

An Essay:
A panda, a monkey, a banana, and an informatics nurse
Part 1: A mash-up of concepts

INVITED EDITORIAL

by

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“A wonderful harmony arises from joining together the seemingly unconnected” (Robinson, 1987). We may think of thinking as a skill to connect ideas. While previously unconnected thoughts stimulate new thinking, our tendency to rely on the same ideas repeatedly will lessen our ability to generate new ideas and inhibit our creativity and new ways of looking at things



(vonOech, 1998). A Greek philosopher named Heraclitus challenges us to not only think, but requires that we change the way we think (Robinson, 1987). This essay presents a mash-up of new ways of thinking for the transformation of how informatics nurses need to connect ideas in today’s health care environment.

A mash-up is defined as something that combines two or more sources of information to form a new view of the information or present a new idea or concept (Holdener, 2008). Mash-ups can be a physical collection of data, a website,

or computer application. For example, combining vacation photos with a map of the destination forms is a simple mash-up. By adding together (mashing-up) your vacation photos, maps, information about the destination, and stories about the people you have met, creates a more complex mash-up.

My daydreaming and inattention in meetings has increased lately. Perhaps it is because I like to think about more interesting topics than, let's say MRSA or medication reconciliation. And as an informatics nurse involved in clinical operations, I pondered about my skills and ability of trying to interpret technical jargon into an understandable form of the English language for my less technical clinical colleagues. I struggle with finding the best form of communication to explain technology concepts that most clinicians would understand and can best apply to their work situation.

I am reminded of Richard Nisbett's 2003 book, *The Geography of Thought, How Asians and Westerners Think Differently...and Why*. His frequently quoted study is the one where he shows a graphic of a panda, a monkey, and a banana to both American and Asian students. He proceeds to ask them to place two of the objects together. Nisbett found that Asian students tend to pick the monkey and the banana while American students pick the monkey and the panda. He concludes that Asian students look for relationships, for example, a monkey eats bananas. American students tend to group the panda and monkey together and categorize, the panda and monkey are both mammals (Nisbett, 2003).

Categories are sometimes learned by applying rules to features of an object or concept. Rule-making seems to be less characteristic of Asians (Nisbett, 2003). I wondered if I would be more effective in my translations of how technology works if I adopted a more Eastern style. To think more deeply about how things relate instead of the tendency to categorize, would help to generate new ideas about how to

encourage the adoption of some of the complex technologies that are introduced into the health care environment.

Nisbett (2003) also writes that categories are usually described by nouns while relationships are more tacit or implied and are described with verbs. Imagine learning new technologies like we learn to ride a bike! Relationship thinking is more active and complex and may provide an avenue for informatics nurses to model critical thinking to nurses new to the nursing profession or those inexperienced in the art and science of nursing informatics.

The second concept in this mash-up is the tipping point. Gladwell (2002) writes that the best way to understand a trend, a transformation, or the emergence of something is to think of them as an epidemic. Critical mass is reached when a social group begins to behave differently and an idea or concept becomes contagious and spreads just like a virus to the larger group. The moment that everything changes all at once is the tipping point (Gladwell, 2002).

Referring back to what Nisbett (2003) wrote about categorization versus relationship, Gladwell (2002) may encourage you to reframe or rethink your categorization rule about epidemics. Most of us think about contagiousness as the spread of, for example, colds, the flu, or HIV and not about how informatics nurses can behave in a way that creates contagion for technology trends, nursing transformation, or the emergence of new interventions.

Gladwell (2002) has transformed my thinking about the tipping point. I grew up in a rural area and one form of entertainment was to try to introduce city friends to the art of cow tipping. The tipping point to us was when we convinced our friends that it was possible to tip a cow. I think it was our strategy to lure our friends into visiting us. We would make up colorful stories about how awesome it was see a cow fall. In retrospect, imagine the contagion we spread among our distant friends.

They told their friends and their friends told their friends about wanting to go to the farm to do something way cool like tip a cow. This was before the age of text messaging! Of course we had to make up some excuse for not tipping a cow when they came to visit. A total let down to our friends. As an informatics nurse, I learned from these earlier experiences to not lead colleagues toward technology that does not deliver what it was designed to do. False pretenses about the value of technology will destroy the contagion and motivation of clinicians who rely on us to guide them towards a culture of automated support of clinical activities.

I can only imagine the contagion informatics nurses could create about technology and innovation for clinical nursing if only we put our minds and imagination into it. The Technology Informatics Guiding Education Reform Initiative (T.I.G.E.R.) is helping our specialty by creating the momentum for critical mass by advancing the national health care information technology (The T.I.G.E.R. Initiative, 2008).

It is interesting how we can tie Gladwell, T.I.G.E.R., and Nisbett, together to form a complex informatics concept. Gladwell (2002) writes that little things can make a big difference. T.I.G.E.R. (2008) describes one of the advanced competencies for an experienced clinical nurse is the ability to see relationships among data elements which are the smallest unit of information. And Nisbett (2003) explains the art of relationship thinking.

This mash-up of ideas and concepts is something that I envision as one role of the informatics nurse of the future – now. The act of synthesizing ideas, concepts, innovations, and thinking in small ways will make big differences in the art, science, and practice of evidence based nursing practice. It is our responsibility to facilitate and advance conceptual thinking, to enable clinical nurses to leverage information, and to empower nurses to use technology safely (The T.I.G.E.R. Initiative, 2008) in the care of patients.

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