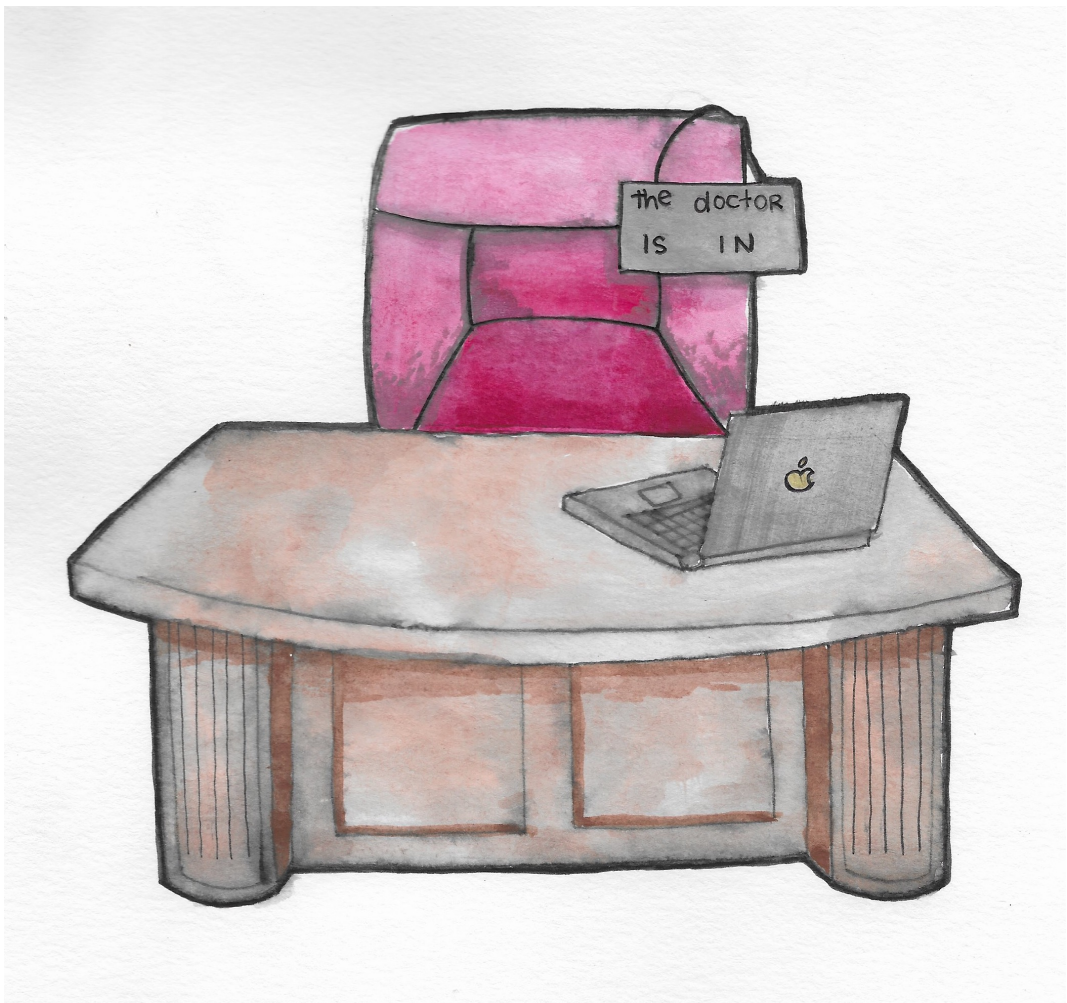
Keywords: education, nursing, coaching, mentoring, satire, ethics, morals, creative reflection

Master Mavolia,

Thank you for your wisdom. I shan't let you down! I will succeed in the tasks of condemning students to a life of boredom and frivolous ills.

I thought of something delicious to help the students of task! I shall allow an open-door policy in my office hours so I gain students' trust. This will allow the student to think I care for them in this so-called "holistic" manner, but in actuality I can strike at their most vulnerable state. I can use their weaknesses against them. Ha! They think I am their friend, all the while biding my time when I shall pounce on their weaknesses like a black cat in the night!

Eager!
Professor Persephone





Creative Reflections In Education and Nursing Journal

The Parent of a Hospital Child

Christine Escarcega, SN

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We often do not realize the things we take for granted, always striving to achieve our goals. It is easy to simply focus on our goals when we and our children are healthy. However, what we fail to realize is that when people themselves are sick or their children are suffering from an illness, certain things just are no longer a priority. I am one of those people, as soon as I accomplish one task, I am looking for my next problem to solve. However, when I did my clinicals at Texas Children's on the general pediatric floor, it was very eye opening to see how sick these children are. They are in and out of the hospital so frequently with their transplants, illnesses, etc. that the nursing staff become like family to the patients. This is something that allowed me to be more appreciative that myself, my children, and my husband are without ailments. I cannot imagine how difficult the family dynamics must be having a sick child and having to face the medical bills along with the stress that comes with having a sick child. I learned to be more grateful during my pediatric clinicals.



The Parent of a Hospital Child

Trying to be strong for my child is what I do,
It is a tough task. I wish I knew,
How to go about it, or what to do,
Whom to find comfort in, I wish I knew.

The hours are longer it seems in the hospital scene.
My thoughts race as I try to understand,
Through the sound of the machines.
Did I miss something? Is a question I cannot withstand.
My heart feels heavy, but it is a distraction from the unseen circumstances.

The nursing staff are blessings to be seen,
For their work often goes unseen.
Their care makes the days easier it seems,
A distraction from the extremes.

And all this suddenly strikes me,
The hope I'm looking for will be found
Nowhere in the outer world,
But within myself.

For I am the strength my child and I need

That I've been looking for,

It is me.



Creative Reflections In Education and Nursing Journal

Tiny Toes and a Tiny Nose

Cayla Cloud, SN

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From the beginning of the semester when I found out that I had the opportunity to be placed at not only the hospital I have longed to begin my career at but, that I also was able to be placed within the Neonatal Intensive Care Unit I was overwhelmed with joy. Although I only received two rotations, I appreciated the placement fully. Within only shy of 24 hours, I was able to witness so much and confirm my decision to pursue a career within the NICU, my dream was only fulfilled more. When first walking onto the unit, I'm not sure what I was expecting but it wasn't like the usual hospital setting with lights, rooms, and nurses' desks. Instead, you get the feeling of diving in and being submerged into a sea of babies and families with the lights extremely dim. Cribs beside the nurse's computer allows you to be alert and monitoring at all times. I am grateful that I was able to keep the same nurse for those two weeks, I was able to constantly learn from her as she shared her wisdom with me. She allowed me to really practice my skills, I was able to help clean a baby with a bubble CPAP, help in performing trach care and many

other things that I am so grateful for.

Being surrounded by the babies and giving them a voice to listen to and a hand supporting them when their parents are unable to be around makes it worth it; let alone supporting worried parents who have questions or feel helpless for their child. I had an amazing time which is what led me to create this poem. In the last Stanza when I said "When we walk out the door..." I wasn't just referring to me, I was referring to nurses, families, and the babies. The time spent is worth it for us all of us. I was able to see the emotions of nurses running high when a patient that had spent months within the NICU, they bought a book and printed their pictures all writing sweet notes to the child so that they are able to remember that so many people cared for her when she was such a small tot. I had an amazing time and cannot wait for the next year to fly by so that I am able to begin my dream career at TCH NICU.

Tiny toes and a Tiny Nose

I get on my knees and pray, thank you for this opportunity

Give them a chance for a better day, no need for sorrows.

We must protect them they are lacking immunity.

Born into a life and their already fighting

Nervous Parents, praying hopeful

When I step on my field, there's a fire that's constantly igniting

Being a nurse is tiring but worth it knowing you're always providing.

Weeks, Days, Hours, Minutes

When we walk out the door, the time spent is worth it

Being a student its hard only getting the ability to see snippets

NICU is the only way for me I must admit



Creative Reflections In Education and Nursing Journal

Don't Let Anyone Dull Your Sparkle

Irina Lavrentieva, RN

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“Don't let anyone dull your sparkle” I wanted to say to this seventeen-year-old girl, severely depressed, indifferent to anything and everything, until she suddenly said: “I love basketball, but I can't play it anymore”.

The patient is a frostbite double amputee below the knees, slightly overweight, with mood effective disorders, history of an abuse by farther, brother, and a teacher. When I met the patient, first I thought that I was looking at boy: the hair was cut short, the clothing was loose around the body. She used a wheelchair and I never saw her using the prosthetics. We walked two circles around the facilities' playground, spend some time outside breathing fresh air, while I tired to make a conversation. But the girl remained silent, looking down at her hands and knees, disinterested. Occupational therapist arrived for the session, and I tagged along. I continued telling her stories about my life and school, from time to time asking her about her high school, her plans, dreams, habits, likes and dislikes. I mirrored the activities that the

therapist asked her to do, including throwing small balls into the box. I noticed that she was good at throwing those balls, and I complimented her on the skill. This is when for the first time she looked at me and said: “I love basketball”.

At that moment, I realized that this very young girl, a child really, was struggling through a dramatic event, accompanied by the loss of both or her legs, she was depressed and lost her hope, she doesn't have any social support. She was failed by her family and a trusted teacher. Depression is a serious disorder and cannot be overcome by the medication administration alone. She needs social and therapeutic support. I can only hope that she finds the strength inside herself to learn how to walk again and play her favorite game again.

My drawing shows a strong young woman with a basketball ball, wheelchair is empty, and depression is overcome. This is a gym at a high school. I imagine that she is not alone here and that the gym is full of other teenagers playing the game.

As I was reflecting at her depression, I recalled that I had a postpartum depression lasting for about a year, and how strange and helplessness it felt until I was able to get better and enjoy my life and my newborn son again.

In conclusion, I will work with the people at their worst circumstances: it could be after traumatic events, abuse, chronic illness, after losing their

body part and having dysfunctional organs. As a nurse, I will have an opportunity to make a small difference in these people's lives: may be making their pain a little less or may be helping them to learn how to trust people again or help them find that light at the end of the tunnel. If I can make it, you can make it: "Don't let anyone dull your sparkle".





Creative Reflections In Education and Nursing Journal

Beyond Autism

Yordanos Zewde, SN

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There are considerable ways to define what it means to have a happy childhood. Have you ever considered how your childhood might have been influenced differently if it had been restricted or you are unable to complete daily tasks based on the appropriate developmental stage? I, for one, have. In my clinical practice at the Nexus children's hospital, I saw children with autism, birth defects, car accidents, and other issues that were shocking. It astounded me, not because I was unaware of the situation, but because of the level of care that the children require at such a young age. Some of the children in the facility need to be restrained regularly to receive care. Most of the children were separated from their families and had to rely on the nurses, aides, certified assistance, and providers to look after them. If the children can communicate their needs and hold a phone conversation, they can ask for a phone call and connect with their families. Some of the children have been abandoned and have no relatives to whom they can entrust their care. As a result, I was

curious as to how the children could be understood, as well as how they could feel safe and express themselves.

The children with autism in the facility struggle to communicate their problems daily and can exhibit aggressive behaviors that can lead to self-harm. Many of the children require one-on-one or two-person care. Extra hands can be beneficial to the children if their babysitters work with them to build a rapport that will enhance championing higher care while also making the child feel secure. For my creative art piece, I wanted to use the autism symbol and its colors to represent an autistic person's limitless and untapped potential. The original symbol is an infinity sign, and I wanted to adapt the idea of the endless outcomes and opportunities that the nurse can provide to recognize the child's needs and create a special moment during care.

I used green to represent peace, yellow to represent



represent creativity, blue and gold sparkles to y. Because I wanted to ie connections can go and the autistic child, I circles and layered the also kept the color ent throughout the art ate the importance of ing and adhering to a g for an autistic child.

nce taught me how to s in children and how tress by communicating he children's hospital, I children of all ages with en heart. They set aside l and attended to their am grateful for the ing exposed to this y in my nursing school e to apply what I have atients who will rely on





Creative Reflections In Education and Nursing Journal

Evolution

Victoria Aquila, RN

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This piece is meant to represent two concepts. The first concept is the evolution of my perspective and bias that I held before and after attending clinical. The second concept represented is the progression of a mental illness, specifically major depression disorder, and the process of treatment for this disorder that a patient goes through. Before attending clinical, I was apprehensive as to how I would approach these patients. It is easier to approach a person that is open to you than a person that is withdrawn as a symptom of their illness.

The black dripping on the left side of the painting is me looking into the unknown and having to face the mystery of this new experience. The sad face is what I see as my first impression of the patients I encountered in clinical. I was anxious to enter the unknown and I was weary to approach these patients because all I could see, at first, was darkness and the exterior expression of this face. However, after I had attended clinical, I came to know the patients and understand their stories and

how they came to be where they were in this time. Everything beyond the sad expression, inside of the figure's head, represents what was revealed to me about this illness by spending time with these patients. The red and orange colors are likened to the fire and smoke that would be seen on a battlefield and this represents the struggles that these patients have faced with their illness. The black lines represent the complex aspects of this illness that are not apparent to those who cannot see beyond the sad and somber exterior.

The second concept represented in this piece is how major depression disorder can be elicited. The white tree-like figure represents the "tree of negativity" that was planted inside this patient's mind. The tree is fed by the verbal abuse that some of these patients had suffered from by other people and now these patients have come to believe these things they were told and have made these thoughts a part of their own identity. The "tree of negativity" does not produce life, but only dead

branches also represented by the black lines extending into the red and orange area. The red and orange also represents the physical pain that these patients feel as a result of their illness, as well as, the pain that they must endure while going through treatment to overcome their illness. The fiery image is also meant to represent the effect of their treatment. It is burning away the negative thoughts that have been planted inside of these patients. The flames are burning away the negativity in hopes of making space for a new and fruitful soil to plant a new tree of positivity, encouragement, and acceptance of self.

This creative process helped me, as a nursing student, to physically express what I have been observing and absorbing emotionally and physically while being in the behavioral health setting. Sitting down and creating this piece, without having to be so clinical and technical that you have to be when doing a written reflective journal, provided me with the opportunity to relieve myself of all that I had absorbed in clinical in a productive manner. I was able to complete a necessary assignment for this course while at the same time able to place provide myself with a the therapeutic benefits that came with creating this art piece.





Creative Reflections In Education and Nursing Journal

Beyond What's In Front of You

Quinn Newsome, RN

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My creative piece represents depression with suicidal ideation and the critical point at which increased mood and energy could be mistaken for recovery. While rotating at the hospital, I began working with a sixteen-year-old female patient who was diagnosed with Major Depressive Disorder (MDD) with suicidal ideation. I was completing the AIMS assessment on her. I began interacting with the patient before reading her chart and diagnoses because I wanted to hear her reasons for being admitted in her own words. In speaking with her, she was the complete opposite of what I would have assumed a depressed person to be. She seemed to have so much energy and vibrancy. She spoke to me about how much she loved school and couldn't wait to go to college to study robotics. I was amazed at the positivity she seemed to possess. When I asked her why she was in the hospital, she tried to diminish the severity of her mental illness. She passively said that her family lied to the police and told them she was suicidal, resulting in her emergency detention and admission to the hospital.

After building more trust and rapport with her, I learned her mother was diagnosed with cancer, she was displaced during the hurricane, and she was having trouble with her sister's husband while living with them. This is certainly enough for anyone to feel sad, or depressed. I came to realize that the image she was portraying to me should have provided more cause for concern than comfort. I started to review my notes about depression from lecture and I realized that she was in a phase where she was receiving treatment and experiencing the boost of energy that gives some people experiencing depression the strength to carry out their suicide plans. I came to realize that she was at a very critical point in her treatment and as time progressed throughout our rotation, she remained in treatment well past the initial 5-7 day anticipated length of stay. She remained in treatment for almost the entirety of our 4-week rotation.

Additionally, while on this rotation, a friend of

mine committed suicide. This was a huge blow to me emotionally. She was saying how excited she was about a new job and all the things she had coming up. My other friends and I knew about the strained relationship between her and her mother. For years we'd heard her say she'd wished she was dead or wanted to kill herself when they had a really bad argument. We never, ever thought that she would go through with it. In discussing the incident with my professor, I was challenged to merge the experiences. I thought this would be almost impossible. But once I began sketching, they came together perfectly. My drawing represents the need to always look beyond the façade of happiness and look at the entire person. Ongoing assessment is critical! Don't simply believe what you hear, and don't fall into the lull or comfort of seeing a person smile and "presenting" well.

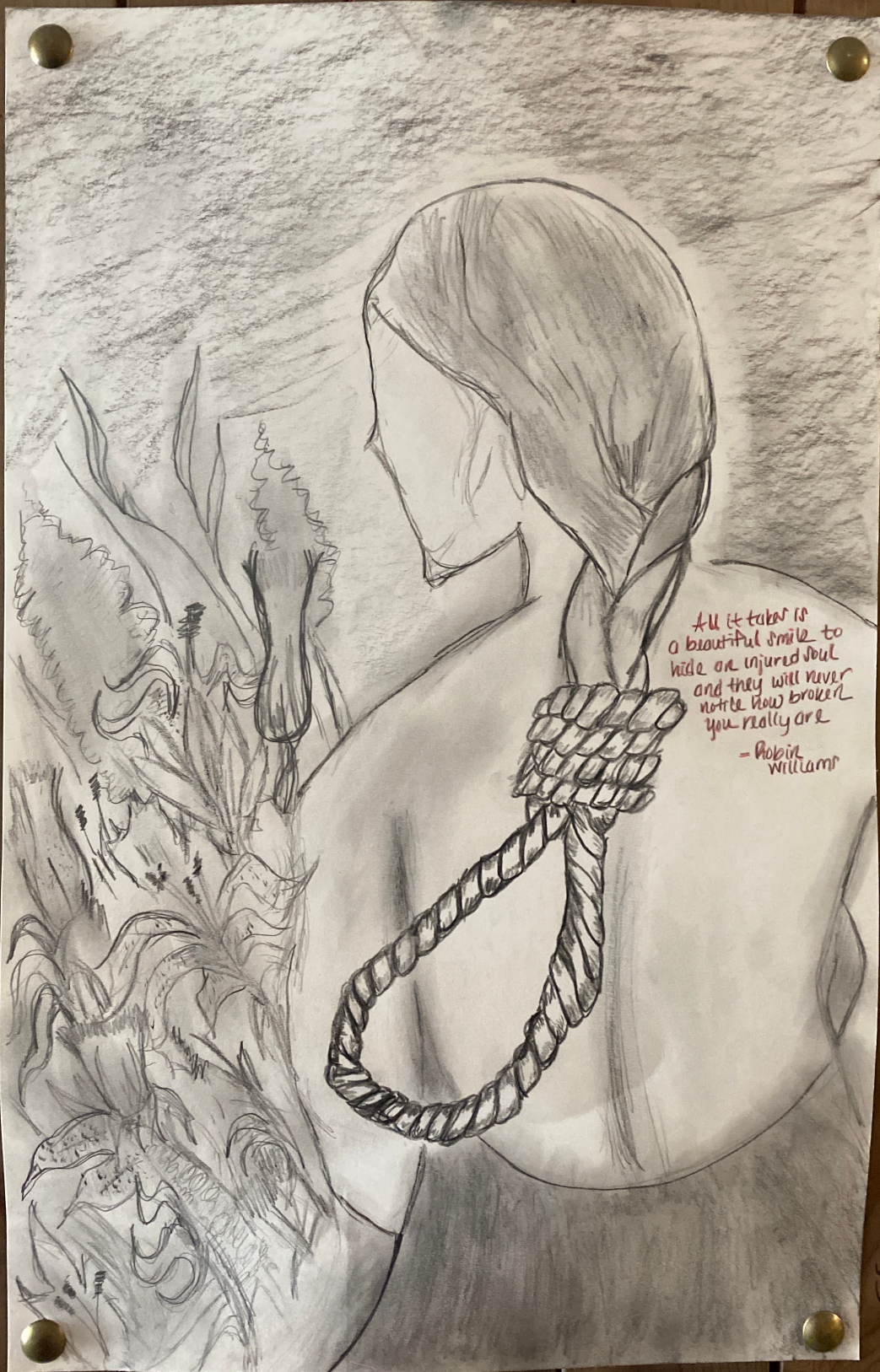
You should always be looking for signs of trouble and never get so comfortable that you forget that the person is on a journey back to health. Looking beneath the surface is an absolute must because the suicidal person could be planning their own death and carrying the tools with a smile on their face. The flowers that the woman is carrying is indicating her presenting herself as happy and well to everyone in front of her. Behind her, her braided hair doubles as a noose, (the idea came initially when rough sketching the patient who was wearing her hair in long braids) which could be used to end her life. The noose represents that the woman's suicide intent is still present and is very well in tact even though most people looking her in the face have no idea. There's also a "tattooed" quote from the late Robin Williams. It reads:

All it takes is a beautiful fake smile to hide an injured soul and they will never notice how broken you really are.

- Robin Williams"

The quote really embodies the meaning. It illustrates the lengths to which some will go in order to hide their pain and intent of self-harm. I feel that he was someone who did this well before taking his own life. I wrote the words in red to emphasize urgency. I used charcoal and graphite because not only is it my favorite medium, but it also captures the mood and melancholy energy I was hoping the artwork would exude. This was definitely my most challenging clinical rotation because it pushed me further from my comfort zone. It also helped me understand that patients in every unit may have needs which may need to be addressed regarding mental health and we must be prepared to care for them no matter where it presents in the healthcare setting.







Creative Reflections In Education and Nursing Journal

Hurt

Molly Tipps, Rn

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What struck me most about my clinical experience is the suffering brought about by mental illness. The pain these patients experience is isolating and often overwhelming. It tears apart families.

This art project was inspired by the many different ways mental illness can manifest.

The box represents the stigma and shame that still surrounds mental illness in this country. The black color represents the fear and isolation felt by those with mental illness, as well as society's fear of the mentally ill.

The woman's face on the top of the lid illustrates the struggle to stay well, pain, and the attempt to suppress the symptoms and hide illness from family, friends and the outside world.

The image inside the box signifies the internal chaos and confusion that is felt by those with mental illness. I used a tie dye pattern as a background because one patient I met with Bipolar disorder would always wear a tie dye shirt even

when they were not in the manic phase.

Many items inside represent disease. The food represents eating disorders: anorexia nervosa, bulimia nervosa, and bingeing. The martini glass and syringes represent addiction. The crown, delusions of grandeur. The hats paranoia. The spiders and bugs: formication. The masks represent the maladaptive coping behaviors: denial, repression, etc. The masks also represent the manipulative and defensive behaviors those with mental illness and their families sometimes use to avoid dealing with disease. I also included a broken hanger. A patient one day came to the nurses station with a broken hanger and turned it in with the words "I didn't use it, it just calms me down when I hold it."

I also included symbols representative of hope, peace, and change. Doves, butterflies, the green color in the bottom of the box are these symbols.

Overall, my clinical experience was extremely positive. The facility I was at gave exceptional care and treated the patients with the utmost respect.

But living with mental illness, striving towards mental health is a lifelong endeavor. For many of the patients this was their third, fourth or fifth inpatient hospitalization.





Creative Reflections In Education and Nursing Journal

Perspective

Sarina Soto, RN

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This mental health clinical experience was unlike any other experience I have had in my nursing student years. The whole experience was one of peace and tranquility, a very therapeutic environment. I was placed in an outpatient Clinic, specifically in the unit for Professionals in Crisis. The main ailments that the patient's suffered from were anxiety, depression and many those stemming from complex traumatic experiences. The patient I was able to interact with the most was a forty-six year old female. She was a complex trauma victim, and she was admitted for depression, anxiety, and substance abuse. She acclimated to us being there very quickly and warmly welcomed us. She was very willing to help us to understand a little more about mental health. During one of the many conversations with her, the comment that resounded with me was her comment to remember that "each patient is a person" and to treat them as such. I had heard this before since we are a holistic program but it was so different hearing this come from a patient. She continued saying that this was one of the most

difficult and dark moments of their lives being there and they were fighting for their lives every day and moment. No wants to be there but that they were also very relieved to finally get help, especially from people who care. I thought this beautiful and insightful. It set the stage for the rest of my rotation.

I wanted a piece that represented how I felt going into clinical: out of my element and away from what I was used to. I wanted a piece that made me feel uncomfortable. I saw this bowl at a pottery shop and it made me ask myself. "How could you hold anything in it?" "What use can it do with holes?", therefore, provoking me to choose this bowl for my piece.

I did not know what to expect going into clinical. This piece represents the difference that perspective gives to situations and patients and I how I saw this in my clinical experience. The colors on the bowl represent how I felt going into clinical: dark, gloomy, sterile, base. Many of the patients there

also gave this type of presentation to me.

Many had stoic, stern, and sometimes friendly but guarded faces. They were like this on the outside but just as the bowl has the holes that you can catch a glimpse of color on the inside, so were the patients. They were defensive of their person, but you could tell there was so much more they were not revealing but that there was a promising inside. The colors represent the beauty that one sees when he or she is allowed inside by the patient. The colors all have meaning as well. In descending order, the blue represented the therapeutic relationship that was needed to be established between the patient and the staff before anything else was revealed by the patient. The orange and red are the base needs of the patient which are food, shelter, comfort. Yellow represents the emotional side of the patient, therefore, there is a lot of this color strewn about because this intertwines with every aspect of our person, the people we encounter and our day. The purple represents the spiritual aspect of the person, because whether they acknowledge it or not it plays a huge role in the processing of events and is woven into our whole person also. Pink represents the importance of relationships built by the patient and the part it plays in one's recovery. Lastly, was green which represented harmony and the balance that all of these must have with one another and how they blend and feed into the next. Again, all of these colors are only seen if the patient allows you to enter, you cannot force your way inside.

Perspective continued to play a big role with this piece, because if you look at this piece from different angles you can see more, less or none of the colors inside. We already looked at it from the sides, but if you look at the bowl from the top, all you can see is color and in fact, you are surrounded by it. The patient is just like this; once they let you in and allow you to see all their colors, you have moved past that exterior and have that hope and perspective to see much more of their individuality. The blue on the rim of the bowl also represents that the individuality is peeking through each person, all you need to do is look for it. It also represents

that the "color" within each person is not trapped inside and it surely will make it way out and always does.

In conclusion, returning to the reason I purchased the bowl, if I were to look at it as a cereal or pasta bowl...it would not function up to par. Anything inside when only filled up one-fourth of the way would spill out. However, if you look at it from another perspective such as from that of a knitter or crocheter, anyone who works with yarn, it is a huge help in how they make their masterpieces because it controls and directs the yarn. Initially in my clinical experience I was trying to pour spaghetti sauce into a yarn bowl and it wasn't going to work ... at least not up to par. I had to look at it from another perspective which was my placing yarn in it instead and looping it through the hole. This experience brought me out of my comfort zone as the patients were out of theirs. This rotation will be a marker and sets the bar for the rest of my nursing career. I hope to bring the healing touch to my future patients as these patients and nurses have done for me.







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

Looking Inside in Peace When Seeing Outside Turmoil

Sr. Gertrude Majani, RN

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The mind is the most powerful tool for creating good in life, but if not used correctly, it can also be the most destructive force in human life. Nurses face extraordinary stressors in the medical environment. With the emergence of the COVID-19 pandemic, the nursing profession became even more stressful. The primary sources of stress for nurses includes workload, the emotional cost of caring, lack of reward, shift rotation, and the increased need for knowledge of ever-changing technology. Persistent high stress hurt nurses' physical and mental health and performance, leading to burnout, compassion fatigue, lower job satisfaction, high workplace turnover, and poor quality of care for patients. It is evident that while nurses strive to provide the best care possible amid these challenges, there are a lot of outside forces beyond their control that frustrate these efforts.

Considering the statement by Marcus Aurelius stating, "You have power over your mind – not outside events. Realize this, and you will find

strength" (Aurelius Marcus Antoninus, approximately 67 A.C.E./1997, Book IV, pass. 3), thoughts are powerful because they control our words, actions, feelings, and emotions, and inform our response to outside stimuli. As humans, we can never fully control what people say and do, and neither can we control the happenings in the world around us. The only control we have is how we respond to all the things that happen around us. In life and the nursing profession, bad experiences are bound to be encountered. It is essential to allow ourselves to be human in such situations. We can permit ourselves to reflect, look at the lessons learned from such experiences, gain strength, and grow from them. We can also choose to look at the negative, dwell in the past and submit ourselves to constant self-criticism and misery.

Buddhist monk Matthieu Ricard, states that thoughts can be our best friends and our worst enemies. Until our thoughts are trained to think

optimistically, our perception of the external world will be a mere reflection of our negative thoughts. If we perceive the world around us as unfriendly, hateful, scary, and judgment-filled place, we need to step back and ask these questions: Is this the way the world really is? Or is this the way I am? Ricard continues to explain that most of the time we project onto the world, as well as onto other people, the afflictive, negative thoughts, and emotions that we cannot acknowledge (Ricard, 2021). Thus, the first step towards gaining control over the mind is making an introspective journey and examining our thoughts critically, then make a conscious decision to create a positive mind set.

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Mindfulness meditation is a great avenue to gain power over the mind. Mindfulness involves focusing on the breath, or other physical sensations, instead of the chattering mind. The goal is to discipline the mind to focus on the present moment hence avoid getting stuck in delusional, distorted, and negative thinking patterns, which will help calm anxiety, anger, and depression; and provide renewed strength even in the most challenging situations. Mindfulness also helps us to cultivate unprejudiced, present-moment awareness, resulting in contentment, acceptance, and liberation from suffering, with an ultimate goal of self-enlightenment.

There are times in our lives when it's normal to feel sad, and we shouldn't try to talk ourselves out of it. As a survival mechanism, the human mind is programmed to think negatively. Looking for the negatives allows us to be aware of potential

dangers; evolutionarily speaking, that is good. It's okay to feel down or think pessimistically sometimes but controlling our minds will enable us to respond with optimism, resilience, and gratitude. The outcome will be long-term benefits of happiness, strength, and peace even amidst outward turmoil.

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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

Freedom Tears

Alexanne Rodriguez, GN

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I have worked in many poor, toxic work cultures where I have been subjugated to public embarrassment, passive aggressive attacks on my character, and sabotage. It was extremely difficult to concentrate on my work, build work relationships, and feel like a contributing employee when I felt under attacks.

Sadly, there have been a few times I have been in this situation where something happened, and I couldn't seem to do anything else except run to the bathroom and cry. I couldn't brush off attacks quick enough and I struggled with poor self-esteem.

Despite these circumstances, I was able to see the light at the end of tunnel – Thanks be to God. While some situations did not always end as positively as they did in the poem – towards the end of my twenties, I am discovering my confidence and compassion for myself than I ever did before.

My face says that I am young, inexperienced, and an unsure 20-year-old, but my mind is much older and wiser than people know which I appreciate because it fools a lot of people and lets me shock them!

Ultimately, I have found the silver lining in having gone through what I've been through and have come out stronger on the other side. My wisdom isn't exactly like others and that's what I like about it so much. I find myself wanting to help other people who are in toxic work (or school) situations by listening and relating to them – validating their feelings when they don't feel like they are. Overall, I feel extremely blessed for my unique learning experiences that helped develop my wisdom and kindness of heart – I wouldn't have it any other way.

Freedom tears by Alexanne Rodriguez

Sweat on my back
Burning hot cheeks
So glad no one can see my face

Speechless after what they did
So many thoughts race through my head
Why am I not worthy?

Running to the bathroom to cry
Breathing in and out
I wipe my tears away

How do I come back from that?
How do I show I am worthy?
Who can I trust?

Who needs their approval anyway?
I know that I am loved by God the creator
I know that I am loved by my family

My gifts are unique
My heart is one of a kind
My talents are surprising

I walk out of the bathroom
With confidence and a smile
I do not need to be a prisoner in my mind

My kindness and smile shocks
They realize that I do not wear shackles
They know I am free

Most importantly I know I am free
From what they think I am and what I am not
I can simply be

Who I am and what I am created to be
Illuminates my heart and shines
I can be anything I want to be since I am free



Creative Reflections In Education and Nursing Journal

Self-Reflection

Alejandro Duran, GN

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My creative reflection was inspired by the concept of self-reflection. I enjoyed the part where the presentation mentions incivility and how self-reflecting can help one create a more peaceful workplace. It is always important for one to think of one's past actions in past scenarios, so they can reflect and judge whether they were acting appropriately. In return one will make better decisions in the future. Placing this ideology into nursing, a nurse should reflect on how they might have upset a coworker or a patient, so they fix one's actions. My reflection is a female nurse looking at herself in the mirror. It signifies looking at oneself and seeing that's the person they want to be. It displays how reflecting on one's past actions can help create a better version of oneself in the future.







Creative Reflections In Education and Nursing Journal

Effects of Bullying and Incivility

Shania Antoine-Gill, GN

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Bullying, according to the American Psychological Association, is a form of aggressive behavior in which someone intentionally and repeatedly causes another person injury or discomfort. "It can take the form of physical contact, words, or more subtle actions." Incivility, according to ScienceDirect, is defined as a mild form of deviant behavior that is low intensity, ambiguous as to intent to harm, violates respectful social norms, and does not form a decided pattern of behavior. Another definition is any negative behavior that demonstrates a lack of regard for other workers. These behaviors can include, but are not limited to harassment, teasing, gossiping, verbal intimidation, passive aggression and purposefully withholding business information. Incivility in any form in a workplace setting should not be tolerated. A culture of incivility, especially in the hospital setting, creates conflict and compromises patient safety.

For my creative piece, I created a collage which I thought depicted bullying and incivility in the

hospital setting, and the effects that it can have on both the patient and the staff member(s) involved.

Within the pictures, we can see colleagues either gossiping or snickering in front of the bullied worker and even verbal intimidation or passive aggression. When these things happen, especially in the presence of other colleagues, the individual who is being bullied can feel sad, depressed, worthless, and as if they are not good enough. These actions can lower their self-esteem as well. Caring for patients, especially if they are terminally ill, can be a struggle. If you add incivility or bullying to that, their focus can be more on others' negative actions toward them rather than providing effective care for the patient. This lack of focus on their patient(s) can lead to serious complications, including death. In addition to the bullying that they are experiencing, they will have that patient's death or decline in health on their conscience because did they not put their best foot forward in that moment. Patient safety that has been compromised due to bullying

and incivility can be associated with an increase in sentinel events, medical and medication errors, and an overall decrease in overall quality of care because of nurses' inability to concentrate and perform specific nursing duties.

The American Nurses Association says that registered nurses, especially senior nurses, must make "a commitment to-and accept responsibility for-establishing and promoting health interpersonal relationships with one another." As new nurses go into the workforce, when they see senior nurses exhibiting that type of behavior, it can become the social norm of that unit or facility. Since I will soon be joining the ranks of a licensed nurse, I will not, and hope to not follow those who choose to bully

or are uncivil to their fellow colleagues, whether it be a nurse manager, charge nurse, physician etc. I will be sure to welcome, respect, advocate, collaborate, serve, and connect with those on my team so that I- we- will be able to provide the best care for our patients because bullying and incivility in any form or fashion should NOT be tolerated!

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Creative Reflections In Education and Nursing Journal

Let's Remember

Isabel Arana, GN

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I chose to write a reflective poem on my thoughts on incivility/bullying in the workplace. From my personal experience, I have witnessed and experienced incivility and bullying in the workplace which usually takes the form of gossip, put-downs, or refusing to be a team player. I have seen gossip and put-downs get unnecessarily out of hand to where it has pushed my co-workers to want to hurt each other physically.

The worst part is that management had been aware of the issue between the two, and never did anything about it. This left the people involved to have to deal with the issue themselves, albeit, I don't agree with how they went about handling it themselves but, they must have felt like there was no other way at that point. People might think that since it is only one or two people taking part in these behaviors, it isn't such an issue or it isn't worth addressing further. However, the effects of these behaviors are something that can't be

controlled.

If one person feels bad due to another person's actions; they may want to get people on their side, divisions start to happen, and before you know it, the whole building is against each other. These behaviors need to be addressed more directly, early on, and should have consequences to them. My hope is that as awareness spreads, bullying and incivility in the workplace will become less prevalent, and eventually, something of the past.



Let's Remember

It's not quite turning a blind eye

It's not just allowing something to slide

It creates an environment that cultivates destruction

There is no more teamwork, broken relationships; all this leads to malfunction

Words are powerful, so why do we just let them go?

From our mouths

Without really considering the message and who it'll reach

Remember now, we all make mistakes

We all have to learn

And there's so much more at stake

We work better when we're together: united in our goal

Remember this profession, we're called upon to heal

We care for, uplift, and help others to feel

Good.

Let's remember this now, the next time we think

Of putting someone down, speaking untruths, or discriminating

Let's focus on our vocation; the reason why we are here

To Nurse: to care, to heal, to these things let's adhere