Organizational Neurotics

By Dr. Dorothy del Bueno, R.N., Ed.D.

Health care organizations are in a survival mode. Due to fiscal cutbacks, political insensitivity and a public that's demanding greater accountability in all spheres of health care, management personnel are being coerced into initiating drastic changes. These changes or shifts in paradigms have the potential to make organizations listless, becalmed and depressed, says Dr. Dorothy del Bueno, one of the keynote speakers at the recent Health Conference '92, sponsored by the B.C. Health Association, and the Registered Nurses Association of B.C., held in Vancouver in mid-November.

Dr. del Bueno, a professor of nursing administration at the University of Pennsylvania, feels there are suitable remedies available to counteract this organizational malaise, many of which have application in the operating room, as well as other hospital departments.

One of the remedies she advocates for this organizational depression and listlessness she calls the DNR approach, "Do Not Retain."

Organizational addicts

Referring to types of employees that should be either dismissed outright (or not hired as new employees in the first place), she suggests that her DNR approach is just as relevant and humane for the new and old employees as it is for patients.

"I'm not talking about those employees who have always been expendable: the incompetent, the unsafe, the substance abusers, or those whose personalities are driving managers crazy. . . I'm talking about those more insidious types who are rebels, organizational addicts or neurotics."

What is one of the first things organizations do when they want a change or a shift in paradigms? "They recruit new blood," said del Bueno. "But too often the intended change in personnel get's eaten up and spit out by unproductive, incompetent and dysfunctional staff bent on sabotage." And those employees you wish to rely on, who could make a successful change , become embittered and disillusioned.

As del Bueno sees it, employees will have to "fit in" if the paradigm shift or change is to be a success.

"On one end of the continuum you have what I call 'the good soldier' who has high values and high commitment, who behaves the way we want him to. The trouble is, the good soldier is incapable of change."

"On the other end of the continuum is the 'rebel' or 'gad-fly.' This person has no commitment or values that would enhance the organization."

These two types of employees are extremes, del Bueno stressed. In reality, when a shift in paradigms is required (or a change in organizational construct), these two types of people cannot remain.

"These people are like a rock in the water. The water is the change desired. But the water can't get by the rock. The change is impeded." So, the good soldier must go, as well as the rebel - one because of the inability to change, the other because he/she is blatantly dysfunctional and a saboteur.

The adaptors and the mavericks

Two other employee types were described, the "adaptor" and the "maverick." The adaptor can change, is obedient and goes well with the new norms. This person will survive a change because he/she has commitment, but not a strong commitment. The maverick, on the other hand, is committed to the values but not necessarily their norms. This person is a pain in the neck and is constantly complaining and annoying. "When there is a change, the maverick is all for it, not because they can appreciate the change, but because it's what they've always wanted."

"The problem with the maverick, however, is that they are easily frustrated if change is not fast enough or if the change is not what is expected."

As managers, when a change or shift in the paradigm is to be instituted, their responsibility will be to know just where everyone is on the continuum, and will they fit in?

Here del Bueno suggests that current employees can make a self-analysis of where they fit on the continuum: "...and if you are the driver or orchestrator of the change, your role is to analyze where everyone is situated on the continuum."

Types of Neurotics

Dr. del Bueno's next description settled on the organizational addict or organizational neurotic.

The first she described as "the know nothings - do nothings." If one doesn't learn anything, one can't forget anything. Such people know how to listen, but they don't hear. "They talk about the good old days, the past. Instead of using history to understand, they become immobilized by it and can't get beyond what was and what used to be."

The "Co-dependent"

The next organizational neurotic is the co-dependent. Co-dependency is a term used quite a bit today. These people are the able, and they are competent, but they are not "enabled". They use the organization to meet personal needs, such as affiliation needs, status needs. These are the people that must be liked, del Bueno says.

"You have to like me... I cannot survive in this organization unless people like me." del Bueno stressed that these people should never be made managers. As co-dependants, they have no outside life or interests...you'll call up that person and give them the old Christian martyrs routine: 'Gee, we really need you tonight. . . ' and sure enough, that person will shows up on the night shift for the good of the patients."

The paradox is that these people are reliable, they are committed, and they will do almost anything you ask. "But they have no vision...", she says.

The co-dependent also lacks enthusiasm. Today, you've got to have a lot of energy and enthusiasm."

Co-dependents are often promoted from within; and this is a paradox, she said, because many nurses probably work in organizations that espouse the value of trying to promote from within to reward people for being loyal.

"But loyalty is not the same as either competence or ability to change, or risk taking. Loyalty is not a surrogate for these other things, so we have another paradox. We promote people because they've been loyal...but they may not be the people we need to implement the kind of changes that are necessary today. We can't live with these people; we can't live without them, so we have this paradox."

The "Technocrats"

The next kind of organizational neurotic is the technocrat or the provincial. These are the ones that can drive you up the wall. They define their work. They define what they do by technical procedures. "Nurses," del Bueno pointed out, "particularly know what I'm talking about. Technocrats are the quantitative people where everything is defined by numbers. How many hours you sit (in lectures, classes, courses). While sitting is sitting, it is not a surrogate for anything. It is not competency. It is by number: how many hours, how many classes, how many procedures, how many papers."

These technocrats are also individuals that make a fetish out of procedures. "Now a procedure should be done correctly and accurately. But it is still a procedure, and a procedure is a procedure. . . and not the be all and end all of patient care."

The technocrats are also the people who have the "twenty-page skill list." As a consultant, del Bueno explained that part of her business was competency assessment.

"When I go into a hospital, they say: 'Oh yes, we have competency evaluation.' And I say: 'Oh, terrific, what do you have?' Guess what they do, they show me this forty-page list. A list is a list. It's a topic. It is not competency."

For the technocrat, there is only one way to do something - my way. If it's not done my way, it's got to be wrong. The only rationale for the technocrat is policy. The policy says so. So, everything is bound by them and the policy."

The "Absolutists"

Next come the organizational neurotics referred to as the "absolutists." The absolutists are skezmogenic thinkers. Skezmogenic thinkers are people who polarize good, bad, black, white. For them, there are only two ends of a con-tinuum. Instead of seeing everything in the real world as in shades of grey, they only see things in black and white, in absolutes. These people are very concrete.

As absolutists, these people cannot take risks. They prefer to operate and behave by rituals and routines. "Now, again, rituals and routines can be helpful. Under certain circumstances, they can be comforting - but not if it's the only way one operates."

Absolutes do not want to think. They want to be able to say, "We have to do it this way," "the book says to do it this way". or, "It's not my fault, because the policy said...the protocol said...the book said..."

"People who are into content, into what the law says versus what the law is intended to achieve, are the absolutes. They are compliance people in a world that does not call for compliance, but for growth, movement and judgement. The world does not need people that just comply."

Another organizational neurotic was described - the Rodney Dangerfield, the "we don't get no respect" people. These are people whose self-esteem and self-worth are predicated on recognition from powerful others.

"These people have really never grown up because they only perceive their value from how other people perceive it. When they were children, it was their parents'. Now in the work world, and not having cut that cord, it's the boss or doctors or the crediting

agencies, or the faculty."

"But these people, once again like the co-dependents, never get enough no matter how much is given to them. These are the people who look in the mirror rather than out the window. They only see the world as a reflection of themselves, and so they are very egocentric. The world revolves around them."

The "appliance" nurse

The next person described as an organizational neurotic was said to be the equivalent of the organizational couch potato. In some nursing circles, this person is referred to as the "appliance nurse. This is the nurse or health care worker who works to buy a new washing machine, or put a roof on the house.

"Now, I don't mean to patronize or denigrate people who work for those reasons. It doesn't mean they can't be competent, nor does it mean they can't make a contribution. But on the other hand, their commitment is somewhat limited. They do the job, they are loyal - and they keep earning more by seniority and by staying alive."

Move on, out and up!

What do we do about these organizational neurotics or addicts? In answering the question, del Bueno said there were three choices in her view of the world: "moving on, moving out, and moving up."

"There comes a time when one has to make a change, and this is relevant even to ordinary everyday things like meetings. Mrs. del Bueno recommends that if one is blocked against getting anywhere at near a solution to any given problem, **move on.** There is a time to move on.

The next maneuver - **moving out** - involves getting people to leave the position. Maybe other people can do the job. New people can bring in new ideas. Moving people out and others in will shake things up.

At this juncture, the role of a consultant was described as one who "blows in, blows off and blows out." The speaker admitted that an advantage of being a consultant is that he/she doesn't have to live there. "The negative thing about being a consultant is that you can't make things happen. Only the people that are there can make things happen. People need to be helped to see the world from a different perspective, to become more sophisticated. There are lots of ways to see and view things. These views may not be all right, they may not all be good or all valuable, they may not even work at all, but at least a **moving up,** figuratively and literally, will provide people with the chance to think about things in a different way."

Weeding the garden

There are many metaphors that one can use for an organization or for a discussion of employee retention. The one Dr. del Bueno said she likes to use is the garden - the organization as a garden.

"One can ask about the organization just as one asks about the garden. Is it overgrown with weeds? Now weeds may look healthy, they may even be attractive. But weeds choke out functional plants and flowers. Weeds do not serve any real purpose. They consume enormous quantities of vital resources. With organizations, it's dysfunctional neurotic people who also consume enormous amounts of energy, time and effort. Like weeds, they serve no real purpose ultimately."

"Weeds are difficult to remove, just as these organizational neurotics are. In order to remove weeds, one has to dig very, very deep as the roots are strong. If you use a lawn mower, all you do is lop off the top. You are merely using an intervention or strategy which is generalized and equitable."

"Like the organizational neurotics, weeds serve one purpose - they keep the gardener busy. They also keep people like educators busy because we often conclude, erroneously, that the problems are educative: give them a class, a course, a seminar, send them back to school and they will be O.K. Wrong."

"Sometimes in an organization, dramatic and drastic interventions must be taken. We may even have to let the garden lay fallow. We may even have to remove certain units or services temporarily - only to get rid of the weeds temporarily. This will allow some new regeneration."

"The cost of turnover has been sighted many times. People go on and on about how expensive turnover is. Yet, the cost of advertising, of recruiting people, and training them can be as much as ten to twenty thousand dollars per person. This is a considerable cost which I do not mean to denigrate or make it sound less important."

"However, the cost of retaining the kind of people I have just described (the organizational neurotics) are enormous. They may be competent, they may be loyal, but they impede progress and change. They discourage other people who are enthusiastic and who are interested in doing things differently. Again, the costs here are enormous. They are lost opportunity costs, and these costs in the long term are far greater than the cost of retention." ■

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Early Nasogastric Tube Removal After Abdominal Aortic Surgery

By D. Cameron, M. Lovell, W.G. Jamieson and K. A. Harris

Introduction

Controversy exists concerning the length of time that nasogastric tube drainage is necessary after abdominal aortic surgery. The purpose of the tube is to reduce gastrointestinal distention, prevent gastric dilatation and potential respiratory complications. Classic surgical teaching suggests that the tube not be removed until bowel sounds are present and or the patients have passed flatus. This classic teaching is now challenged. This study was conducted to determine the need for routine prolonged nasogastric decompression following aortic surgery.

Material and Methods

A 14- month case control study of 52 patients, who underwent elective repair of abdominal aortic aneurysms (AAA) or aortic bypass procedures by members of the Division of Vascular Surgery were used in this study. The study group consisted of 26 patients, and this group had their nasogastric tube removed at the same time the endotracheal tube was removed, usually 12 to 14 hours post operatively. The control group consisted of 26 patients, who underwent the traditional protocol of three to four days post operative nasogastric decompression. The study group was compared with the control group for abdominal distention, prolonged nausea/vomiting and the number of patients requiring reinsertion of the nasogastric tube was documented. The mean age of the AAA patients in the study group was 70±8 years, ranging from 55 to 84 years of age. The mean age of the aortic bypass patients was 61±9 years, ranging from 46 to 75 years of age. The mean age of the AAA patients in the control group was 70±7 years, ranging from 57 to 80 years of age. The mean age of the aortic bypass was 59±8 years, ranging from 43 to 70 years. The data was entered on a computer data base and results were compared using the unpaired student t test.

Results

The study group, totalling 26 patients, demonstrated that nasogastric tube removal with the endotracheal tube did not compromise bowel function as only one patient required reinsertion (3.8%),due to vomiting and abdominal distention. No other gastrointestinal or respiratory complications were noted. The control group, underwent the traditional protocol of 3 to 4 days of postoperative nasogastric decompression; none of this group developed gastrointestinal or respiratory complications following tube removal. The mean hospital stay was reduced from 15.2±5.2 in the control group to 12.1±2.5 days in the study group with a mean reduction of 3.1 days. (Fig 1) Patient comfort is also enhanced without a nasogastric tube.

Discussion

Nasogastric decompression has been the standard protocol following abdominal surgery for many years. Since its use by Levine[1] and Wagensteen,[2] it has been accepted that routine decompression of the gastroin-

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