



OJNI

**EDITOR  
COLUMN**

## Different seas, same boats?

### Senior Editor Column: Different seas, same boats?

**Peter J. Murray, PhD, RN, FBCS CITP**  
CEO, International Medical Informatics Association  
Email: [peterjmurray@gmail.com](mailto:peterjmurray@gmail.com)



I am really looking forward to the 'new' OJNI, and the changes that Dee and the rest of the team will be introducing. I don't know what all of them will be, but given the history of the journal, I am sure they will be interesting developments, making use of the technology currently available. I hope that, as OJNI continues to develop, we will explore how we can use the technology better, both to enhance the journal and within our everyday work.

I am pleased to be joining the team of contributors who will be providing regular columns; and from what I know of some of the other contributors whose work you will be reading in the coming months and years, I am sure that OJNI's scope and reputation, and readership, will continue to expand.

When Dee emailed me and asked if I would be interested in contributing, I had to think about it – for a couple of seconds. Naturally, I knew almost instantly that I would like to contribute; my concern was whether I would be able to find the time to commit to providing a regular contribution, that would be of sufficient quality and variety, and that would be interesting to the readership. Dee and I had a chat on Skype, she explained some of the changes she would be making to OJNI, and we kicked around a few ideas. I think that what helped me to decide is that I will be able to call on other contributors too, to write under the general themes of the column. So, you will not just be getting my thoughts, but those of a number of other

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nursing informatics and health informatics experts from around the world as they contribute to the column in future issues of OJNI. However, for the first few iterations of the column, I will be setting the scene and starting to explore some of the issues that I would like this particular column to focus on. Knowing who some of the authors of other regular columns will be, I am sure that, between us, we will provide you with a rich variety of perspectives on nursing informatics in a rapidly changing world.

**T**he purpose of this first column is essentially to set the scene: to give you some background about myself, and my areas of interest, how I hope to bring many of them together in this series of columns, and to describe the general scope of issues that I and colleagues will explore. I should start out by saying, however, that much of the content of these columns, or at least the ones I write, will be exploratory. I cannot necessarily dictate the approach that other authors will take. I will be seeking to raise questions in your minds, ask you to think about issues, and I will not necessarily be trying to give you too many answers. I don't think that anyone can claim to have too many of the answers to these questions at the moment, and I would suggest that you should treat with caution and a degree of scepticism anyone who does claim to have all the answers. The nature of healthcare is

changing rapidly in many countries of the world, for a variety of reasons; some economic, some political, some demographic, and some technological. We don't really know what the impacts of all of these changes will be, individually or in combination, and trying to gaze too far into the future and speculate on the effects can be a dangerous game. It can, however, be an interesting one, as we found in the post-conference workshop following the NI2006 international nursing informatics congress (Murray, Park, Erdley, & Kim, 2007). During that meeting, as the proceedings show, we explored a number of issues that we thought would affect nursing and the future of healthcare over the next 10-15 years. One of the purposes of this series of columns will be to explore some of these changes, as they affect individual people and countries, and where there may be common issues affecting large numbers of people and/or several countries or regions.

I want to start with two quotations that, I think, encapsulate the exploratory approach that I will be taking. The first I came across only recently, in the email signature file of a nursing informatics colleague from The University of Auckland, in New Zealand, Dr Michelle Honey. She included the quotation "I cannot teach anybody anything; I can only make them think," which is attributed to the Greek philosopher, Socrates. The



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second quotation is one that I have been using for several years in conference presentations, and comes from the Spanish philosopher, Miguel de Unamuno, who said “My aim is to agitate and disturb people. I’m not selling bread, I’m selling yeast.” The two taken together will, I hope, set out the underlying approach I will be taking, i.e. of asking people to think, and perhaps, on a few occasions, asking them to think about things that they may not have previously thought about, but which may have relevance to, and after some thought might help point them to some possible answers to, questions that they may be seeking to address.

**M**y current role, as Executive Director of the International Medical Informatics Association (IMIA – <http://www.imia.org>), the global association of associations that links together many of the societies and associations in our field, provides me with opportunities to meet, online and face to face, nurse informaticians and health informaticians from all parts of the world. The series of columns that I will be writing, and for which I hope to recruit some of our many international nursing informatics colleagues, will have a deliberate international focus. This is, in part, due to my own interests and current work, but also because I believe that there are many

common or similar issues faced by nurses, nurse informaticians, healthcare professionals, and by people around the world as they seek to manage their health, cope with illness and disease, and seek to improve health. It is not necessarily the case, though, that we will all seek similar solutions to the issues, not that what works in one country or region, or health setting, will necessarily work or apply in others. However, by sharing issues and problems, as well as exploring the solutions, we may share experience and determine for our own contexts what might work best.

In the past, this sharing of experiences could be a slow process; reading journal articles or books that reflected knowledge and experience that was already old when they were printed, or through coming together at physical conferences. Today, while these may still be relevant, we can share experiences much more quickly – sometimes, perhaps, too quickly, so that we fail to reflect fully on their relevance, real meaning, and contextual applicability. I have, for over 17 years, been interested and involved in using the available technologies for electronic sharing of experiences with colleagues around the world. That is how I met Jack Yensen, who I have still to meet face-to face; but that will happen one day, I hope. It is also, through early exchanges via bulletin boards and email-based discussion

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lists, how I met many other colleagues with who I have collaborated extensively over the years since. The technologies are changing, but the need to share information and ideas remains; and so, in some of the columns, we will explore ways in which nurses and others are using some of these technologies, and the benefits that they derive.

**T**he changing ways in which I and my colleagues have used the available technologies to share experiences from international nursing informatics events can be illustrated by a brief historical overview of the triennial nursing informatics world congresses organised under the auspices of IMIA-NI, the IMIA Special Interest group in Nursing Informatics. Following NI97, held in Stockholm, Sweden, we wrote conference reports that were eventually published, several months after the event, in limited circulation paper journals. At NI2000 (Auckland, New Zealand) and NI2003, Rio de Janeiro, Brazil, lead by the example of our UK colleague Rod Ward, we provided web-based conference reports. Sometimes we would collect views from people on our laptops, but at the end of each day, we would collate our reports, and Rod would upload them from his hotel, via dial-up modem, to his website. Anyone, anywhere could read them almost in real time and so get a sense of what was happening at the

conference. Since 2004, we have been using blogs and a variety of other social media, or Web 2.0, tools, to provide rapid or real time reporting of events, and also to allow those interest to provide comments and questions, and so a real-time, virtual interaction opportunity for those unable to actually be at the events to interact with some of those who were. The first real test of these for the nursing informatics community was the blogging done around NI2006 in Seoul, Korea, while by NI2009 in Helsinki, Finland we had also added in the use of Twitter to the blogs. Who knows what we will be using at NI2012 in Montreal, Canada (<http://www.ni2012.org>)

So, the general theme of these columns will be around sharing of different experiences from, between, and among nurses, and other health professionals in different countries. This process itself and the underlying assumptions raise many interesting questions that I hope we will explore over the next few years. For example, how similar are the issues and problems? - what is the role of local context even if there are general similarities? - how do we share our experiences with our colleagues, and are there general lessons to learn internationally? - can social media help us in the international exchange of ideas, experiences, lessons, etc? It is for these reasons that the plurals in each case, and the



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question mark, are important parts of the title of this series of columns, “Different seas, same boats?” Are we sailing on different seas in terms of the differences between our healthcare systems and nursing needs and experiences, or all they simply different parts of one vast ocean? Are we all facing similar issues and so in the same boat or boats, or do we actually have a flotilla of boats, some of which may be different sizes and shapes, powered in different ways, and perhaps sailing in different directions? But let us not stretch the metaphors too far just yet.

**I**n concluding this first column, I would like to touch briefly on one example of what I have been outlining so far, something that is of direct interest and relevance to many nurses and informaticians in the USA, but may not have as much meaning for others - “meaningful use”. This is a phrase that has specific meaning now for almost anyone working in health care in the USA, and is something with which many nurses and health informaticians are having to grapple. As someone who does not live and work in the USA, but who visits fairly often, and who has daily contact with many US colleagues, it is a term that I think I am beginning to understand, thanks in part to some excellent presentations given by colleagues such as Judy Murphy at the University of Maryland School of Nursing's

Summer Institute in Nursing Informatics (SINI) this year. “Meaningful use” has specific relevance to the adoption and use of Electronic Health Records (EHRs) in the USA. It generates a great deal of discussion in many online forums, blogs, Twitter streams, and through online publications – but does it have any relevance or meaning to nurses outside the USA? Are there general principles, perhaps, arising from its implications for the US health system, that might be applicable in other countries? Are other countries' health systems dealing with the issues in different ways that might have lessons that the US could learn? I don't have any answers at the moment, but will be involved in a session at the AMIA 2010 Symposium in November this year, and so need to give some more thought to it myself.

In closing this first column, I think it useful to remind people of one of the beauties of an online or electronic journal; which is that one is not constrained to write an article to any particular word length. I think I have written enough for a first, introductory column. I look forward to interacting with you all; I hope that we can use the technologies and generate some discussion around the issues raised in this and the other new OJNI columns.



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