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Shared Visions & Hallucinations Acquiring a Taste for Chaos

By Beverly Malone, RN, BSc, MSc, PhD

Why would anyone speak about shared visions, or more interestingly, about hallucinations. These are not things that we usually announce to the public. There is some retribution that can occur if you actually announce, "I am presently hallucinating". I am a Psychiatric Nurse, and I know where they take you when you make those kinds of announcements.

Today we are seeing a lot of need for vision. We know that changes are happening. We know that the next century is coming up, not just the next century, it is the next millennium. This is a major change, a major shift in health care, and not just in Canada and the U.S., health care is shifting globally. In nursing, we should not be overly amazed and overly confused in terms of the fact that change is occurring.

In my nursing history, I don't remember a time when change was not occurring. There has always been something phenomenally fast going on about the changes within health care, and especially within nursing, and we have not necessarily been in charge of the changes. When you are not in charge, when you are not shaping changes, you are frequently just caught up in them. One of the things nursing has developed is a great ability to deliver quality care in the middle of chaos. There is not a nurse I know who cannot manage that, and do that extremely well. We need to start thinking about acquiring a taste for the chaos. We really need to understand that we have been bending in the wind for a long time, we have seen those folks who refuse to bend and we have seen them break. We know that our task, as advocates for quality patient care, is to shape a system that is frequently disorganized, that is frequently led by troubled people, that is frequently just an interesting crazy place to be and that out of that we pull good care for our patients. I know that it is not just a matter of the care being easily pulled out, it takes some wit. It takes some ability. It takes some power to pull good care out

of a system that was not designed with patients in mind. In fact, a system that was not necessarily designed with nurses in mind.

Hospitals and health care systems just didn't care much about us. It takes power to shape it, massage it and get the best care out of it for your patients. I know you have been doing that, and I know that I have been doing that over the years. And so, I see this move to understand that we can really start managing change. We must get our sea legs and centre our balance so that we can make sure that we can manage the changes that are coming and the changes that are already here.

We can acquire a taste for something that is unusual. We can change. Acquiring a taste for chaos is acquiring a taste for change, and I want to encourage you to do just that.

One of the things that happens when we come to a magnificent conference like this, is that we have a mountain-top experience. We are with people who are energized, who have ideas, who are saying - "Look, there are things that can be managed in this profession, 'care' is one of them, and nurses do it better than anybody else. It is time that we started to stand and take control of those things we can take control of." You can get a real high on that - you're on the mountain top.

We all know that at the closing of a conference, the

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truth is you have to go back down into the valley to do the work. The question is, what shall you take with you from the mountain top. I don't suggest that you take everything that you heard and that you learned here, because it is a heavy load. The people down there may not be very welcoming, saying "Oh, we are so glad that you went to the mountain top, and that you brought down the message".

Instead, usually it is - "Where have you been. Do you realize what went on while you were gone"? We don't want to hear about your good time. You need to be here, let me tell you what happened, because you were not here". And that is just your family members, that is not even work!

Hallucinations

You probably have a vision about what could happen back in your hospital if only you could implement A,B,C, and D. If you could make that happen, things would be at least more manageable.

That is what I call an hallucination. Whatever your vision is, the truth of the matter is, if you cannot share it with others, it is nothing short of an hallucination. A vision that is not shareable is an hallucination. There are some nurses walking around, and who every now and then call themselves leaders, who are steadily hallucinating. They've got a vision, but they can't share it with anybody. They don't want to share it with anybody. They want it to be their vision. Sometimes in nursing we get very possessive about an idea, or about an image that we have in our minds, and yet, the beautiful thing about a vision is that it grows into reality only by sharing. You actually have to let your vision go and share it with others in order for it to be implemented.

How are you going to present your changes in your hospital? Are you just going to walk into your area of work and say, "Guess what guys, I've got this great idea", in the middle of everything? I don't think so. I think you might want to think, now how am I going to package this idea, this change that I have in mind - and who am I going to share it with first?

Get Support for Change

What kind of support do you have for your ideas? Could you get some support before you shared it with everybody? When I say support, I am talking about the three types of support that we always need. There is support from the bottom, that is the folks who work

with us and for us, and there is support from the top, that is usually administrative support. There is also support on our sides. You need at least two out of three of those types of support at all times, otherwise you drown.

Get two out of three forms of support at all times. If your group has been short staffed because you have not been there, you may not want to immediately present your vision of change. It may not be the time. If there has been a major crisis while you have been away, which tends to happen, you may not want to immediately bring in the idea of a change. You might want to look at where you present it. I have seen people present major ideas, major changes, in the middle of hallways.

Nurses do a lot of work in the middle of hallways and I have never understood how we thought we could actually get something done in the middle of a hallway. There are usually quite a few folks coming by, there is usually a lot of activity, and so folks can't really concentrate. We have enough trouble concentrating in a conference room, and a hallway seems to be quite a bit much to ask folks to actually focus on what you are talking about.

Why would you want to introduce change anyway? Be clear about why you want change. There should be a real concrete reason why you want change to occur, and who will be affected by the change is also a major issue. How? When? Why? Where? and Who?.

In Nursing, we have a long history of others making decisions and never consulting us. Have you ever had a building erected, only to find out that whoever designed the nursing stations obviously was not a nurse. The people who are most affected, the people who use the change, should be included in the planning or the discussions.

You don't need to get everybody on board before the idea is opened to discussion. What you really need to be after is a critical mass. You want maybe a core of 5, 6, 7, whatever critical mass feels OK to you.

It takes power to make change. It takes power to deliver good nursing care. If you don't have any power, you are a detriment to your patients.

We need nurses who have power, and nurses have a lot of power, but we just don't acknowledge it. We don't admit it. It's as if we had it and we left it somewhere. We dropped it and we forgot where it was. Or, we think that the physicians are going to figure out that we need it and they are going to just walk up and say, "I know you have been wanting my power base for a long time, I came to just drop

it off for you".

That really is hallucinating, colleagues, if you think a doctor is going to walk up to you and offer you some power. We have got to make sure that there are other ways of getting power in order to manage change.

Five Types of Power - (1) Informational

The only reason you would want power to make changes, I believe, is that all roads lead to quality care. In the middle of all the chaos, our obligation is to make sure that our patients get good care and to do that, we have got to make sure that power is available, that we know how to use it, and that we use it with elegance.

There are five types of power and the first is called informational power. We have more information about patients than anybody else. We act as if we don't have any informational power and I have been wondering about this for a long time - why nurses don't share information with other nurses. Frequently, we take our information and we stuff it in our pockets and we take it home. I have been in nursing more than 20 years now, and I am pretty clear about what we do and how we do it. Not always why we do it, but I am pretty clear about what we do, and we don't share information with other nurses, even if it is about improving the quality of care. Let me give you some examples.

When I was an undergraduate student one of my sweet elderly patients said to me: "Honey, you are the best nurse I have ever had". I said, "Yes, ma'am". And she said, "when you leave, my care falls apart", and I said "Yes ma'am". Doesn't it make sense, that when Beverly Malone walks out of the institution, the care drops significantly. Now you say, but Bev, didn't you know better, didn't you know that the real proof of the pudding of good care is that it remains high whether you're there, or whether you're not.

I know 40 year old nurses who today feel the same way. "Girl, I am afraid to take a day off, the place falls apart when I am not there. You could walk by the institution, it is lower in the ground when I am not there". I would ask you to consider that as nurses, if we think like that, why would we share information with somebody like that? If I am doing such a great job why would I take that information and share it with other nurse, when I don't believe they are going to use it anyway.

Not sharing information is eating away at our informational power base. It keeps us from implementing changes. Nurses don't share information. We come up with great ideas, but we don't necessarily share them.

I used to be a Clinical Nurse Specialist, I was like a troubleshooter for the entire University Hospital. They thought I was brilliant. Whichever shift called me, I could go to another shift and find the answer. Somebody on another shift had already figured out a solution for the problem. They just hadn't shared it with anybody. So, I would just go to that other shift, ask "what do you think about this"? And they would give me the solution, and I would just take that information back to whoever had the problem and they would say, "wow, you are so brilliant"! I would say, yes of course - just take the credit. I would also add that one of the things you might want to do is start calling on the other shifts and talking to them about some of the problems they had worked on and solved.

So, that is informational power, I just want to bring it to your attention. I believe that there may be some informational misuse of power back home somewhere, and that if you are going to bring a change back down from the mountain, why not take an informational change back. Why not encourage some folks to speak to each other in relatively humane ways, you know, some bottom line basic ways of dealing with each other. Those are the kind of changes that we could initiate.

(2) Legitimate Power

The second type of power is called legitimate power. Legitimate power indicates that you didn't steal it from anybody, you didn't borrow it, nobody had to give it to you, you earned the power. Now we take our national boards to be licensed as registered nurses. In the States when I did mine, I took mine in a barn. It was the State Fair Grounds, and we knew the animals had been in there just the day before. It had that antiseptic smell to it, but we knew the cows and the pigs had just recently vacated the place. I remember, they kind of lined us up (we are very regimented in nursing) so it was like a sort of concentration camp at the time, and our monitors were like the Gestapo.

I remember that my colleagues who took the exam with me handled it in very different ways. One of my friends cried the entire time. They just put down boxes of Kleenex after boxes of Kleenex. She passed just fine. So if any of you have a tendency to cry, don't worry about it, you can get through anything, just get yourself lots of Kleenex. It shouldn't stop you from accomplishing anything.

Another of my friends said. "it's coming up, it's coming up"! And it did. It was on the floor. After that

she felt much better. She took the exam and passed.

Another of my friends did the southern thing, when in doubt, pass out. Can't you just imagine getting in a very stressful situation and just passing out. I think I am going to save that for a big one, maybe with my adolescents over something, they will not know what to do. When in doubt, pass out. That is what she did, and when they revived her, she took the exam and did just fine. So, whatever you had to do to get through it, when you were finished, you were empowered to provide care to patients. That is power!

Now, there are other types of legitimate power. Some of you are nurse managers and nursing administrators and there is power that comes with being in a position.

(3) Charismatic Power

The third type of power is called charisma. Doesn't that sound exciting? Charisma. It has a very romantic quality to it and many nurses think that you are either born with it or born without it, but that is not necessarily true. It is a learned behaviour. In the U.S. we package politicians all the time, we make them look as if they are awake and oriented. If we can do that with politicians, I know we can do it with nurses. I know we can have charisma, but we are not packaging each other well. We tend to exhibit and demonstrate the pain in nursing. I think nurses luxuriate in pain. We have a special relationship with it. We value it, instead of just looking for some of the joy. Showing the joy in what you do is really the best definition of charisma.

We sit down and process and organize and we plan everything. Rarely do we take into account the quality of the work life, the environment that we bring ourselves into every day. We need to do some problem solving about what kind of atmosphere, work atmosphere, we have. We can bring about these kinds of changes ourselves.

(4) The Power of Coercion

The fourth type of power is coercion. It has a Mafia sound to it, doesn't it? Well, let me tell you, I have four adolescents. I have tried informational power with my children. I have read to them from books about how they should treat their mother. It has no effect. None. I have tried legitimate power with them. I have reminded them, I was there when you came out, and they say, "well mom, you should feel real special to have been at such a blessed event". I have tried

charisma with my children, "I'm Bev, I'm your mom, let's rap", they said "mom, you're awful old to be acting like that". Coercion. Two alternatives, one being more attractive than the other. I have told my young people - "You know, those people out there, those folks out there, they are your friends. They will be old and grey by the time you see them again unless you do your homework". I get movement. Not great movement, but movement.

I bring to you coercion as something that works with adolescents. I think that it could be a recommendation that applies to any problem that you have in the world. Coercion, two alternatives, one being more attractive than the other. So, colleagues, I bring to you coercion as a type of power, to make changes happen. I hope you give it some consideration.

(5) Extended or Referential Power

The fifth and final type of power is called Extended power, or Referential power. It is the kind of networking workshops we have been going to. It is about the fact that in the United States, there are 2.2 million nurses, and we act as if there are three of us, and we can't decide on anything together. It is the fact that if we would understand the power of one another, we would understand that together we can make a lot of things happen. That is extended power in nursing. So I bring those five types for your awareness and for your use.

Now, I want to give you my own personal definition of power, and to do that, I have got to come down off this platform.

This is a demonstration, colleagues. This is my own personal definition of power. The definitions that I gave you about the five types, they are in the literature. You can find them anywhere. This definition, though, is a unique one, it is Bev Malone's definition of power. So you have to watch.

This is a chair, for those of you who cannot identify it. Power is moving an object from point A to point B. It is not abstract, it is not theoretical mishmash that we can't understand, it is simply moving a chair from point A to point B. There are days when the most powerful thing we can do is move our body from the bed to work.

Let me move it to another level. Moving someone's mind from point A to point B is called education. We know that is powerful. Moving our own minds from point A to point B is a miracle, because we have to be convinced that our minds need to be changed.

That is power, moving an object from point A to point B. Simple.

There is a second level of power that I want to bring up right now. Could I have a volunteer from the audience please. This is Betty Gaudet, colleagues, and she has offered her assistance to me, and I appreciate it. Thank you very much Betty. Would you move that chair from point B back to point A for me? Would you give Betty a round of applause?. Did you notice how hard I worked? Did the chair get moved? So a power transaction occurred.

Does nursing have a problem with that kind of power? Oh yes. There are some nurses who believe, if they don't put their hands on the chair, the chair has not been moved. That is what wears us out in this profession. Too many times we have to do it ourselves, it has to be done just the right way. Did you hear what Betty said? She said, "I hope I do this right". There are so many times that we get caught up in doing it the right way, because in nursing, the right way, is - guess what - my way. The perfect way is my way in nursing because that is what we do. We hold other colleagues of ours accountable for doing it our way.

Now, I have to admit that there were some things I had to do to get Betty to help me. Did anybody notice that? What did I have to do? Ask. Does nursing have a problem with that? Oh you better believe it. Nurses say, I shouldn't have to ask you to help me, you should look at me and know that I need some assistance. If you have any kind of assessment skills at all, you should be able to just look at me, and Betty, you should have just got up and come up here and moved that chair. I shouldn't have to open my mouth to ask for assistance.

Do you realize how pathologically frightening that is? That is called paranoid schizophrenic behaviour. We expect our colleagues to look at us and know what we need.

Now colleagues. Let's be realistic here. We talked about hallucinating earlier - we are still hallucinating. We need to start to learn, in this profession, how to ask other people for what we need. We need to open our mouths and say, "This is what I need from you, I need some assistance". I recommend that highly. If there is a change you want to take from the mountain top back home - take that one. It is a wonderful way to make some changes.

Now the other thing that I had to do with Betty, and you helped me, was give her some applause. Also, I actually had to step back, and Betty stepped forward. In Nursing, we have some problems with that. Once

we step forward in nursing, we have no idea how to step back. If we want others to work with us, to assist us, colleagues, we are going to have to learn how to step back and allow others to step forward and to get the applause. Did Betty move the chair exactly from point A to B? No, she was off the mark. Yeah. Betty you were off the mark. If I were in my true nursing mode Betty, I would tell you, don't you ever move another chair for me in your life. When Bev Malone moved that chair, I heard music, there was rhythm to the way Bev moved that chair. You had no rhythm, Betty, none at all!

That is what we do with people. When they help us and they assist us and they don't do it exactly our way, we tell them, don't ever do it again. And then we forget we told them and wonder why no one ever gives us any assistance. Well, you told them, and they remembered.

You have to let go of that kind of thinking colleagues. It will wipe us out. It will power us out. That is why many of us think we can't miss a day at work, we have to be there with our hands on the chair.

Asking for Assistance

We have got to let go. We have got to get into the second level of power and allow others to assist us. We have to open our mouths and ask for the assistance. We need the assistance and we need the help in this Nursing Profession.

I know that this Conference Planning Committee was not able to do it alone in a solitary fashion, they had to get assistance, one from the other, and guess what, they had to ask each other. Anything we do, colleagues, we are going to have to learn how to work together in a different way. So much of nursing education is built on solo, independent behaviour. It creates a false illusion for the student. They think that nursing is about me and my patients.

It has never been about me and my patients. There has always been a bigger system out there. There has always been a system that had to be negotiated and other players that had to be brought in. We have got to start looking at our basic nursing education and start teaching nurses how to value working with other people, allowing others to assist them, not always having to do it themselves.

Nursing has an interesting way of doing work. There is a natural rhythm to working and resting. Work and Rest. Work and Rest. And Work and Rest. Holistic, you can hear the balance in there. Nursing is

work and work and work. Exhaustion. Work and work and work. Exhaustion. Work and work, pneumonia. Now, we can stay home. Unless it is walking pneumonia, and then of course, we have to keep going.

We have got to understand that we have to take better care of this unique person called a nurse. There are ways in which we can do it. Allowing others to help us move the chair is a powerful way to provide room and space for yourself to breathe.

The first level of power is for you to move the chair yourself. No doubt about it, that is one way to get things done, and you have done it before. The second level of power, actually asking for some assistance, and getting another person to move the chair, is a higher level of power. The third level - there is a third level. Betty, if I can convince you to move the chair from A to B on a 24 hour basis, I can get on a plane and fly home, and I can run any institution in the country. Because, that is what we do in institutions. In health care institutions especially, we move patients from point A to point B on a 24 hour basis.

Many of you have spent a lot of time doing that. But we have got to get others to assist us, and we have to learn how to walk away from it and it will continue at a higher level of care, whether we are there, or whether we are not.

So that is my definition of power. Thank you Betty. Could we have another round of applause for Betty.

So, those are the five types of power. I gave them to you, and then I gave you my own personal definition of power. Another part of it has to do with what keeps us from using the power bases that we have, in terms of working with our clients, and with other nurses.

Managing Stressors

The thing that tends to stop us from using our power bases to manage change, to initiate change, I believe has to do with stress. S-T-R-E-S-S. We have no idea of how to exactly manage our stress. I gave you a hint when I gave you the example of work and rest and I have to say to you personally, that at one period of my life, where I was a Nursing Administrator, I had walking pneumonia three years in a row, so I speak from where I live. I know that we wipe ourselves out at times. I am suggesting to you, that if you are on that road, one of the changes you could take back down from the mountain, is how to manage yourself in a more effective way. That would have a lot to do with managing the chaos that sometimes you feel. I believe a lot of it is self-induced, that we are already messed

up and confused and disorganized because of our own stress, because of our own inability to manage ourselves. Then, whatever external stresses come, it just creates even more confusion.

If we could start taking better care of ourselves, I believe we would have a better shot at managing chaos and perhaps even acquiring a taste for it.

Inevitable Stress

Let me give you some of the stressors. There are three types I want to bring to your attention. The first type is called inevitable stress. Anybody got any ideas about inevitable stresses? Cutback are an example of inevitable stresses. There are choices we can make about allowing that to stress us. There are stresses that we really don't have a lot of choices about - Death, Aging and Sickness.

If you live long enough, you will get sick. If you never had a sick day in your life, you died first. If you live long enough, you will get sick. We have problems with that as healers. We are all healers in nursing. So we try to keep death and illness away from us to a strong degree, but I suggest to you that those are issues that we struggle with in nursing, as human beings, we struggle with it. Aging - anybody notice that one as a stressor? Oh yes, the cosmetic companies have noticed it as a stressor too, and they have turned it into an opportunity. They make quite a bit of money on all of us in terms of aging. Those are inevitable stresses. If you stay young, then you died early.

Imposed Stress

The second type of stress is called imposed. That means someone had the audacity to give it to you. People actually give you stress... and you accept it. They cannot give it to you unless you accept it. So there are those of us who have our hands extended, waiting for our shipload of stress. Some of you don't even realize it, but in your marriage vows, oh yeah, "and you will accept all the stress that I bring into this relationship" and you said, "I do". You didn't even notice this, that those who love you can give you stress the best. Have you noticed the correlation? Those who are closest to you have the best access to impose their stress on you.

There are ways to not accept it. Let me give you an example. When you get a shipload of stress and you look at it and you say, "but it doesn't even look like mine", "it doesn't smell like mine either", just rewrap

it, put it in a nice box, and ship it back - it was shipped to the wrong address. Return to sender.

I had a friend who said, "when they send stress my way, Bev, I keep my hands to my sides, to make sure I am not in a position to accept it, and I just move over to the side, and it moves right by me. I just let it drop wherever it falls. I don't accept it".

Those are nice, clear, behavioural strategies - to give back the stress to those who impose it on you.

One of the profile characteristics of a nurse is, we love to be liked. Oh we are pleasers from way back. But we shouldn't get it mixed up by allowing people to dump on us.

Chosen Stress

There is a third type of stressor. This one is very interesting, it is called chosen stress. Not only do people give you their stress, not only are there some inevitable stresses out there, you then have the nerve to go out there and choose your stress. Frequently we forget that we made those choices. Some of us act as if somebody walked into our house, tied up our hands, tied our feet together, and rolled us out to the nearest School of Nursing and said, you will become a nurse.

We forget the choices that we have made. We choose where we work, colleagues, we really do choose. I am suggesting that you start relooking at some of the things that feel as if you have no choice, and take ownership of the fact that you are choosing to be in a certain place, period and time.

I have had some folks say, "well, I am going to go home, and I am going to tell those people where I work, that I choose not to be here". I said, well, there are some variables you might want to take into consideration, like how you are going to pay your rent or mortgage, put food on the table - some basics. So, if you don't want to be there, I suggest a planning process before you immediately make this announcement. It is called survival.

I am not in any way suggesting that you can immediately make different choices. I am saying that when you understand that you made a choice, you then have the power to say, there are other choices that I can make. And then you go into that Why, When, How, Where, that I gave you earlier about making a change. You go into that model. It is a very reasonable way to look at making a change.

So those are the three stresses. Now what can nursing do about stress vacation. I recommend you

vacate the mind. I am talking about vegetating, without being hooked up to a respirator. We have got to learn how to really vacate. Now some people say it is mountains, other people say it is oceans that relieve the stress. I have heard the rumour that a five star hotel with full room service can give you the same glow.

Nursing takes a lot out of you. Haven't you noticed? Make sure that you provide the healing. As you start thinking about vacations, make it real. Make it count. Don't wait for someone else to figure it out. Structure your own healing. Structure those things that feel good for you. That's a change to take from the mountain top. Do something good for yourself. That is a powerful move all by itself.

Conclusion

I hope I have given you enough clear, specific ideas of what you can do to manage change. Some things you can do for yourself. Some things you can do for the group of people that you work with.

Managing yourself is so important. Make sure you treat yourself well. Find ways to give yourself some breathing time. Some rest time in between that crazy place called work and that equally crazy place called home. Find ways to, I know, buy yourself some bedroom door locks - and use them. And tell those wonderful family members that you don't want to be interrupted for 45 minutes after you get off, unless they are dying and they have documentation.

We have got to make sure that we treat ourselves very well because my belief is that if we can treat ourselves better colleagues, we can then treat other nurses better. Oh, I know, I think the reason that we are so hostile at times with one another is that we are not treating ourselves very well at all, and that when we do treat ourselves very well, there is more energy to give to our patients, to give to our colleagues. I know there is nothing more important than the delivery of quality care. I also know you have got to have the energy and the power base to do it.

Change can be managed. Hallucinations can even be enjoyed. I see nothing wrong with a good hallucination every now and then, just don't have others around to diagnose it.

All of this can be managed if you are good to yourself in the process and so what I hope you take down from this particular mountain-top, is permission and support, to be absolutely, positively, good to yourself. From one nurse to another. ■