



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

The Leader in You

May/June 1996

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ASPAN President 1996-1997

Do you recognize yourself as a leader? The one out in front, taking the lead, ensuring that your patient receives the best quality of care based on published standards. It's hard work. In today's healthcare climate, you need to recognize your leadership experience and build upon it. Everything you do is now measured and weighed. It's up to us to demonstrate to those watching what it is that we do and why we are the ones to best do it.

Lois Roberts, in her April message, challenged ASPAN members to define their part, to choose what role they would play in ASPAN's future. It is imperative that we respond to that challenge. It is a matter of survival, not so much for ASPAN, but for nursing itself, for nursing is at the crossroads. We find ourselves in the middle of change, squeezed by external forces, asked to do more with less. As hospitals have re-engineered and become more ambulatory centered, ASPAN has responded with expanded Standards of Perianesthesia Nursing Care. As PACU RN's roles expanded, we undertook the changes necessary to meet the new needs.

Now it seems that we have come to a place in which we need to stand and defend our basic rights as a profession. Nursing is being attacked. An ad appeared in the employment section of my local newspaper, seeking a nursing staffing coordinator. The ad sought someone to keep statistics and provide data to nursing management pertaining to man-hour reports, skill mix summary and related reports. Additional responsibilities included forecasting and preparing a monthly schedule to cover 24 hour nursing needs. The qualifications required were a business background and at least a knowledge of acute care nursing operations. A clinical background (LPN or CNA) was preferred. I was stopped in my tracks. This particular ad was placed by one of the nation's largest for profit healthcare corporations. It is but one example of the erosion of care that is occurring nationally.

In this example, it is the replacement of RN's with lesser skilled or unlicensed personnel. This is not the only issue that we must be aware of. Indeed, the focus today is on change and experimentation. Our input must be included in any discussions affecting patient care. The problems we face as nurses in today's climate of change are not insurmountable. What we must do is place ourselves in such a position as to be able to influence those changes.

The three most important issues in health care today are cost containment, quality of care and access to care. It is evident that these three issues are not weighted equally. Cost containment has clearly been the major focus. Health care administrators and policy makers have integrated aggressive business practices termed restructuring, redesign, or downsizing into the workplace. What these terms mean to us are loss of job security, jobs, and the devaluation of our role as professional care givers. What it means to our patients are increased risks and decreased quality of care.

Whenever an RN position is eliminated or replaced by a lesser skilled individual, patient safety is compromised. Outcomes become less favorable. In a series of articles that appeared in the Pittsburgh Post-Gazette, the issue of hospitals replacing nurses with lesser-trained, lower-paid aides dramatically illustrated the dangers our patients are being exposed to. All of you have read newspapers or seen news broadcasts of incidents of patient injury or death. An alarming number of these unfortunate occurrences can be directly related to lowered standards or decreased staffing levels leading to an increase in errors

involving patients. This will continue to occur until such time as the public becomes aware of their risks and mandates change. It therefore follows that our charge is not only to educate our patients about their healthcare but also the climate in which their healthcare is being delivered.

How can we accomplish this task? By taking our leadership role to a higher level. Each one of us needs to re-examine our commitment to nursing and remember those ideals that were basic to our education. In this world of change and turmoil, the basic ideals of providing comfort and wellness to those with health problems remains constant. Those ideals are noble and deserve respect. Now is the time for us to reclaim that respect in the public eye.

Begin by respecting yourself as a professional and a leader. By virtue of reading nursing journals, attending nursing related programs, certifying in your specialty, joining a nursing organization, writing and sharing ideas with other nurses, you demonstrate your leadership every working day. When you go to a conference and pay your own way because there is no longer an education fund at your hospital, you are demonstrating leadership. When you share what you learn with your co-workers, that is leadership.

How is this leadership? That question is answered when we examine just what it is that leaders do. Leaders create values through communication. The things they communicate about relate to common values that are important to others. They enlist others in a noble cause that gives meaning and purpose to the work at hand. Leaders also convey a vision of the future. They become catalysts in defining mission and encouraging others to help in propagating that mission. Leaders encourage responsibility. They take steps to involve others and create a climate in which individuals feel responsible for what happens. By involving people, you empower them. Every time you bring a nursing issue into a conversation and stimulate thought, you are leading.

Leaders set higher standards. This begins by accepting personal responsibility for the accomplishment of objectives with no excuses. Risks are frequently taken in order to meet goals. It often appears that leaders will things to happen. Leaders earn their followship in part because they symbolize the values and norms of the group. They are the experts in their units. They are respected for their knowledge and the skills they bring to the workplace. Their ability to focus attention on important issues stimulates debates and leads to solutions of serious issues.

Lastly, leaders connect their group to the outside world. By sharing information about important issues with colleagues in other disciplines, they both give and receive feedback that may be beneficial to the goals they and the group hope to achieve.

Why must we be concerned with leadership? The answer to that question can be found in the rapid changes that are affecting our workplace. Things no longer work as they once did. The public, for the most part, doesn't know what is happening. They don't know how changes in health policy will affect them. They often only are made aware in times of illness, which is not the optimal time to discover the doctor you once had has left the HMO that now manages your care. The Wall Street Journal once ran an article that said "People don't want to be managed, they want to be led." People resist being managed. It is too much like being controlled. And to control people is to violate their human dignity. That is why people seek leadership. They want to sign on to programs that respect their beliefs and protect their individuality. That is why we find ourselves, as nurses, in the perfect position to assume a larger role in the decision that will ultimately affect us all personally.

As Lois challenged you to pick your role, to define your part, I encourage you to think about what it is that you do as a leader. What things can you do in your workplace to become more visible? What issues are important to you that you can share with co-workers, patients and the public? How can you best get your message across and what is the appropriate forum for discussion? I challenge you to think of yourself not only as a role-player, but as a leader who can make a difference. Because you can.