



Saskatchewan Operating Room Nurses' Group Board of Directors

Standing (LtoR) Ginny Mielke (South Liaison), Leona Zboril (Public Relations), Fran Clark, and Jan Maier (Secretary/Treasurer). Seated (LtoR) Sheila Koch (Coordinator Education), Marg Farley (Past President), Marla Ewen (President), and Willow Underwood (Membership).

Saskatchewan conference an excellent stress reducer

Moose Jaw: Relax, Revitalize and Reconnect was the conference theme of the 1998 Saskatchewan Operating Room Nurses' Group. They Relaxed at Temple Gardens Mineral Spa, (all the masseuses were booked solid for months in advance), at a Jazz Concert, and in the tunnels of Al Capone's underworld. Over an October '98 weekend 78 SORNG members and non-members reconnected with their nursing buddies at a banquet, in the spa, in two full days of educational sessions, at buffet lunches and at coffee. It was so relaxing the group wants to meet at the Spa again in '99, or somewhere similar in creature comforts.

More than strained nerves and tired bodies were revitalized at the spa. Speakers were of major league quality, heavy-duty brain cells stimulating delegates and offering enlightenment and strategies to deal with the stress of constant change in the workplace.

(See Sanda Bassendowski address page 25).

Keynote speaker Dr. Marlene Smadu conducted a revitalizing workshop exploring the issues associated with nurses caring for themselves and their colleagues, their clients and the world. She stressed the importance of self-care and a recommitment to the purpose of nursing. Dr. Smadu is the Saskatchewan Assistant Deputy Minister of Health, and her workshop deserves a full four page article as it was filled with the educator's structured lessons on the purpose of learning and giving and many wonderful anecdotes and words of wisdom. The following two samples best sum up her workshop until the full

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Conference Planning Committee Members (Seated LtoR) Barb Schoenroth and Susan Machmak. Standing (LtoR) Selma Empey and Gayle Kell. Elsa Silversen and Diane Dixon (not shown) were also in on the planning.

"Eighty percent of the technology that we will use in the next 5-10 years has not yet been invented."

Strategies to Deal with Change

Saskatchewan Operating Room Nurses Group

By Sandra Bassendowski, RN, MEd.

My presentation will focus on change and on strategies that can assist us to deal with change. You know all about change and what it is like to experience change day after day and month after month. You have experienced the feelings and emotions related to unending chaos.

I based my presentation on a model related to stories. The model assumes that individuals take meanings from stories and there are different kinds of stories that filter our ways of knowing. The importance of storytelling is recognized throughout the world as one the most significant ways to preserve the history and culture of various groups.¹

The therapeutic benefits of story telling were recorded in the nursing literature more than 60 years ago. It can be used to teach values, strengthen community and family bonds, educate, and share practical information necessary for daily living.

When significant change occurs in a society or group, there is a "new" story to tell, one in which there are different values and people behave somewhat differently than they did in the old story. In many instances, we create this new story by experimenting, reflecting, and responding to the very real changes happening in the world in which we live. Looking through the frame of the story model, we can begin to understand our perspectives by examining our present personal, cultural, and global stories. We also see the importance of our past in relation to the future.

Experiencing Change

Most of us are addicted to feeling competent. We are uncomfortable when we feel incompetent. We like the feeling of knowing.² We are living in times when the assumptions that we live by are being challenged in every area, including government, economy, health care, education, and social issues. It is little wonder that we find ourselves embroiled in controversy and transformation. If you can become comfortable with the uncomfortable feelings you experience when learning new skills, and if you can

become accustomed to the discomfort that change brings, then you will be able to engage your broad range of talents. Our future will increasingly depend upon our ability to learn and change.³ Yet what we fear most is the sense of discomfort we feel when learning and changing. At times, we lack the confidence that we will ever learn the new skill. Or we are impatient with ourselves when we cannot get the skill or theory the first time. Other times, we are too embarrassed to ask for help and we try to figure it out ourselves and after several false starts, we give up in frustration. If this is a recurrent pattern, we may eventually doubt our abilities. Becoming comfortable with being uncomfortable is the root of the new security. It is not so much that we're afraid of change or so in love with the old ways, but it's that place in between that we all fear. It's like being in between trapeze bars. It's Linus when his blanket is in the dryer! There's nothing to hold onto!⁴

In these rapidly changing times, people are uneasy, uncertain about what will happen in their lives and their jobs. There is no such thing as a secure job anymore- **only secure people**. In this world of change, here are three main sources of security today (1) our ability to learn throughout our lives, (2) our ability to

Author

Sandra Bassendowski, RN, MEd., is President of the Saskatchewan Registered Nurses' Association. This is an abridged version of her presentation at the Saskatchewan Operating Room Nurses Group Annual Meeting, Moose Jaw, Sask., October 18, 1998.



be flexible, and (3) our ability to cope with uncertainty.

We can't change the world if we can't change ourselves. If we can't change ourselves, we will not be able to bring about change on a grander scale. Change for the individual comes about by involving the head, the hand, and the heart. Clearly, people know that they have to change (head), but many fear change (heart), and this fear can be so strong that it paralyzes them (hand).⁵ Our personal attitudes and behaviours flow out of our belief systems.

Therefore, it is critical to begin the change process with a serious examination of our openness, our proactiveness, and our commitment to improving our profession. Openness to change is easily detected through an honest assessment of our language: do you hear yourself saying "I choose," "I prefer," "I will," as opposed to "I can't," "I won't," or "if only."

To change our way of thinking, we must be able to see new patterns and new connections. The word that has been overused in the 1990s is *paradigm shift*. We must be willing to see things in a new light. If we want to transform or reshape our organizations, reinvent government, or create a new society, we must change ourselves first by questioning our own belief systems and our own paradigms.⁶

The changes we are undergoing today promise to be significant; nursing will never be the same. Looking through the frame of the Story Model, we can begin to understand our perspectives by examining our present personal, cultural, and global stories. We must also look at the past, present, and future. We cannot and should not ignore our past. We need to examine our accomplishments and our struggles in order to establish our benchmarks for the future.

From a Canadian cultural perspective, health care reform, nursing shortage, and new curricula and programs color our stories. The change in emphasis from a system of predominately illness care to one that of population health, health promotion and illness prevention is a reality in 1998. The media portrays the health system as remaining in crisis, and now a new crisis looms with casualization of the workforce, aging of registered nurses, and the need for dedicated recruitment of students.

From a global perspective, no country seems satisfied with their health care system as it is. Systems are too expensive, highly bureaucratic, and most do not focus on health but illness. Countries are all looking for increasing effectiveness in promoting population health. The information highway, trade agreements, global economies, and expanding travel has brought us together as humans. We live in a world of chaos that is interconnected and interdependent.⁷

How did we come to our situation in nursing? A look at the old story provides some clues. At the turn

of the century, people were cared for in their homes with strong local community support. About 80% of nurses worked in the community as private duty nurses. They had responsibility and a strong sense of autonomy. Following the Second World War, many, many hospitals were built and nurses chose to move in great numbers into the institutions for the guarantee of steady work. They held steady jobs but the price was damaging! Some of the old story values for nursing include hierarchies and lack of power, undervalued role of women, physician dominance, institutional rules and regulations, centralized government structures, low autonomy, and high conformity.⁸

Today we are the largest group of health care providers in Canada. Would you say that our image, power, status reflects this position?

For the "new" story, we need to consider our world from a different perspective. We need to re-examine public issues such as chronic diseases, violence, abuse, occupational injuries, antibiotic resistant diseases, addictions, stress, poverty, illiteracy, and increase our accountability to people affected by these issues. We must examine professional issues such self-regulation and value the responsibility that has been provided to us to govern ourselves. We must deal with issues related to competencies, education, practice environments, and scope of practice. We must not only consider these issues from our local perspective but from one of global dimensions.

Global Quiz

If we could shrink the earth's population to a village of precisely 100 people, with all existing human ratios remaining the same, there would be:

- ◆ 57 Asians, 21 Europeans, 14 North & South American, and 8 Africans
- ◆ 51 females and 49 males
- ◆ 70 nonwhite and 30 white
- ◆ 70 nonChristian and 30 Christian
- ◆ 6 individuals who have 50% of the entire world's wealth and all of these individuals would be from the U.S.
- ◆ 70 who cannot read
- ◆ 50 suffering from malnutrition
- ◆ 1 with a college degree
- ◆ 0 with a computer (From: TR-Dev listserv)

When one considers our world from such an incredibly compressed perspective, the need for both tolerance and understanding becomes glaringly apparent. As registered nurses, many of you care for individuals who come from other cultures or work in other countries. We cannot afford to be ethnocentric in our beliefs.

Fear of the Future

Canadians fear the future for several reasons, but research indicates that the predominant source of worry is job security. The reality is that society and the economy are changing at a speed that we have never experienced before. The old ways of doing things, the reliable patterns by which we once governed our lives, no longer work. The constant barrage of change gives rise to widespread anxiety. The profound changes that we are experiencing today would normally take 2-3 generations to be assimilated. We are trying to make the stretch in a decade—the *nanosecond decade*.

Technology and Economic Change

The technology shift is now familiar to us - from instant bank machines, to work settings, to home computers. Computer technology has drastically changed our work habits.

The economic changes around us are important to understand because they will dictate the skills that will be in demand in the next century. Never before have we had an economic shift of this depth and magnitude. There is a nostalgia to return to what has been lost coupled with the urge to resist the new.

Think in the Future Tense

As a society, we need to plan successfully for the future by using what we know today and having the necessary flexibility to adapt as we go along. We cannot go backward, we cannot stand still. The key is the ability to think in the future tense.⁹ We will need skills such as perspective, flexibility, vision, energy, and global values.

Nurses have the qualifications to reflect, dialogue, take risks, and to celebrate the changes in nursing. You can create the future and not be victimized by future events. You can perceive the complexities of a situation, analyze these complexities, and develop possibilities, and reshape the usual. You can stimulate others to embrace change rather than fear it or struggle against it.

Keep an unwavering vision and commitment to your purpose and the profession. Knowing yourself and what you stand for are admirable traits.

We know that the nursing environment is difficult. We need to change our history regarding the perceived or real lack of power as a profession and as women. We need to think beyond today, and into the new world of health care, and transform our nursing profession to meet the needs of the people of the world.¹⁰ Collectively, we must strengthen our professional attributes of caring, responsibility, authority, autonomy, commitment, and collaboration. We must continue to build upon our expertise, continually improving our knowledge, skill, and judgment.

Margaret Wheatley in her book, *Leadership in the New Sciences*, states "The change is like a ripple; it doesn't matter where you make the change, it doesn't matter how large the ripple, it doesn't matter how isolated you may feel, if you make the change it creates a ripple that ultimately changes everything."

The key to your profession in the new millennium, is to continue to develop yourself. You will have a satisfying career if you can respond flexibly to chaos and rapid change, and present yourself as a positive role model. Innovation is in! Being innovative means being able to look objectively at current systems and processes and determine how they can be done more efficiently and effectively. You will have to make changes and choices as you go along.¹¹

Now is the time for each of us to reflect on what we truly believe is worthwhile and how best to be a registered nurse. •

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Overheard in the OR ...
I don't have an attitude problem.
You have a perception problem!