

# Thinking Beyond the Nuts and Bolts of a Culture of Inquiry

Elizabeth Bridges PhD RN CCNS FCCM FAAN

Professor Emeritus – University of  
Washington

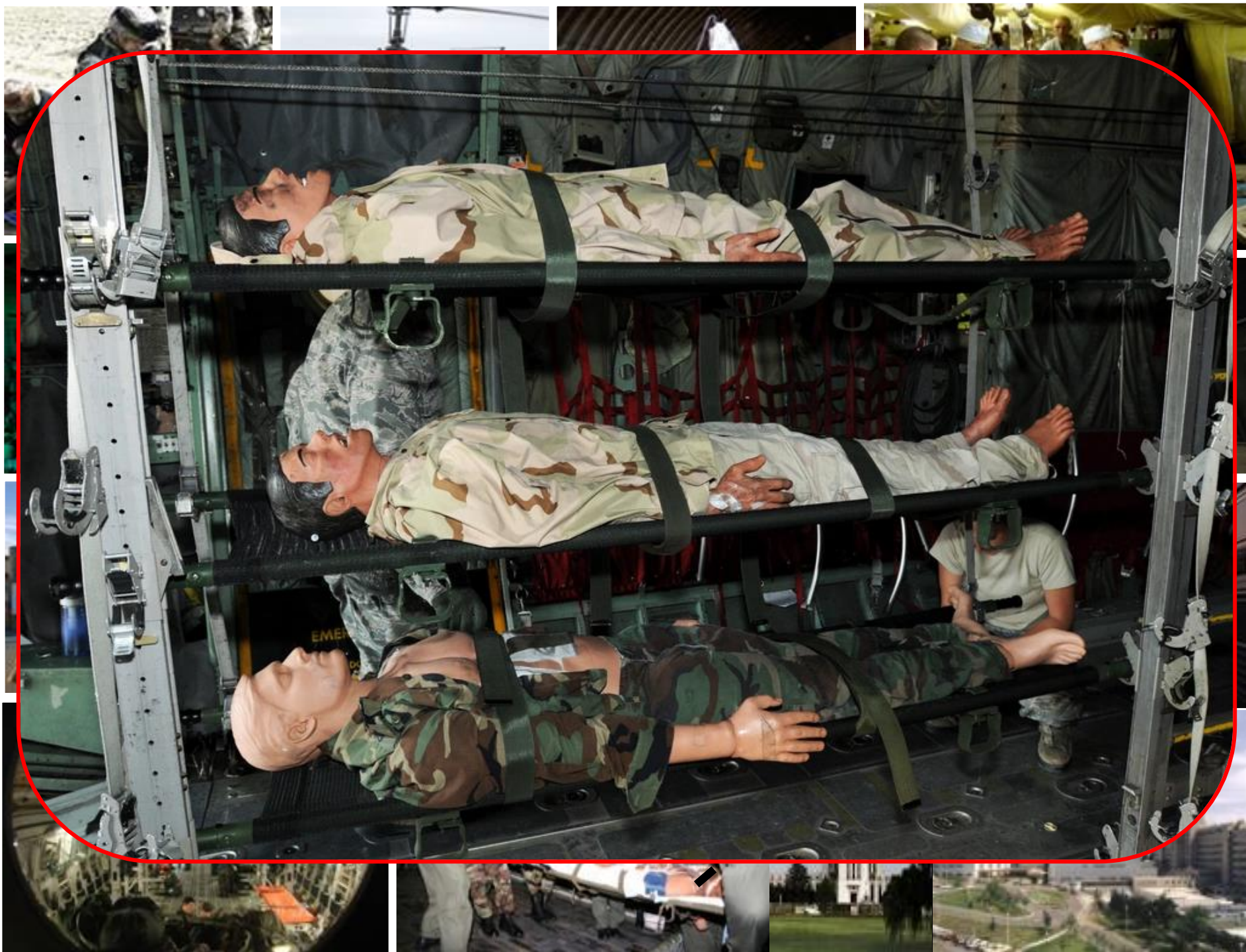
# CONFIDENCE

How confident are you in presenting your work?

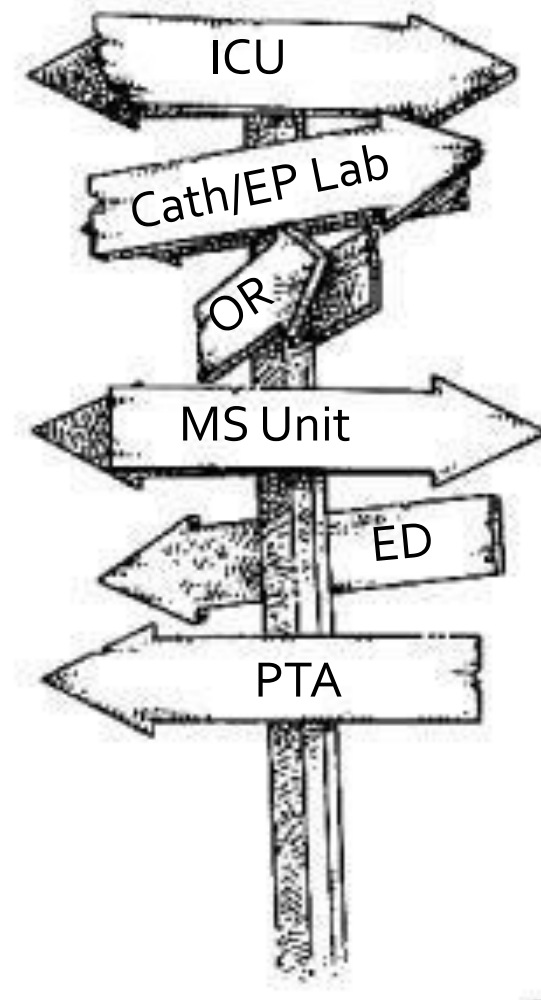
How confident are you in engaging with a presenter?

1 = Not Confident 2 = Somewhat Confident; 3 = Confident; 4 = Very Confident

# One Hospital

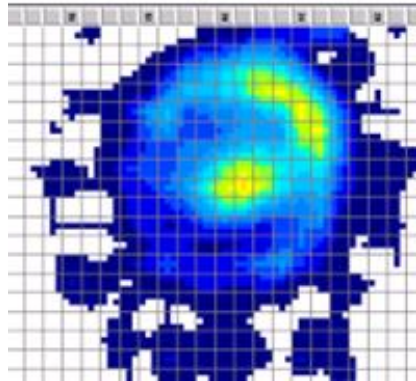
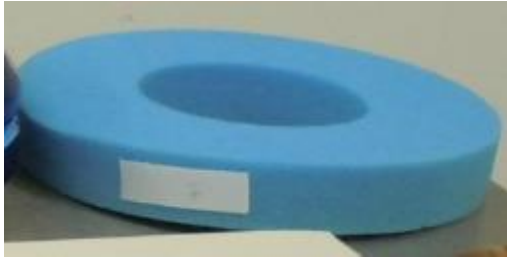


# Who Gets Dingd for the Pressure Injury



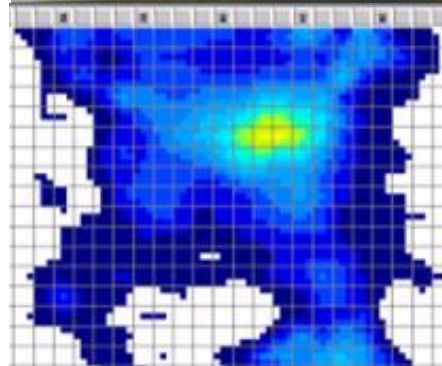


# Operating Room



Foam Ring

Adequate for < 4 hours

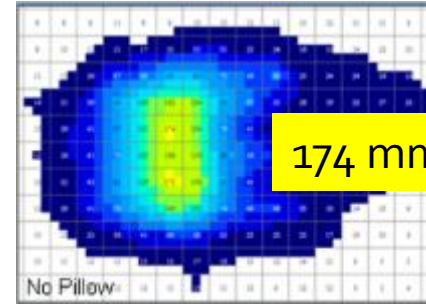


Oasis Gel Headrest

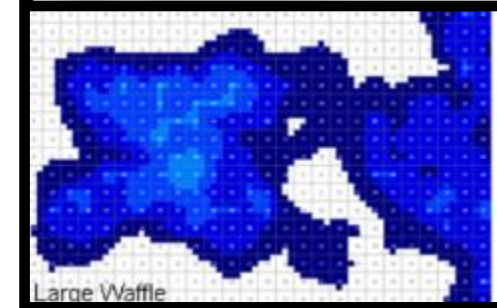
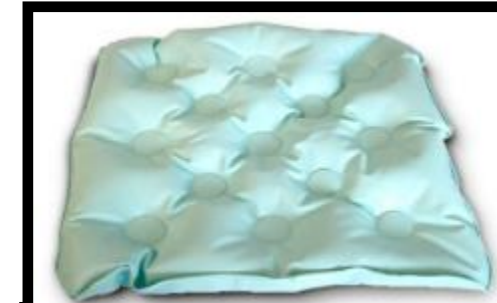
Use for cases > 4 hours

Partnered with Anesthesia

# ICU



174 mm Hg



Care Across the Continuum

COMMUNICATION

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
■ Med-Surg	2	0	1	0	0	0	0	0	0	0	0	0
■ OR	0	1	2	0	0	0	0	0	0	0	0	0
■ ICU	8	6	3	1	1	1	2	0	0	0	0	2

oasis gel headrest

Microsoft Bing

See all Images >

Sitting Supine

Supine Hip Stretch

Semi-Supine

Supine Surgical Position

Dorsal Supine Position

Semi Supine Position

Prone Positioning Surgery

Patient Supine Position

Supine Yoga Poses

Supine Posture

Supine Twist Yoga Pose

Image may be subject to copyright.

<

>


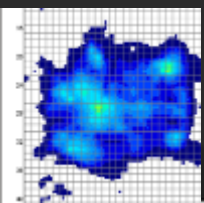
Visual Search

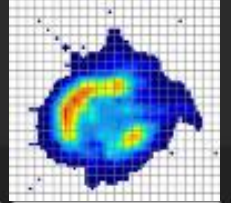
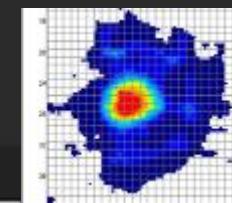
Save

View Image

Share

More

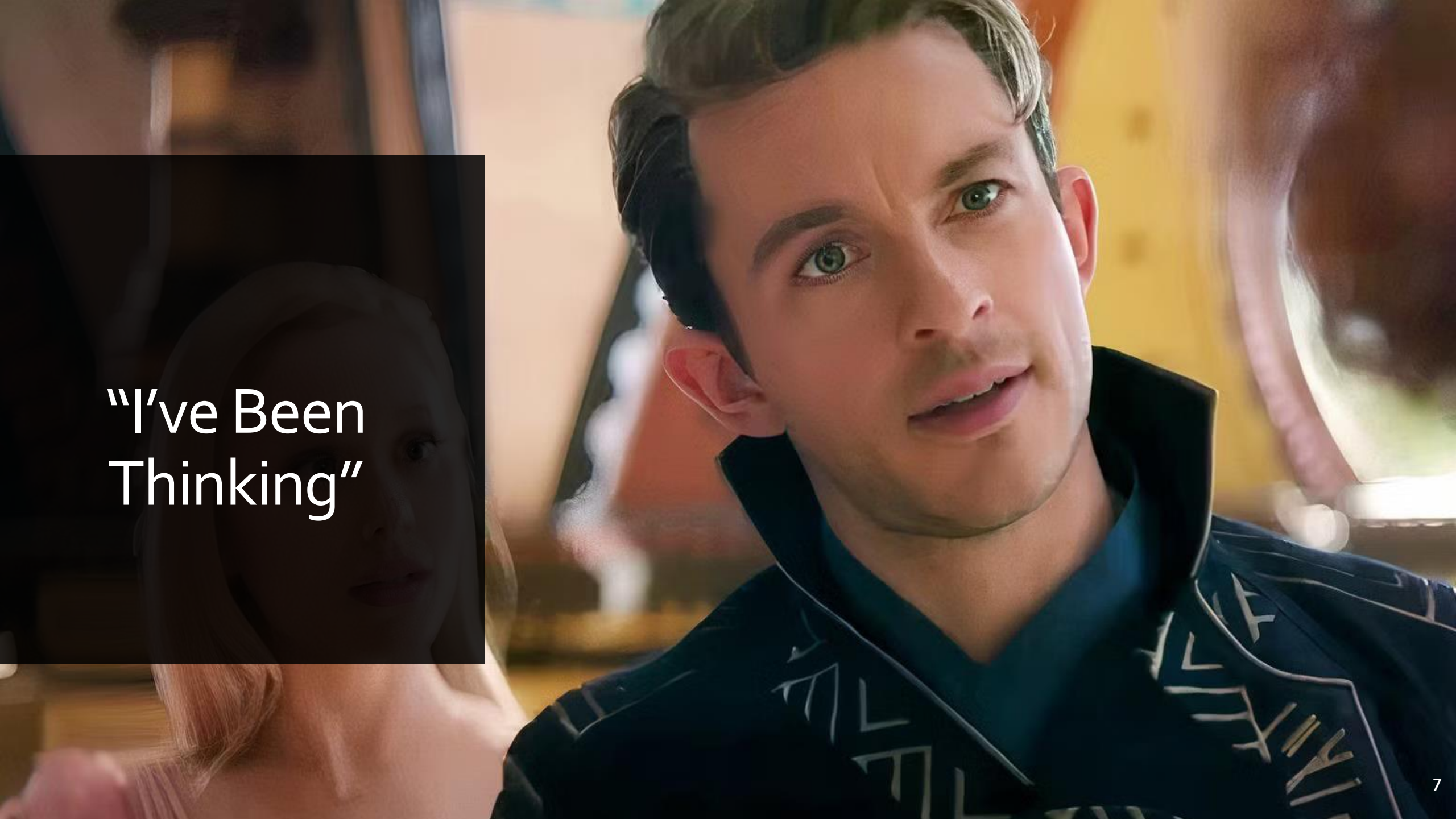




6

Show Me  
the Data!





“I’ve Been  
Thinking”

# What's Wrong with the Picture?

**Does the orientation of the blood pressure cuff affect the blood pressure measurement?**





# Study in a Day



- PI: Senior nursing student (honors)
- AIs: 2 masters prepared educators/  
1 CNS/1 nurse scientist
- Reviewed literature
- Developed protocol
- IRB approval
- Practiced study performance
- Pre-planned presentation/analysis/slides

Pre-Work



Introduce Study  
Invite  
Participation



Complete  
Data  
Collection



Complete Data  
Analysis



Practice/Finalize  
Study Slides

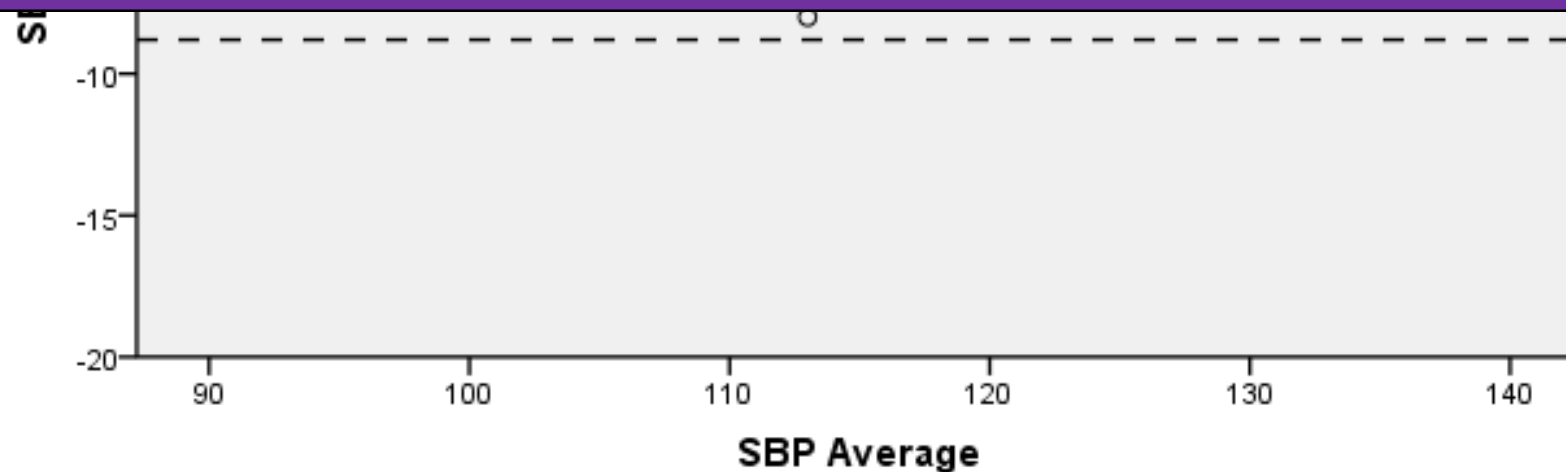


Present  
Final  
Results

## Systolic Blood Pressure



In normotensive healthy subjects  
< 5 mm Hg (75%) – Standard > 73%  
< 10 mm Hg (93%) – Standard > 88%



LOWER LOA = -8.9 mm Hg

The SBP with the cuff tubing down could be as much as 8.9 mm Hg lower than SBP with cuff tubing up





- Feeling safe and cared for as a person
- Need to know what is going on
- Sufficiently and proper anesthesia and postoperative care
- Just need to get this over with
- Hoping for a good outcome of surgery
- Predictability and dependability of health care



Gamst-Jensen H, et al. What Matters to Patients on the Day of Surgery-A Flash Mob Study. J Perianesth Nurs. 2024, S1089-9472(24)00357-5.

Auriemma CL, et al. What matters to patients and their families during and after critical illness: a qualitative study. Am J Crit Care, 2021, 30(1), 11-20

Wiencek C. Palliative care in the intensive care unit: the standard of care. AACN Advanced Crit Care, 2024, 35(2), 112-124


# What Matters to You?




## Meaningful Recognition

Be recognized and recognize others for the value each brings to the work of the organization.


<https://www.aacn.org/nursing-excellence/healthy-work-environments/meaningful-recognition>




[Resource Center Login](#) [Contact Us](#) 

[ABOUT](#) [DAISY AWARD](#) [GRANTS](#) [REQUEST INFORMATION](#)

New Text Option! Opt in to receive important DAISY Communications twice a month, right on your phone!



[Resource Center Login](#) [Contact Us](#) 

[ABOUT](#) [DAISY AWARD](#) [GRANTS](#) [REQUEST INFORMATION](#)

[JPB Research/EBP Grants- Open to All Nurses](#)


[NEW! Health Equity EBP and Research Grants](#)

[Medical Mission Grants](#)

[Grants Timeline](#)


[Grants Funded](#)

[Promotional Flyer for DAISY Grants](#)





November 1999, by the family of J. Patrick Barnes who died at age 33 of complications of Idiopathic Thrombocytopenic Purpura (ITP). The nursing care Patrick received when hospitalized profoundly touched his family.


[Read more about why they started The DAISY Foundation. →](#)



Two lines of grant funding for all nurses- Health Equity and JPB Research/EPB Grants. Medical Mission Grant opportunity available to DAISY Honorees.







[ABOUT](#) [DAISY AWARD](#) [GRANTS](#) [REQUEST INFORMATION](#)

contents and program design.

**Describe proposed change (500 words):** Energy through Motion began as an identified need of cancer patients seen in the Holden Comprehensive Cancer Center. The process follows the Iowa Model of Evidence-Based Practice.[26] The project will include two patient groups both experiencing colon, rectal, gastric, pancreatic, esophageal, biliary track, GE junction, cholangiocarcinoma, or ampullary carcinoma cared for in two gastrointestinal (GI) cancer physician's clinics. An 'activity group' and a 'standard care group' will be identified for comparison of fatigue, quality of life (QOL), and patient feedback for project improvements. Patients will be identified by their oncologist or nurse coordinator as appropriate to participate in low to moderate exercise during their cancer treatment. The program will be introduced by the nurse coordinator or medical assistant (MA) at the patient's first or second scheduled treatment appointment. Both groups will complete a pre-assessment questionnaire to rate level of fatigue, the impact of fatigue on their QOL and perception about staying active during cancer treatment (Attachment 1). This questionnaire will be repeated again in 3 months (Attachment 2).

The standard care group will receive information addressing cancer and treatment related fatigue using the current question and answer format and resources.

The patients in the activity group will receive additional instruction on the value of staying active during their cancer treatment by the nurse coordinator and will receive a signed exercise prescription from their oncologist to participate in low to moderate exercise (Attachment 3). These booklets will be provided: Energy through Motion; Exercise calorie chart; Step up to better health: start walking; Eat Smart, Food Safety, and resistance band instruction sheets (Attachment 4). Tools to facilitate low to moderate exercise activities will also be provided to the patient at time of instruction. Tools include a pedometer, resistance band(s) and a weekly exercise contract (Attachment 5) which will be placed inside a tote bag or Energy Through Motion kit for the patient to keep. 'Activity conversations' including the benefits of exercise and standardized questions about their activity since their last appointment (Attachment 6), will be completed by the patient's oncologist, nurse and/or MA.

All patients will be asked questions about their levels of fatigue and its impact on QOL on each scheduled visit throughout the 3 month period (Attachment 6). Funding will be used for patient kits for the activity promotion group and rapid rollout to other cancer populations in the clinic.

EBP Process model: Iowa

**Outcomes (400 words):** Preliminary data suggest patients found student contact in the clinic, the activity kits and phone calls to be helpful. The outcomes of this project will be measured through feedback from patients during their regularly scheduled clinic visits on their levels of fatigue and the impact it has on their QOL. Patients will also be asked for feedback on the implementation process. These evaluations will be made through a patient questionnaire (Attachments 1 & 2). The first section of the patient questionnaire will evaluate the intensity of fatigue using a single item based on a validated assessment[27-29] and the impact of fatigue using relevant items from the Brief Fatigue Inventory which has been validated and is widely used.[27, 30, 31] The second section will request patient's feedback on the implementation process and if patients feel revisions are needed. Twenty-five patients from each of the activity and standard care groups will be asked for feedback. Because cancer fatigue is variable over the course of cancer treatment, fatigue and QOL scores will be compared within and between groups using basic descriptive statistics as part of the EBP evaluation.

Frequency of clinician "activity conversations" with the patient will be identified (Attachment 6) and clinician feedback about the implementation process will also be evaluated through questionnaires (Attachment 7). This questionnaire is based on a well developed process evaluation[32] that has been used in a number of evidence-based practice project evaluations.[33-35] Clinician feedback will be used to evaluate and adapt the implementation process as needed, to improve sustainability of the project within the busy ambulatory clinic setting.

At the completion of three months, pre and post assessment surveys will be compared within and between the groups. Based upon these findings, recommendations can be provided to the institution's cancer clinic director regarding the merits of offering the Energy through Motion program to other people undergoing cancer treatment. Project evaluation results will be reported in quality improvement and throughout the department and HCCC (e.g., at committee meetings).



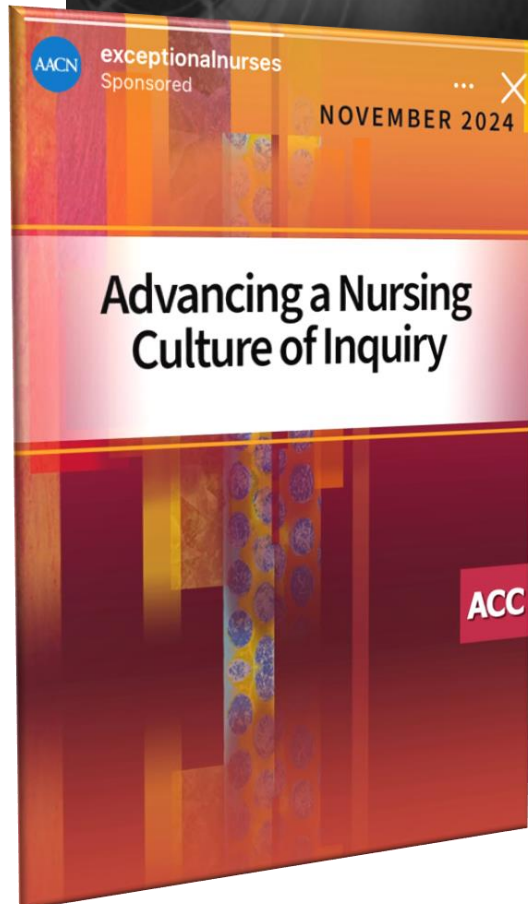




AACN Advanced Critical Care  
Volume 35, Number 3, pp. 265-271  
© 2024 AACN

# Clinical *Inquiry*

Bradi B. Granger, PhD, RN, FAHA,  
FAAN  
Department Editor



## **Advancing a Nursing Culture of Inquiry: Strategies for the Community**

Elizabeth J. Bridges, PhD, RN, CCNS  
JoAnne D. Whitney, PhD, RN  
Elaine Walsh, PhD, RN, PMHCS-BC  
Pamela Christiansen, MN, ARNP-  
CS, ACCNS-P, RN-BC  
Frances Chu, PhD, MLIS, MSN, RN  
Mary Jo Kelly, DNP, ARNP, ACNS-BC,  
CCNS, CCRN  
Terry Lynch, MSN-Ed, RN, CCRN, PCCN  
Rebekah Marsh, BSN, RN, CCRN

Mary McCarthy, PhD, RN  
Margaret Orn, DNP, RN, NPD-BC  
Anne Poppe, PhD, BA, RN  
Joy Selchow, MSN, RN, CRNI  
Nancy Unger, MN, MPH, ARNP,  
RN-BC, CWON  
Suzanne White, MSN, MPH, RN,  
CMSRN, NEA-BC  
Cathy Wolkow, PhD, BSN, RN



# BE CURIOUS

## – NOT JUDGMENTAL

**Curiosity is the desire to learn, explore, and understand**

**Curiosity compels us to ask questions and seek out new experiences**

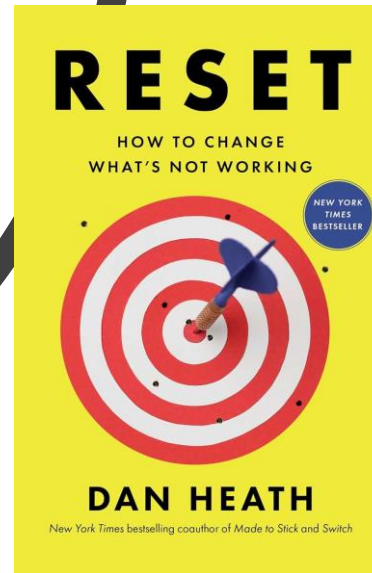
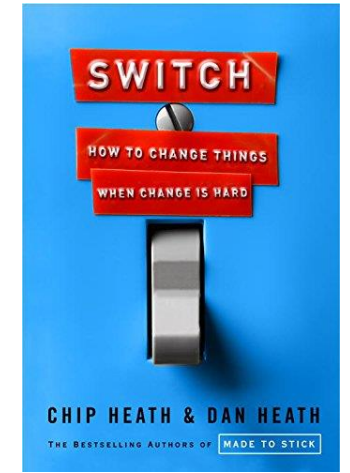
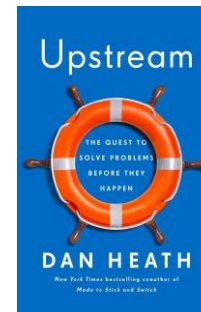
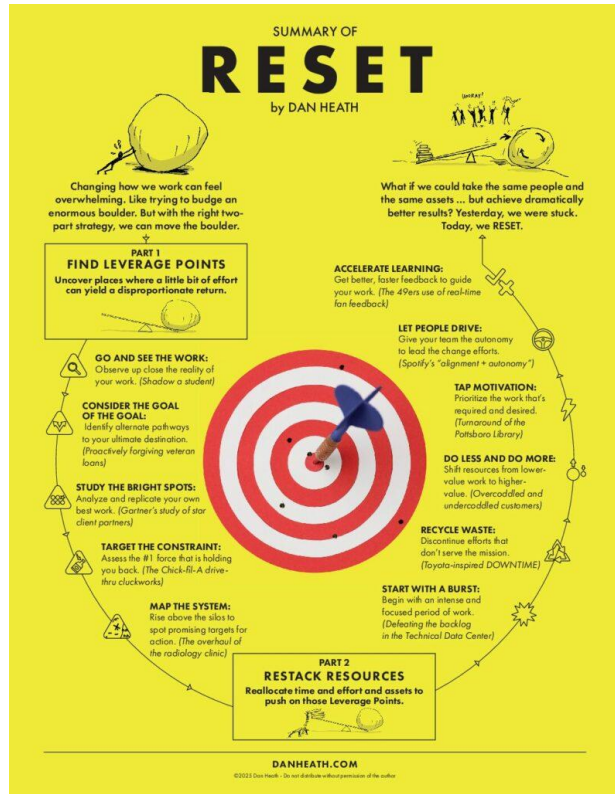
**Curiosity is not bound by a single interest or goal but encourages a broad exploration of ideas and possibilities**

**Curiosity fosters a mindset of lifelong learning, drives innovation & builds resilience**

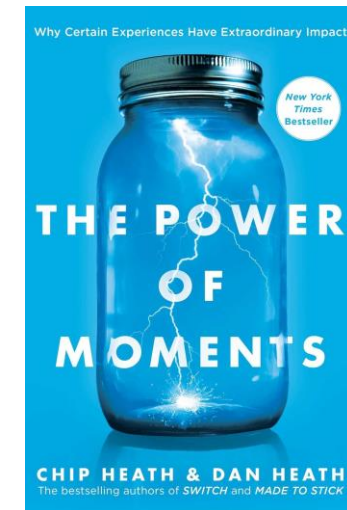
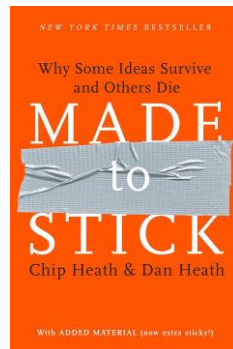


A **creatively** lived life is any life where consistently, routinely, habitually and constantly you choose the path of **curiosity** over the path of fear  
– Elizabeth Gilbert





GO AND SEE THE WORK





il faut aller voir  
-Cousteau





Injuries: left pneumothorax, bilateral lower extremity fragment wounds with (L) lower extremity Tib/Fib Fracture. Left Hand fragmentation wounds

- Time of injury: 0 minutes
- Time arrival Role II Hospital: 35 minutes
  - Surgery – Chest tube/Exploratory laparotomy
  - Blood: 7 units PRBC/6 u FFP/1000 ml crystalloid
- Time departure Role II Hospital: 82 minutes

What Can Safely Happen En Route/Post-Damage Control? – Transport or Treatment Phase?

What Are the Monitoring/Care Requirements?

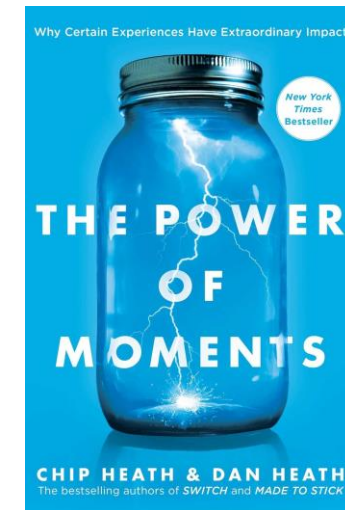
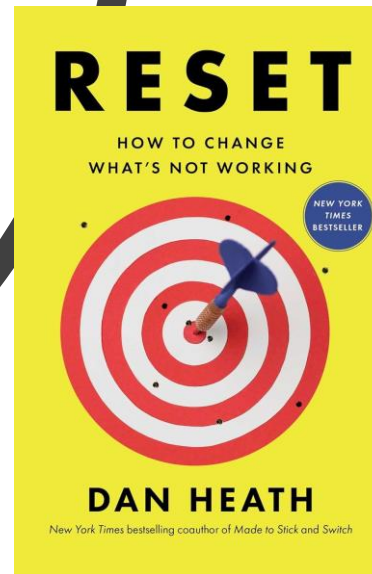
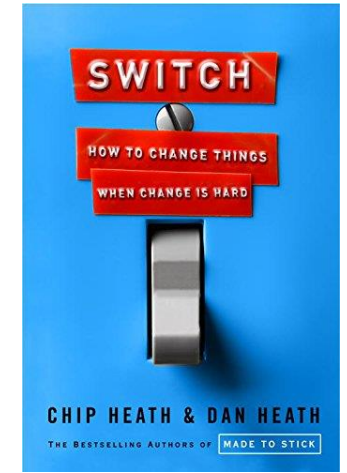
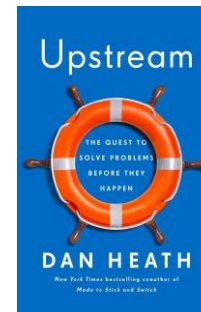
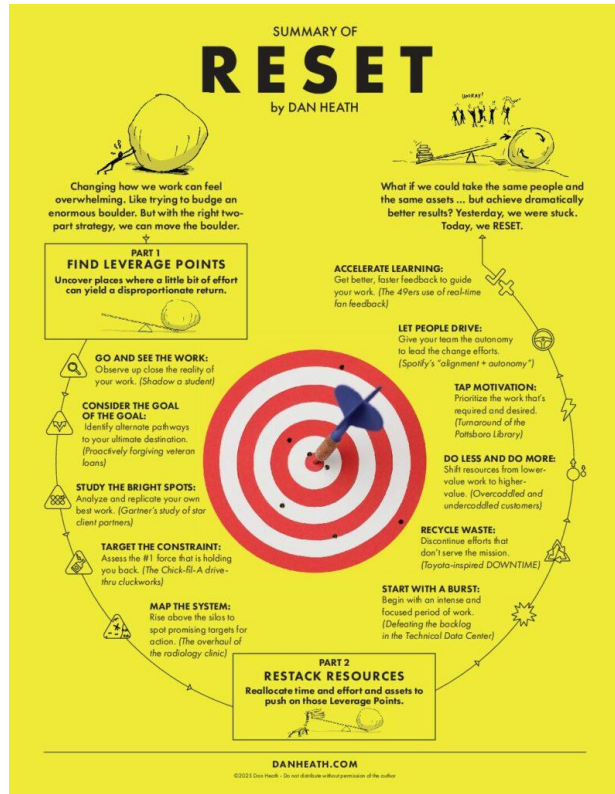
- Time arrival Role III Hospital: 112 minutes
  - Admission Vital Signs: 113/77, HR 87
  - Base deficit: -3



47 minutes

Critical Care Transport in a Combat Environment: Building Tactical Trauma Transport Teams Before and During Deployment  
Timothy L. Hudson and Richard Morton

Crit Care Nurse 2010;30:57-66 doi: 10.4037/ccn2010390



AX – INSTEAD OF

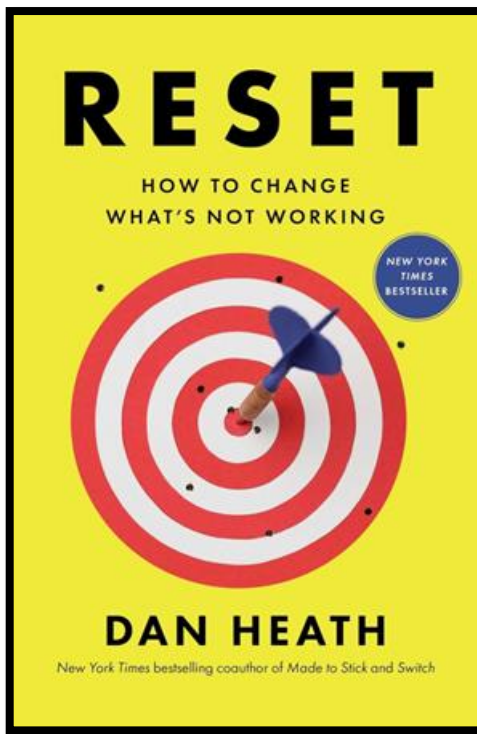




2020







INSTEAD OF



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Journal of PeriAnesthesia Nursing

journal homepage: [www.jopan.org](http://www.jopan.org)

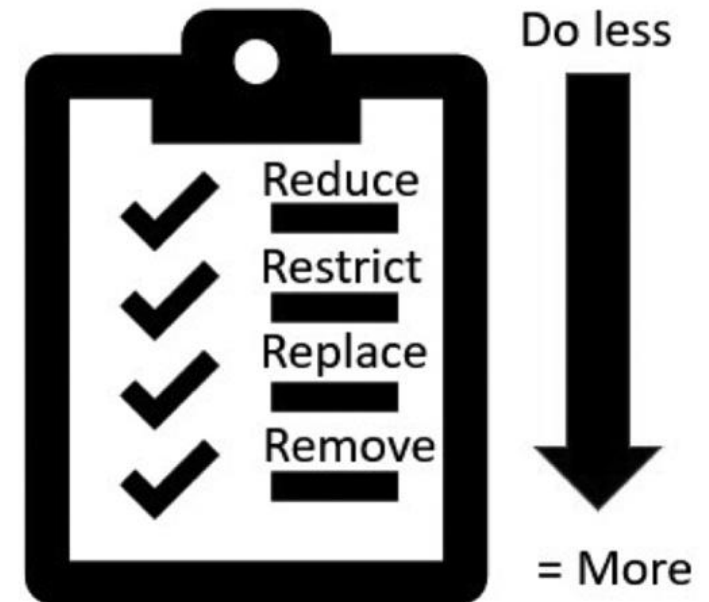
Evidence to Practice

## When Less is More: De-implement Low-Value Practices in Perianesthesia Nursing Care

Margo Halm, PhD, RN, NEA-BC, FAAN<sup>a</sup>, Elyse Laures, PhD, RN<sup>b</sup>, Lilly Olson, BSN, RN, CCRN<sup>b</sup>, Kirsten Hanrahan, DNP, ARNP, CPNP-PC, FAAN<sup>b,\*</sup>

<sup>a</sup> Nurse Scientist Consultant, Portland, OR

<sup>b</sup> Department of Nursing Services and Patient Care, University of Iowa Hospitals & Clinics, Iowa City, IA



# What Do You Do with Your Stethoscope?

---





By Diane Madsen, BSN, RN, Tamara Sebolt, BSN, RN, Laura Cullen, MA, RN,  
Beverly Folkedahl, BSN, RN, COCN, CWCN, Toni Mueller, MSN, RN, CCRN,  
Corinne Richardson, BSN, RN, and Marita Titler, PhD, RN, FAAN

# Listening to Bowel Sounds:

## An Evidence-Based Practice Project



Uses model (Niven, 2015) to identify and de-adopt a LVC

1. Identify and prioritize low-value clinical practice
2. Assess current use of low-value practice
3. Adapt knowledge to local content
4. Assess barriers and facilitators to de-adoption
5. Implement de-adoption intervention
6. Evaluate de-adoption process and outcomes
7. Sustain de-adoption

## Targets (Helfright, 2018)

Process of Unlearning – Conscious choice (Education, learning, audit, feedback)

Process of Substitution (Alternate action or intervention)



By Diane Madsen, BSN, RN, Tamara Sebolt, BSN, RN, Laura Cullen, MA, RN,  
Beverly Folkedahl, BSN, RN, COCN, CWCN, Toni Mueller, MSN, RN, CCRN,  
Corinne Richardson, BSN, RN, and Marita Titler, PhD, RN, FAAN

# Listening to Bowel Sounds:

## An Evidence-Based Practice Project



Uses model (Niven, 2015) to identify and de-adopt a LVC

1. Identify and prioritize low-value clinical practice
2. Assess current use of low-value practice
3. Adapt knowledge to local content
4. Assess barriers and facilitators to de-adoption
5. Implement de-adoption intervention
6. Evaluate de-adoption process and outcomes
7. Sustain de-adoption

## Targets (Helfright, 2018)

Process of Unlearning – Conscious choice (Education, learning, audit, feedback)

Process of Substitution (Alternate action or intervention)



# Resources

## Maintaining Your Momentum: Moving Evidence Into Practice

Mary Beth Flynn Makic, RN, PhD, CNS, CCNS  
Carol Rauen, RN-BC, MS, CCRN, PCCN, CEN

Received: 23 December 2023 | Accepted: 24 December 2023  
DOI: 10.1111/nicc.13028

GUEST EDITORIAL

 **Nursing in Critical Care**  WILEY

**De-implementation of low value clinical practices is essential  
for critical care nurses** Tume (2024)

## Clinical *Inquiry*

Bradi B. Granger, PhD, RN  
Department Editor

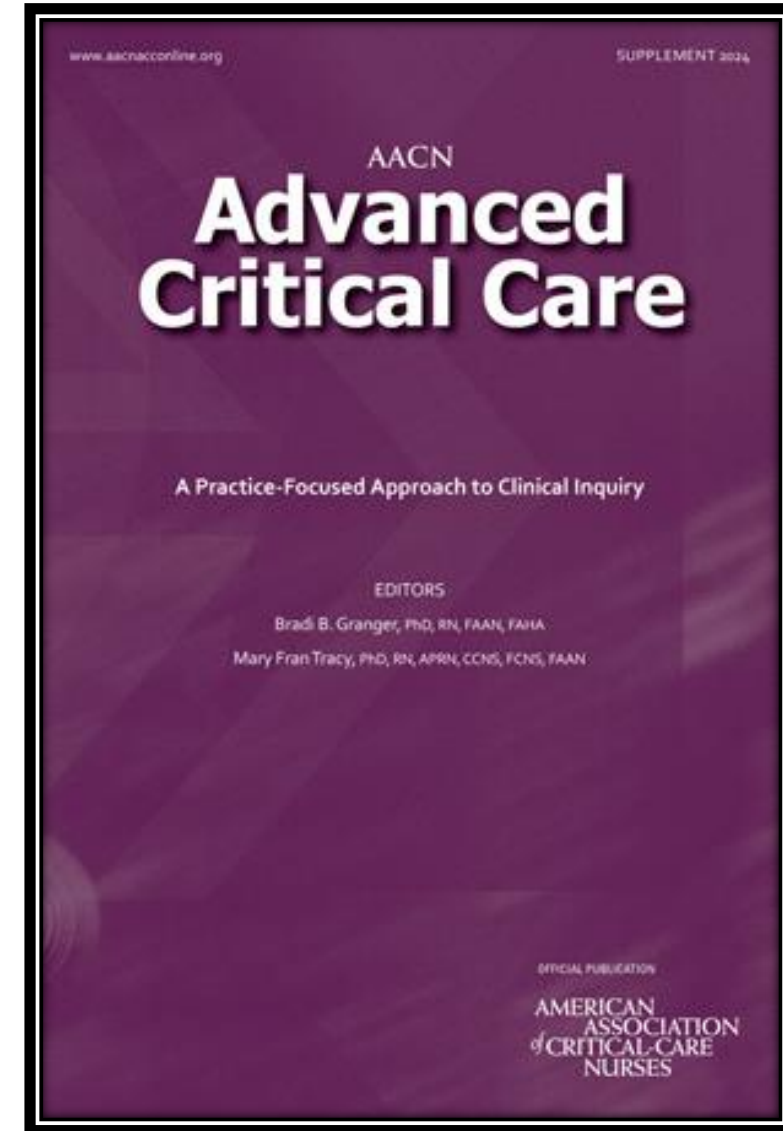
### Deimplementation in Clinical Practice: What Are We Waiting For?

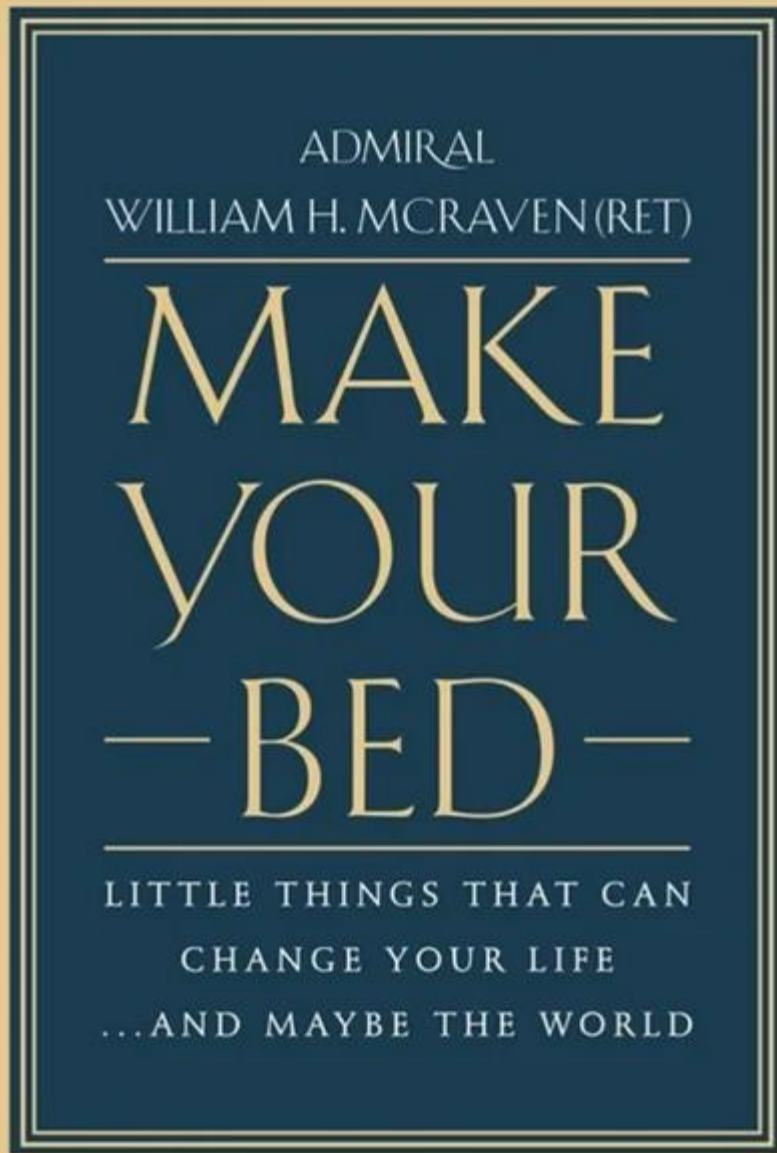
Mary Beth F. Makic, PhD, RN, CCNS, CCRN-K  
Bradi B. Granger, PhD, RN

AACN Advanced Critical Care  
Volume 30, Number 3, pp. 282-286  
© 2019 AACN



Granger BD & Chulay, M.  
Research Strategies for Clinicians.





“If you make your bed everyday, you will have accomplished the first small task of the day. It will give you a small sense of pride and it will encourage you to do another task and another and another... Making your bed will also reinforce the fact that little things in life matter. ... And if by chance you have a miserable day, you will come home to a bed that is made – that you made –and a made bed gives you’re the encouragement that tomorrow will be better.

***If you want to change the world, start off by making your bed***

McRaven WH. *Make Your Bed – Little Things That Can Change Your Life... and Maybe the World*  
[University of Texas at Austin 2014 Commencement Address](#) – Admiral William H McRaven









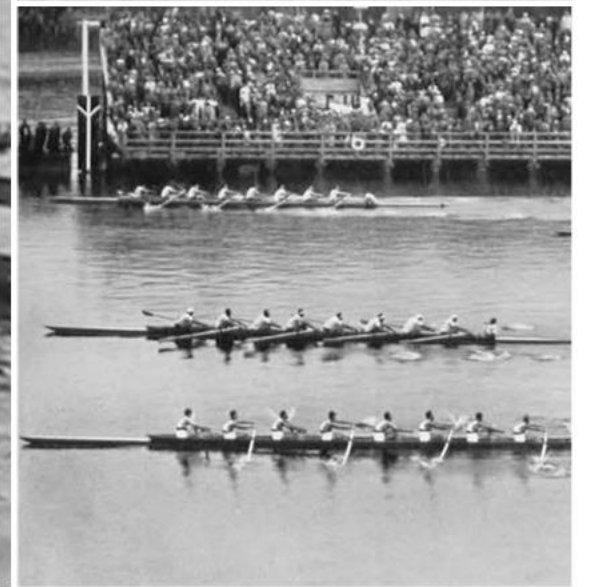
THIS IS OUR MOMENT







EACH PERSON  
BRINGS A  
UNIQUE  
STRENGTH







THIS IS OUR MOMENT



# This is Our Moment to Create a Culture of Inquiry

## Nuts & Bolts

- Be a part of the forest - Are research & EBP something to do – or a way of being?
  - Listen like you were wrong
  - Squint with your ears
- } Authentic leadership – listening - questioning
- Find a book at an old bookstore (especially if it has a cat) - Find the critical content in an article
  - Make a peanut butter & jelly sandwich - Is there sufficient detail to understand/replicate?
  - Remember the mask - What is the best level of evidence for the question you are asking?
  - Watch Elf but beware of sharks - AI is coming – become a smart consumer, but beware of predators

## Broaden Your Culture of Inquiry

- Think road trip! (Care across the continuum)
- Be the Scarecrow (Strategies to address EBP competencies – speed dating/flash mobs)
- Be Ted Lasso! (Be curious!)
- Il faut aller voir (Go out and see)
- Talk to the New York Times (It takes curiosity to learn and courage to unlearn)
- Cross the street (Change your mind, not your principles)
- Make your bed (You have control – small things matter)
- Find someone to help you paddle (Change takes a team)
- Be the boat! (Bring unique perspectives together – All in!)



# Resources

## Speed Dating (Book Shopping) for Research

- Smith G, et al. Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials. *BMJ*, 2003, 327, 1459-1461
  - Czorlich P, et al. Does usage of a parachute in contrast to free fall prevent major trauma? A prospective randomised-controlled trial in rag dolls. *Eur Spine J*, 2016, online (14 Jan 2016)
  - Yeh RW, et al. Parachute use to prevent death and major trauma when jumping from aircraft: randomized controlled trial. *BMJ*, 2018, 363, k5094
- Abdulkadir MB, et al. Validity and accuracy of maternal tactile assessment for fever in under-five children in North Central Nigeria: a cross-sectional study. *BMJ Open*, 2014, 4: e005776
- Furyk JS, et al. Fast versus slow Band-Aid removal: a randomized trial. *Med J Australia*, 2009, 191 (11/12), 682-683
- Stephens R, et al. Swearing as a response to pain: assessing hypoalgesic effects of novel "swear" words. *NeuroReport* 2009, 20:1056–1060
- The Study of Maternal and Child Kissing (SMACK) Working Group. Maternal kisses are not effective in alleviating minor childhood injuries (boo-boos): a randomized, controlled and blinded study. *J Evaluation Clinical Practice*, 2015, 20, 1244-1246

## Competencies

- Halm MA. An objective test to measure evidence-based practice knowledge and skill competency of acute care nurses: A psychometric validation study. *Worldviews Evid Based Nurs*, 2022,
- Melnyk BM, et al. The first U.S. study on nurses' evidence-based practice competencies indicates major deficits that threaten healthcare quality, safety, and patient outcomes. *Worldviews Evid Based Nurs*. 2018;15(1):16-25.
- Yoder LH, Cengiz A, Hinkley T, Hertel RA, Gallagher-Ford L, Koshy Thomas B. Medical-surgical nurses' EBP beliefs and competencies. *Worldviews Evid Based Nurs*. 2022; 19(2):149-159. doi:10.1111/wvn.12567
- Wilkinson JE. Impacts of evidence use- hard hitting or subtle change. *Worldviews Evid Based Nurs*. 2010, 7(1), 1-3

## De-Implementation/De-Adoption

- Bourgault AM, et al. Challenges of de-implementing feeding tube auscultation: A qualitative study. *Int J Nurs Pract*, 2022, 28, e13026
- Fournier KA, et al. De-adopting low-value care: The missing step in evidence-based practice. *J Ped Nurs*, 2023, 69, 71-76
- Helfright C, et al. How the dual process model of human cognition can inform efforts to de-implement ineffective and harmful clinical practices: a preliminary model of unlearning and substitution. *J Eval in Clin Prac*, 2018;24:198-205.
- Makic MBF, Granger BB. De-implementation in clinical practice: What are we waiting for? *AACN Adv Crit Care*. 2019;30(3):282-286.
- Niven, D, et al. Toward understanding the de-adoption of low-value clinical practices: A scoping review. *BMC Medicine*, 2015; 13, 1–21
- Parsons Leigh J, et al. Developing a framework to guide the de-adoption of low-value clinical practices in acute care medicine: A study protocol. *BMC Health Services Research*, 2017; 17(1), 54
- Parsons Leigh J. Mapping structure, process and outcomes in the removal of low-value care practices in Canadian intensive care units: protocol for a mixed-methods exploratory study. *BMJ Open*. 2019;9:e033333
- Tume LN, Aitken LM. De-implementation of low value clinical practices is essential for critical care nurses. *Nurs Crit Care*, 2024, 1-2.

## Other Resources

- Kevin Cashman – [The Pause Principle](#)
- Adam Grant – [Think Again](#)
- Adam Grant – [Originals](#)
- Dan Heath – [Reset](#)
- Rosabeth Moss Kanter. Six keys to leading positive change: Rosabeth Moss Kanter at TEDxBeaconStreet (<https://www.bing.com/videos/riverview/relatedvideo?q=Rosabeth+moss+kanter+-+leadership&mid=0277BE92838FE2314CC00277BE92838FE2314CC0&FORM=VIRE>)
- Rajpurkar P, et al. AI in health and medicine. *Nature Medicine*, 2022, 28, 31-38



## Innovation

- Flessa S, Huebner C. Innovations in health care-A conceptual framework. Int J Environ Res Public Health. 2021 Sep 24;18(19):10026.
- Fostering Successful Innovation in Leadership - Professional & Executive Development | Harvard DCE (<https://professional.dce.harvard.edu/blog/fostering-successful-innovation-in-leadership/>)
- What is Innovation? - Professional & Executive Development | Harvard DCE (<https://professional.dce.harvard.edu/blog/what-is-innovation/>)
- Understanding Medical Innovation Through Human Nature - Doctors Explain Medical Magazine - Knowledge Heals, Understanding Empowers (<https://magazine.doctorexplain.net/understanding-medical-innovation-through-human-nature>)
- The Role of Curiosity in Sparking Innovation – MOTIVATIONS (<https://motivations.in/the-role-of-curiosity-in-sparking-innovation/>)
- Creating a Culture of Innovation in Healthcare Settings: A systematic review Bookshelf\_NBK572025.pdf [https://www.ncbi.nlm.nih.gov/books/NBK572025/pdf/Bookshelf\\_NBK572025.pdf](https://www.ncbi.nlm.nih.gov/books/NBK572025/pdf/Bookshelf_NBK572025.pdf)
- Moss Kanter R. Innovation: The Classic Traps (<https://hbr.org/2006/11/innovation-the-classic-traps>)
- Innovation: Classic Traps and the Endurance Factors || Rosabeth Moss Kanter  
<https://www.bing.com/videos/riverview/relatedvideo?q=innovation+the+classic+traps&mid=8CBB6B1B7E603B191EE88CBB6B1B7E603B191EE8&FORM=VIRE>

## Curiosity

- Adashi EY, et al. The importance of being curious. Am J Med, 2019, 132(6), 673-674
- Taheri F, et al. Clarifying the concept of professional curiosity in nursing: A concept analysis With Walker and Avant approach. Nursing Forum (online), 2024
- Chamorro-Premuzic T. How to strengthen your curiosity muscle. <https://hbr.org/2023/11/how-to-strengthen-your-curiosity-muscle>
- Cultivating Curiosity: How Encouraging Inquisitiveness Can Transform Your Team (<https://www.innovativehumancapital.com/article/cultivating-curiosity-how-encouraging-inquisitiveness-can-transform-your-team>)
- How To Create A Culture Of Curiosity That Fosters Innovation At Work (<https://www.forbes.com/sites/dianehamilton/2025/01/09/how-to-create-a-culture-of-curiosity-that-fosters-innovation-at-work/>)
- Curiosity: Our Superpower for Just About Everything | Psychology Today (<https://www.psychologytoday.com/us/blog/the-craving-mind/201909/curiosity-our-superpower-just-about-everything?msockid=1350735d2e4c6a3c138f66082f616bf7>)
- The Power of Curiosity: Unlocking Learning and Innovation – WriteHarbor (<https://writeharbor.com/2024/09/25/the-power-of-curiosity-unlocking-learning-and-innovation/>)
- 10 Most-Asked Questions About Building A Culture Of Curiosity At Work (<https://www.forbes.com/sites/dianehamilton/2025/02/05/10-most-asked-questions-about-building-a-culture-of-curiosity-at-work/>)
- Build A Workplace Environment That Inspires Innovation And Engagement (<https://www.forbes.com/sites/dianehamilton/2024/12/01/build-a-workplace-environment-that-inspires-innovation-and-engagement/>)
- The Five Dimensions of Curiosity (<https://hbr.org/2018/09/the-five-dimensions-of-curiosity?1709568368>)
- Why Curiosity is the Key to Innovation and Creativity – MOTIVATIONS (<https://motivations.in/why-curiosity-is-the-key-to-innovation-and-creativity/>)