

Edited by Lorie A. Brown, RN, MN, JD

The background of the cover features two women. On the left, a woman with blonde hair is shown from the chest up, looking down with a frustrated expression, her hands pressed against her temples. On the right, a woman with brown hair is shown from the chest up, smiling broadly and looking towards the camera. The text is overlaid on this image.

# FROM FRUSTRATED -----TO----- FULFILLED:



THE EMPOWERED  
NURSES' SYSTEM

## THE REVIEWS ARE IN. READ WHAT YOUR COLLEAGUES ARE SAYING:

Fall in love with nursing again by reading Lorie Brown and her coauthors' new book, "*From Frustrated to Fulfilled*". Just like 10-year old Lorie felt when she met her first nurse role model at summer camp; I felt safe, comforted and inspired reading this book. Lorie skillfully weaves stories here for nurses; walking us through the shimmering novice veil where we view only the highest ideals of nursing into the sometimes harsh but more sad, realities of conventional nursing.

The nurse contributors that shared stories for Lorie's book did an outstanding job of conveying frustrations, feeling pain and then digging deep coming out winners in their unique nursing careers. These stories will resonate with nurses and with what many nurses have encountered.

Disillusionment could give way to despair but not in this book and not with this group of nurses! Lorie eloquently outlines the GIFTS that nurses can use and then hits the ball out of the park with **The Empowered Nurses Bill of Rights**. "*From Frustrated to Fulfilled*" empathizes, shares, inspires and educates nurses on self-empowering examples, methods and tools. This book made me smile, get upset, tear-up and feel such joy in being part of the nursing profession. It will definitely be a book that I will read again!

**Michelle D. Podlesni RN | President -National Nurses in Business Association**  
**[www.nnbanow.com](http://www.nnbanow.com) | Author & Founder: Unconventional Nurse®**

In her book, *From Frustrated to Fulfilled: The Empowered Nurses' System*, Lorie Brown shares heartwarming stories of nurses who overcame physical, emotional, and bureaucratic challenges to create an exceptional nursing career. Lorie includes practical strategies in each chapter that provide nurses with a roadmap for success. By understanding the Empowered Nurses' Bill of Rights, learning how to strengthen your GIFTS, and by implementing the simple action steps peppered throughout Lorie's book, nurses will rediscover their power and passion they have for nursing. This book is a must read for new nurses starting their careers, experienced nurses who may be feeling a bit stuck, or for any nurse who is somewhere in between.

**Renee Thompson, DNP, RN, CMSRN | CEO and President, RTConnections, LLC**

"What a beautiful blend of story and strategy. Lorie Brown and the nurse authors of '*From Frustrated to Fulfilled*' weave together solutions in such a heartfelt and authentic way, you can't help but feel inspired. This group shares the tools you need to step into your greatness as a nurse professional- to be empowered in such a way that you enjoy your practice. The personal growth you will experience as a result of reading this book makes it a must-read for nursing students, new graduates and experienced nurses alike."

**Elizabeth Scala, MSN/MBA, RN, Reiki Master & Certified Coach; Author of Bestselling '*Nursing from Within: A Fresh Alternative to Putting Out Fires and Self-Care Workarounds*'**



### ABOUT THE AUTHOR

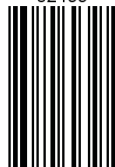
Lorie Brown is a Nurse Attorney, inspirational speaker, and author. Ms. Brown founded Brown Law Office in 1999 where she represents nurses and other health care providers before the licensing board. Ms. Brown is licensed in Indiana and Illinois and has co counsel relationships with other nurse attorneys nationwide.

For representation visit **[yournurseattorney.com](http://yournurseattorney.com)**

Ms. Brown is also the founder of EmpoweredNurses.org where she is committed to giving nurses the tools that they can use to thrive in their profession so they can speak their mind, stand in their power and be a change agent to improve patient care all while legally protecting their license. By using these tools, nurses can rediscover the joy, passion and freedom that brought them into the profession that they slowly lose over time because of the current nursing culture.

For more information visit **[www.empowerednurses.org](http://www.empowerednurses.org)**.

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# FROM FRUSTRATED TO FULFILLED:

The Empowered Nurses' System

EDITED BY LORIE A. BROWN,  
R.N., M.N., J.D.



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By Lorie A. Brown, RN, MN, JD







*To my children:*

*Evan, Jordan and Jillian for being my  
best teachers. You have taught me how to love unconditionally,  
be present in the moment and experience all the joys of life, more  
deeply and fully. I am grateful to you and thank you for being  
patient with me and allowing me to be the person I need to be  
to create the changes in the nursing profession that I  
came here to do.*



## Acknowledgements

I would like to acknowledge the following dear friends for their assistance and support in the writing of this book:

To **Fabienne Fredrickson** of [clientattraction.com](http://clientattraction.com) who gave me the strength, courage and the permission to be “me” and to share my story to empower nurses and the nursing profession.

To **Deb Goeschel** at [wellness-scribe.com](http://wellness-scribe.com) for your fantastic work in editing this book and reading the stories of all the co-authors to mend them into a unified package.

To **Tiffany Mackie** of [animackie.com](http://animackie.com) for sharing your beautiful art with the world and creating a character exemplifying the heart of nursing. Your work evokes such joy and passion.

To **Carrie Vanover** for helping oversee and organize this entire project.

To **Darcee Sellers** at [yoursavvyva.com](http://yoursavvyva.com) for creating the website, sales page and all the behind-the-scenes work for the tele-summits and Virtual Book Tour.

To **Jennifer Odear** at [internetwritingpro.com](http://internetwritingpro.com) for helping create all the copy for the sales page and the telesummits.

To **Amanda Muncie**, the “best client happiness manager” a person could ever ask for and always putting a smile on my face. Thank you for taking care of the clients who we served over the years and while we are putting together this book.

To **Denny Sullivan** xscriptions.com for being a friend for over 20 years as well as for your dictation skills in transcribing my ramblings and making the words look beautiful on the pages.

To **My Co-Authors, Alene Nitzky, PhD, RN, OCN, Cynthia Howard, RN, CNC, PhD, Donna Maheady, EdD, ARNP, Jamie Davis, RN, NRP, BA, Gail M. Weatherill, RN, BSN, CAEd, Joyce Harrell, RN, OCN, Beth Boynton, RN, MS, Nicole M. Brown, MSN, RN, Bridgid Joseph, BSN, MSN, CCNS Jill M. O’Hara, RN, CHHP, RMT** for sharing your personal stories from your hearts, tragedies and triumphs, as well as sharing the tools that you use to go from “frustrated to fulfilled.”







True confession! Several months ago, long before I even started writing this book, I had the idea for this book and created the video that you see at the [empowerednursesbook.com](http://empowerednursesbook.com).

I had a story that needed to be told. I had a system that I wanted to share to transform the lives of nurses and the entire nursing profession. Scared? You betcha. Months went by and I didn't write a word. It wasn't until I got the idea to share the book with other co-authors that I was able to put my pen to the paper and write this book.

I am so humbled and proud to have amassed such an amazing team of co-authors. Each one of them stepped up to the task and completed their sections on time and in excellence. Each one has reviewed and reworked their sections to produce an outstanding chapter. Not one of them was paid but they did so because they care and want to make a difference for you, the person reading this book. Each co-author participated in a telesummit/webinar video, which is available for free at [www.empowerednursesbook.com/](http://www.empowerednursesbook.com/)

resources to share even more with you.

When nurses get together and work together as a team, they are unstoppable. It is my hope that the nursing profession can work together as a team to improve our profession.

A single strand of rope can break but a triple braided rope is unbreakable. Geese fly in formation and rotate the lead to decrease the wind resistance and conserve energy. We can transform our profession by working together as a team which is unbreakable. We can work together as a team to make it easier to complete our work. When nurses have each other's back, support each other (no more "eating our young!"), stand in our power, and speak our minds, we can create the needed changes for health care.

It used to be that health care was provided by religious organizations and counties, whose sole goal was to render care to patients and help them get better. Health care is now a business, a corporation. Just like a corporate entity like Wal-Mart and McDonalds.

Nurses are treated as replaceable factory workers and not as the indispensable professionals. Each one of my co-authors has brilliantly shared from their heart their struggles as a nurse and the tools that they used to become empowered. Each one of them sought a different unique solution that worked for them. I hope

one of these solutions work for you and that you take a non negotiable stand for our profession to be treated with respect, appreciation and dignity.



## **Introduction**

By Lorie A. Brown, RN, MN, JD

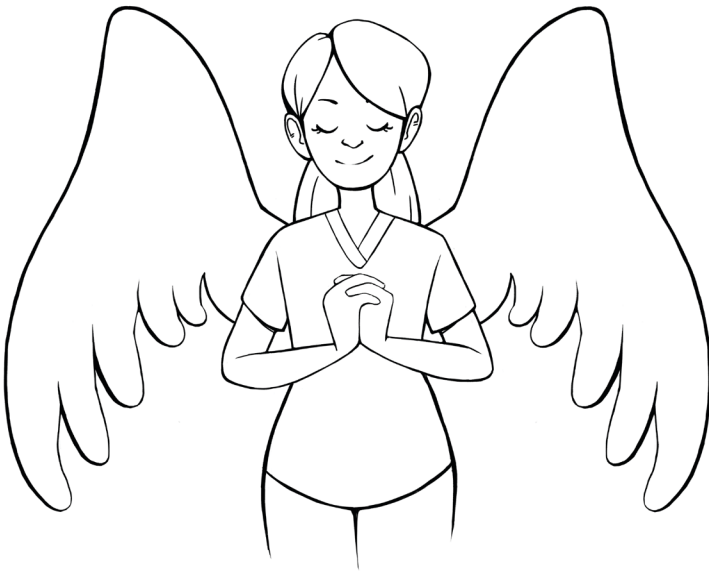
I don't believe in coincidences. There's a reason why you picked up this book. It's full of tips and advice that will help you fall in love with nursing all over again.

Maybe you chose to read this book because you're a frustrated nurse. You may want to become an empowered nurse. You may know me or one of my co-authors. No matter the reason, there are no coincidences — keep reading and you can positively impact your life.

This book details my journey, as well as that of many other nurses who love the profession but realized that something wasn't quite right with their nursing experience. We share the strategies that we successfully used to rise above the problems and create meaningful and fulfilling lives for ourselves. That's my hope for you, that you'll use the tools in this book to create a meaningful purpose in both your career and your personal life.

Several years ago, I kept getting this feeling that I needed to do something to help improve the nursing profession. I grew up

wanting to be a nurse and I loved my nursing job, but one thing that always bothered me was the bureaucracy. I didn't know what to do to improve the situation, but I knew I had to do something. Thankfully, life has a way of guiding you to experiences that give you the tools and knowledge you need to fulfill your purpose. Let me share my story with you.



### **An Angelic Nurse Inspires My Career**

When I was a 10-year-old in Chicago, I went to summer camp in northern Wisconsin. While taking a horseback riding lesson, I somehow fell off and hit my head. It was a very serious fall and I lost consciousness. When I came to, I opened my eyes to see the

camp nurse standing over me. All dressed in white and with the sun glowing behind her, she looked like an angel, halo and all.

At the time, I didn't know whether I was alive or dead, but I knew that this woman was there to help me. This was in the days before 911, so she scooped me up, carried me to her car, and on to the hospital we went.

On the way, I started feeling somewhat better and began talking to Ann, the angelic nurse. I must have asked her a hundred questions about what it's like to be a nurse. Up to this point, I'd had an injury-free childhood, so this was my first experience with someone in the nursing profession.

Ann told me how she loved being a nurse and helping people, especially all the kids at camp. She had a strong commitment to making the youngsters, some who were away from their parents for the first time, feel safe and more comfortable.

I was so inspired that I decided on the spot that I wanted to be a nurse.

Years later, when I graduated from high school, I still wanted to be a nurse. I attended Indiana University and graduated from their school of nursing. After, I chose to relocate to California, where I was fortunate enough to have seven interviews resulting in seven job offers. (I know what you're thinking because I'm

thinking it, too: boy, have times changed!)

### **The “We Don’t Deliver” Dilemma**

I chose the hospital where I wanted to work and began on the medical surgical floor. It was quite an exciting feeling, being a real nurse for the first time. But the excitement quickly gave way to anxiety when one of the patients on the floor coded. I remember that I was so new and green at the time that I was grateful it wasn’t one of my patients.

While more experienced nurses tended to the emergency, I watched the other patients until a co-worker emerged from the beehive of activity in the man’s room and asked me to get the suction apparatus. I immediately called central supply and asked them to deliver the necessary life-saving equipment. To my surprise, the central supply attendant on the other end of the phone said, “We don’t deliver.”

I was shocked! A man was dying and the central supply attendant couldn’t bring this life-saving apparatus to the nurses trying to resuscitate him! Because there was no one else available, I begged the attendant to bring the item.

Finally, unable to get her cooperation, I felt like I had no choice but to leave the patients — both mine and those of the



nurses working to save the ill man — and went to central supply to retrieve the much-needed suction device.

The next day, I was called into the office of my head nurse. She sat me down and said, “Lorie, I have to write you up because of the way you treated the attendant from central supply.”

I was shocked and horrified. I could not believe that it was me getting written up when the central supply attendant was the one who refused to bring the life-saving equipment to the floor. I thought, “Isn’t that what healthcare is for? To save lives?”

Now, I’m sure that like me, you’ve had defining moments in your life that changed everything for you. Unfortunately, those defining moments are often the bad ones, because we tend to learn more from difficult times than from good times.

I was shocked that my manager wasn’t supportive. She wrote me up without even giving me resources that could help me improve my communications skills.

I had always thought of nursing as a caring profession and I assumed that we would have each other’s backs. But now I felt like nursing was about “eating your young” and “only the strongest survive.”

I also was shocked that the administration would put up with having the hospital’s highest paid employees leaving the patients

unattended to get equipment, rather than sending an orderly or unit clerk or a volunteer.

### **Don't Make Waves**

I learned very quickly that day that opening your mouth and making waves will get you written up. Silencing nurses is how the healthcare system keeps from expressing needed changes in healthcare. Patient care cannot improve if nurses are silenced. They are the eyes and ears for physicians and are really dedicated to improving patient care.

I thought that if I perhaps got into management, I could make a difference and run my unit the way I wanted. So I obtained my Master's degree and became a unit manager. I ran my unit in a way that encouraged input and participation from everyone. I allowed my nurses to self-schedule, except for every other weekend. I allowed them to trade with each other and work together. I developed a very cohesive environment where the nurses worked together as a team.

However, when it came to trying to improve hospital policy, I was not supported. The hospital's "we've always done it this way" philosophy was incredibly frustrating. And even as a manager I felt that if I didn't keep quiet, I would lose my job.

### **From Nurse to Lawyer**

Then, after a series of life changes, I found myself going through a divorce and, if there is a positive side to that experience, it's that I had a great lawyer. After watching him in action, I thought, "I want to do that!"

I never had any desire to go to law school before that, but after my interactions with my attorney, I saw that practicing law was just another avenue I could follow to help people.

I eventually graduated from law school, passed the bar exams, and got a good job as an attorney. However, I was making less money than when I was a nurse (if you can believe that!), plus I wasn't quite ready to give up my patients, so I continued nursing part time, along with practicing law. As a lawyer, I developed expertise in defending physicians and nurses against medical malpractice matters.

I represented one particular insurance company that our firm had an exclusive contract with. I loved working with the nurses and helping them prepare for depositions. I had the advantage of knowing what the nurse was going through when she made the decisions she did while providing care. I also began representing nurses before the state licensing board. Several years later, the insurance company went out of business and I decided to hang out

my shingle and start my own practice.

Believe me, I was terrified. I was pregnant with my second child and, unfortunately, pregnancy does not equal billable hours. And since I didn't have clients to take with me because the insurance company went out of business, it was very difficult for me to find new work. Going back to nursing at that point, with a toddler plus a baby on the way, was also not an option.

I focused on growing my business of representing nurses before the licensing board. I often felt like the board was returning unfair decisions and I could not understand how the nurse members of the board could not understand my client's situation and be more lenient. But the board's job is to protect the public, not the nurses, and I felt that if better people were appointed to the board, my clients would be treated more fairly.

As the years went on, nurses came to me with the same problems I had experienced myself. I realized that I couldn't just sit there and do nothing. I was being called to do more, to help nurses so that they wouldn't get in trouble unnecessarily, to help them rediscover the power that they so badly need and deserve in the profession.

When I was a staff nurse, I blamed my manager for all the problems. I felt that if my manager wasn't there, everything would

be better. When I went into management (at another hospital), I blamed it on the administration. If the administration wasn't so stuck in their ways, I could make the changes that needed to be made.

### **The Realization of Empowerment**

Then, when I was at the law firm doing medical malpractice defense, I felt like it was the insurance company's fault. If only the insurance company would let me settle this case or, if only the company would allow me to take this deposition, things would be better.

Then it was the licensing board. If only the Governor would appoint the right people to understand my client's situation. Through all of those experiences, I realized that the common denominator was me. If things were going to change, I had to change. I could not depend on everything outside of me changing. I needed to change myself.

At that time, I had a third child and my business was going okay. My daughter was 18 months old and I was in an unhealthy relationship. Suddenly, the light went on and I realized I needed to do something to get my life back on track.

I went through a personal growth program that completely

changed my life and the way that I look at the world. I took back my power and my control and quit blaming the nursing board (and everyone else) for the results. I became the source of my life and the results that I was creating.

I also learned a new way to look at the world. If I was having a problem, I needed to find the tools to solve the problem and make things work again.

And, surprisingly, it was so easy. That's what tools do. They make things easier. You can't unscrew a screw without a screwdriver. You can't put a nail in wood without a hammer. Tools make life easier, and that's why I want to share the tools that you need to become an empowered nurse.

With these tools, I have been able to raise three amazing kids, have a business that I love with the freedom and flexibility that I want and to be there with my kids and have wonderful relationships.

Now, I won't say that there's some kind of a personal growth nirvana that we reach where everything goes great. Growth doesn't occur when everything is perfect.

Two areas in my life where I still struggle are in reaching my ideal body weight and finding my soul mate. In the past, I would say, "When I find my soul mate, I'll be happy" or, "When I get

to my ideal body weight, I'll be attractive and I'll be able to find my soul mate." Now, I know I'm fine the way I am, with all my imperfections. When the right man comes along I'll know it, and carrying a few extra pounds just means "there's more to love."

That's my backstory — the good, the bad, and the ugly. All those unique experiences helped me get to the point where I had both the desire and the expertise to do something to help my fellow nurses. I couldn't just sit back and do nothing as I watched so many good nurses leaving the profession because of the lack of support. I decided to do some research and use everything I learned to develop a system to empower nurses.

### **What Nurses Want — The Empowered Nurses' Bill of Rights**

I asked all the nurses I knew what they really wanted in nursing. They didn't say they wanted more money. Most people wouldn't want to do what nurses do no matter how much you paid them, yet nurses do their jobs with smiles on their faces every day.

No, nurses don't need more money and nurses don't need any more tangible things like time off or benefits. They simply want to be treated well, with fairness and equality. I took all that I learned from the nurses I talked to and came up with the Empowered Nurses' Bill of Rights.

## **Empowered Nurses' Bill Of Rights**

### **Empowered nurses have the right to:**

- Speak their mind
- Have a reasonable and fair assignment
- Complete work assigned
- Be paid more for higher acuity patients
- Go home feeling like they did a good job
- Feel part of the team
- Not be pushed to work overtime because the facility is understaffed
- Not feel that they can't call in sick when they're really ill
- Adequate staffing so that everyone has time to do everything each patient requires, including psycho-social support
- Be respected by patients, their families, co-workers, management, administration, physicians and other health care providers
- Be acknowledged for doing a good job
- A fair schedule with an equal number of holidays and weekends compared to coworkers



- Not be hurt by a patient
- Be supported after a difficult shift
- Have time to document care provided
- Refuse to be floated to an unfamiliar unit

### **Expert Nurses Share Their Tools**

Sometimes I think the nursing profession is so busy looking inside itself for the answers that it doesn't look outside. I've often found that the answers already exist outside the nursing profession — because they've been used to solve similar problems in other professions.

I've developed a tool specifically to empower nurses to speak their minds, stand in their power and be agents of change to improve patient care. The empowered nurses system I've developed is called GIFTS.

In addition to the GIFTS tool, you'll also learn how other nurses found empowerment and what tools they used. I want your tool box to be even bigger than mine was! This book is a truly collaborative process and it includes valuable insights that every nurse can use to feel empowered in her profession.

Remember — there are no coincidences. Fate put this book in your hands for a reason, so you'd better keep reading!





## CHAPTER 1

### **Using Your GIFTS™ to Empower Yourself**

By Lorie A. Brown, RN, MN, JD

As I said in the introduction, I attended a personal growth program that profoundly changed my life. Prior to the program, I never thought I would be empowering nurses and making a difference for the nursing profession as a whole. After all, I was happy with my law practice and helping the nurses who came to me. I was in my comfort zone. After the program, I realized there were so many ways I could empower myself to make a difference, if I

was just willing to step outside my comfort zone. I developed the GIFTS system, which you can use to empower yourself in your career, and in many other aspects of your life as well.

### **GIFTS ... G is for Giving**

As nurses, obviously, we are very giving to our patients. But we are not always as giving to each other, physicians, administration and, most importantly, to ourselves. Nurses are selfless and would rather give to everybody but themselves. They are wives (husbands), mothers (fathers), daughters (sons), sisters (brothers), caretakers, volunteers, you name it. But when it comes to self-care, many nurses fall short.

I'm not talking about getting enough sleep, eating healthy and exercising, although that is part of it. I'm really talking about how nurses will, when asked, work several shifts, days in a row, and work multiple double shifts. And nurses will be on call and come in on a moment's notice, as well as come in when they don't feel well, all in the interest of being there for their patients.

Everybody has a certain capacity for giving and once that capacity is depleted, they are unable to give any more. You may have heard that your capacity is referred to as your cup. If you fill your cup first, then you're able to give more to others. As nurses, we

always fill our cup last; everyone else seems to come before us. Many nurses suffer as a result of this, perhaps not physically, but mentally, because they're missing a lot of the joy and satisfaction that comes with giving.

It's like the pre-flight safety talk you hear on an airplane, where the attendant says that if the oxygen mask drops, put on your mask first and then help small children. This analogy is so perfect for life. We need to help ourselves first, because then we're in the right place to best help others.

Think of the ways that you can fill your cup, that make you feel excited, inspired, healthy and nurtured so that you can have a full cup and be able to give to others.

And let's talk about how nurses treat each other. Some nurses treat new nurses poorly. They feel that the new nurse is not adequately trained and does not have the knowledge, skill or experience to work on their unit. While that may be true, it is up to us to mentor our next generation of nurses. These are the nurses who will take care of us when we are unable to take care of ourselves. These nurses should be mentored, nurtured and supported rather than eaten, criticized and ostracized. Being giving does not allow nurses to play favorites. We can't choose our patients and we can't choose our coworkers. We need to be giving to each one of them,

imperfections and all. Remember the saying, “When you give, you get”? Being a giving nurse — to everyone — also allows you to receive.

When I was working during law school, I worked through an agency and had the opportunity to work on almost every different kind of nursing unit. I worked in areas that included oncology, labor and delivery, psych, urology, bone marrow transplant, organ transplant, pediatrics, long-term ventilator care unit and home health care doing IV therapy, to name a few.

I had the opportunity to see firsthand how healthy units were run and how dysfunctional units were run. I could always tell when I went to the unit if it was healthy or dysfunctional. One way I could tell was by how giving the nurses were to me, a nurse who was new to their unit, who was there to help them out.

I also was able to tell by how they interacted with each other and how giving with each other they were. I loved working on units where I felt like we had each other’s back and we all worked as a team to get the work done.

### **GIFTS ... I is for Integrity**

Now, most nurses are very honest, ethical people. It’s no coincidence that Gallup has identified nurses as the most trusted pro-

fession. Patients confide in us with their most personal problems. We need to have the integrity to keep those problems confidential, and only share them among the healthcare team when pertinent. Having integrity also means accurate documentation, correctly documenting the facts and your assessment. If you didn't perform vital signs, don't chart them. If you didn't go back and assess the patient after you administered pain medication to make sure the patient has relief, don't document that you did.

When you're a nurse with integrity, you don't late chart or back chart unless you properly identify the late charting. And when your supervisor (or anyone, for that matter), asks you to do something that you feel is not quite "kosher," don't do it. You have to live with yourself.

Integrity also means being in alignment with your core values. If you are working in an environment where the nurses are constantly gossiping and one of your core values is not to gossip, don't sit back and do nothing. Either speak up or leave. Life is too short. You spend the majority of your waking hours at work, so find a place to work that supports you and aligns with your values.

Very few people think about what truly matters to them. There is no question that, as nurses, we are all givers, but we have to pause and focus on what truly matters to us. Obviously, people's

health! Is it the elderly, is it animals, is it the environment, is it a stand against poverty, homelessness, the war against drugs, the elimination of teen pregnancy, or smoking cessation? There are millions of causes for us out there and to the people who are involved, their causes matter greatly to them. What matters to you? I'm not just talking about causes, but also values, deep down in your soul. Is it important to you to be truthful with your word? Is it important to you to be kind to others? Is it important to you to take a moment to give a kind word to a troubled soul? Is it important to be there when someone needs advice, comfort or just an ear to listen to them?

When you're living with integrity, it's important that your actions align with your core values. Every time you do something that is not in alignment with your core values, it eats away at a part of you. It doesn't matter if it's conscious or unconscious, but just that it is there.

As nurses, we tend to have fuzzy boundaries. That is, sometimes we're asked to do things that we really question in our minds, but are afraid to say out loud. Sometimes we see how a coworker is treated and are afraid to go to bat for them ... or against them! Are you being driven by fear or are you being driven by power and faith?



Are you more concerned about being right and proving yourself? There is no prize for being right. The prize is creating workability. What is important is acting within your core values and being clear on your boundaries. That's what integrity is: acting in alignment with your core values and not compromising. When we compromise our core values, it affects patient care.

### **GIFTS ... F is for Focus and Follow Through**

It's obvious that focus and follow-through are imperative for nurses, but think about how many times in your day you get distracted or think about what's next instead of concentrating on what's happening in the present moment. Think about times when somebody asked for a PRN medication ... and they had to ask twice because you forgot. Think about how many patients you promised to get something for and just forgot.

As nurses, we're constantly bombarded with new information and we need to think ahead to what's next in order to just manage our day. However, to truly be successful in nursing, we need to focus on the present moment. Focusing on the present moment will give us so much more joy in our practice because we can truly be there for the patients, instead of wondering about what's next, planning and thinking ahead to the future. The only moment

that matters is “right now.” And then “right now” and then “right now.” That’s because the past is in the past and the future is yet to be written. By focusing on what is right now, you can make the most of the moment and be a more effective nurse.

Have you ever gone to work and been given such a difficult assignment that you had no idea how you were going to complete it during your shift? With tough tasks, there are times you complete them effortlessly and surprise yourself, while at other times you’re like, “Yep, that’s what I said to myself ... how am I ever going to finish this on time?”

There is a principle called Parkinson’s Law which states that things only take as much time as you give them. This concept has truly changed my life and my productivity. Just by knowing that I have all the time that I need to get something done, I surprise myself as to how much I can accomplish. Worrying about the time isn’t going to change it, but being present in the moment will definitely increase your productivity.

Think about the moments when you were really excited about something and time just flew by, as compared to other times when you really didn’t want to do something and time just dragged. Time is really a concept in our minds, and improving our relationship with time will help improve your productivity.

As nurses, obviously we need to be “focused” and “follow through.” By being focused, we can identify the subtle signs and intervene accordingly. We also need to follow through and evaluate our results. Sometimes things are not as they seem unless you focus.

By being focused and following through, your patient care will dramatically improve and you will feel more fulfilled in your career.

### **GIFTS ... T is for Trusting Your Gut**

How many times have you walked into a patient's room and you knew immediately that something was wrong? You took vital signs and did an assessment and you just couldn't quite pinpoint it. You knew that if you called the doctor, he would yell at you for wasting his time. So, you didn't do anything.

Then, a few hours later, the patient crashes and you have a real problem on your hands. Your gut was telling you to do one thing, but you went against your gut and did something else. We all have that gut instinct that tells us the right thing that we need to do. We just need to pay attention to it and not let our mind talk us out of it.

Our patients have that gut instinct, too. When they tell you

something's wrong, are you dismissing it, perhaps thinking, "Oh, they're just a hypochondriac"? Or are you really paying attention to it?

Even if a patient cries "wolf," how do you know if this time it isn't the real thing? Trust your gut! Unfortunately, our mind tends to talk us out of trusting our gut. But it's that first initial instinct that says something is wrong that's usually right.

In all my years of nursing, I've come to believe that we are not alone while doing this job. There is a force out there helping us, an indescribable force. You can't pay people enough money to do the things that nurses do. They're exposed to and deal with every type of bodily fluid and germ known to man. And even some unknown! Yet nurses do it every day while wearing a smile. We are chosen. We have a calling to do this work.

When I was practicing, one of my patients yelled out, "Oh, Lord! I'm coming, I'm coming!" She was in her forties, yet she knew what was happening. She had no diagnoses that would have caused imminent death, but she knew she was having a stroke.

We all have that sixth sense: gut feelings. And the more experience we have, the stronger and more accurate our gut feelings become. The choice is to use them or dismiss them. I believe you will be a much more powerful nurse if you use them. We have

these gut feelings for a reason.

You may even try asking this unknown force for help when you're having a tough day and you're worried about how you're going to make it through. Try it and see what happens—you just might be very surprised at the results.

We see it all the time when two patients of similar ages have the same diagnosis and one lives and one dies. There is some force outside of us that can't be explained. Think of if we could only tap into that source, how much more powerful we could be and how much more healing and change we could effect.

### **GIFTS ... S is for Source**

You are the source of everything that happens in your life and your career.

I attended a ropes course once, which is a Challenge by Choice program. Challenge by Choice means that you can accept or decline the challenge but the challenges are designed so that everyone can participate. One of the goals of the course is to push you outside of your comfort zone. I received the challenge of donning a helmet and harness, climbing to the top of a 30-foot telephone poll and then jumping off. I accepted the challenge but was terrified.

The facilitator of the program said to me, “If your child was at the top of that telephone pole, would the pole stand in the way of you and your child?”

The answer was “absolutely not!”

So many times in our life, we blame circumstances (the pole) for things that don’t go right in our life and our career. I know — I used to blame my head nurse. If only she would understand me and support me.

Then when I became an attorney, I would blame the insurance company for not allowing me to do what I needed to do to defend the case. Then I blamed the nursing board for not understanding my clients. I could not change my head nurse, the insurance company or the nursing board. But I could change myself. I was the source.

As an empowered nurse, you are the source of everything. Being the source, it’s not the fault of your charge nurse who gave you a difficult assignment that was the reason why you couldn’t get your work done. It is no longer the fault of your coworkers, who said they were too busy to help you.

Being the source is a much more powerful position to stand in, rather than being vulnerable to the effects of what everybody else does. When I became the source of my life and career, my results

before the nursing board magically changed.

I am not saying that when things go wrong it's always your fault. But by being the source, you have the power to choose your reaction and do something about it, which is a powerful position to stand in.

### **Go Five-For-Five**

In order to be an empowered nurse and use your GIFTS, you must go five-for-five. That means you must use all of your GIFTS. This book gives you great tools to learn how to be empowered. But just knowing what the tools are is not enough. You must also experience using each one of your GIFTS and know what it feels like. Change does not occur overnight. It takes practice. Your GIFTS are like muscles that need to be developed.

If you would like help remembering and using your GIFTS, try these additional resources, available at <http://www.empowerednursesbook.com/resources>. One of the tools is a printable card that reminds you to use your GIFTS. You can keep this with your badge or your references to remind you to use your GIFTS.

You also can join our empowered nurses group's private Facebook page so that we can all support each other and use our GIFTS to become empowered nurses and making healthcare in nursing

what it was meant to be — being able to take care of our patients, spend time with them and help them return to their highest level of well-being.

### **EMPOWERING ACTION STEPS**

- Don't settle for one or two — be sure to use all five of your GIFTS!
- Visit [www.empowerednursesbook.com/resources](http://www.empowerednursesbook.com/resources) and print a card that reminds you to use your GIFTS.
- Keep the card with you as a reminder to use your GIFTS.





## **CHAPTER 2**

### **Fighting Dinosaurs: How Nurses Can Evolve to Self-Empowerment**

By Alene Nitzky, PhD, RN, OCN

As a kid, my first impression of nurses was of subservient handmaidens in white caps and uniforms. I never thought I'd become one. At age forty, after pursuing a career in recreation and wellness, working in higher education and then having a personal training business, I arrived at the doorstep of nursing.

### **Treating Symptoms for Quality of Life**

A few years earlier I had a life experience as a patient. As an athlete and high-functioning person in my thirties, I tried for over three years to get adequately treated for thyroid disease. Over that time I suffered with persistent brain fog and fatigue, but my overall quality of life suffered the most. It wasn't until the last of the five doctors I saw, a thyroid cancer survivor herself who seemed more interested in how my symptoms were affecting my life rather than what the labs said, that I got relief. The addition of a second medication and a slight dosage change in the first resulted in a dramatic turnaround within a month.

As a personal trainer, I worked with clients who had chronic health conditions. My clients felt the medical community was unable to provide the guidance they needed to manage their conditions while simultaneously maintaining their quality of life. Their overall health needs, in addition to exercise, were beyond my scope as a personal trainer, but I knew they could benefit from better coordination and communication from their physicians than what they were getting, to meet these needs.

In my own patient experience, I saw firsthand what my personal training clients had been telling me about their doctors, that if your symptoms didn't fit into the narrow area of their under-

standing and their routine medication regimens didn't make you go away, you were the problem. Quality of life was not even a consideration.

I went into nursing out of a desire to eventually find a way to fill that gap in quality of life for people. I wasn't sure how I would get there, but at first, the steady income of nursing allowed me to pursue more of my own quality of life. The thing I enjoy most is running. As an ultramarathon runner, I get my best thinking and creative ideas when I am physically moving forward.

After nursing school, my first job was in ICU, a learning experience that was intellectually challenging and physically demanding. Poor leadership made the environment more stressful, and the stress led me to a change after four years, to Oncology infusion. I had loved Oncology as a nursing student, and there, I was able to converse with patients who were not sedated and intubated.

At first the change was good, but I didn't realize just how toxic nursing in a corporate hospital setting would become, even part-time, and the energy it would take, spiritually, emotionally, and physically depleting me. I always felt that running 50 miles was easier than a 12-hour shift.

I understood that we as nurses were only seeing a very small view of the entire disease process and how our healthcare affected

our patients' lives. I would hear patients talk with their families and friends during chemotherapy infusions. They had so many needs beyond the drugs we gave them that were not being attended to. If we were too busy to talk with the patients ourselves, which was usually the case, we could call in a medical social worker or counselor. Unless what they did applied to the patients' lives outside of the hospital, it wasn't accomplishing much, except serving as a temporary relief valve to let off some steam.

I wanted to know, beyond the cancer, who were the patients and what were they experiencing once they left the clinic? And what happened in their lives after they finished treatment?

I started attending cancer support groups regularly to listen and learn. I had this insatiable need to see the bigger picture. I soon realized it was because I had found the missing link. That link was what I was looking for in my personal training days to help my clients with quality of life, but was ill-prepared to provide without a nursing background.

### **Rigid Leadership Leads To Dysfunction**

Meanwhile, I felt suffocated and underutilized in the hospital environment. I became frustrated with the inaction and rigid mentality of management, especially the times when they refused to

reconsider the priorities they saw as integral to their profit, but at odds with what patients actually needed. The nurses were smart, capable, and confident when it came to patient care, but when it came to speaking up to management, they would shrink and disappear.

Those in “leadership” were implementers and enforcers of dysfunction through initiatives disguised as corporate jingo. There was a lack of transparency in how things were done that hindered true forward progress or innovation. Communication was highly guarded and protected from the nursing staff who were expected to mechanically perform their duties but whose new ideas and contributions were not encouraged or nurtured even if offered. Dull-eyed, robotic managers seemed to stay forever in their positions, using old templates for action. Staff who verbalized the desire to make change were a threat and were not valued for their potential, only for their ability to act as smooth cogs in the machine.

As I spoke with nurses all over the country on social media, I found they were saying the same things everywhere; they all seemed to be stuck on the same issues. Healthcare was changing, but nursing wasn't going anywhere. Reducing costs and providing greater value was the corporate mantra, but these concepts were not well-defined, and our jobs weren't changing to adapt. Instead,

we were simply asked to do more of the same with fewer staff and more documentation requirements. Online and in private conversations, nurses complained, and many had better solutions than the higher-ups.

These solutions never seemed to go anywhere, and the same old players remained in management, trying to enforce changes that they themselves didn't understand or accept. Where were the nurses' voices? Where were the strong advocates we were supposed to be? I began to see the whole picture of health care in the corporate setting and how it was affecting nurses as a drama of dinosaurs.

### **T. Rex vs. The Boneheads**

Tyrannosaurus Rex, according to modern scientists, operated as a scavenger and a predator, not only hunting its own prey, but feeding opportunistically by scaring off other scavengers with its size.

T. Rex had short, two-fingered front limbs. When you're unable to reach for things and don't have opposable thumbs, you are less agile and unable to create useful tools. Not being cortically driven, but instead relying on your predatory instincts, you find barbaric, primitive solutions to problems. If T. Rexes lived today,

they'd be corporate healthcare bosses.

Pachycephalosaurs, the boneheaded dinosaurs, were smaller creatures, living in the shadow of T. Rex. They had dome-shaped, thick, bony skulls, and fought each other to the death by bashing heads. These dinosaurs were competitive instead of cooperative, but they could easily be trampled underfoot and eaten by the likes of T. Rex.

Nursing leaders are much like these boneheaded dinosaurs, consisting of nursing boards, organizations, administrators, managers, and higher educators who feast on their young in the shadow of the larger predators and scavengers of the corporate healthcare world. None of these creatures ever evolved, they became extinct, and are now fossilized.

Nursing is a profession shaped by external cultural forces. Traditionally women's work, viewed in a male-controlled culture, nursing is diminished in value. By design, it does not have the autonomy and freedom to control its own destiny and place in the healthcare world, as medicine has. Archaic organizational structures in the healthcare workplace have contributed to the ongoing powerlessness of nursing, allowing outside influences to direct it.

### **Advocate To Build Empowerment**

Nurses need to advocate for ourselves and our profession. We need mouthpieces in order to do a better job of articulating the importance of all of the big and small things we do every day to save lives and improve outcomes for patients. If it seems no one is listening, then we haven't spoken loud enough. There are three million of us in the U.S., nearly one percent of the population.

In recent times, politically-enabled corporate dominion has made things worse for nurses. Focus on profit in the name of "value" has led to an increased workload through multitasking, greater reliance on understaffing of direct care workers, and administrative top-heaviness of organizations. Nurses, at the bottom of the hierarchy, are facing extinction, waiting to be replaced by developing technologies of "carebots."

Only recently has the demand for advance practice nurses raised the bar of function and opportunity for nurses, but they still don't have autonomy in most places, and are referred to by such dismissive terms as "mid-level" providers, as if they are somehow inadequate.

The registered nurse in the trenches has not moved forward at all, effectively ignored by those organizational entities who claim to represent nursing. On their own, RNs are only focused on basic



survival in the workplace, with no sophisticated strategy for evolution with the times.

The only attention that's been given to registered nurses lately has focused on a long overdue entry-level requirement for a bachelor's degree in nursing. There has been a concurrent push for a doctoral degree requirement for "mid-level" providers, and all this at a time of a shortage of nursing faculty and education costs escalating far beyond wage increases.

Their numbers waxing and waning with the cycles of shortage and glut, overworked, exploited, and taken for granted, few nurses use tools such as organized labor, social media, lobbying, or protesting for the right to speak freely and be heard in the workplace. They are rarely represented on boards or in powerful positions, despite their large numbers relative to other healthcare workers.

### **Is Our Goal Healthcare Or Profit?**

Given the need for nursing care in hospitals and health care facilities, nurses need to ask, "What are we trying to produce here, healthcare or profit? Are the two compatible?" In the current system, the powers-that-be don't seem to "get" the health or care part of healthcare.

Boards of directors of health care organizations rarely have

influential members who see things from the perspective of nurses. Nurses who work in direct patient care understand how nurses function and operate within the health care world, and would be able to communicate this to the other powerful board members if they were included. They could explain that nurses are not just robots, or expenses like room charges and bedpans, but instead, knowledgeable, skilled providers of an end product. That end product, healthcare, should result in better health, and provide value and satisfaction to the patient experience.

Someone needs to convey that nurses' interaction with the patients at the most basic human level is the key to health and care, which are what we say that we're providing. When this interaction is compromised by being rushed, overworked, and short-staffed, the end product suffers in quality. If executives could see that the nurse is more than a robot doling out medications and completing paperwork to meet regulations, then perhaps they would value nurses' work.

Because what nursing seeks to accomplish, excellent patient care, is often incompatible with purely profit-driven motives, those who hold the power make the decisions. Wielding power like a club in its useless hands, the T. Rex defends its well-developed sense of entitlement when its wisdom is called into question.

T. Rex uses whatever force is necessary to squelch dissent among the boneheads: clubbing them and dragging them into submission, including the sole executive nursing position in most healthcare organizations: the chief nursing officer, a T. Rex-Bonehead hybrid.

In most organizations, the CNO is the head of multiple layers of dysfunction, responsible for overseeing the compliance of the hierarchy of subordinate leaders, keeping things safe for T. Rex and the profit margin. Working in the best interest of nurses would only damage the bottom line, so it's advantageous to keep people in management who can't see the advantage of having smart, innovative people working for them. Nursing leadership needs to evolve or face extinction, because as of now it enables the culture of bashing each other's heads and eating our young, and the outcome for nurses is like fighting T. Rex with a club.

Nurses are the face of day-to-day operations in patient care. The CNO needs to be accountable to nurses and stop the deference to the proverbial boys' club. As a nurse leader, the CNO needs to ask (for every decision made in an organization), how does this affect nurses and the patient-nurse interaction?

### **The Two-Tiered System Challenge**

The first problem for nursing within healthcare lies in a two-tiered system where healthcare providers who work directly with patients have a directive to do no harm, with patient safety as the priority. Direct care workers focus on living up to their Nightingale and Hippocratic oaths and using their extensive training. Executives and their administrators don't have an oath, they answer to money, and have little to no experience at the bedside, or have not done patient care in many years.

Operating in different worlds, they don't speak the same language or employ translators, so the tiers don't speak to each other about mutually shared goals. Encumbered by their increasing size, T. Rex becomes slow to change or adopt anything new, crowding out room for creativity, original thought, or acting on necessary change in a timely or independent manner.

The other problem is that the institutions that do influence nursing, the state boards of nursing, nurse practice acts, higher education, and nursing organizations that claim to represent or protect nursing interests but really do little of this, are firmly fossilized in the bedrock of past centuries.

While they pretend that they are implementing new "evidence-based" initiatives, they are selective in which evidence they

choose to apply, only making things more complicated and creating a distraction from patient care. Despite abundant evidence that nurses' judgment and physical health suffer from 12-hour shift work and switching between day and night shifts, and that multitasking and interruptions increase the likelihood of errors, management continues these patient and nurse-endangering staffing practices.

### **Empowering Nurses to Improve Healthcare**

For all the talk about healthcare reform, nursing leaders have not moved forward with a plan for the future for nursing. While they have made strides in creating demand for higher nursing education, they have not grasped the importance or value of nurses as a whole, they have no vision for what nurses could do if they were all utilized and valued to their potential. They have not insisted nurses be represented at the highest organizational levels or that nurse managers truly have a grasp on how to lead people, other than bashing the skulls of those who want to move forward. They have not taught strong leadership skills in nursing schools. They don't seem to make the connection between supporting nurses and supporting patient outcomes, despite ample evidence that there is a strong one. Wasn't that the premise behind Magnet status?

What we need to do is start developing strong nursing leaders who have nurses' best interests at heart. We need to take a different approach to educating future nursing leaders, whether it's through cross-training with business schools or through intensive leadership mentoring programs. Developing a network of leaders who encourage critical thinking and creativity and building a strong web of support for these nurse leaders across organizations would provide the backbone needed to replace the old guard.

Strong nursing leaders don't fear change, but encourage their staff to advance it. They value original thought and innovation from staff nurses to benefit entire organizations and the profession, instead of viewing these as a threat to their own job security. Their nurturing and fostering of employee growth would reflect back on them, illuminating their leadership skills.

### **Evolve To Empowerment To Truly Make A Difference**

So far there has been no national movement, no organized protest to demand action and change for nurses. Patient care and safety matter, and it only takes one visible and well-publicized breach, such as the recent Ebola missteps, to stir widespread outrage. The media could be our ally, but so far, they have not helped much to further our interests. Instead, they are driven by their own media

T. Rex seeking to protect their own profits, and the T. Rex of the legal system favors the wealthy and powerful interests over the ordinary citizens'. Media portrayals of nurses perpetuate antiquated notions of nursing.

Healthcare reform presents many opportunities for nurses to evolve, not only within our profession, but to serve an important, visible, and leading role in public health. The failure of leaders to move nursing forward along these lines is a disservice to nurses, but even more so, to the public.

We have lived with a medical model of healthcare, but medicine is not enough for health. Medicine is for the sick, and "healthcare" is a misnomer — it is an industry in the business of illness, not health.

In the current dysfunction of healthcare, this medical model continues to focus on illness, but doesn't go back to try to change the thing that caused the illness in the first place. It is slow to change or adopt new ways of thinking, and does not teach physicians to be resourceful when they need help with skills omitted from medical training. The way physicians work, they don't have time to address the problems that call for time for listening, behavioral change, reinforcement, follow-up, and coaching. That is not the fault of the individual physicians, but they should acknowl-

edge that they need to seek help from someone who can fill those gaps.

As we patch over things with drugs, expensive treatments, tests, and diagnostics, this approach has contributed to uncontrolled healthcare costs. As the population ages and chronic disease extends its reach, starting ever earlier, we've invested little in public health or real prevention, in ways that people can actually apply to their everyday lives.

Nurses are in the ideal position to fill this gap. Trained holistically in the workings of the body, we see the person's disease process, but also beyond it, to function, needs, knowledge, safety, and quality of life. To stop the wave of chronic disease, we need to start addressing public health early. Patient engagement and health literacy, two constructs that should be important aims for health care, could be independently and competently run by nurses.

Nurses can go into the schools to educate kids from the beginning, in healthy behaviors, physical activity, eating right, stress management, and appropriate social interaction. They could educate and support parents in their efforts to improve the health of their families, helping single parents get respite to take care of themselves.

Nurses could provide widespread community mental health



services to help people dealing with mental illness. They could improve social functioning, adherence to medication, treatment and counseling, by following people in their progress and intervening before a crisis occurs, helping them to live a more productive and higher quality of life. Nurses are already trained to do the one-on-one care and teaching for people, able to explain the principles of health in plain language. Physicians and nurses working as a team rather than as hierarchical adversaries could make changes to benefit public health, decrease costs, create better value, and truly provide both health and care.

These initiatives are not at the forefront of the healthcare discussion because they don't support illness, which currently drives profits. Our failure to invest in people and reverse the growing income divide is where we've gone wrong. Health education needs to come first, to build a strong base of public health. Instead of being top-heavy with corporate profits and executive compensation, we could help people to live better, and provide good jobs for everyone instead of overworking a few.

What is the relationship between corporate profits and public health? What parts of healthcare reform are actually improving public health? What outcomes are indicative of improvements in quality of life? How do we know we're measuring what we say

we're measuring? Who benefits from the Affordable Care Act? Why do so many people need subsidies to afford their insurance? Why do we need so many emergency departments and cancer centers? How many homes, cars, yachts, and vacations can one executive need?

These are the questions the media and the public should be asking, because healthcare leaders are not.

### **My Empowerment Evolution**

What finally convinced me to leave corporate nursing was seeing the incompetence and fear of the so-called nursing leaders, who acted in such destructive and self-interested ways. They didn't go to bat for us, didn't value us. They saw nurses as tools to be used and manipulated, and when we didn't manipulate easily, they encouraged our coworkers to collude with them by spying, tattling, and undermining. If we opened our mouths, they were there, waiting, ready to bash our skulls.

Realizing I had no future in this type of environment, I left and launched Sunspirit Wellness Services, LLC. I use my nursing assessment skills and a holistic approach to ask questions about all dimensions of my clients' lives to get to their unaddressed needs related to chronic unwellness or cancer.

I explain to my clients the physiological processes at work and the time it takes for healing and recovery. Doctors often do not tell patients that they might feel unwell for long periods of time after cancer treatment is over. If they are cancer-free, as the doctor said, then why do they feel awful?

Someone needs to sit down with them, taking time to listen to all the things that are happening in their lives and help them sort through the tangle. The complexities of cancer treatment result in issues with employment, social and intimate relationships, finances, time, stressors, physical energy, and changes in priorities. Often they look at life very differently than before their diagnosis. To be effective, any interventions have to be applied individually and within the structure of each client's life.

There was no time for this in a doctor's office, and my clients didn't want to go back to another doctor appointment on top of the dozens they already had. They no longer wanted to feel like a patient, and they didn't want to be defined by their cancer. They wanted their lives back, and even if their lives were changed, they wanted a life. The last thing they wanted was to sort through these things in a clinical environment with smells, sights, and triggers of memories of being sick, scared, and fragile.

Working in the client's home, or in community settings such as

parks or coffee shops, we can talk in a safe environment and take the time to address these issues. Sometimes clients just haven't had a chance to verbalize any of their thoughts to anyone who could take the time to listen. They gain a sense of empowerment from resolving the confusion, taking back control, and being able to set their own priorities and move forward again. These are the things that were missing from their medical care.

Being able to take back control over how I work with clients was equally empowering for me. The lower stress level, not being rushed and constantly multitasking between acutely ill patients, and not being subject to so many rigid protocols that interfere with the ability to serve them promptly is freeing. I can use my judgment again, and I can easily refer them to a physician or other professional if they need something that's out of my scope.

The competitive nature of healthcare for profit means that physicians, working under the big health care corporations, often are forced to view me as a competitor. But they cannot offer what I can. Their busy work schedules may prevent them from taking time to listen to what I can offer, seeing its value and how it would make their job easier. I cannot control the fact that healthcare is full of stressed-out people engaging in dysfunctional behaviors in order to survive their environment, and missing the entire point of

the work they do. The difference is that now I am free to speak my mind about it.

If I knew long ago what I know now, if I had understood the extent of the divide between goals of profit versus care, I'm not sure I would have gone into nursing. Though I wouldn't trade the experience of working in the dysfunctional industry for anything, I just wish it were not so painful.

The true value of nursing is in its ability to guide and support the person through reclaiming their wellness and quality of life, no matter where on the illness spectrum they fall, including the end of life. Nursing provides a sense of control for the patient, and closure, when needed. While medicine is an important part of the whole picture of health, I believe the nursing model should really be the overarching model, as it is a healing one.

### **How to Take Back Your Power**

The advice I would give to other nurses to become empowered is the following: there are two paths you can take to evolve: stay in the system or go off on your own. Since most people aren't willing or easily able to walk away, even from a job that abuses them, they need to take back their power from the toxic setting of healthcare by becoming strong leaders while following the first path.

Nurses need leaders who are unafraid to speak up, who will integrate nursing's aims into the fabric of healthcare. They need to show other healthcare leaders the value of nursing, teach them our language, and show them the importance of true health and care.

Remaining complacent and silenced does not serve nursing's best interest, and certainly not our patients' or the public's. We have to believe in ourselves. That takes questioning how we were taught by the fossils of nursing school to do the impossible: to advocate for our patients, but to not make waves; to insist on safety, but to be obedient; to question an order, but not to question authority.

While every nurse must be responsible for self-empowerment, we are interdependent in our infrastructure and support for each other to thrive, regardless of the settings in which we work. There needs to be a grassroots effort, using the voices of working nurses to make change. We need to involve the public and the media as allies to improve the conditions under which **health** and **care** are delivered to our patients, and show them why what hurts nurses, hurts patients.

Some examples of grassroots efforts include Lorie Brown's Empowered Nurses, which has a link to resources. The new website Fighting Dinosaurs allows guest blogposts from working

nurses who want to express their ideas for change, to overcome the dysfunctional cycles and move the profession forward, informing the public of what they can do to assist nurses to deliver better healthcare to consumers.

**Here are some steps to take:**

- Assess your support systems. Who can you talk to? Who shares your concerns? Who is a good listener but has ideas to change instead of just griping? Make a list of people to talk to, those who will support you in your efforts. These can be nurses or people outside of nursing.
- Form active peer support groups that include people outside of the circle of nurses. An active group is different than just a support group. Instead of sitting around and rehashing all the problems, an active group provides ideas and support for actions. Including a few influential members of the public who will advocate for your cause can do a great deal to amplify nurses' voices. Including members of the media, visible community groups, local elected officials, business leaders outside of healthcare, and philanthropists can all be valuable members of an active support group.
- Encourage non-nursing members of these groups to write

letters and editorials in the local paper, offer a free public information session where you can discuss concerns with community members, and invite the press. All of these actions will make you more visible and raise public awareness of how what happens to nurses affects the quality of care offered to the public.

If, on the other hand, you have the means and inclination to get out of a toxic environment, do whatever you can to pursue your dream as soon as possible. Follow your passion, find what it is you love most about the work you do and figure out a way to make that your focus. Ignore the voices of doubt, those who are entrenched in the system and fearful of change. Once you're out, don't forget those you left behind. Be an example to them, shine the light on the way forward. They are fearful, but they also need hope.

Now, I get to do everything I love about nursing, including working with students and new nurses to impart my enthusiasm to them. The corporate environment can no longer take the joy out of it for me. I have taken my own power back and I no longer have to fight dinosaurs. They can battle it out amongst themselves, their immovable feet in the confines of bedrock.

I am now free to voice the things we need to change about



nursing and health care. Instead of being stuck among fossils, I have evolved, with opposable thumbs, four strong, moving limbs, an intact skull. I hope you will be empowered to follow one of these two paths to help nursing evolve, or discover your own path toward **empowerment** and better patient care.

### EMPOWERING ACTION STEPS

- Assess your support systems. Who can you talk to? Who shares your concerns? Who is a good listener but has ideas to change instead of just griping? Make a list of people to talk to, those who will support you in your efforts. These can be nurses or people outside of nursing.
- Form active peer support groups that include people outside of the circle of nurses. An active group is different than just a support group. Instead of sitting around and rehashing all the problems, an active group provides ideas and support for actions. Including a few influential members of the public who will advocate for your cause can do a great deal to amplify nurses' voices. Including members of the media, visible community groups, local elected officials, business leaders outside of healthcare, and philanthropists can

all be valuable members of an active support group.

- Encourage non-nursing members of these groups to write letters and editorials in the local paper, offer a free public information session where you can discuss concerns with community members, and invite the press. All of these actions will make you more visible and raise public awareness of how what happens to nurses affects the quality of care offered to the public.
- Remember to visit [www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)

## **CHAPTER 3**

### **My Journey to Empowerment**

### **Understanding Power and How to Reclaim It**

By Cynthia Howard, RN, CNC, PhD

*“No matter what I did, I had the extra weekend to work, or the most patients or the most difficult patients. I am not sure why this happened, it just seemed to. I was new, so I simply handled it. I kept telling myself, “It doesn’t matter if I am part of the group,” even though I really wanted to fit in. This was my initiation, I assumed, into the critical care unit. They had to see if I was tough*

*enough to make it.*

*I was used to being picked on since I was little. I really felt insecure. And this feeling became a part of my identity. It followed me throughout my career until I recognized that feelings were not the enemy and feeling vulnerable did not make me powerless. Nursing school was easy for me in many ways. I did not struggle academically and always had the answers to the questions about lab results or pathophysiology or microbiology or the slew of questions posed during our Clinical Rotation. I think this frustrated one instructor, who began to pick on me. "Oh so you think you are so smart?" Well, actually, I never thought of myself as smart and I did not go around acting like I knew everything. I was quiet. That made it worse sometimes because my classmates thought I was stuck up.*

*Nursing is such a challenge because I really love helping my patients but I am not so happy with the relationships with my co-workers. I do not always know the best way to approach them and feel like they do not accept me. I feel left out."*

### **Meet Sherry**

This is the story from one of my clients, who we'll call Sherry. She came to me because she wanted more energy and confi-

dence in herself as a nurse. I had an Integrative Health Practice in Maryland for many years and provided a natural approach to many health challenges integrated with Energy Psychology. At that time, I had scores of nurses in my practice. Prior to opening my own practice, I worked in critical care for 10 years and could relate. The dance between being powerful and powerless is one I know well as a nurse and entrepreneur. Like Sherry, I was able to easily get through the academics of nursing school and got hung up in the personality dynamics of the instructors. This is the reason I chose to go to graduate school and learn more about emotions and personality, in particular a nurse's ability to care when under stress — the dynamic of the caregiver personality.

### **A Powerful Realization**

Early on in nursing, I learned that being powerful is almost the antithesis of being a nurse, except when you're expected to take care of more patients than you "should" or when you have to work on the weekend without a physician except on call, or without a supervisor or pharmacist or supply person. *Then* being powerful is required. I was very resourceful at the bedside and took on responsibility and challenges whenever asked. Early in my career, I decided I would go to the manager and ask for a raise based on my

initiative. I had set up a bedside dialysis protocol for nurses, along with other critical pathways for nursing in the ICU. My manager agreed wholeheartedly and gave me a raise. The next thing I knew, the male nurse who just got hired onto our unit got wind of what I made (I have no idea how he found out), went to the manager and offered up his argument, “I’m supporting my family, so I deserve a raise.” ...and he was given one!

I wanted to be recognized for merit, and yet this male nurse was recognized just because he was male and the “breadwinner.” What a double standard! I was putting myself through school. I fought off the feeling of powerlessness over the unfairness of it, yet I could feel resentment building just below the surface. I ignored it. In a very synchronistic way, later that week I went to my economics class and was hit in the face with one of the professors rants that ended in, “Who said life was supposed to be fair?” as he talked about economic policy.

This started me thinking about the culture of nursing and what makes a great nurse. It would be many years until I would find some answers. Let’s stay with my feelings (and other nurses) of power and powerlessness.

I realized soon enough that carrying around this resentment and anger was hurting and not helping me. I wasn’t sleeping as

well, had fights with friends and started suffering from heartburn. Holistically, my body was telling me I was burned up and heart-broken I did not get the approval/confirmation/validation I felt I deserved from my manager and coworkers.

It did not occur to me at the time to ask why I was seeking approval from them. Why wasn't my own satisfaction in the accomplishment enough? Having not yet taken my own inventory so I could realize *I AM enough*, I was destined to seek the approval of others.

### **The Start Of Powerlessness**

This is where powerlessness starts: looking outside of yourself for validation. Of course, we all want and deserve to be recognized. However, when your self esteem *requires* outside approval, it puts you in a precarious, needy position. Remember Sherry? She was brought up with a lot of criticism and upon entering nursing school, thought she would be recognized for her academic accomplishments. When she wasn't, she internalized that as not being good enough to fit in. She carried this into her work and interpreted all interactions through that lens. Little did she know that she was expecting more than her coworkers could deliver. She needed to take charge of her own esteem in order to feel "good enough"

to fit in.

It seems like ‘powerless’ is a more common experience in nursing than feeling powerful. The word ‘power’ carries quite an emotional charge and is often thought of as a negative. Power has many definitions. In math, numbers are taken to the *n*th power, in politics, decisions are made by those in power, in physics, power is the amount of energy consumed per unit of time, our gadgets need enough battery power to perform. In the field of caring, power is seen in the ability to be vulnerable in the name of empathy. And being vulnerable is the opposite of powerful when emotions are ignored, as is the case in the culture of healthcare. Here is where the dilemma is. Nursing’s power is to care, transform pain and suffering, but the emotional basis for this power is ignored and denied by the competitive power plays that make up the culture of healthcare.

### **Own Your Power**

Are nurses doomed to an internal conflict between empathy and powerlessness? No, absolutely not. What I found with myself — and most of my nursing clients who had their own inner struggle — was that as soon as I recognized that I held the power to validate myself, I was free from that off-balance feeling of



needing someone else's approval. Power, like beauty, is in the eye of the beholder. You have to own it.

Check out the definition of 'power': "the ability to act or do something effectively ([thefreedictionary.com](http://thefreedictionary.com)); the capability of doing or accomplishing something ([dictionary.com](http://dictionary.com))."

This describes every nurse out there performing normal duties over the course of their day. Nurses are practical, finding solutions even when there are no obvious ones. Based on this and the definition of power, all nurses can own and claim their power.

Are you ready to claim *your* power?

The reason, in my opinion, power has a negative connotation is because it has been experienced as a dominating force by someone exerting power over someone else. The art of caring is powerful, since without the caring response of nurses (and all health-care professionals) patients would not heal. Medication and even surgery, all by itself, will not heal a patient. The power of caring transforms and heals. Isn't this why most of us went into nursing; to experience the reward of truly making a difference in someone's life (or death)?

You could say I acted powerfully by asking for a raise, but then fell into a state of powerlessness based on my manager's decision to also give a raise to anyone who asked! You may relate to this

roller coaster of feeling good about what you do and then being crushed the next day. I was not coming from a place of power and was very much a victim of other people's responses. Power is grossly misunderstood. It doesn't come from the outside.

Yes, there are positions of authority or power. Our bosses have power because of the position they hold. Physicians have power because they direct the healthcare team and decide on the treatment protocol for the patient. Personal power can control your emotions the same way a remote controls the TV. You have to hold onto your own remote and stop letting other people push the buttons!

### **Meet Kerri & Teresa**

We all have personal power. It's how we *own* it that makes all the difference. I want to introduce you to Kerri. She has been a nurse for seven years. She is quiet, doesn't usually say anything about her assignments, and puts in her requests for days off well in advance. She says, "yes" a lot and everyone assumes she will just go along with whatever is happening on the unit. She has a son with special needs and a husband who isn't very engaged in the care of her son, so she bears the burden most of the time. Kerri has had to exercise her personal power to advocate for her son and en-

sure he gets what he is entitled to in the school system. When she comes to work, she is okay with going along to get along because she is conserving her energy for her family. She owns her power and makes a conscious choice about how and when to exercise it.

The opposite of Kerri is Teresa. Teresa is very extroverted and usually ready to tell a joke or two, keeping everyone in good spirits on the unit. She wants to be liked and is afraid to speak up about the schedule or assignments because she doesn't want to offend anyone. She is the first to complain about things going wrong in her life and that "nothing ever changes." Part of her effort to "own" her power is to be assertive, keep her sense of humor and accept the challenges that show up.

Teresa is undermined by her desire to be liked and the feeling of insecurity. I was undermined by the anger that was just below the surface when I did not feel validated. Kerri was empowered to take action for her son's benefit because she recognized her anger at the school system for overlooking him. Awareness and management of emotions is at the heart of empowerment.

### **How I Finally Claimed My Power**

The definition of empowerment is to "give or enable; give power or authority to..." (dictionary.com). It didn't seem so at

first, but I was empowered when I was laid off from my nursing job. I had a master's degree and during the initial hospital restructuring in the early 90's I was laid off. Hospital stays were dramatically shortened due to insurance reimbursement changes and hospitals were experiencing severe budget shortages. The hospitals laid off master's-prepared RNs across the board. I could not find a job, was denied unemployment and I had rent, car payments and tuition and no one to cover it for me. I had to find a way to support myself. I called all my old managers and one of them said to call myself a consultant. This was when I launched my first consulting business. I did not even know what an entrepreneur was.

I had a problem and despite the fear, I had to find a solution. Very often it is an unexpected life event that moves us to go beyond our comfort zone and reach deeper into ourselves to find the solution. From that moment on, I continued to generate income and have remained in private practice. After the initial two years as a consultant, I did go back to the hospital and pick up shifts through per diem to cover the slow periods in my business. I would work at night and then also work during the day, seeing clients or generating new business. I was always tired and I could see my attitude drift into cynicism. I was losing power big time and feeling like a victim.

I could not continue to rely on nursing to cover the slack in my business because it interfered with my ability to be fully present to my consulting practice. I could not go back into nursing full time because I realized I loved the challenge of being an entrepreneur and generating my own income. It was a dilemma. I finally decided to step into my power, leave the familiarity and comfort of bedside nursing, and do whatever I had to in order to generate the income I needed to support myself.

For me, part of the challenge on the road to empowerment was to clearly identify my interests, my strengths, and what I really enjoyed doing. No longer willing to live between the conflict of fear and need, I dove headfirst into clarifying what I really wanted, what I was good at and then learning how to bring this about. When I lost my nursing job, I realized that I loved being a nurse. I wanted to continue to make a difference in someone's life. I enjoyed educating people, facilitating that Aha! moment and transforming barriers into breakthroughs.

I sought help and prepared a business plan, defined my goals, my new business and then went about setting it up and spreading the word. I opened an Integrative Health Center practicing Energy Psychology. This was during a time when energy healing was not well known or accepted. This is when I activated my personal

power. I committed myself to earning the money I needed through my business, rather than relying on the good, quick money I could make as a per diem nurse. For me, I felt like I was betraying my true vision when I relied on per diem nursing. I gave myself a certain amount of time to make the change, followed my plan, cut down on expenses and was able to fully generate what I needed in business to support myself.

I focused, was determined, stayed true to my goal and did not let anyone else deter me. It did take a little time before my Inner Critic really got the message, though. I would have conversations like this:

*“So you really think you can make it? Who do you think you are, anyway? How are you going to make any money, you couldn’t even keep a job?”*

Vacillating between feelings of despair and anger motivated me to keep going no matter what and plow through that self doubt. I studied all the principles of success, read about successful people and vowed to never give up. On good days, my Inner Genius would proclaim, *“I am what I choose to become.”* Using visualization and other tools to quickly shifted my mindset and I was able to keep moving forward.

The battle with the Inner Critic continued with comments like:

*“Ok, so you opened up a new office, I bet no one shows up! Then where will you be?”* Every time I made the choice to ignore this criticism and believe my Inner Genius, I had success. Hmmm, I think there may be a pattern here. Maybe the saying *“Believe and you will achieve”* really did mean something.

This was my journey to empowerment, one large leap followed by small, consistent steps toward a goal I was passionate about. I still have to deal with an Inner Critic, but that voice is small and pesky rather than big and imposing. Now my Inner Genius directs my steps, I embrace my power, and I reach out for the resources I need to meet my goal.

I wish the same for you. Believe in yourself, focus on your dream and move through the challenges.

### **EMPOWERING ACTION STEPS**

- Think about your own relationship with power. Are you like Sherry, Kerri or Teresa? What is undermining your empowerment? Are you allowing others to “push your buttons?” How can you manage those emotions better next time you experience them?
- Clearly identify your strengths, interests and what you really enjoy doing. Use that knowledge to focus on

activities that you truly believe in, a necessity to feeling truly empowered.

- Write out a plan to achieve your dream. Practice silencing your own “Inner Critic” and focus on your “Inner Genius.”
- Remember to visit

[www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)





## **CHAPTER 4**

### **Disabled Nurse Power: Stand, Sit or Roll In It!**

By Donna Maheady, EdD, ARNP

At the time my daughter was born, I was teaching nursing full-time and working on a doctoral degree. Soon after Lauren's birth, we knew something wasn't right with her, but it took many years to establish a clear diagnosis. I often say that she grew up as the autism spectrum expanded and she landed somewhere in the middle.

Over the years I was frustrated, raising a child with signifi-

cant disabilities, juggling therapy and medical appointments, and handling colleagues and administrators who just didn't "get" my situation.

*Something had to change!*

My advocacy efforts for Lauren evolved into my doctoral dissertation research about the experiences of nursing students with disabilities. I learned that nurses and nursing students with disabilities often feel alone and disconnected from others who share a similar path.

A carpenter doing work at our house created a website for me, which later became a nonprofit resource network for nurses with disabilities called [www.ExceptionalNurse.com](http://www.ExceptionalNurse.com). The work continued to evolve and allowed me to reduce my teaching and practice commitments to part-time. I was able to meet my daughter's needs, continue to teach, practice and help nurses and nursing students with disabilities.

I moved from frustrated to fulfilled by taking chances, learning new skills and moved into unfamiliar territory. The work I do feeds my heart and soul and keeps me connected to the nursing and disabilities issues that I am passionate about.

*I worked my power!*

Are you one of the growing numbers of nurses with disabil-

ities? The National Nurses Survey in 2008 reported that 14,102 nurses listed disability or illness as a reason for employer or position change (U.S. Department of Health & Human Services, 2008). Anecdotal reports show that nurses have disabilities that mirror the general population. Exact numbers remain unknown as many nurses are “scared silent”.

Do you have multiple sclerosis, a back injury, limb loss, mental illness, Lupus or other disabling condition? Do you have a temporary disability or encumbered or restricted license?

Do you have a job? Or, are you looking for a job? Are you struggling with whether or not to disclose? Have you asked for reasonable accommodations? Are you frustrated with your situation?

Have you wondered why some nurses with disabilities are able to work with or without accommodations? The answer to all of these questions can often be found by looking at how some nurses with disabilities use their power.

### **Empowered Nurses With Disabilities Do Their Homework**

Empowered nurses with disabilities read The Americans with Disabilities Act of 1990 (ADA) and the Americans with Disabilities Amendments Act of 2008 (See our resources page for links)

and pay careful attention to what is considered to be a disability, as well as what is considered a “reasonable accommodation.” They visit the Department of Labor’s Job Accommodation Network and review the Accommodation and Compliance Series “Nurses with Disabilities” <https://askjan.org/media/downloads/Nurses.pdf>. Empowered nurses with disabilities also carefully consider the pros, cons and timing of disclosure. <https://www.rit.edu/emcs/oce/alumni/job-seekers-disabilities>

### **Empowered Nurses With Disabilities Get Connected**

Empowered nurses with disabilities network with other nurses with disabilities to share information, support, and encouragement. They join groups like ExceptionalNurse.com [www.ExceptionalNurse.com](http://www.ExceptionalNurse.com), a nonprofit resource network for nurses and nursing students with disabilities, which provides mentors, scholarships, newsletters, articles about nurses with disabilities and employment opportunities. The Association of Medical Professionals with Hearing Losses (<https://amphl.org/>) offers a wealth of information and support for nurses with hearing loss. The American Foundation for the Blind’s Career Connect service offers support and guidance for nurses with vision loss (<http://www.afb.org/info/living-with-vision-loss/for-job-seekers/12>).

Social networking can also help connect empowered nurses to other nurses and employment opportunities. Exceptional Nurse has a Facebook Group (<https://www.facebook.com/groups/ExceptionalNurse/>), a blog (<http://exceptionalnurse.blogspot.com/>) and they regularly post tweets about nurses with disabilities on Twitter (<https://twitter.com/ExceptNurse>). Exceptional Nurse also has a group on LinkedIn (<https://www.linkedin.com>)

### **Empowered Nurses With Disabilities Cast A Wide Net**

When looking for employment, empowered nurses with disabilities cast a wide net and think outside of the box — beyond the traditional hospital setting. They paint their paradise and envision what they would like to do. They identify where their skills and abilities fit best. They consider volunteering to gain new experience and connections — especially in organizations focused on their particular disability. They often go back to school to earn an advanced degree.

Empowered nurses with disabilities consider school or camp nursing, teaching (clinical, classroom or online), case management, legal nurse consulting, home health, public health, medical coding, writing for publication, telephone triage, poison control hotline or working for a nonprofit group. They become legal nurse

consultants, yoga instructors or Reiki masters. They start a non-profit or business enterprise and join the National Nurses in Business Association (<https://nnbanow.com/>).

For example, Rebecca Serdans, a nurse with dystonia, recounts, “Being a patient and a caregiver — being on both sides of the coin — has brought me other opportunities, including writing books, working as an patient advocate and working as a consultant for pharmaceutical companies.” (Maheady, 2006, p.88) Carolyn McKinzie, a nurse amputee, works as a certified amputee peer visitor and peer trainer. She provides support to new amputees and their families (McKinzie, 2012). Another nurse with a restricted license found a position working for her state’s poison control hotline.

### **Empowered Nurses With Disabilities Are Prepared For Interviews**

Empowered nurses with disabilities are on time, dress for success and hold their heads high. They focus on their abilities and explain how they can use their skills and experience to contribute to nursing care. They discuss how managing their disability means they’re familiar with the patient experience, giving them a unique advantage in providing excellent patient care. Empowered nurses

with disabilities demonstrate confidence that they have much to contribute to patient care and the organization.

If an empowered nurse with a disability needs to disclose his or her disability and ask for accommodations, the Equal Employment Opportunity Commission (EEOC), the federal agency charged with enforcing the ADA, suggests that it's useful to document accommodation requests in the event there is a dispute about whether or when they requested accommodation. A sample accommodation request letter is provided by the Job Accommodation Network (<http://askjan.org/media/accommrequestltr.html>). Empowered nurses with disabilities explain what accommodations they need. They help employers help them. They explain the cost of accommodations, share resources for obtaining needed equipment and help employers understand cost benefits.

### **Empowered Nurses With Disabilities Ameliorate The Myth Of Perfection**

For example, Lynne Shaw is the Administrative Coordinator of Nursing at St. Elizabeth's Medical Center in Boston. She supervises 150-200 nurses and staff members and has to round through 20 different areas in the hospital. Not an easy task for anyone, but particularly challenging for someone with widespread osteoarthritis.

tis who has had two knee replacements and a neck spinal fusion surgery. When she had her first total knee replacement surgery in 2000, St. Elizabeth's bought her a scooter. "The idea of the scooter was really embraced at the hospital," says Shaw. "There was no attitude that, 'she can't do her job because she's in a scooter.'" (Think beyond the label, n.d.) When Lynne requested accommodation, she researched the scooter market and presented a written rationale and financial justification. She also explained the cost of losing an experienced supervisor, which included advertising and coverage costs, as well as the cost of orienting a new employee (Maheady, 2006).

Sowers and Smith (2002) report that nurses with disabilities believed that their disability actually helped to humanize them in their patients' eyes — it helped to ameliorate the "myth of perfection" (p.332) of the health care profession. For example, Lisa Lobdell states that, "when patients would see my cane, they were interested to know what had happened. I think it made them feel more connected to me as they knew I was a patient as well as a nurse" (Maheady, 2014, p. 118).

Stephanie Mejia is a nurse disabled following a stroke. She states, "We know how the patients feel when they struggle with limitations. We know how it feels to lose what you were before.



Even for the patients, I think, it's encouraging to see.” (Rao, 2015).

### Empowered Nurses With Disabilities Are Persistent

Empowered nurses with disabilities don't take “no” for an answer. They find another way to get what they need or find another door to open. They search the want ads, network, send emails, rework their resumes, make telephone calls, and apply and reapply for positions. They are persistent and determined to work, like these two empowered nurses:

Lisa Lobdell suffers from reflex sympathetic dystrophy. She recounts her long journey from initial injury to finding a position as a case manager at the Veterans hospital in Long Beach. She states, “I got out of my pajamas and got dressed. I tried to look my best ... I found that you can talk yourself into being sicker than you really are ... Pain was going to be part of my life and I needed to deal with it ... It would not be an excuse.” (Maheady, 2014, p.118-119)

Eloise Schwarz, a nurse with hearing loss, states, “Over the past 10 years, I have applied for any and every type of job possible for a nurse ... Nothing has been denied to me, except for a few jobs that were not meant for me anyway. Triumph is just ‘UMPH’ added to try.” (Maheady, 2014, p.69)

**Empowered Nurses With Disabilities Are Present**

Pamela Delis shares, “I am a better nurse because of my Lupus. I understand the fear that comes from undiagnosed health problems, the anxiety of awaiting laboratory results, the frustration of not being taken seriously. I empathize with my patients who are tired of dealing with a chronic illness and the insecurities it brings. I believe my patients’ reports of pain and I know that looks can deceive. I understand the need for control over one’s experiences. I can appreciate the overwhelming, “hit the wall” kind of fatigue that some patients experience. And, I know the healing power of listening and presence.”(Maheady, 2014, p.97)

**Empowered Nurses With Disabilities  
Share Their Knowledge And Experiences**

A nurse with HIV writes, “I know I have more than the average nurse to contribute to the profession. I have much wisdom to offer my patients and fellow nurses. I have taken care of patients who were newly diagnosed with HIV and felt their shock, disbelief. When a doctor or nurse practitioner gives such news to a patient, the professional can only think and explain it in technical medical terms. When the doctor leaves the room, I can step in. I’ve been there, experienced it, have it, and know the different treatment

plans, and I'm a survivor." (Maheady, 2006, p.81)

A nurse with mental illness states that "So much is missed when we forget our humanity and put up an impenetrable barrier so another's mental illness can't touch us. We are afraid because we don't understand "crazy", so we quarantine the person at the edge of our experience. I know how difficult it can be to participate in a society which considers me to be an outsider. I know rejection and many times have seen others quietly retreat once they learn I have a mental illness. I know the soul-crushing pain of isolation." (Anderson, 2014)

### **Empowered Nurses With Disabilities Speak Up**

A nurse with mental health challenges "had manic episodes characterized by grandiosity: excessive spending on shopping for clothes, rushing into relationships, and being irritable and unkind when angry. During one episode, depression robbed her of her business, house, and a nine-year relationship. This nurse openly shares her journey in an effort to help others move out from the shadow of their illnesses into the light." (Vo, 2008).

Another nurse with schizoaffective disorder recalls, "Another patient emerged from the coma and told me she was ready to die. She said she knew I would be there to make sure she didn't suffer.

Then she thanked me for not saying that she was crazy and for seeing beyond her abusive words and swinging fists. I was ashamed of how some colleagues judged her because she had a mental illness. When I'd commented on what a lovely old woman she was another nurse responded with, 'You only say that because she is schizophrenic like you.' But it was she who had not been able to see beyond her prejudices. She never got to know the person in that bed, wanting to be finally seen before she died. I am glad I was there to discover her beautiful soul and to respond to her as another human being." (Anderson, 2014)

### **Empowered Nurses With Disabilities Advocate For Patients**

Tino Plank is a nurse with a learning disability. He recounts, "In school, I had to listen very carefully to understand what my instructors were teaching. Now I see that this has translated into a heightened ability to listen attentively. Similarly, I developed a keen focus on details, because I always got tripped-up on the finer points of written tests. Today, these same skills are invaluable in my nursing practice. My "disabilities" help me key in on subtle signs and symptoms in my clients, and listen attentively to their concerns. In addition, my personal struggles and triumphs help me relate to the challenges that patients face. I recognize and relate

to their desire and determination to heal. My disabilities have given me greater empathy and compassion for the people I care for. Having overcome stigmas and championed my own rights, I am a more powerful advocate for my patients.” (Maheady, 2014, p.53)

#### Empowered Nurses Use Their Disability To Their Advantage

Sheila Sirl, RN, has multiple sclerosis and works as a legal nurse consultant. She states, “Nothing is as easy when you’re doing it from a wheelchair, but I took figuring out ways to do things differently as a challenge. I frequently get to sit at the head of the table in business settings ... and I must admit, I love the feeling of power.” (Maheady, 2006, p. 12-13)

Morag MacDonald is a nurse practitioner with hearing loss. She works with patients with hearing loss in a mental health care setting. She uses her ability to communicate using sign language. She states, “The patients felt comfortable with me. They felt I understood them better because I was Deaf like they were.” (Maheady, 2006, p.61)

#### **Empowered Nurses With Disabilities Are Team Players**

Susan Fleming, who was born missing her left hand states, “When I initially start in a new ward, the nurses are usually a bit apprehensive. Then I show them my bag of tricks, which includes

tying my shoes with one hand and starting IV's. Soon enough, they begin to focus on my abilities as a team member and how I provide quality nursing care ... I learned to humble myself and ask for help when I catheterize patients. In return, I always tried to offer my help when it was needed. I think nurses would have been resentful if I had been a drain to the team.” (Maheady, 2006, p.29)

Suzanne McLaughlin, RN, MBA, chief nursing officer, commented about Lynne Shaw, a nurse with mobility challenges. “She is a proactive individual who juggles multiple roles, expectations and challenges adeptly while maintaining a positive attitude around her own limitations ... She is a team player and a resource for our staff.” (Think beyond the label, n.d.)

### **Empowered Nurses With Disabilities Are Role Models For Patients**

Marianne Haugh was born with spina bifida and uses a wheelchair. She works at Shriners Hospital in Chicago. She states, “I now work as a full-time registered nurse on the pediatric unit. The biggest lesson I learned from the experience is to never let go of a dream. My younger patients think it is cool that their nurse has a wheelchair just like them.” (Maheady, 2006, p. 79)

Christy Sillman, Nurse Coordinator for the Adult Congenital

Heart Program at Stanford, has a unique connection with her patients — she too was born with congenital heart disease. “My patients tell me that they love talking to Christy because not only is she an exceptional nurse, but she gets it,” said George Lui, MD, medical director of the program. “They’re excited to speak with someone who has been through it firsthand. Not many programs have this kind of asset.” (Business Wire, 2014)

### **Empowered Nurses With Disabilities Volunteer**

Barbara Sainitzer lost her son, husband and vision over a short period of time. She moved forward in spite of her losses. She received a masters degree in nursing and continued to be gainfully employed. Barbara was also appointed in 2008 to the governor of the state of Washington’s Committee on Disability Issues and Employment where she serves as an advocate for people with vision loss in her state. (Maheady, 2014).

Robin Mazzuca, a nurse with multiple sclerosis, volunteers at hospitals and rehabilitation centers with her service dog. Through her volunteer work, she maintains contact with patients and stays connected with nursing colleagues and current practice.

Susan Fleming, who was born missing her left hand., volunteers on medical mission trips every year. These trips give her the

opportunity to serve others and maintain her nursing skills.

Another nurse with a disability volunteers as a parish nurse. Through parish nursing, she is able to integrate faith into her nursing practice. She makes home and hospital visits, provides health screenings and counsels members of the congregation about health concerns.

Volunteer experiences can help nurses sharpen old skills or learn new ones. For nurses with disabilities, volunteer work can be a door to continued nursing practice. (Maheady, 2013)

### **Empowered Nurses With Disabilities See New Beginnings**

Disability doesn't always mean the end. Often it's the beginning. If it happens to you, don't be defined by the disability; be defined by how you handle it. Use your power. Nurses with disabilities don't have to live down to the disability stereotype. Learn from others who have paved the way for you. (Maheady, 2014)

### **You Deserve To Be An Empowered Nurse**

Connie Stallone Adleman, RN, educator, stroke survivor, author, mentor and coach offers each nurse who has a disability the following affirmations ...



*I use my limitations as an opportunity to grow.*

*I give thanks that any limitation that I experience is a gift  
teaching me about myself.*

*I always focus on and count my possibilities for success.*

*I have unlimited potential.*

*I love myself exactly as I am.*

If you are a nurse with a disability, learn to use your power. Working can help you maintain independence, health, self-esteem and benefit your patients, too. From hospitals to classrooms to conference rooms, nurses with disabilities show up eager to share their gifts. They have knowledge and experience that other nurses may not have. Daily, they serve as role models for patients. They speak up, open doors and advocate for patients, volunteer and use their disability to their advantage. Hold your head high and give thanks for the shoulders of others who have led the way. Stand, sit, or roll in your power ... and work it!

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Donna Carol Maheady, ARNP, EdD, the mother of an adult daughter with autism, is a board certified pediatric nurse practitioner and an associate graduate faculty member in the Christine E. Lynn College of Nursing at Florida Atlantic University. Dr.

Maheady has conducted research on the experiences of nursing students with disabilities, published numerous articles and is the author of “Nursing Students with Disabilities Change the Course” (winner of the American Journal of Nursing 2004 Book of the Year Award), “Leave No Nurse Behind: Nurses working with disabilities” and “The Exceptional Nurse: Tales from the trenches of truly resilient nurses working with disabilities”. She is the founder of the nonprofit [www.ExceptionalNurse.com](http://www.ExceptionalNurse.com) and can be reached at [ExceptionalNurse@aol.com](mailto:ExceptionalNurse@aol.com).

### **EMPOWERING ACTION STEPS**

- Be sure you know your rights. Review the bills and resources discussed in this chapter.
- Think outside the “hospital” box when it comes to employment and consider school or camp nursing, teaching (clinical, classroom or online), case management, legal nurse consulting, home health, public health, medical coding, writing for publication, telephone triage, poison control hotline or working for a nonprofit group.
- Speak up — advocate for yourself and your patients.

- Remember to visit

[www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)





## **CHAPTER 5**

### **Online Tools for Empowerment**

By Jamie Davis, RN, NRP, BA

As nurses continue to find themselves in various diverse workplaces and jobs, they're faced with frustrations that can be a barrier to being fulfilled in their jobs and reaching their potential as health advocates and leaders. Luckily, there are many digital resources nurses can use to help them navigate these challenges in various ways. Through reading, writing and commenting on nursing blogs and forums, and listening to or watching nursing podcasts and oth-

er online programming, nurses can find the empowerment they need to become completely fulfilled in their jobs and their lives.

### **Empowering Online Resources Abound**

There are a number of resources on the Internet that nurses might not even know about. It can be a challenge to find out where to locate those resources and how best to access them. Then, there's the challenge of deciding which resources will be the most useful, as well as figuring out how to be notified of updates. Have no fear: this chapter will help you to get started. I'll help you figure out where to find online nursing resources and how to best consume them. There are literally hundreds of nurse bloggers out there. Blog topics run the gamut from general workplace woes of nurses to the wonderful and powerful moments in patients' lives that nurses have the privilege to share on occasion. Other nurse bloggers focus on specific specialties and target clinical information and best practices. There is quite literally something for everyone.

### **Blog Topics For Every Type Of Empowered Nurse**

For the nurse who wants to read about the everyday challenges of the nurse on a hospital unit, there are several excellent blogs



that fit the bill. For newer nurses out there, you should know that you're not alone. There are a number of new and recent nursing school graduates blogging about their experiences in their first nursing jobs. A few that stand out include the New Nurse Blog ([NewNurseBlog.com](http://NewNurseBlog.com)) and the New Nurse Success Shop ([newnursesuccessshop.blogspot.com](http://newnursesuccessshop.blogspot.com)).

The New Nurse Blog is written by a 2009 nursing BSN graduate named Andria who wanted to journal her experiences as a new graduate nurse and later to offer advice to new nurses getting their first jobs. She's also added audio podcast episodes as part of the blog. She's now an ICU nurse and she also blogs about some of the acute care situations she encounters on the job. It's a great resource for new nurses to look at, especially the older posts Andria wrote right out of school. That is one of the more powerful aspects of online blogs and podcasts — the ability to access the archives of past posts and episodes.

The New Nurse Success Shop blog is a second effort of nurse blogger Renee Thompson. She also blogs about other nursing topics at [blog.RTConnections.com](http://blog.RTConnections.com). Renee has many excellent posts and resources on both of her blogs for new nurses and existing nurses. Whether you're looking for that first nursing job, just starting nursing school or have been a nurse for a long time, Renee

offers a number of insights on the current trends in nursing and nursing care.

Another excellent resource for you to use to rejuvenate yourself, especially for the existing nurse, is the excellent blog and collection of resources by nurse Elizabeth Scala at [LivingSublimeWellness.com](http://LivingSublimeWellness.com), where she runs her *Nursing From Within* blog. Elizabeth is a nurse author who specializes in helping nurses find their passion for nursing again and rejuvenating their excitement for their nursing careers. On her site Elizabeth says, “Nursing is a profession filled with wisdom and expertise. Yet, for too long we’ve been running around in circles, attempting to fix a problem with the same mindset that created it.” Her goal is to help nurses find their inner wisdom again and become a solution for the challenges that face nurses, rather than being part of the problem.

Whether you’re tech-savvy or tech-phobic, you will find useful resources at [TheNerdyNurse.com](http://TheNerdyNurse.com). Written by the Nerdy Nurse herself, Brittney Wilson, this resource provides reviews of new technology aimed at both new tech users and the experienced, tech-savvy nurse. Brittney works in nurse informatics and hospital IT. Her goal is to help nurses become more technologically aware, to encourage nurses to engage with and adopt new health technologies, and to help them become tech advocates for their healthcare

systems and patients. If you like her blog, you will love her book on technology for nurses, and you can find out more about that on her site.

Two other excellent nurse blog choices are the YourNurseAttorney.com blog by nurse/attorney Lorie Brown. She provides advice on protecting your nursing license and other workplace nursing legal issues. Lorie also writes and runs the EmpoweredNurses.org blog that offers support to nurses at all stages of their careers in nursing. She helps you become the empowered and passionate nurse you were meant to be.

I could go on and on listing the excellent nursing blogs out there. You can find the perfect blogs for you with a simple web search. Just open up Google or Bing or Yahoo and enter your nursing specialty topic and the words “nursing blog” and see what pops up. There are also many lists of top nursing blogs out there and these can be found using search terms like “list of nursing blogs”. Also, most blogs link to their favorite blogs, and you’ll find many excellent nursing and general healthcare blogs this way, too.

You might also ask your friends and colleagues which blogs they read. You might be surprised by the number of closet nursing blog readers out there. You might even find out that one of your

coworkers writes or contributes to a nursing or healthcare blog. When you find a blog you like, make sure you share that resource. Don't keep it to yourself. Post links on your social media channels and share them with your co-workers and even your supervisors. This is one way to promote the profession of nursing and help spread the word about these excellent resources. Most, if not all, nurse bloggers have a goal to lift up the nursing profession and make it a better place in which to work.

### **Podcasts For Empowered Nurses**

A subset of nursing blogs are those which include excellent nurse podcasts. I'm a nurse podcaster and journalist by trade and these resources are near and dear to me. You might say to me "I don't know how to watch or listen to a podcast" or "I don't have an iPod or iPhone so I can't get them." This is a common misconception! The name "podcast" can be misleading and may be part of the reason some people don't realize that they can access these excellent resources online from any computer.

Don't let the name fool you. You don't need a special phone or device to access these shows. A regular computer browser will work and some new set top TV boxes like the Roku, Amazon FireTV, and the Google Chrome plug-in device allow you to ac-

cess some of these podcasts in your living room.

I prefer to tell people and fellow nurses that I create online radio and TV programming. That is really what podcasts are, you know. They are audio and video programs you can listen to or watch using your favorite computer, tablet, or smartphone, and even in some newer car models that allow access to streaming services like Stitcher. The best thing about podcasts is that you can listen to or watch them from whatever platform you prefer to use, right from their website.

Some shows, like my own Nursing Show podcast, do have their own stand-alone apps that can be downloaded and installed on your mobile devices and tablets. But they are just additional listening avenues to give you more options to listen to the episodes and are not the only way to consume them. There are also “pod catcher” apps you can download on your mobile devices to create your own lists of your favorite podcasts.

For iOS devices like iPhones and iPads, there is the Podcast App that is probably already installed on your device. If it's not installed automatically, it's free to download. Search the library in the app for “nurse” or “nursing” to see a list of nursing podcasts and subscribe to the ones that appeal to you. The app will alert you with a little red circle and a number when a new episode is

available.

On Android devices, there are also excellent podcast apps. You can find them in your app store and most are free. A few of my favorites are Pocket Casts, BeyondPod, Podcast Addict, and Player FM. They are all available for you to download on your device's store now and are all well-reviewed.

So you have your podcast app or your favorite web browser open, now what do you do? Just like with the iOS Podcast App, you can search for “nursing podcast” or “nurse podcast” in your Android app or on your computer (with Google, etc.) and see what pops up. You will probably see my Nursing Show podcast (NursingShow.com) and I hope you check it out. It is available in both video and audio versions, depending on your preference.

Other excellent nursing podcasts include the RNFM Radio podcast (RNFMRadio.com). Hosted by nurses Keith Carlson and Kevin Ross, the RNFM radio podcast is a perfect choice for those of you looking for a general podcast about a variety of nursing topics. They cover everything nursing in their shows, and often interview nurse leaders and authors.

Another excellent show for those of you interested in advanced practice nursing is the brand-new Nurse Practitioner Podcast (TheNPSHOW.com). Hosted by Dr. Scharmaine L. Baker

DNP, FNP-BC, FAANP and Dr. Rachel Silva DNP, APN, NP-C, FNP-BC. I had the pleasure to interview these amazing nurses on my Nursing Show recently and I think we'll see a lot from them on advanced practice nursing topics in the future. They've already covered topics like being active in nursing practice at the state legislative level and holistic advanced nursing practice. Look for more great topics moving forward.

One more resource I recommend is the Nursing Notes Live podcast ([NursingNotesLive.com](http://NursingNotesLive.com)) that I host for the Johnson & Johnson Campaign for Nursing's Future. Twice a month, this show brings you a look at a different nursing specialty. The episodes feature nurse leaders from that nursing specialty or nursing topic and give you insights into what nurses in that area are doing to provide the best care for their patients and to advance the nursing profession in general.

As with blogs, there are too many excellent nursing podcasts to mention here. Get out there and search topics of interest for you. Maybe you'll even be inspired to become a nurse podcaster yourself one day!

Once you find your own favorite shows, make sure you share them with the other nurses you know. Become a podcast advocate and teach nurses how to find and listen to their own favorite

shows. Listeners tell me all the time how much they look forward to listening to my weekly podcasts on their way to work. Maybe you'll help one of your colleagues find that uplifting nursing program for them, too.

Whether you decide to read blogs, listen to podcasts, or both, using these nursing digital resources will help you overcome frustrations and give you the tools and resources you need to become a fulfilled and empowered nurse.

### **EMPOWERING ACTION STEPS**

- Open your favorite web browser and Google “nursing blogs.” Click through and check out a few that interest you.
- Google “nursing podcasts” (or search that term in your smartphone or tablet’s podcast app) and give a couple a try.
- When you find a great blog or podcast, share it with your fellow nurses!
- Remember to visit [www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)





## CHAPTER 6

### **My Journey To Empowerment When Caring Hurts: How One Nurse Went From Empty to Empowered**

By Gail M. Weatherill, RN, BSN, CAEd

*The best people possess a feeling for beauty, the courage to take risks, the discipline to tell the truth, the capacity for sacrifice. Ironically, their virtues make them vulnerable; they are often wounded, sometimes destroyed.*

- Ernest Hemingway

### **A Case Of Compassion Fatigue**

On a bright June morning in 1980, I walked from the parking garage to the doors of the Duke University Medical Center. Inside, my first job as a graduate nurse awaited. The college years of late-night cramming sessions, first-day clinical jitters and twenty-page care plans were behind me. Wearing neatly ironed blue scrubs and carrying the coveted Littman stethoscope, I was equipped for what lay ahead.

Having spent the previous summer interning at Duke, I was able to secure a spot in the Medical Intensive Care Unit upon my graduation. Dopamine drips? No problem. I could calculate micrograms per kilo per minute in a heartbeat. Acid-base balance? Oh please! Give me something difficult, would you? I had been beaten and bruised through one of the most grueling undergraduate nursing programs in the country. I was ready. I had this.

Twelve months later, I left Duke with a head full of clinical skills and a heart full of sorrow. It was the first of several attempts at a geographical cure for my malaise. While I thrived on the ability to learn every single day, I was ill-prepared for the emotional toll of caregiving. My education had prepared me to assess, diagnose, treat and evaluate my patients and their responses. But there was much left untaught.

In school, there had been no class on watching a 17-year-old boy die a painful cancer death while his parents refused blood products on religious grounds. No syllabus included boundary setting and how to know when you had crossed a dangerous line in your caring. And no one warned about the lateral aggression seen in nursing, a phenomenon common to all oppressed people when systems devalue their opinions and contributions.

Keep in mind that in 1980, there was no Internet to consult to explain my pain and confusion. No Facebook support groups for graduate nurses. No Google or WebMD to enter my symptoms for a pop-up diagnosis. What I did not understand was that at the time, I was suffering from a raging case of compassion fatigue.

I am happy to report that compassion fatigue has since become a clearly defined and fully examined phenomenon. Its definition flows from the Late Latin word “passio,” meaning to suffer. Compassion means “to suffer with.” During my early practice years in medical ICUs, mortality rates of those units exceeded 60%. That made for a lot of “suffering with.”

### **Embroided In the Suffering**

Jean Watson's brand new “Nursing: The Theory and Science of Caring” only fueled my involvement with my patients and their

families. Her call for nurses to enter into the therapeutic relationship was a green light to encamp where angels feared to tread. As patients died and families were crushed, I found myself embroiled in their suffering. Again and again and again. But I was a clever girl, and I found my own ways to cope.

A comedienne from early childhood, I took the art of dark humor to a whole new realm in the ICU. Laughter was the easiest, cheapest antidote at my disposal. My bravado was bolstered by frequent outings with my peers involving the consumption of large amounts of alcohol. After all, we were doing noble work under extraordinary circumstances. Were we not entitled to a brief release from the pressures of the day? The closest I came to any notion of self-care at the time was to make sure there was enough Advil in the house to soothe the savage remnants of a night of over-indulgence.

### **My First SCE**

It was during this time that the first of what I choose to call SCEs occurred. SCEs are Seismic Career Events. These are pivotal moments that have shaken me to the core of my beliefs about nursing and what my place might be in the profession. SCEs have required me to examine what I felt to be true about my work and

where I might have gone astray. You may have heard them referred to as FGEs, growth experiences of the unfortunate kind.

With four years of critical care experience under my belt, I was on a roll. I had soaked up clinical knowledge like a sponge and was always eager to learn more. I proudly signed off my name with the coveted certification status, RN CCRN. My peers and I spent time together at work, after work and on the weekends. I belonged. The recently implemented career ladder gave rise to my next goal, promotion to the golden prize, Clinician III, the top of the rung at the time.

As I arrived for my appointment to hear the results of my application, I was nervously excited. The decision for promotion was made by the Head Nurse in conjunction with those who had already attained the status of Clinician III. These were my friends, my drinking buddies, my fellow soldiers in the war on death that we daily waged for our patients. I had this.

It turned out I did not have this. Like a two-hundred-pound boxer's jab to the gut, the words "not this time" fell from the Head Nurse's lips. I seem to recall asking her to repeat that because it sounded suspiciously like a no. My ears and anxiety were not playing tricks. My colleagues in whom I had so fully trusted had apparently found a great deal to say about my performance that

they had never been brave enough to say to me directly.

I knew by then that nurses had a reputation for eating their young. In my arrogance (seen only in retrospect), I had assumed I would be spared. Thirty years later, it still stings just a bit to think of how crushed I felt at the time. If I was not the best, then what was I? There seemed to be only two possibilities to entertain.

My mind bounced between extreme beliefs like a cardboard duck in a carnival game. Either I was the best and had been horribly betrayed or I was worthless and could only wonder why I had not been thrown out into the street before now. To my great relief, an angel arose in the form of a gentle-hearted mentor. She came from the group of senior clinicians who had decided I was not yet Clinician III material. She came with a desire to soften the blow, to ensure that this baby did not go out with the bath water. She entered into the fray in a way that recalls the advice of an American icon.

### **Look For The Helpers**

Fred Rogers, the Presbyterian minister more commonly known as Mr. Rogers of PBS fame, often told the story of how his mother comforted him when great tragedies occurred. Whether it was the assassination of a President or the shooting of a university student

by a National Guardsman, Mr. Roger's mother would counsel him on how to respond. Her advice? "When there is a tragedy, always look for the helpers." She encouraged her young son to move his focus away from what was horribly wrong and onto the beauty of humans stepping forward to help in a time of great need. The mentor who saw how crushed I was and reached out to me was my helper. To my credit, I chose to focus on her.

When I was turned down for promotion by a group I considered friends, I was at a turning point in my career. I was left with the options of blaming others for my unhappiness or considering that maybe, just maybe, there was something in me that needed to change. The objections the group had to my promotion were not clinically based. They were based on my behavior, my attitude, my inability to recognize appropriate boundaries. It was absolutely true that they were wrong in not bringing their concerns to my attention as they arose. However, their perceptions of what was flawed in me were also absolutely true. Something needed to change. I had no control over how my coworkers chose to act. But I had control over me. And so I resolved that it was I who would change.

I attached myself to my mentor as tightly as a drowning man clings to a life preserver. I listened to what she had to say. I sought

out books and articles about the troubles I was having in my performance. I watched others who I admired and those I did not want to be like. I noted the way they conducted themselves. And I changed. Deliberately and consciously, I chose new responses to my environment. I grew. And when I had grown, I found others who were struggling. I started a staff support group where no topic was off limits. I told them what I had learned. And they grew.

By now, I had lived through my first Seismic Career Event, coming out on the other side as a bolder, brighter version of myself. Little did I realize at the time, but I was mapping a process that has proven to be the key to my longevity in the nursing profession. It is a pattern I have followed to get through other SCEs without losing my license, quitting the profession or being arrested for assault and battery.

Now when I am faced with a Seismic Career Event, I look for the helpers. I find those whose opinion I value and whom I can trust to be brutally honest with me. I entertain the notion that some of my perceptions could be wrong, that if I want to feel better and be better, there may be old ideas that need to be released. I go to the literature. Not just the nursing literature, but to a variety of reliable sources to see what others can teach me about my struggles. And when I have learned, I look for others who struggle. I tell



them what I have learned.

And that, dear friend, is how I have arrived here with you. Thirty-five years ago, I walked into the halls of a world-renowned medical center to make my mark. These many decades later, I look back on the adventure of a lifetime. The profession of nursing has taken me around the world. It has enabled me to meet thousands of beautiful helpers from all corners of the globe. I have laughed myself silly with loving people who live their days with dementia. I have counseled the mother of Superman as her son lay in intensive care with a broken neck, never to walk again. And I have accompanied hundreds to the edge of this world we now call home. I have held their hands and wished them Godspeed as they floated away to their next destination.

There is no profession like nursing. And there is no one like me. There is also no one like you. If you are suffering, I hope you will accept the ideas within this book as gifts. Open your heart to those who have gone before. I wish you Godspeed on your adventure. Contact me if I may ever be of service.

### **EMPOWERING ACTION STEPS**

- Don't let SCEs (seismic career events) derail your power.

Use the opportunity to exam how you truly feel about

your work and how you want to move forward.

- Don't take criticism personally — look at it as an opportunity to improve yourself and your career, and boost your power.
- Look for the helpers around you ... look for a mentor. They can help you get over negative events and hone an empowered attitude toward your career.
- Remember to visit [www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)

## **CHAPTER 7**

### **Empowering Your Well Being**

By Joyce Harrell, RN, OCN

#### **We Are Nurturers**

What happens to the wellness of a nurse who neglects her own self-care? Any number of things. Have you ever heard that nurses and physicians make the worst patients, and take the worst care of themselves? Investing in good self-care is not a prerequisite to being a nurse, but it can make a huge difference in our quality of life, and by extension, the quality of care we give out patients.

Stress on the job, in our personal lives, and caused by the fast-paced world contribute to the idea that we don't have "time" to invest in ourselves. The nurses I have contact with wear many hats and at a very basic level are nurturers. We are moms, dads, siblings, spouses, partners, taxi-drivers, healers, nurses, cooks, house cleaners, volunteers, caregivers, household accountants, shoppers, babysitters, and the list goes on and on.

The other factor that some nurses use as an excuse to not invest in self-care is guilt. Nurses tell me they feel guilty taking time out for themselves when there is so much to be done, or when there are so many who they need to take care of. As we wear many hats and struggle with a limited amount of time, it can be easy to place the needs of others ahead of our own. We tell ourselves that taking care of others is more important. We are nurturers at the core.

I'm a "word" person, and I love to look into the meanings of words. I did a Google search for "what is a nurturer" ([www.Google.com](http://www.Google.com)) and this is what appeared in the very first comment directly on Google: "Nurturers are quiet people who believe in order and diligently look after the people they care about. They focus on the needs of others and establish routines to help them meet their commitments." Notice the definition, "they focus on the needs of others." It is important to establish a basic premise that as

nurses, we are nurturers and we tend to focus on the needs of others at the expense of our own. We need to realize that taking care of ourselves is not only empowering, it allows us to take better care of others, too.

### **Lack Of Self-Care Leads To Burnout**

On a personal note, I have been a nurse for 25 years. I'm married, have three adult children, and eight grandchildren. I'm multitasking almost constantly, and I've been deeply passionate in my job as a nurse. There have been three distinct times in my nursing career where I had to deal with burnout/compassion fatigue, and I can tie most of it back to a lack of self-care. For so many years I believed I was doing exactly what I should be doing. Taking care of everyone else first! I am a die-hard nurturer.

The first episode of burnout/compassion fatigue was after I had been a nurse for only three short years. I was working in a high-level intensive care unit and I was the first to step up and take the "challenging" patient of the day. You know the type: bleeding out with back-to-back blood transfusions, on a ventilator, on the edge of coding all day. Caring for them gave me this rush of accomplishment; I could "help" them get better. Add to that, having three children under the age of 12, each with their own school

events and activities, being a girl-scout helper, and being married to a minister of a busy congregation. You can see how easy it was for me to avoid taking care of myself.

When my husband was called to another congregation, we moved and I didn't work for a year and a half after that. For one thing, I didn't financially need to, plus I was fried. Yes, it caught up with me. I was able to rest and recoup, and actually thought I'd be a stay at home mom the rest of my child-rearing days. But that didn't fix the problem, I just shuffled around some of the responsibilities. The show had to go on!

My next adventure was moving back to my husband's hometown. That's another story in itself. My husband needed a break and a breather and that propelled me back into the workplace. I was ready to go. After a short stint working on a surgical unit, fate connected me with cancer care. I had found my niche! Something I could pour my heart and soul into! And I did. I became passionate about cancer care. I wasn't so much intrigued with the chemotherapy itself. What drew me was the relationship and special type of nursing involved around cancer care. It was an outpatient unit, and I became the manager and stayed in that role for eight years.

My next episode of compassion fatigue came near the end of those eight years. Honestly, it had nothing to do with the unit,

which I thought I would never leave. It was my heart and soul. Again, I wasn't doing anything for my own self-care. I don't even believe I had experienced a massage at that point. External factors caused my internal shakedown. Events like my father and my father-in-law dying within six months of each other, my son going to Iraq, caring for my cousin who suffered from lung cancer and was a mother of two young children when she died took their toll. Then I went into work on a Monday morning, only to hear the devastating news that a friend had died suddenly at age 51 of a massive heart attack just the day before. Losing her was a turning point in my life. I needed a change.

It's important to realize that external factors can play a role in your burnout. When you don't have the tools you need to handle both internal and external stressors, it's very difficult to process stressful events. When I reflect now I see that I should have sought help dealing with the way those events impacted my life.

I resigned and went to an inpatient oncology unit closer to my home and thought that I would somehow heal from all the pain if I didn't have so much responsibility. I was wrong...

In 2010, after realizing my stress, burnout and feelings of being overwhelmed weren't improving, I began to search for help. I didn't want antidepressants or nerve pills. I did try different things,

but they left me feeling tired and sluggish. I'm not putting down medications – they have their place. I just wanted to “fix” my ability to handle stress. Then, I stumbled upon Wellness Coaching, and I realized THIS was my missing link. I needed to learn how to be well, from the inside out!

The first program I took was called Wellcoaches. I just loved the layout and I learned how to coach others on their wellness journey. I learned so much, and I was excited to get started as a Wellness Coach so I could help others. However, my journey was only just beginning. I had found another Wellness Coaching program (one that I had been searching for), and decided THIS was a program I wanted to connect with. I began studying with the Wellness Inventory Wellness Coaching program and discovered that it was what I really had been looking for. I knew inside that this was the answer for me. This is where my life changed.

### **An Empowering Awakening**

What I loved about my training with Wellness Inventory was that instead of having to obtain practice clients like I did the other program, we were going to buddy coach with those in our class. How exciting!

At that time, I had experienced a 35-pound weight release, and



I still had 25 pounds hanging on! I was grateful to get this “coaching” thing going and figure out why I was having trouble releasing the remaining weight. Then I took “the Assessment”! The Inventory Assessment is a 120-question inventory that looks at all areas of your life according to the 12 dimensions of wellness. The finishing “scores” show where a person is in relation to those areas. The wonderful thing is that it shares your motivation to change related to those areas.

When I completed the inventory, I was very surprised by the results, but it was dead-on! One thing it revealed was that I wasn't really motivated to release that weight after all. My motivation was high in learning to breathe, and to work on my self-responsibility and love. Motivation to release those pounds wasn't even close! I actually cried my way through this entire program. The healing was beginning. I was awakening to my own care, and the lack of attention I had given myself over the years. It was the beginning of another leg of my journey. Awesome doesn't even begin to describe how I began to feel.

### **Wellness vs. Health**

The “buzz” in corporate health programs these days is about having “Employee Wellness Programs.” I understand the thought

process behind Health Programs gradually transitioning into Wellness Programs. What I have seen from researching “Wellness Programs” is that they actually emphasize the same things “Health Programs” did several years ago. Wellness is the new buzzword for weight loss, smoking cessation, blood pressure control, exercising, and cholesterol control. These topics are quantifiable and measurable. To me, these are still “health” programs. True wellness, or whole-person wellness, is not based on external, quantifiable measures. These “outward” measures are part of well-being, but not the core driver. I really appreciate the intent of the institutions that put on these health programs for employees. However, after experiencing a more thorough understanding of whole-person wellness/well-being, I find that they miss the mark.

**An ideal wellness program may consist of some of the following key components:**

- Personalized action plans to reflect physical and emotional needs of the individual.
- A tool which has the ability to measure the core values and motivation of the individual.
- A personalized coaching program with the ability to track progress related to underlying issues like stress,

relationship difficulties, communication skills, and thinking habits/patterns.

- Understanding the employee beyond the weight, blood pressure, and smoking habits to explore underlying reasons for difficulty in behavioral change.

The Wellness Inventory Program “isn’t a get-fit-quick scheme dependent upon short-term games. It inspires self-responsibility for creating and managing individual wellbeing to realize full potential. We leverage group dynamics to enhance behavior change that must happen from within an individual for lasting results.” (From <http://www.wellpeople.com>, under the subject of Employee Wellness.)

The example with Wellness Inventory is only one such program. This is the program I am most familiar with at this time which approaches wellness in a whole-person manner. Delving deeper to understand true wellness/well-being will be very empowering for you.

### **Empowering Your Well Being**

It is always good to have a full understanding of what a word means. Doing another Google search, this time for “what is the

definition of **empower**,” you will find the following description listed as the second meaning when you search: “make [someone] stronger and more confident, especially in controlling their life and claiming their rights.”

### **Are you ready to “claim your rights” to well being?**

Now, let’s discuss the meaning of well being, or wellness. Dr. John W. Travis, a pioneer in the wellness movement who I mentioned previously, shares his description of wellness on his website, The Wellspring. <http://www.thewellspring.com> This quote from his site gives a wonderful overview for a basic understanding:

“Full-spectrum wellness is about the connections between our state of well-being and our:

- body, emotions, mind, and spirit
- earliest life experiences and our health over our entire lifespan
- family, friends, and community
- personal and our work-life
- environment—from home, to neighborhood, to the entire planet.”

To empower your well-being is to become confident in con-

trolling your life, and claiming your right to live a life balanced in body, emotions, mind, and spirit as it connects to all the other facets of our lives. This includes how we breathe, how we feel about ourselves, how we nurture our own self-care, how we communicate with others, how we eat, how we move, how we feel, and sense, and think.

After taking inventory of my own well-being, I realized I needed to work through my own need for self-care and to say “yes” to those things which empowered my wellness. This meant being honest about what I truly wanted out of my life, career, family, spiritual life, and every aspect of who I was.

Needing to release another 25 pounds was not my most pressing need. It still isn't. I'm working on it now, but it's because I'm more balanced and settled in the deeper areas of my wellness. I've found movement that I love. (I just bought a bike and a weighted hula hoop!)

I did mention going through one more bout of burnout. I won't need to go into detail, because the ways I worked through it to reach a positive outcome are the same, and the details aren't as important as the outcome, agreed?

Empowering your own well-being can be simple. You just need to follow a few steps:

- **Acknowledge.** This is the most important step in the entire process. You need to acknowledge that you have put yourself last on your list of priorities. When you brush aside the need to love yourself and create space that honors your needs, it will catch up with you!
- **Vision.** Create a vision for your life. What does your ideal life look like? What is on your list to accomplish during your lifetime? What would a day to yourself look like, if you were able to spend it any way you wanted? What regular self-care habit would you implement if money were no object?
- **Take Inventory.** Find a tool to assess where you are now, and learn how you can move forward in those areas that are important. Find a coach/mentor who can help you on this self-exploration journey. I'm happy to assist you on this journey. I currently use the Wellness Inventory tool with my clients.
- **Explore Resources.** Don't hesitate to seek help if your situation is out of control. Most healthcare corporations have Employee Assistance Programs. Speak to your

physician about help or referrals.

- **Try Integrative Treatments.** Massages, Reiki, Healing Touch, and acupuncture are wonderful ways to de-stress and implement self-care to enhance your well-being. I use essential oils and diffuse them on a regular basis to help with my own well-being. I love grounding oils like cedar wood, and blue tansy. Lavender is very relaxing.
- **Quiet Time.** Learn breathing techniques and meditation practices. Their ability to ground you and help you learn to live in the moment are very empowering.
- **Practice The Art Of Kaizen.** This is the practice of making progress toward your goals through continuous small steps. Don't feel overwhelmed when trying to make changes. Small steps consistently made will lead to permanent change.
- **Give Yourself Permission.** This is one of the most important steps you can take. Learn to say no when you really want to say no. Give yourself permission to leave a situation that really is unbearable. There is no shame in leaving a bad situation in favor of one that empowers your well-being.
- **Open Your Creative Side.** As a general rule, nurses

operate out of their left brain - the logical side. Encourage balance in your life by participating in activities which enhance your creativity, like journaling, Zen tangle, doodling, painting, writing, dancing, and knitting, just to name a few.

- **Holistic Nurses Association.** Join the AHNA. This organization is great! Membership includes a lovely magazine every two months called *Beginnings*. It's full of empowering holistic articles.

### **My Unfolding Story**

As you read this chapter, if you have related to what I've shared, I want you to know that there is hope! Acknowledging the need for my own empowerment changed my life. Not only am I living more purposefully, but I'm passionate about helping others on their journey as well. I felt alone when I first started this journey. I kept my inner struggles a secret because I thought I was the only one. I thought something was wrong with me.

The more I share my story, the more I find others going through the same experience. Locally, I've just opened the Healing Streams Wellness Center. It's a place for women to experience community and connection with other women who are all searching to em-



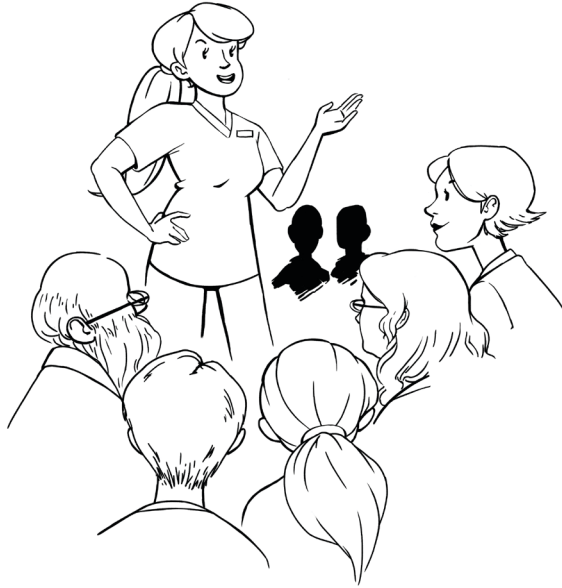
power their own well-being. (The center is physically connected to Curves for Women, so at this time I'm focused on women.) I never dreamed when I acknowledged my own need for healing that I would be directing a project like this a few years later.

**Your journey ... begins now!**

### **EMPOWERING ACTION STEPS**

- Acknowledge that you've been putting yourself last and decide to change that.
- Create a vision of what your ideal life looks like.
- Assess what you need to do to reach your ideal life goal and what resources will be required. Then follow the remaining steps listed above!
- Remember to visit  
[www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)





## **CHAPTER 8**

### **Nursing Empowerment Through Assertiveness**

By Beth Boynton, RN, MS

As our whole healthcare system slowly shifts in the direction of patient empowerment, nurse empowerment is absolutely integral to successful outcomes. Our expertise and health are vital and our sheer numbers represent a powerful potential force. Individually and collectively, empowered nurses will change healthcare systems for the better. This book is a game-changer and so are you!

As a communication specialist, my focus is on assertiveness, which I see as closely related to empowerment and emotional intelligence (EQ). All three (assertiveness, empowerment and EQ) require respect for self and others, while growth in any one of these areas will result in growth in all of them. This book offers many different inspiring stories and helpful strategies for becoming more empowered. Regardless of which path each of us chooses, we will all benefit from positive gains that ripple out from and around us. How exciting is that?

In this chapter, I'm going to share with you a combination of personal and professional experiences that have helped me to become empowered as a nurse, consultant, and author. Together, we'll explore why assertiveness is so essential and can be so complicated. I'll close with a short list of related articles and links I've published on my blog, *Confident Voices in Healthcare* ([www.confidentvoices.com](http://www.confidentvoices.com)).

In addition to gaining insights about assertiveness, I hope that your takeaways will include an awareness that you are in good company within this work, and that you'll be inspired to forgive yourself and your colleagues for imperfections in the course of developing assertiveness and becoming more empowered.

**Assertiveness Is Essential For Well Being**

Assertiveness is essential for our own well-being and that of our patients, colleagues and organizations. For some of us, its importance arrives as a difficult wake up call. Trust me — I know from experience!

In the mid 1990s I was going along pretty well working in home health and occupational health, and doing some legal nurse consulting. I had a five-year-old son and loved being a mom. I was in (what I thought) was a committed relationship of 10-plus years, when all of a sudden, I found myself in the middle of a very painful divorce. My ex had found someone else. My world turned upside down.

I started counseling with a wonderful therapist who helped me discover that I was a really good advocate for others, like my kid or patients, but not so much for myself. I had pretty much given up my voice in this relationship and as difficult as it was, I needed to discover why and how I gave up my power and tended to form relationships in the first place. Psychotherapy isn't necessary for or appealing to everybody, and not all therapists are equal, but I lucked out and loved it! Especially once I got over some of the emotional pain of loss and gradually could see the beginnings of a happier and healthier life unfold.

One of the ways we worked together was journaling. I kept a journal and would give it to my therapist and she would read it and write little comments or challenge me with questions like, “why did you feel this, or do that, or assume such and such?” More personal than I’ll share here, but suffice it to say that I learned how to distinguish caring for others because I’m a compassionate human being from codependent caretaking arising out of a need for approval or belonging. Whoa! Maslow’s hierarchy took on a whole new dimension when I started applying it to myself! I had to learn to identify, understand, and value my feelings and make better judgments about knowing and trusting others.

I’ve grown to understand that part of respecting myself means I have to use ownership language (like I-statements) to speak up about what I want and need and to listen respectfully to what others want and need. Have you heard the saying that we teach what we need to learn? No wonder I became a specialist in communication, right?

Anyway, during the time my son was in elementary school he was living with me half of the time and was clearly my most important priority. I found a smaller home in the same school district, and a management position in a home health organization that allowed me to work some at home, and continued with some

occasional work for another home health organization as a staff RN. I started swimming and taking dance aerobics. Soon I was teaching water aerobics classes and my son and I would spend a whole afternoon making recordings of music for these classes. Honestly, as I reflect I realize how fortunate I've been to be able to juggle the financial responsibilities of being a single mom and still spend lots of quality time with my son. I have no regrets at all, even as I think about this tough period of my life.

### **Assertiveness is Complicated**

As I became healthier, I began to notice more things that weren't healthy in nurse practice settings. Toxic cultures, excessive workloads, gossiping nurses, and abusive physicians became easier for me to identify and sadly were all too common. I no longer felt that these behaviors or circumstances were appropriate and was becoming pretty good at not participating in or tolerating them. I began to see them as symptoms of big and pervasive problems in nursing and in healthcare.

I remember one day in the home health office as a per diem staff nurse, when I was finishing up documentation one Friday afternoon. The manager had asked if anyone would take the pager for the weekend. I quickly and firmly said, "No. I am not available.

My son is with me.” But I could overhear my colleagues really struggling. One friend in particular who had two young children and worked full time was saying things like, “I really shouldn’t work this weekend, but if no one else will I guess I can.” I knew she did not want to work and the manager just stood there silently. My friend continued, “I could probably cancel dinner plans for Saturday and maybe there won’t be many pages.” Pretty soon, the manager gave her the beeper and thanked her while my friend walked away looking so defeated. I realized my newly gained assertiveness was very valuable and not something my colleagues necessarily understood.

To some extent, I could see how my friend was being passive and not willing or able to set a limit that felt good to her. She was uncomfortable with the quiet and I suspect felt that she had to fill it in and fix it. I also sensed the manager was participating in the dynamic by letting my friend struggle and using silence to her own or the organization’s advantage. This bothered me too, and highlights something about assertiveness that I find fascinating. I wondered about and still enjoy spirited discussions with workshop participants and colleagues about this — what happens to an assertive person in an aggressive, passive-aggressive, or passive culture?



Based on my experience, education, and observations, I assert (no pun intended) that because assertiveness inherently involves others, it can be tough to maintain in cultures or relationships where it is not reciprocated! Nurses who speak up and are ignored might try to speak up louder and eventually become aggressive themselves, or stop speaking up altogether, i.e. become passive, or speak up behind someone's back, i.e. passive-aggressive. This concept represents a fatal flaw in patient safety efforts to date — teaching nurses and/or patients to speak up without ensuring that appropriate people are available and skilled to listen respectfully! Ironically, one of the most effective ways to teach assertiveness is to ask someone what they need and then to listen to their answer. In this way, we teach others that their needs are important and it is safe to share them.

Returning to my friend and the manager situation, we should also note that part of our responsibility as nurses is to say, “Yes” to such staffing requests sometimes. However, when we accommodate these requests too much, it contributes to excessive personal loss, resentments of others, and enabling systems that exploit our willingness to help. And exactly what is too much is a personal decision that varies over time and from nurse to nurse.

As I continued to grow my assertiveness, I was becoming

more and more disenfranchised with the nursing profession. It was really hard to practice my new skills in the cultures I was working in and I liked my evolving self. I decided to go to graduate school, thinking that I'd pursue alternative career paths. In 2005 I earned my Masters in Organization and Management at Antioch University. For my practicum, I developed a model that used theater games to teach emotional intelligence to children. My son loved theater and I often found myself barely a step ahead of him in teaching him the skills I was learning.

After earning my Masters, I had some teaching and consulting opportunities that made me realize I could use my new knowledge and skill base as a nurse consultant. So I started doing interactive communication workshops with nurses and other healthcare professionals and wrote and published my first book, "Confident Voices: The Nurses' Guide to Improving Communication & Creating Positive Workplaces", edited by Bonnie Kerrick, RN, BSN. I was discovering that some of my empathic qualities, things that got me into trouble when I didn't have good boundaries, made me a great facilitator now that I do! I call upon my evolving assertiveness for conflict management, professional coaching, and a kind of consulting called "Whole Systems" work, which can be very effective in shifting from toxic to healthy cultures.

Meanwhile, as my life and career unfolded, there was growing awareness about the relationship between communication failures and medical errors. Even ten years ago, The Joint Commission was recommending flattening hierarchies, promoting a “zero tolerance” for abuse, and providing assertiveness training. This added more incentive for nurses and organizations to do the work. Yet, sadly, here we are ten years later still facing persistent and outrageous patient safety statistics, the vast majority of which have root causes involving communication, human factors, and leadership!

One thing that drives me crazy with some of the assertiveness training programs I see ‘out there’ are those that teach nurses to be assertive for patients but not for themselves. This is another fatal flaw! Consider these statements:

- “Doctor, that’s the wrong leg!”
- “I’m sick and unable to work today.”
- “I need help.”
- “I’m not going to talk about Sally behind her back.”
- “No. I can’t take call this weekend.”
- “Sorry, Dr. Smith, I don’t know her temp but her skin is hot. I couldn’t find a working thermometer and wanted to

get in touch with you right away about these labs.”

All are examples of empowered nurses who are being assertive. They show ownership and accountability. They are clear and concise with no floundering or unnecessary apologies. Further, they all directly or indirectly contribute to safe care and positive work environments.

Yet some of these statements would be more encouraged and welcome than others, right? And this might vary with the culture you work in and the quality of relationships you have with your peers. Assertiveness can feel risky because we are showing ownership about some idea, concern, need, or limit. We could be judged, ridiculed, rejected, or maybe wrong! Who wants any of that? One has to have a pretty secure sense of self to take the risk, right?

Do you feel it is ok to say “No” on your unit at least some of the time? Can you call in sick without being begged to come in or feeling overly responsible for the staffing on the unit? Does it feel ok to you if a colleague says “No”? Is help available when you need it, at least most of the time? If you ask for help but none is available, how many times do you ask? What if your colleagues seem to manage without help? Do you feel you can have different

limits than others and still be respected? I know that when I'm vulnerable or tired, being assertive is harder. I can take care of myself by taking a deep breath, acknowledging anxiety, postponing difficult conversations or accepting that they will be hard, or asking for support.

In a more recent situation, I was working as a Charge Nurse on a secure unit with 24 residents with dementia. I was about six months into a per diem role with the facility that allowed me to work one to two shifts per week while developing my consulting business. During the middle of one 3-11 p.m. shift, a med tech on an adjacent unit came to me because one of 'her' patients had spiked a temp and was having some respiratory distress. She told me that I was her supervisor for the shift!

I had no idea that I was supposed to take over care for this patient and as you can imagine, I already had my hands full. I called the nursing supervisor and together we did the necessary interventions — contacting the doctor, EMS, family, and getting her transported to the emergency room. The patient received the necessary care, but I got way behind with my own med pass and treatments and rushed through the rest of the shift. I went home very late, exhausted and angry.

My mind was too busy to sleep. *How did other nurses manage*

*this? Did I miss something in orientation? What was the expectation? If I had to do this on occasion, would I, could I, should I be more open to it? But it isn't safe. I'm already maxed out with care on my own unit. If we were having conversations about it, I would have shared concerns and ideas. I don't have to be like anyone else. I need to honor my own boundaries and this supervisory role is too much. I teach assertiveness to nurses. I can speak up for myself. I must speak up for myself.*

So I went to work the next day and politely and firmly told the scheduler that I had concerns about supervising a med tech on one unit while being the charge nurse on another. I teach I-statements and know that they are especially helpful with emotionally charged topics, and was prepared with, "I'd like to talk with you about concerns I have supervising a med tech on Unit B when I scheduled on Unit A. I am already working as hard as I can on my unit and it isn't safe for me or our patients to put me in that position."

The scheduler smirked and said, "I can't make any promises." I had anticipated something like this and had already resolved that if this supervisory role was an expectation then I would need to look for another job. I took a deep breath and told him, "I'm not okay with that answer. Who do I need to speak with about it?" He

told me to talk with the Director of Nurses (DON).

Now keep in mind that at the time I was already a seasoned nurse, had a graduate degree, was the author of a book, and had my own consulting business. Nevertheless, my heart was racing and my mouth dry as I climbed the stairs to the DON's office and knocked on her door.

*Would she think I was a failure as a nurse? Was I? Were other nurses supervising med techs on adjacent units without problems or complaints? Was my job in jeopardy?*

Honestly, I was more stressed by walking up those stairs than I was a few weeks later while giving my first keynote address in front of 100 nurse leaders at a Washington State Nurses Association conference! The good news is she listened, validated my concerns, told me that she would speak with the scheduler and that it would not happen again. And it didn't. I stayed in my per diem role for almost 5 years.

In situations where power gradients exist, such as those between management and staff, doctors and nurses, or nurses and patients, some power needs to come from those who have or are perceived to have more, whereas some must come from individuals.

### **Bringing Patients into the Empowerment Picture**

Assertiveness and empowerment can be even more complicated for nurses because part of our job is to advocate for and empower patients. Unlike our relationships with our peers that are mutually dependent (or should be), our relationships with our patients are not. They are dependent on us, but we're not or should not be dependent on them, and this makes boundaries trickier. It doesn't mean we should ignore our needs, but we should be careful not to expect patients to meet them.

*Assertiveness and empowered actions often require changing behavior, and we know that for many patients, changing behavior is hard! Some big problems seem to have simple solutions that involve assertive behavior, but do they work?*

- Just say "No" to drugs.
- Exercise regularly!
- Stop eating so much sugar and fat!
- Quit smoking!
- Practice 'Safe Sex'
- Speak up: Help Prevent Errors in Your Care

Not typically, because human behavior is not that simple!



Some effective ways that we empower patients to take care of themselves include: ensuring necessary time and opportunities for practicing new skills, providing knowledge or equipment so efforts will be successful, simply listening to and validating what others want or are concerned about, and using language that builds assertiveness and encourages empowerment.

For example, when a patient with low self-esteem considers reminds a doctor or nurse to wash her hands, the patient may have to struggle with risking a hospital-acquired infection, making her caregivers angry, and/or confirming deep-seated beliefs that her concerns or her are worthy. Telling people, "Don't worry" or "Feel free to remind me to wash my hands" is contraindicated in some situations, especially if patients are worried or anxious. Both statements tell the patient how they should feel and may reinforce passivity, rather than empower such a patient. What we really need to ask is, "How can I help you to feel safe reminding me to wash my hands?" or offer, "I try to wash my hands but I am very busy and may be rushing. Please know I want to be reminded!"

Understanding these subtle differences in language reflects very savvy knowledge about leadership, boundaries, power, and respectful communication. They may not always be necessary, but thinking about the differences and trying them out can be helpful

in learning.

If you are like me, assertiveness will involve personal growth in such self-constructs as self-respect, self-esteem, and self-efficacy, core and powerful beliefs we carry from our life experiences, culture, and genetics. Even when we embark on personal work to evolve these “skills,” or develop emotional intelligence, it can take years of practice and a willingness to take risks that may indeed feel very scary. For me this process has become easier, but not easy.

As a nurse consultant I continue to develop my business and practice my skills personally and professionally. My son is all grown up and teaches high school drama on the other side of the world! I am very honored to be the author of a core textbook to be published by F.A. Davis Publishing Co. in the spring of 2015 tentatively titled, *Successful Nurse Communication: Safe Care, Healthy Workplaces, & Rewarding Careers*. It is intended primarily for undergraduate nursing students and includes many of the topics touched on here. As seasoned nurses greet new grads, I believe that this spirit of empowerment will ignite even more positive change.

In closing, I'd like to thank you for reading this chapter and invite your feedback. We've covered a lot of territory! I encourage

you to share your successes and challenges on your empowerment path with each other and welcome your stories for publication at Confident Voices in Healthcare. I can be reached at [beth@beth-boynton.com](mailto:beth@beth-boynton.com).

### **Related Resources**

- Is an “I” Statement Right for this Conflict or Are We Wasting Nurses’ Precious Time? <http://bit.ly/1DGiATc>
- An underutilized communication strategy to help any safety, quality, or culture change effort.  
<http://bit.ly/1wcqlaF>
- Bookmark for Links to Resources & Expert Testimony on # of Number of Deaths, Medical Errors, & Patient Safety in U.S. <http://bit.ly/14Xhlkn>
- Confident Body Language Builds Assertiveness: Harvard Professor Proves Hormonal Changes in 2 Minute Power Poses. <http://bit.ly/1533g47>
- Why Teaching Nurses to Be Assertive for Patients AND Themselves is Essential for Safe Care and Cultures.  
<http://bit.ly/1hSDXYg>

**EMPOWERING ACTION STEPS**

- Take the initiative to speak up for yourself. Use “I” statements to help yourself to take ownership of the situation.
- Recognize the fact that you’ll probably feel uncomfortable and nervous speaking up for yourself. That’s totally normal — don’t let it stop you!
- Realize that part of your duty as a nurse is to speak up for your patients, too.
- Remember to visit [www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)

## **CHAPTER 9**

### **The Empowered Nurse is Self-Disciplined**

By Nicole M. Brown, MSN, RN

*Self-discipline begins with the mastery of your thoughts.  
If you don't control what you think, you can't control what you do. Simply, self-discipline enables you to think first and act afterward.*

~Napoleon Hill

The empowered nurse must master or have some form of self-discipline in order to become successful. Self-discipline holds the key to the power and skills of an empowered nurse.

First, let's define self-discipline. Self-discipline can be viewed as forming new habits and taking actions to accomplish one's goals. Self-discipline can set standards for an empowered nurse to become a task completer and a positive role model. Follow the advice below to improve your self-discipline — it's an empowering strategy that can help you make great strides toward achieving your goals.

### **Practice Self-Discipline With Goal Setting**

- Be specific to the day of the week and time for each task.
- Be firm with yourself and the schedule you have created.
- Utilize this teaching to your home, business or work projects.
- You will see you will be able to complete more tasks over time.

**Advantage:** Work small tasks in increments, not all at once. Develop a habit; the habit will make task completion easier for you.

### **Self-Discipline Requires Scheduling**

Don't be wishy-washy — set up a concrete schedule of goal-achieving tasks.

- Schedule tasks to work on in the morning, in the afternoon or evening, and at night.
- Work on your assigned task(s) for no more than 30 minutes at a time.
- Be aware of the time required to start or “get into” the task.
- Start the task at the time listed in the schedule book.
- Try this routine for 21-30 days.
- Monitor your growth — take note of how much you accomplish over time.

**Advantages:** Focuses you on the priorities of the day. Helps to prevent procrastination by focusing you on innocuous start and end times so you don't feel stressed about the actual completion of the tasks.

**Advantage:** Building a record will help you follow the tasks started and completed.

### **Good Time Management Is Empowering**

Time management is extremely important in regard to self-disciplined, empowered nurses.

The empowered nurse must have control over their own self, but how can you control time?

Initiate time management with task-oriented activities.

**Advantage:** Learn to say no to control tasks, which will build your self-discipline.

You can construct self-discipline; you will control your time management.

You will construct time management; you will improve your self-confidence.

### **Use A Self-Discipline Log Book**

- Document start and end times of your tasks.
- Evaluate your documentation to assess your improvement and make necessary adjustments to your schedule.

**Advantage:** A log book is a helpful tool to see the “big picture” when it comes to your activities. This helps empowered nurses choose the right priorities, as you’ll be able to see more clearly which activities are essential and which are non-essential.

### **Schedule Goal Setting, Too!**

- Determine a time each day to make a list to set daily goals.



- Determine a day each week to list your goals for the week.
- Make sure you prioritize the list for each day and the week.
- Immediately implement most important tasks.
- Implement this activity a few weeks to see if this becomes a habit for you.
- It takes time to form a habit (21 days to a month); it depends on the individual.

**Advantage:** Try to start your day with a clear idea of the goals and tasks to be accomplished each day. Write your plans in pencil at first, in case you need to make changes each day.

### **As An Empowered Nurse, Remember ...**

- Do not become overwhelmed; embrace the challenge at hand.
- If you revert back to old habits, remember this isn't uncommon and get right back on track.
- Take periods of rest and restart the process of scheduling.

### **Two Tips To Improve Your Success**

- **Partner a new habit with an old one**

If you drink coffee (an old habit), make that first cup the time

to write out and prioritize your tasks (the new habit).

Personally, I choose my favorite show and will complete my scheduling while watching the show.

**Advantage:** Partnering a new activity with an ingrained activity smooths the process.

- **Maintain a calendar at home and/or at work**

Cross out the days you completed the tasks. If you revert back to old habits, then initiate the plan again!

**Advantage:** The nurse who visualizes the plan can become empowered to continue the process.

### **Find Self-Disciplined Role Models**

View the people and nurses in your life. Observe who is implementing self-discipline habits to assist them with achieving their goals. Ask for advice on how to complete tasks and accomplish goals. Also, find out about what strategies have worked best for them.

## **10 Action Steps For Achieving Goals**

**Step 1: Assess your assets and liabilities.** Review the areas in your life that are lacking and the areas where you excel.

List the areas of your life that you would like to improve.

**Step 2: Make peace with taking one step at a time.**

Everyone strives for perfection at times, but this is not the time for perfection. Forgive yourself when you aren't perfect and keep working toward your goals so you can avoid feeling overwhelmed. Instead, focus on doing your best to take one step at a time.

**Step 3: Motivate yourself.** Write down some of the reasons you would like to make changes in your life. Your reasons and rationales will improve your motivation.

**Step 4: Plan ahead.** Write down a plan of action to make changes in your life. Write down some strategies to defuse issues and overcome challenges that could alter the plan.

**Step 5: Initiate positive self-talk.** Your mental thoughts can prevent you from accomplishing your goal of self-discipline if they're negative. Practice positive self-talk on a regular basis so you can stop the negative emotions that may cause you to want to give up on your goal.

**Step 6: Tell your closest family and friends.** Statistics have shown that you need the support of others to effectively implement new changes. In addition, your friends and family can help hold you accountable to make the needed adjustments.

**Step 7: Implement with baby steps.** You cannot make long-term change overnight — that could be too extreme. Implement a new task every week (or monthly) to build self-discipline

**Step 8: Remember that change can empower the nurse.** Recognize every positive step towards building self-discipline. Tell your family and friends how empowered you feel by making positive changes. Change can be scary, but it's required if you want to be fulfilled and empowered in your life and your career.

**Step 9: Evaluate your progress.** After every week and month review your progress. Assess the week areas, and then adjust the plan to build upon your self-discipline.

**Step 10: Reward yourself.** Learn to reward yourself when you stick to the plan. It is essential that you acknowledge your advancement and give yourself so praise for all accomplishments.

The ten steps above show you how to motivate yourself, plan and implement positive self-talk to accomplish the goal of self-discipline and maintain self-discipline over the long-term so you can achieve anything. If you want to understand how to align your

mind so that you can achieve your goals, take some time to learn more about the Self-Discipline for the Empowered Nurse.

### **My Self-Discipline Story**

Nursing is an extremely challenging career. I have to be prepared each day for business, home, school and work. One of the best qualities I have as an empowered nurse is that I know how to make time for self-discipline. As a nurse, learning how to manage myself professionally and how to prioritize my time is a daily self-discipline activity. I have learned how to plan out my day and stay focused on the task at hand. I know that in a moment's notice, plans can change and I have to be able to bounce back.

In planning out my day, there are two focus points — start with the easiest task first, or to jump to the task I fear the most. No matter what, I have to get going and start my day. I implement positive self-talk to banish negative thoughts. I monitor things that can eat up my time, such as talking on the cell phone, Facebook or texting! I always keep a list of all my tasks, so I won't forget anything. I assess what can be delegated as needed. As I complete each task, I cross it off for the day! I reward myself with scheduled times to text or go on social media. Maintaining a structured plan of action can keep you focused, just like it does for me.

I don't think I'm a workaholic and I say no to things that don't fit in my schedule. Many opportunities can arrive daily and could easily get me off track. I am structured, equipped and always ready for the unanticipated and won't be caught off guard because I am an empowered, self-disciplined nurse.

As a nurse, I wear many hats on a daily basis. My jobs are as follows: I am a full-time faculty member and simulation coordinator, I am a part-time doctoral candidate for an online university, I run my own business with a children's product line of books, DVDs, and dolls on the way with Nurse Nicole Enterprises, and I am a happily divorced, proud mother of three children. As an empowered nurse, utilizing self-discipline has allowed me to stay on track to accomplish all of my lifetime nursing dreams.

By Nicole M. Brown, MSN, RN

Owner of Nurse Nicole Enterprises.com and Nursing Success College.com

Author of:

***You Can Become a Professional Nurse (2015)***

***The Adventures of Nurse Nicole (2013)***

***Books - N is for Nurse & Wash Your Hands (Both 2013)***

***DVD – Battle of the Germs (2014)***

**EMPOWERING ACTION STEPS**

- Write down a list of goals you'd like to achieve, both big and small.
- Break down each goal into tasks and schedule time to work on each task — all it takes is 30 minute blocks of time!
- Review the 10 Action Steps for Achieving Goals regularly to ensure for yourself the best chance of success.
- Remember to visit [www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)





## **CHAPTER 10**

### **Using Simulation for Real Empowerment of Staff Nurses**

By Bridgid Joseph, BSN, MSN, CCNS

There are various reasons that nurses can feel powerless during every single shift. They may feel dismissed by a patient (or family member) who doesn't trust or believe in the clinical acumen, or by a physician (or Licensed Independent Practitioner) who disregards their input regarding their patient's condition and plan of care. They may feel dismissed by an administration that might not

always seem to support their practice or their ability to perform optimally by pushing admissions and the staff ratio numbers, or they simply don't feel comfortable in certain clinical situations because of a lack of experience.

In accordance with Murphy's Law, there are days when all four of these experiences occur in one shift, and it is enough to mentally break anyone, until they have time to get away from the stress, so they can process, debrief, and learn lessons about how best to respond in the future. As nurse leaders, it is our responsibility to give nurses the skills to practice and cope within the challenges of the profession. As with any profession, there are challenges. The main difference when you are working in a hospital is that your job is literally life or death. Having a nurse who is empowered to speak up and advocate for the best care of their patient, or to actually do what is best for their patient, can not only make a positive difference in a patient's outcome, it can also improve staff satisfaction, and have an impact on pay for performance initiatives, like patient responsiveness scores. There are times when hospital administration makes decisions that are an attempt to empower nurses; however, the opposite actually happens, and this can be very real with emergency responses.

### **Assessing the Pulse**

Nationwide there is a trend toward using Rapid Response Teams (RRTs) to see patients who are clinically declining before they are in a situation where they are going into cardiac and/or respiratory arrest in a non-ICU setting. Their goal is to get a “critical care” level of care to the patient’s bedside and either assess and treat the clinical situation at the bedside or escalate the patient to a higher level of care for further treatment. As a non-ICU nurse, having the ability to make a call when your patient is clinically declining, with the assistance of an ICU nurse and physician, can be a huge help in terms of time management and care for your other patients. It also ensures optimal care for your patient and validates your clinical judgment of increased patient needs due to a decline in clinical status. In short, it’s a great way to empower the staff nurses.

RRTs allow for optimal patient care by a specialty group, in a quick and efficient way that is ideal for patient care. However, RRTs also have a downside — the non-ICU nurses lose the skills and confidence to take care of a patient with an acutely declining clinical status because the ICU staff takes over care of the patient, so they do not need to utilize their emergency skills. They lose the ability to feel comfortable in a Code Blue (cardiac/respiratory

arrest) situation, where every second counts in helping a patient to regain a pulse. I have seen this time and time again in almost every hospital I have worked. Having nurses who are uncomfortable with their skills, to the point of fear of these acute clinical situations, is less than ideal, not only for the patients and clinicians involved and the hospital system as a whole, but also for the staff themselves. Staff that feels uncomfortable with their own clinical judgment and skills will not perform optimally and will not stay in that role for very long.

### **Check for Breathing**

Medical-surgical nurses frequently feel pressures with Code Blue situations because they are the front-line staff for the Code Team. But when they acutely happen without the precursors of a Rapid Response call, they are the least confident in their skills. The physicians and ICU nurses may have to travel from their patient care areas to get to the patient that needs assistance, which means that there's added pressure to the frontline staff. The current national benchmarks, according to the American Heart Association, are that all patients in a Pulse-less Ventricular Tachycardia and/or Ventricular Fibrillation are defibrillated in under two minutes, while all patients in a Pulse-less Electrical Activity (PEA) and/or

Asystole are administered the first dose of intravenous epinephrine in under three minutes. Patients who receive such quick administration of emergency treatments have lower rates of mortality and higher rates of leaving the hospital alive. They also suffer from fewer concurrent perfusion injuries, as opposed to those who do not receive such fast treatment, according to the American Heart Association's Get With The Guidelines® data.

Due to the fact that these lower frequency incidences are so high-risk for patients, it is imperative that staff are both confident and competent with their role in these emergencies. Every unit in the hospital should do an assessment of the skills of their staff, rather than rely on how they think their staff will perform. There is always room for improvement and empowerment, especially in emergency care. Despite being recertified in CPR, with a review of Automatic External Defibrillator (AED) use, plus hands on compression skills every two years, many staff do not feel confident in their skills three months after recertification due to lack of use. That's a problem, since Code Blue situations are when staff should feel most empowered to use their skills.

Staff assessments should be performed using simulation (using a telemetry system when available) to acknowledge the acute decline of a patient and their immediate emergency response skills.

Using simulation allows for an assessment of staff skills without the risk to patients, and in a lower stress environment. Does it exactly replicate a “real life” situation? It can. Requiring attendance and setting the expectation that all simulated experiences are to be treated as real-life situations with living patients allows for a more realistic and robust response. It not only assesses one individual’s skills, but the teamwork and skills of the staff as a whole, working together and communicating, while meeting the acute needs of the patients.

When I started my role as the Clinical Nurse Specialist for the Emergency Cardiovascular Care Center and responded as an ICU responder to Code Blue events, there were times I saw nurses paralyzed with fear in the face of a patient in cardiac arrest. Sometimes they literally ran out of the room as soon as the Code Team responders arrived. Nurses who are highly specialized in various disciplines were unable to perform in emergency response situations because they weren’t confident in themselves. After seeing this twice, I knew that I needed to perform an assessment and intervene to breathe new life into emergency responses.

I chose to focus my assessment of the staff’s responses on a few very simple data points:

- Time to first responder for an emergency

- Quality of CPR
- Time to defibrillation
- Communication and teamwork amongst the primary responders

I used this information to get a true assessment of the nurses' ability to respond in emergency situations without harming a patient. We discussed the results in an open and honest forum, without any negative repercussions.

### **Defibrillate and Debrief**

Once the initial assessment of the staff was completed, I created a formal Mock Code Blue program, using the unit's local nursing leadership (Manager, Clinical Nurse Specialist, Unit Based Educator, etc.) to perform simulated cardiac arrest events on day, evening, and night shifts, all unannounced. We focused on specific shifts, or staff members, who were found to be less confident with skills, per the initial assessment. Focusing on staff members who seem unsure of themselves and their skills allowed for a higher rate of empowerment of the staff. The results speak for themselves — over the course of the three-year program, the staff who were initially the least confident showed the most significant improvement in response to emergencies.

The simulated events not only focused on the skills and roles of responders, but also consisted of a focused debrief to allow staff to openly speak about their experience, fears, validations, and lessons learned. Debriefing critical events has long been shown to be a crucial part of education to help staff learn from one another, and take the time to continue to work as a team to work through their feelings and emotions, their learning experiences, and areas for improvement in the future. During debriefs after both real codes and mock code events, I learned about systematic barriers that may prevent staff from responding optimally to emergencies (e.g. notifying local staff of the emergency, hearing/visualizing the alarms that require response, having emergency equipment locally, etc.). Once hesitations and barriers were identified, I was able to work with the staff to improve quickly. Allowing leadership to hear staff input and actually see how system barriers impact emergency care can directly improve the staff's responses because they see that leadership heard them and made changes to positively improve their ability to respond.

I have seen nurses who ran away in fear from codes (both real and simulated) flourish as local leaders on their own units as they became more comfortable with emergency responses and learn to coach others on their team who may also have been fearful. I get



emails, calls, and pages from staff to come and review defibrillator reports right after code events because they are so proud of their work and they're excited to get feedback (which is completely new behavior by the staff at my hospital). Truly, I have seen the emergency-induced stress and fear on their faces melt away to reveal strong, confident nurses who coach each other, fulfill their roles and responsibilities in an emergency with ease, and interact with other team members to ensure the patient is optimally cared for.

Leadership involvement in simulated, unit-based education allows for staff to feel their voice is heard, especially when changes are made directly in response to their feedback. It also improves relationships and improves overall unit teamwork. Staff who feel empowered to speak up about making change are more likely to stay in their position, work better as a team, and give better care to their patients because they feel a part of a team. They aren't working independently through a shift, they are all working together.

Transforming staff from fearful to confident in the face of an emergency won't happen overnight. But with dedication and role-modeling expectations, staff will find their voice, they will become empowered, and it will make all the difference in hospital staff responses, and in the lives of the patients. A nurse who feels

empowered during an unexpected bedside emergency will feel empowered in all aspects of their practice. One small change can make a huge difference in the lives of many.

### **EMPOWERING ACTION STEPS**

- Create a simulation of an emergency situation in order to assess your team's response to the emergency.
- Discuss the results with all involved and come up with ways to improve the response.
- Run simulations again, this time implementing the improved processes discussed in step 2.
- Remember to visit  
[www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)



## **CHAPTER 11**

### **My Journey to Empowerment**

#### **“Shine Your Light”**

By Jill M. O’Hara, RN, CHHP, RMT

When I think about nursing, my first thoughts go to Florence Nightingale, an amazing pioneer of a woman with a true passion for “making things better.” My dreams of becoming a nurse started when I was five, dressed as a nurse for a school Halloween party. I knew I was going to help people get better; I didn’t know how, but I knew that I would.

### **The Empowerment Process Begins**

When you first enter nursing school, you are stepping forth and beginning the empowerment process. After all, empowerment is defined as a process which builds a person's self-esteem and confidence in her abilities to make good decisions and gain control in her life. As a new student to this beautiful art called nursing, your first impression probably wasn't one of empowerment. You, like others, most likely felt intimidated, and even incompetent. Yet, as each day you learned new tasks, gathered knowledge and worked through problems, you gained a sense of self. This personal growth continued until the day you graduated and earned your title. Those precious letters you could now place at the end of your name gave you authority to assist others to a place of health.

I recall my first real job as an RN. I went to work in a world-renowned cancer center. I had been warned by one of my nursing instructors not to go there, that it was a place that was to be shunned because all they did was experiment on people. I was always a rebel, so I felt like this was a perfect starting point for me. Honestly, my first day on the job I was right back to feeling intimidated and incompetent. I cried on the way home, certain I had made a horrible mistake. Nursing school had given me the "everything is sunshine and lollipops" version of nursing. This was the real deal.

I no longer had one or two patients I had carefully planned my care for, but seven acutely ill patients with life threatening illnesses and equipment I knew nothing about. I had seen a picture of a chest tube in a nursing book, and cared for a patient with a tracheostomy I wasn't allowed to touch. As I learned about chemotherapy and radiation and the horrible side effects, I wasn't sure this was what healing was all about.

A few months into the job, I became much more comfortable in my abilities. I looked forward to my work, and felt as if I was coming into my own. Inside the walls of that hospital were some of the sickest, most desperate people, as well as some of the most hopeful. I learned that pain and hope go hand in hand, and that humans will go to incredible lengths to stay alive. Yes indeed, some experimentation was part of this healing system, yet I discovered that without it, the hope dies.

### **A Fellow Nurse Comes To The Rescue**

After four months on the job, I was put in charge of the night shift. The nurse I was replacing in that position was going to days and I felt overwhelmed. One particular night I was really feeling pressure to step up, and I was about to burst into tears. Another nurse grabbed me and pulled me into a storage closet, asking me what

was wrong. I told her that I was not sure how I was supposed to be in charge of the unit and oversee the other staff when I didn't feel confident that I could perform those duties. That was when my first cheerleader stepped up to the plate. She said to me, "don't you know that we are in this together?" I didn't know that; I felt isolated and uncertain. She then continued, "this is all about teamwork, we work as a team and nobody is going to let anyone fail." I went home in the morning, and as I tried to fall asleep her words came back to me — "we work as a team." Then it clicked, as I thought about all of my experiences up to that point. I had experienced nothing but unfailing support. I was growing in the best possible ways in an environment that fostered love, care and a sense of camaraderie. As I moved forward in this position, I never forgot those words. They would empower me, and remind me to strive to offer my best in every nursing position I held thereafter.

### **Offering Empowerment**

I continued to move forward in my nursing career and was propelled into another world. I had taken on a position in an inner city hospital that catered to the poorest and most ill-informed population in the area. I was now working with people who knew so little about how their own bodies functioned, who lived lives

fraught with such neglect and abuse that at times it made your stomach turn. My mission became about caring for this population with tender loving care, yet it had to be tempered with firmness. Educating my patients as best I could became a vital part of my practice. When I saw that glimmer of understanding in a patient's eyes, knowing that A-ha! moment had arrived, it was pure magic. Yes, I was being energized, but more importantly I was offering empowerment to those who had never experienced it before. The opportunity to teach people how to properly care for their bodies is a blessing often overlooked in the nursing profession. Nurses do it every day, and yet never credit themselves for their contribution.

My work at this inner city hospital was filled with a lot of pain and little hope, but I continued to fine-tune my skills. I worked a per diem position for a few years and frequently found myself being floated to wherever the need was. Though I had been hired for the ICU, I ended up working every possible unit in the hospital. I absolutely loved the challenge! Many nurses balk at being floated outside of their assigned units, yet doing so allows you to learn so much. I worked in the ER, Med/Surg, Ambulatory Care, GI, Burn, Detox and Rehab, OR, Post Op, middle and upper management and enjoyed every minute of it, until I found my calling outside of this realm. When you are willing to continue to educate yourself,

you can grow beyond your imagination and find treasures untold.

Another move for me was into management of the ER. It was a cherished move for me, as I thrived working in the ER. Part of me took the position because it offered a sense of stability that was important to me as a single mother. But I also craved the daily challenge of never knowing what would come through the door. When you open yourself to challenges, you realize that you're capable of more than you think. Self-limiting beliefs are not your friend! Be that bird perched at the end of the limb and don't be afraid to fly.

### **Completing a Transformation**

When I began as the manager of the ER, our compliance rate in quality assurance/improvement was at a dismal 56%. The hospital management brought in a team of experts who specialized in turning around struggling hospitals. Many managers moaned and groaned at the thought of having to endure what appeared to be endless meetings and expectations. Sometimes, expectations can leave you hanging out to dry, but on the other hand, they can also enhance what you're doing. As this knowledgeable team of experts walked us through all the steps that would be required to complete our transformation, the prospect of completing every-



thing seemed daunting. I recall thinking my staff would never go for this, and anticipated a lot of resistance.

As I presented the new information to my staff, I was met with resistance, and questions like, "how do you expect me to do this and my regular job at the same time?" Yet as time went on, and as I and the staff consistently applied this new work process, I noticed a metamorphosis. The staff began to really take pride in their work; they accomplished more in less time, and in an efficient manner. The staff was encouraged, and they liked having input in developing the action plans that would move the department forward. They were empowered to make a difference. The whole process taught us all a valuable lesson about teamwork. When you give nurses the power to make a difference in their situation, everyone wins. We all experienced a more enriching, fulfilling work environment. It was a meeting of minds and hearts that made our patients' outcomes better. Our quality assurance/improvement jumped up to 98% and our JACHO AND DOH reviews were met with zero deficiencies.

I continued advancing in my career and jumped into a position as a supervisor. This was to be the beginning of the end of my time as a traditional nurse. Working in a dysfunctional environment is life-altering. You feel as if it sucks the life out of you as days turn

into weeks, then months, of nonstop frustration. I encourage anyone who feels this way to dig deep and decide if it's really worth it to stay in your current situation. We often make excuses about why we subject ourselves to working in a place that offers no betterment, little in the way of real compensation, and barely any personal satisfaction. Eventually we feel like the walking dead.

### **Feeling Drained**

Instead of feeling proud and a sense of accomplishment in my new supervisory role, I honestly felt nothing but drained on a daily basis. My director was a woman who appeared to have been appointed for political reasons and not based on her actual abilities to lead. We butted heads often; my decisions were questioned and reversed so often that I felt I was on a merry-go-round. Even decisions that were based upon actual policy and guidelines were kicked to the gutter. This was a time of my greatest angst. When your personal power is challenged, and the rug is repeatedly pulled out from under you, you feel as if you're riding a skateboard on an icy road and the only possible outcome is a crash. I ran into a brick wall head first. Physically and emotionally I was drained. I not only fell into a tailspin in my employment, but my personal life was also negatively affected. We cannot, try as we might,

completely separate our personal and professional lives. They are intertwined, and problems at work can't help but have a negative impact in other aspects of life.

When we struggle with decisions even though we know in our heart what the choice should be, we are working from a place of fear. Fear is the one thing that can take away our self-confidence in the blink of an eye. If you find yourself feeling trapped, unappreciated or that you're simply in a position that doesn't resonate with you, it is time to look inward. How long will you end each day frustrated, angered, and feeling deflated before you recognize the problem and admit that it is time to move in another direction? Nurses can easily get into a rut, believing that all nursing positions are stressful and just have to be tolerated. I encourage anyone who is feeling that way to reflect on what it is you truly desire. If it's not what you're experiencing, then it's time to walk through the fear and step towards living your life the way you see fit.

### **Moving On Brings Lightness**

When I decided to move on from that harmful position, I felt a sense of lightness that I had not felt in a couple of years. I was taking control of my life and getting out of the doldrums. Over the next several years, I worked in a new position every year. I

went to work in another ICU and found that it was still something I was very drawn to. Yet the universe has a way of moving you along in your journey, even if you're unwilling to make the changes yourself. I had a work-related injury involving my knee, the part of the body that metaphysically has a relationship to fear, stubbornness and changes in direction. Then, the day before I was to return to work, I was involved in an auto accident that left me unable to work for a year and a half. I never felt so low in my life. I didn't have an ounce of self-esteem left, and was powerless as the insurance companies battled over who would pay for what regarding my care. I kept reminding myself that with God all things were possible, and the more I believed that, the stronger I became. During that time, I kept thinking that I absolutely wanted to be self-employed. I made small attempts along those lines, but nothing flourished.

When I returned to work, it was as a home care supervisor. I was now limited physically due to the accident and could not maintain a job that required being on the run all day. After a year and a half with no income, the almighty dollar took center stage and I worked like an ox to play catch-up. I went so far as to take on an additional per diem position doing life insurance exams. I was not in any way paying attention to what my heart and gut were

telling me. I needed for my life to thrive. My relationship with my husband and children fell to the wayside. I was not feeling good about my work, which once again involved a lot of rules and regulations and lacked any creativity.

### **An Authenticity Epiphany**

On September 11, 2001, fate stepped in and pushed me over the edge. On that day I became completely aware of the fact that I was not living my life in an authentic way. I was not honoring myself or the important people in my life. I worked that day just as if it were any other day, my children were alone, and all I kept thinking was that I needed to get home to them. I felt like the most awful person in the world. I often have to learn lessons the hard way, and at that moment I could no longer ignore what was in front of me. I was a physical train wreck, emotionally detached and always angry. That night the floodgates opened and I cried like I never had, not only for the horrible tragedy of the attack, but also for the loss of myself. The tears flowed for weeks and I grew more restless and anxious. I knew it was time to take back my own personal power, and begin to live the life I was meant to live. I finally woke up to the fact that life was not all about taking care of others, but taking care of me and mine as well.

### **Leap Of Faith**

In December of 2001 I quit my full-time, well-paying job and took a leap of faith higher than a mountain. I was determined to put my needs and my family's needs first. I acknowledged that self-love and honoring myself and my family was a much higher calling to me than any traditional nursing position. I began work as a healthcare consultant in child care and school age programs. The work was fun, and I liked using my skills and knowledge to work for others. While this didn't fit the traditional role of a nurse, it was nursing nonetheless. I was positively influencing the health and safety of both the children and the staff in these programs, spending valuable time teaching others to care for themselves. I was able to schedule my own hours and was now able to attend all of my family's, friends' and children's functions. The smile returned to my face and I felt a glow from within. I had dreamed of living this way for ten years!

The universe still had things in store for me. About six months into this new life, I was hit with an unbelievably painful case of pancreatitis. I had none of the typical risk factors for this, but ended up having episodes that would put me in the hospital for a week or longer about every three months for two years. As painful and frustrating as it was to endure, as doctor after doctor failed to find

a cause, I learned some really valuable lessons. The first was that even though doctors and nurses are taught not to be judgmental, they are. I actually had a PA come in one morning and say, "well, looks like too much partying." I had not touched a drop of alcohol for six months. I was livid. Finally, when I heard my gastroenterologists say, "Jill I'm really worried, I don't have the answer and I fear you may end up with pancreatic cancer." As I walked out the door my statement was, "I do not like your diagnosis or your prognosis and I will find the answer."

Shortly after this visit with the doctor, I was talking to a friend who is an internist and a well-respected doctor of naturopathy and functional medicine. She recommended that I come in to see her for treatment, which included an initial two and a half hour assessment. She asked me about absolutely every aspect of my life, going so far as to ask about my relationships, my dietary habits, my sleeping habits, how I managed stress, a complete family history that exposed any and every open wound. I went for a couple sessions of acupuncture, ingested recommended herbal supplements and was referred to an Energy Worker who used Reiki as her tool for healing. At this point, I was working with a doctor I trusted, respected and was open to whatever it would take to heal this disease.

As I received my first Reiki session with a woman who had been practicing this for many years, I immediately felt a sense of peace fill me. I relaxed as I never had, feeling timeless and weightless. I felt beautiful sensations throughout my body and my emotions swirled. When I left, I had signed up for a Level I class to learn to use this incredible healing tool. I could not stop talking about it for weeks. During my next session, I once again felt deeply relaxed, yet it was intertwined with restlessness. I was told that the first session focused on the physical level and the second on the emotional level. This opened and cleared my energy centers, allowing room for a breakthrough.

The next day I had an epiphany! I knew where the pancreatitis came from and it wasn't alcohol consumption, allergies or gallbladder problems. Rather, it was a deep, dark emotional connection that needed to be revealed to heal. The solar plexus is the seat of our personal power and mine had been leaking for the past few years, slowly tearing my insides apart. A man who I greatly cared for and was emotionally attached to died in his mid-thirties of pancreatic cancer. As he slowly began letting go of this life, I was afraid to tell him how much I cared and how much it would hurt to not have him in my life. As a result, I carried the emotional scars. Guilt is carried in the solar plexus, as it is the energy center



of the body that is responsible for our self-worth, self-esteem, our power center, and I felt guilty about having failed him, as well as myself, in completing our story. I immediately set out to remedy that with a spiritual conversation with him, with God, and was able to let him know how much I cared and how sorry I was that I did not have the courage to say these things while he was on this earth. Most importantly, I forgave myself for what I felt were failures on my part. I felt he and the universe smile down on me. Since then I have never had another episode of pancreatitis. Those working in the traditional field of nursing may not understand how this could be, but we limit ourselves and fail our patients when we do not look to the “root,” or emotional connection that illness has.

### **Work Is A Playground**

For the past ten years I've been working at a job I love so much that it's not even like a job, but a playground. I can say with total honesty and certainty that I have not had a single day of stress in my work. After my encounter with Reiki, I pursued other avenues of holistic healing and became a certified holistic practitioner. I was able to incorporate this into my regular consulting, as well as expand into teaching in the community. I have now left the vast majority of my consulting with the child care programs behind to

focus on my holistic health consulting practice. I use Reiki now as a Master, aromatherapy, essential oils, herbal supplements and Spiritual Life Coaching in my practice. I spend time teaching others the meaning of personal empowerment, self-love and about nature's medicine cabinet. One of my primary purposes is to bring awareness of the value of holistic healing to everyone who will listen. I am the coordinator of the Annual Holistic Health Expo in my community, bringing together some of the most amazing healers in the area to share their skills and gifts with the public.

Yes, my journey began where so many nursing careers begin. Yet through the years, being open to challenges, seeking knowledge and connecting with people helped my own "nursing" brand" evolve. Rather than focusing on using traditional techniques, procedures and medicine, I help people come to a place of healing through diet, stress management, relationship building, and self-esteem building, using the abundant energy in the universe.

We all have within us the ability to create the life we've dreamt about. Buried inside, each nurse has a personal mission to complete. The key is to dream, open up your heart and mind. Yes, it takes courage to walk through the fear that accompanies change, but you are up to the task! Find your cheerleaders and surround yourself with positive people willing to support your growth.

Florence Nightingale was called the “Lady with the Lamp” — go out there and shine your light!

### **EMPOWERMENT ACTION STEPS**

- Offer empowerment to patients — especially those in underserved segments of the population — and you’ll empower yourself at the same time.
- Look inward when you find yourself in a position that drains you mentally and emotionally. It’s time to decide if that is really the best place for you to be.
- Walk through the fear that accompanies change. It’s the key to opening your heart and finding your true place.
- Remember to visit

[www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)



## **CHAPTER 12**

### **Empowered Nurses are Change-Makers**

By Lorie A. Brown, RN, MN, JD

According to a study published in *The Journal of Patient Safety*, “it is estimated that between 210,000 and 440,000 patients each year who go to the hospital for care suffer some type of preventable harm that contributes to their death.”

One unnecessary death is too many. As nurses, we go into the profession to help people get better, not to watch them die unnecessarily. As empowered nurses, we are change-makers who can

improve that statistic.

There are two reasons why we find it so difficult to change. The first is called “the cybernetic mechanism,” which is a setting we all have, like a thermostat. If the room thermostat is set at 72 degrees and it gets warmer, the thermostat will kick on the air conditioning to bring the temperature down. If the temperature cools down past 72 degrees, then the thermostat will turn on the heat to get the room temperature back to that level.

The same is true within our bodies. We are programmed through the cybernetic mechanism to have a certain comfort zone. We are programmed to make a certain amount of money, to respond to events in a certain way, to be a certain weight, etc. Basically, we’re naturally hard-wired to maintain the status quo, and this keeps us in our comfort zone.

The comfort zone is our ego’s way of keeping us safe. Think about the times of the caveman when people, concerned for their safety, always stayed in their comfort zone. Though we no longer have the same threats that the caveman faced, we still have that programming.

The second reason why change is so hard is what I call “the vicious cycle.” An event occurs, we respond with an action based on our immediate thoughts about the event which, in turn, creates

a belief.

Then, when a similar event occurs, we automatically have the same immediate thoughts, which trigger the same action that, again, leads to the same belief. For example, let's say that you're not a person who enjoys gossip. When you hear someone on the unit start to tell stories, you will think, "Oh, good grief. They're gossiping again," which will trigger a response in the form of either a thought or comment. Then it will trigger a belief about that situation.

The cycle perpetuates because this is the comfort zone of the group. No one will stand up and say something different, such as "This has got to stop!" The only way to break the vicious cycle is to create a vision of something being different. See yourself reacting in a new, more useful way to the situation. If you have a vision of creating a non-gossip workplace, then visualize yourself having a more productive response the next time you hear gossip. Imagine yourself taking this new different action with the intention (vision) of creating a non-gossip workplace. Then, when you hear gossip again, you're more likely to get out of your comfort zone and speak up.

It may as easy as saying, "You know, I love working with you but when you gossip, I find it upsetting. How do you feel about

gossip? Wouldn't it be nice if we could all help each other to have a gossip-free unit? As a suggestion, maybe we could have a sign or gesture to let each other know that we have to stop gossiping. Let's get everybody on board with this new way of being."

Believe me, it works!

However, it needs to be introduced in a way where everyone buys into the new philosophy. Using your GIFTS (see Chapter 1) is a great place to start. That comment above of creating a new vision for a non-gossip workplace comes from a person who is using their GIFTS. It is *giving* to yourself and the other people on the unit. Creating a vision to improve the workplace is acting with *integrity* and is in line with what you believe in (i.e. a non-gossip workplace), you're *focused* on how to achieve a gossip-free workplace and *following through* with an actionable solution to help each other stop gossiping (a sign or gesture), you're *trusting* your gut that this is the right thing to say and you are the source of positive change.

So we have to face the fact that, although change seems scary, we are always changing. Every cell in our body is changing all the time, right at this moment. If you think about it, we don't have one single cell now that we had when we were an infant. It's all new.

The belief that the environment in which you work has al-



ways been that way and will never change is not necessarily true. Change occurs, sometimes regardless of whether we want it to or not. If you do want to create an environment where you can thrive in your nursing practice and be an empowered nurse, you must first believe that change is possible!

There is a three step process you can follow if you want to help bring about positive changes.

- Decide exactly what your change entails.
- Figure out what challenges, obstacles and stories could prevent you from achieving the change you seek.
- Act as if your change has already occurred.

For example, let's say you want to create a new nursing environment. The first step is to decide what you want it to look and feel like. How do you want it to function? How do you want to interact with your coworkers? Once you put that together and see where you want it to go, focus on it and make sure all your actions support that objective.

Your consideration about what you want in a new nursing environment could include: what type of leadership would be best, who are the decision makers, is communication open and clear, is

diversity valued, is there mutual trust among team members, how is conflict managed, are there clear goals of what the team needs to accomplish, what are the roles and the responsibilities of each team member, what is the relationship between team members or what is the overall culture and attitude of the environment?

When you look at the characteristics of a high performance team or a highly effective nursing unit, their mindset is one of the most important factors. A mindset is an attitude or belief. Make a list of all the characteristics you would like to see in your workplace, what mindset you want to encourage, and what skills.

The second step is to figure out the obstacles or challenges that are preventing you from creating the change that you want. This way, you can remove the obstacles and plan to overcome any challenges that may come up.

The last step to making the changes you want and creating the thriving nursing environment you want is to “act as if.” This may be the hardest of the three steps. “Act as if” means to act on something as if it already is true. For our nursing environment example, you might want to act as if you love your job, as if everything is great, as if you have the perfect assignment, as if you’re completely competent to do everything that you need to do at work, as if you are a member of a high performance team, as if your cowork-

ers have your back and treat you with respect and dignity.

When you start “acting as if,” it’s surprising to see what you visualized, felt and believed actually come true. Think about it!

My daughter and I play this game called “Slug Bug.” Whoever sees a Volkswagen Beetle yells “Slug Bug.” I never noticed before how many VW Beetles are on the road until we played this game, but now I see them everywhere (even when my daughter is not with me!). That’s because VW Beetles are now in my mindset. So, by acting as if it’s already true, people, circumstances and things will change and show up just the way that you envision them.

I know this may sound like some magical idea, but it really isn’t. It’s just a matter of attitude and perception. When we talk to our patients, we act as if we are the most competent and best nurse to take care of them. Even if we’re a little scared or unsure of ourselves, we act as if we are completely capable of taking care of their needs.

Give it a try. You’ll be surprised to see what your new world looks like. Your coworkers may think you’re on drugs because of your new positive attitude, but they’ll probably enjoy being around you and since like creates like, their attitudes will probably change for the better as well.

As empowered nurses, we get to speak our mind, stand in our

power and be an agent of change for patient care. We can help prevent 210,000 patients from dying unnecessarily each year. We can create a unit where we love to go work. We can have the empowered nurses' Bill of Rights (see Chapter 1) become a reality.

It takes just one nurse at a time to commit to being the source and to make the changes necessary for empowerment. You are the common denominator in your life and your career. And you can make the changes necessary to have an amazing life and an amazing career by using your GIFTS to become a change maker and be an empowered nurse.

### **EMPOWERED ACTION STEPS**

- Decide exactly what your change entails.
- Figure out what challenges, obstacles and stories could prevent you from achieving the change you seek.
- Act as if your change has already occurred.
- Remember to visit

[www.empowerednursesbook.com/resources!](http://www.empowerednursesbook.com/resources!)



