PROBLEMS AND DECISIONS: WALTZING

WITH OPTIONS

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GOALS

1. Increase the understanding of the complexity of problem identification.
2. Appreciate the history and current use of pros and cons in the decision-making process.
3. Recognize the complexity of problem identification and related decision-making.
4. Identify the qualities of a complicated decision.
5. Appreciate the increased "specialization" of the nursing profession.
6. Increase appropriate decision-making regarding the use of a "collectivity" or "selectivity" process in the hiring committee process.
7. Understand the group process and membership management.
8. Recognize the importance of the "decision commitment" once a decision is determined.
9. Recognize the nursing responsibilities related to the Coronavirus.

KEYWORDS FOR APPLICATION

1. Cognitive Process
2. Instinct
3. Intuition
4. Value(s)
5. Preference(s)
6. Emotional Brain
7. Skepticism
8. Problem
9. Resolution
10. Process
11. Decision(s)
12. Composition
13. Pros
14. Cons
15. QED
16. Weight of Response
17. Decision-Making
18. Decision-Making Journey
19. Critical Thinking
20. Complexity Pause
21. Non-Discrimination
22. Hiring Committee
23. Hiring Process

I love to dance (and maybe flirt) with different choices or options when I make decisions. One thing is for sure--that dance is not taught! It applies to every part of our lives, and our final choices often depend on our instincts, intuition, values, preferences, and our emotional brain; hence, it is a cognitive process. Think about your decision-making seriously! How do **you** make your decisions?

Ideally, we think we keep our goals in mind when we make choices. Not so, many times. How many times have we all made personal "crazy" and "dangerous" choices that in the long-run we regret? Oh—but there was a driving force or reason to make that choice, we said at the time! The chances are that our decision-making was a result of considering the mental Pros and Cons loosely.

IDENTIFYING PROBLEMS & PROBLEM RESOLUTIONS: THE "MANY-WINDOWED HOUSE METAPHOR"

How does a person perceive problems or make decisions to resolve an issue when there are so many resolution options? There are numerous consequences to choosing!

Figuratively speaking, identifying the "real" problem is like looking into a house at different times and into separate windows. What you see when you look into "the house" through different windows are alternative views and perspectives. Also, the people within the house (involved with the problem) keep moving "things," which ultimately changes the view of the situation and the possible consideration of a resolution. The idea is: The view through the different windows of the house presents different perspectives, which complicate the accurate identification of the problem—consequently, the problem resolution.

This analogy helps in the understanding of the complicated dynamics of accurate problem identification and the possibility of an agreed-upon resolution to a problem. Remember that nothing ever stays the same—the universal concept of Entropy! But, if you must change the perception of a problem, there must be active critical thinking---a process requiring skepticism regarding the identification of the problem and the most effective resolution. Confusion and the fright of decision-making are resolved with a little time, conversation, and skeptical thinking (critical thinking) known as appropriate hesitation, questioning, doubting, and suspicious trust. Often, a collective (group) problem identification and its resolution will require group-member compromise with frequent updates of success. Usually, the problem resolution involves how a similar problem was resolved last time. If it is a problem never-before encountered, a process of the successful solution of the existing problem might be a consideration for future similar problems.

Amid a supposed logical approach to identifying a problem and possible problem resolving outcomes, we tend to avoid situations (problems) that are frightening, confusing, and ego threatening, and for which there is possibly an emotional response. Recognize the threat and take a deep breath!   If it is

threatening to your ego (your image), know that you would not have come this far in your career without the strength to handle your past problems—you can only be enhanced, now, by resolving any threat you feel regarding a current situation. Trust your knowledge, personal strength, and acquired intuition. Take your time to make the right decision, so you do not have to repeat the entire process.

It is not the intention of this document to minimize the decision-making process, but to increase awareness and appreciation of the many variables to be considered as a problem presents itself and the consideration of problem resolution through a logical decision-making process. Remember, another variable is that the decision that worked previously might not work in the current situation. It is the new perception of "a problem" and its many implications that will spur forward the efforts toward useful and accurate identification of the problem and a method(s) to resolve the problem.

CONSIDERING THE PROS AND CONS FOR DECISION MAKING

Philosophers and scientists would have us consider, seriously, the pros and cons as we consider making a decision. That is, we think of the advantages versus disadvantages to make a sensible decision. Make a big "T" on a paper or blackboard. Put the pros (the things "for") on one side of the "T." Put the cons (the things "against") on the opposite side of the "T." Now, try to compare the pros and cons to make an important decision.

Historical Outcomes as Examples of Pros and Cons are---

CHARLES DARWIN: MARRY, MARRY, MARRY! QED (meaning "as demonstrated")

Darwin (1838) listed the pros and cons of getting married. It was (for him) exemplary of a decision that was a "Big One."

A few of his listed cons were:

"Fatness and idleness."
"Less money for books."
"Perhaps quarreling."
"Anxiety of children."
"Freedom to go where I like."

A few of his listed pros were:

"Constant companion."
"Object to love."
"My God, it is intolerable to think of spending one's whole life, like a neuter bee, working, working, and nothing after all—No, no, won't do!"
"Picture to yourself a nice soft wife on a sofa with good fire and books and music, perhaps."

Darwin chose to get married as an outcome of significant deliberation over-time regarding his moral pros and cons judgment of the "Big One." Upon completion, he wrote at the end of his lengthy pros and cons list: MARRY, MARRY, MARRY, QED. And---happily did so!

BENJAMIN FRANKLIN: ALGEBRETIC WEIGHT OF REASONS

Benjamin Franklin (one-half century before Darwin) used his concept called "moral algebra" or the "weight of reasons" to consider the pros and cons. In the beginning, he would give a numeric weight according to importance to each pro and con. He, then, canceled out one pro for every con of similar weighted value. If there were one pro equal to the weight of two cons, he would strike out all three. If two cons equal three pros, he would strike out all five.   Deliberating over the pros, cons, and *rearranging the assigned weights* resulted in a process taking several days before calibrating the final decision. (I would guess that his "rearranging of assigned weights" permitted more subjectivity than science would allow!)

OSAMA BIN LADEN: DON'T SKIP THE JOURNEY

In May 2011, this highly complex endeavor to seek out bin Laden ended in the Black Hawk helicopter descending into a compound on the outskirts of Abbottabad in the early morning hours and one helicopter crashing while hovering over the interior of the compound. The area was surrounded by fifteen-foot cement walls and barbed wire—much more protected, it seemed, than any other building in the area.

To "work through" the complicated decision-making process took *nine months* of pros and cons, debate, and deliberation. In other words, the decision-making process was a REALLY "BIG ONE." The need to succeed was critical to saving the Navy SEALS as they carried out this attack. After all, bin Laden had engineered the 9-11 plot in the U.S!

There was more attention to the preparation or "the process" than the consideration of results. The process of deliberation that took nine months did not "skip the decision-making journey." The journey, of course, was the persistence and contemplation it took to make the correct final decision and preparation. As always, hard choices require a deliberate and usually a lengthy journey of complex considerations. The success of the compound entrance and killing of bin Laden was evidence of persistent information, the reflection of options, and possible reactions to many possible outcomes. The process of success was tedious. Many options were considered, as well as the many pros and cons of such a dangerous undertaking.

So complete was the process of deliberation that at one point they considered throwing foul-smelling stink bombs into the complex or putting a loudspeaker outside of the complex calling out as if the "Voice of Allah" commanded bin Laden to come out into the street.

The message from this lengthy and thorough critical thinking process reminds us to NOT SKIP THE JOURNEY of deliberative problem-solving and consideration of the pros and cons before attempting to resolve a complex problem.

RECOGNIZING THE NEED FOR A "COMPLEXITY PAUSE"

Many of our daily choices are made automatically and without much "to-do." As a nurse, there are varying degrees of emergency decisions, such as life-saving emergency responses and protocols. However, we all make in our lifetime personally complex and life-altering decisions that are necessary, but not emergencies. It is our perception of the degree of complexity that should cause us to determine the possibility of a "complexity pause" in our review of the problem. It is similar to the hesitation related to critical thinking.

The key is—what do we feel about the necessity to "attack" the complex problem? How do we determine that a problem is a "complex problem," needing a "complex decision?" Or, in other words, how do we recognize "The Big One?"

"The Big One" or complex decisions usually have one or more of the following qualities. They often have:

1. Multiple variables—elements of the problem that can easily change and become out of control.
2. Full-spectrum analysis requirements—many elements/variables related to the problem that takes considerable time for consideration.
3. Future prediction requirements---which is often unpredictable or unknown.
4. Uncertainties---you cannot *control* "everything".
5. Conflicting objectives---you cannot *have* "everything" all of the time.
6. Surprises---changing options and variables become more known over time—the result of Entropy (unrelenting universal change).
7. Support or rejection by collective group decision-making---one of those uncontrollable and unpredictable outcomes when working with others.

The usual successful answer to resolving a complex problem is to *take your time*! As the person in charge, to make a process decision regarding a big decision, insulate yourself with support systems—supportive people of power, required systems of existing legal documents (including job descriptions, laws, bylaws, facility/organizational philosophy, purpose, goals, objectives, definitions, research findings, or anything else that tells others that there is an existing framework that provides guidance and support.) These essential pre-established guideposts give legitimacy to problem recognition and a problem resolution process.

As an example, when you work with groups to improve a significant problem or make a complex decision, always establish the supportive framework (philosophy, mission, purpose, objectives, and goals) of the facility/organization. Allow others to take their time to consider the situation, possible outcomes, and the time to ask any questions that might be a part of the result. It might require communication to the appropriate employees about the identified problem(s) and the basic framework (facts) regarding the issue and possible decisions. There must be an offering of considerable time for the involved employees to read, discuss, and eventually contribute their recommendations and suggestions. Allowing time for complex decisions decreases complexity and supports decision longevity.

THE HIRING COMMITTEE DECISIONS

A facility/organization's hiring committee is a group appointed for the specific purpose of hiring employees. The goal for professionals and others on a hiring committee can be multifaceted and, at times, a confusing conglomerate of a variety of employees acting on behalf of all kinds of employment decisions.

Often this type of committee makes nursing employment decisions. With the advancement of nursing expertise and the realization that nurses are or will become nursing "specialists" in their area of employment, it presents a confusing multifaceted picture. The appropriateness of non-nursing hiring committee employees participating in make nursing employment decisions is in question. Unfortunately, a hiring committee is often (not always) just filling a facility/organizational policy for carrying out expected general hiring behavior. The routinized hiring process meets expectations in several ways—including the attempt to comply with a hiring policy and a representation of non-discriminatory hiring.

The truth is, many to most hiring decisions for nursing positions are already made, and it is very often the covert already-determined hiring policy to hire "from within," which can result in an internal facility/organizational job promotion. The hidden hiring game of self-promotion by hiring or promoting an existing employee is not uncommon. That person is one-step ahead and considered superior for a job due to proven abilities and their established trust. However, being good at one job does not necessarily mean a person is good at another job. It is a hiring behavior that supports self-promotion and self-pride. It supposedly minimizes risk and rewards past positive work behaviors. There are other covert reasons for covert hiring decisions; however, they are often carefully hidden. Such pre-determined hiring decisions often do not look "right" on paper and are often excused by a statement of "policy." Another determinate usually occurs---it is not what you know as who you know!

As a leadership specialist (perhaps in charge of the hiring committee), your job is to be kind, considerate, and whatever it takes to promote fairness of the hiring process! After all, the potential employee took his/her time to apply and sit through your hiring committee interview. You might find by listening and reviewing his/her resume that the qualifications far surpass any current employee for the job.

HIRING NURSING SPECIALISTS

In keeping with the universal theory of Entropy, nothing ever stays the same. So it is, nurses are moving quickly into the realm of "specialties." Research now shows that many nurses graduating with an associate degree know the importance of continuing their education to promote excellence in their nursing abilities in their chosen area of nursing employment. The term "specialist," as used in this document, does not necessarily refer to academic achievement. The word "specialist" is a respectful term regarding the expected and required performance of any/every nurse practicing in an area requiring expertise. ALL nursing areas require some level of "specialist" expertise.

Therefore, because of the required level of expertise needed in today's nursing knowledge and behaviors, only nurses in the same nursing specialty area should be making nurse specialist hiring decisions. So—with that philosophy in mind, let us say as nursing professionals who we are today!

We are nursing professionals who are no longer "generalists!" We aspire to the ultimate practice of specialized nursing that requires devotion and pursuit of a specific class of nursing care, processes, or patients.

Even if not considered such upon employment, nurses can/are/will quickly become nursing specialists in the area in which they are hired, encouraged to excel, and to which they are devoted. It is an outcome of the progression of nursing science and the personal commitment of nurses to meet the challenge of health care expertise and necessary change. There is no option in the forward practice and science of nursing. We move forward in our problem-solving approaches to meet the ever-changing needs of health care. Example: Coronavirus 19.

Nursing leadership specialists have exceptional skills when working with people. These skills are related to kindness and respect. It means listening and problem-solving carefully with others. Nurses respond to questions and comments from messages or e-mails, thanking others for their time and energy, and even sending a thank you card to everyone who took their time to apply for a job and sit through an interview. It is a flexible evolution to meet the ever-changing problems and demands of every day.

As nursing moves aggressively into the realms of "specialty" areas (instead of generalists), we need to encourage a less conglomerate group of hiring committee members. Appropriate hiring groups, therefore, should (for the most part) represent the nursing specialist group for which a potential employee is considered.

If such committee behaviors for hiring nursing specialists are to be legitimate, it is essential to have a hiring committee that supports the process of nursing specialist expectations. The appropriate nursing specialists that are evaluators on a hiring committee are to be the most professional and qualified nurse specialists. It says to all concerned that there is a recognition of nursing knowledge and abilities that help meet the problems and standards of the profession. It takes one to recognize one!

HUMAN RESOURCE DEPARTMENT (HRD) ROLE IN DECISION-MAKING

The human resource employee of a facility/organization is often the person assigned to make decisions regarding hiring committee participants. The decision regarding who should be on a hiring committee might be according to policy and other selected persons who are determined to provide support in decision-making. Whatever the process, there should be a theory (an independent system of reasoning that explains the selection process) that logically defines in writing the objective choice of a committee member.

It is permissible that potential nursing specialists know the name, employment titles, and purpose/role of each hiring committee member. The names, titles, and positions are to be available in print and

provided to the potential employee interviewed. It gives credibility to the hiring committee and assurance of appropriate interviewers to the potential employee.

Whatever the administrative need that allows and encourages the selection of any hiring committee member, there needs to be a protocol retained by the HRD in writing regarding the requirements and process to determine the persons to participate in a hiring committee interview. One of the requirements is to have at least three members of the hiring committee represent the same nurse specialist disciplines as the potential employee. An odd number of nurse specialists on the hiring committee will allow for the breaking of a voting tie between the hiring committee nurse specialists.

The bottom-line (so-they-say) requires an HRD employee to be responsible for identifying a *good reason* for every hiring committee member in attendance on the hiring committee. There is a negative outcome of such unnecessary committee involvement of *unrelated* nurse specialists who make hiring decisions related to the employment decision. Hiring committee members who do not know the role of a nurse specialist encourages inaccurate/wrong choices. Wasting of committee time by not understanding the nurse specialist role tends to confuse the selection and determination of accurate hiring of nurse specialists.

NURSING SPECIALIST ROLE & EMPLOYMENT DECISION-MAKING

As a potential nursing specialist, your personal "critical thinking awareness" as a result of participating with a hiring committee should bring into your awareness the extent of the nursing specialist role for which you have applied. Remember that participating with a hiring committee can be very revealing as to the many aspects of the work environment and role expectations.

Think carefully---Is this the job you thought you were applying for when you entered the room? Maybe---are the people you have met reflecting your philosophy of nurse specialist's beliefs? Participating with a hiring committee can be very revealing as to the existing work environment! You, as a potential nursing specialist, need to pay attention as to whether you want to do this job under the possible scrutiny of the presented hiring committee members or their cohorts. There is nothing wrong with recognizing that a working relationship is *not* to your advantage! Better to identify potential employment concerns at this point, then later—*right*?

DECISION-MAKING: LEADING OR MANAGING AS A NURSE LEADERSHIP SPECIALIST

Managers are often called "leaders" regardless of their manager or leadership role. It can be confusing because there is a difference between the behavior of a leader and a manager! Deciding as a nurse leadership specialist to lead or manage (as a process) is an important decision! The nurse leadership specialist role requires both management and leadership according to the situation. It is essential, however, to know which one (management or leadership) is needed at a given time and why one is to be used and not the other. Yet, no matter which one you choose, have a *theory* in mind that supports your actions. Remember, a theory is a set of principles on which action is based.

The definition of <u>LEADERSHIP</u> means that you involve others in making decisions and in carrying out processes.

The definition of <u>MANAGEMENT</u> means that you assign or tell others what to do without their input or involvement in the decision-making process.

Being a nurse leadership specialist of many nurses means different things to different professional nurses. Where some nurses will accept being told what to do by a nurse leadership specialist, others need support or no support for them to find their own best way. The outcome can be a positive experience, and, if done correctly, the job gets done—no matter how the process occurs or whether "leadership" or "management" is used. It is with respect for a nurse leadership specialist's ability and knowledge to choose between management and leadership of others.

A dedicated nurse leadership specialist is always watching and noting how to encourage others to accomplish health care objectives. The observations of the other person's personality, attitude, history of compliance, and their expected job description will help to determine the best approach (leadership or management) to accomplish specific tasks. A nurse leadership specialist's intuition will, too, provide excellent direction. The patient's health care needs (immediate or long-term) are a determining factor in making leadership or management decisions.

For instance:

1. Should you tell/request another nursing specialist to change or do something specific without their input? (Management) (OR)
2. Should you identify a goal and ask how he/she could assist in reaching that goal? (Leadership) (OR)
3. Should you identify a concern/problem and ask for help in identifying possible resolutions? (Leadership) (OR)
4. Should you, as a nurse leadership specialist, review a job description, decide on a necessary action, and request other nurses to comply with the required action? (Management) (OR)
5. Should you select a general area of facility/organizational concern and ask how nurses could help resolve this concern in the area? (Leadership) (OR)
6. Should you do a group process with involved co-workers to identify significant concerns in hopes that they (group) get the major problem? (Leadership) (OR)
7. Should you identify or determine a specific plan for resolution of the major problem? (Leadership) (OR)
8. Should you give immediate directions during an emergency to save the lives of others? (Management)

AS YOU CAN SEE, THE ANSWER AS TO WHETHER YOU USE MANAGEMENT OR LEADERSHIP – IT <u>ALL DEPENDS</u>! SUCCESSFUL PROBLEM RESOLUTION OCCURS WHEN YOU, AS A NURSE LEADER SPECIALIST, USE ALL YOUR SENSES AND THEORETICAL REASONING TO DETERMINE LEADERSHIP OR MANAGEMENT BEHAVIORS TO ACHIEVE A GOAL.

It is a quiet covert weighing of all the facts and the many situational options that will tell you what to do to get the job done. Remember--what works (and does not work) regarding each employee and

situation becomes your reference point for the next time a similar problem occurs! To understand and practice these behaviors will prove you are a NURSE LEADERSHIP SPECIALIST.

GROUP PROCESS: LEADERSHIP VERSUS MANAGEMENT DECISION-MAKING

It is one thing to lead or manage one person; however, it is another to collectively and skillfully lead a group of people! A group of people, as an example, might be a board or faculty. Boards and faculty, for the most part, represent a group of professionals and or community members with hopefully cognitive abilities. They are most likely to have the ability to problem-solve and communicate as a member of a group.

Some groups are presented/given information without group input—known as imparting information or lecturing. It is a process of "telling" group information—(management). There is sometimes no attempt to inform group members before a meeting regarding the meeting agenda or request their thoughts or decisions regarding the upcoming meeting content—(management). Other times, groups are encouraged to contribute to the meeting agenda---(leadership).

For the most part, the purpose of a group process is for sharing, offering reasons, making decisions, considering options, and making group recommendations—known as leadership. As a nurse leadership specialist, consider the telling of information—known as management--by using an e-mail, letter, or some other form of a directive—not a group gathering.

The question always is asked---who should be members of the group? The answer is: Within reason, every person/faction that has a significant decision-making influence on facility/organizational success and those who seem to be/could be deterrents to success. For sure—a local attorney! Have the attorney draft an agreement of the appropriate participation of group members. The agreement should commence with the definition, mission, purpose, objectives, and goal of the group. The remainder of the agreement is to be individualized or similar for all group members. Discuss this document with the group. Have group members sign individual expectation agreements. Retain all signed group member agreements.

Group Cognitive Contributors---

1. Cognitively Central: These are group members who think alike. What one person knows, the rest of the group knows. Often, these people take over the significant part of the discussion and usually dominate the conversation. These people like to feel a belonging to the group and a comforting feeling of belonging to group consensus.

2. Cognitively Peripheral: These are group members who have information that is not known by the group. What they know about the subject is usually very important and should, usually, become known by the group. The verbal contribution during a group meeting is often much less than a Cognitively Central person.

The best group approach when conducting a meeting with no cognitive peripheral sharing is to have a one-on-one session with each group member who is a cognitive peripheral sharing group member. Then, share your researched findings from these conversations with the entire group. The ideas gleaned from the one-on-one sessions usually help to provide a broader perspective that, ultimately, will improve total group decisions.

A group needs visual input of group suggestions. Use a black/whiteboard to document group thoughts. Have a secretary (not group member) take notes and prepare minutes for future distribution. Unless careful documentation of ideas is documented, group direction is lost, and decisions are not forthcoming. If "things" seem to be confusing or going in all directions, STOP AND RESTART the intended group topic. Sometimes the complexity of a situation and group effort to problem-solve becomes confusing. Stop with problem-solving attempts when it is not working. Consider the possibility of revisiting the issue at the next meeting.

Realize that no matter who is in the group or who participates, decision-making and resolution success of the desired goals is never a "given." Group research and conversation will result in the collection of all sorts of information that supports, changes, even demeans your group goals. Be strong; it can be like a rollercoaster!

Psychologically, every person you contact in the process of meeting your group decision-making and resolution goals has his/her own needs. Even though a person's goals appear not to support the group's goals, maintain a positive attitude. Positive attitudes will often produce positive outcomes! Increase your awareness of others, their demeanor, and their choice of words, because every behavior has meaning! And---*people do what works for them at any point in time!* Be willing to compromise, but strive for a win-win decision, at least.

Consider this process of discussion with the group and have a secretary write it down:

1. What is the philosophy, mission, purpose, and objectives of your group and the organization you represent? (as described on the agreement)
2. Why are YOU (every member) in this group? Did/do you offer something special for the problem-solving outcome? If so, WHAT?
3. Does the group need to have other representation from interest groups or groups that are impacted by your decisions? If so, consider inviting them or doing a personal one-on-one interview with them. It all depends on whether their contributions as a Cognitive Central or a Cognitive Peripheral person makes sense.
4. The group needs to identify the pros and cons of a decision before a decision is considered "made."
5. "Problem Conquering" (first) requires *listing* what is happening that is good about a situation. Then, (second) list separately what is happening that is not good about a situation.
   Then, (third), list *separately all the identified problems* that *keep* the good situation from happening. Lastly, (third) the group votes to identify the *major problem* that keeps the good situation from happening.

6. Once the major problem is identified using the process in number 5 (above), the remainder of the issues listed will usually be resolved. If not, you probably have not identified the major problem!
7. Do your research! Consider any community, state, national group, organization, etc. that will either support or otherwise support or hinder your dreams of problem-solving and resolution success. Some groups are very political and powerful in their expected regime of education and standards of existence.   Learn the names of change-agents (people) from these groups, contact them, inform them of ongoing progress, ask them questions, know them and address them by name, and establish THAT RELATIONSHIP to guide you toward success. Sometimes it is *who you know*, not just what you know.
8. Acquire the rules and laws of groups and organizations that are intended to be a part of helping the group problem-solve and determine resolutions that meet the group's desired goal(s). Acquire a printed document of these rules/laws and give each group member a copy. Keep a copy on file!
9. Set timelines for reviewing small amounts of progression relative to your goal(s).
10. Continually revisit all aspects of progress, timelines, or activities as necessary. Things are not always as you thought they would be. Remember that necessity of change is a good thing because you have learned what works and what will not work.
11. File away a dated hard copy of every conversation on the phone, internet, personal conversations, etc. legitimately concerning any process related to the group goals.
12. Have group meetings according to the urgency of the progress that needs to occur.
13. As you progress, make friends, and influence people.
14. Group members are expected to attend meetings! Replacement is necessary if this does not occur. New members always need updating as to all historical aspects of the group. It does not work well to have simply a "representative" from a certain group (or periodic replacement)—to be successful-- it needs to be the same person, consistently. Perhaps, this expectation needs to be in the signed agreement.

DECISION-MAKING ON A SUDDEN INTUITION WHIM

There have been many times in history when intuition has played an important role in decision-making. Have you ever had the feeling that something is not right—or something beyond your control is going on? It is a reminder of a special sense that most of us have experienced. Listen and pay attention! By so doing, you could save your life or those around you or make better what is not great. Some people have thoughts in the middle of the night when it is quiet, and there are fewer stimuli. Intuition "kicks in" when you least expect it. Recognize it, listen to it, and appreciate it!

MAKING FUTURE DECISIONS BY DESIGN

Making decisions is an ongoing process promoted by "learning what works." Think of your decision-making process—does it work? Do you have personal general rules or methods for making your decisions? Do you provide appropriate time for highly consequential decisions? Are you willing to put a

time frame for the final decision to be DONE? And—more importantly, do you pick your battles (because you cannot win all the battles all of the time). People that make frequent decisions say that this self-determined process of "battle selection" by considering meaningful outcomes makes decision-making more tolerable and results in better outcomes.

DECISION-MAKING REGARDING PROFESSIONAL COURTESY SKILLS

I never thought I would have to bring this to any person's attention---especially professional nurse specialists. However, through many years of professional experience, I have become more aware of the need for all of us to say, hear, and experience some supportive and kind words and behaviors. Also, try to remember that employees and patients are human, they make mistakes, and they, too, have experienced life events that leave a mark on the way they behave and think. I guess we could think of selected behaviors and words as a person's outcome of personal post-traumatic stress related to their lifetime of individual living, and for some just trying to survive! Be gentle with the human spirit because it is, also, our spirit of being human that is attempting to aide in the health and wellbeing of humanity. Compassion and kindness (through research) support wellness.

Use the following important words---

THANK YOU!
PLEASE
WELCOME
HOW CAN I HELP?
HOW ARE YOU TODAY?
HELLO, MY NAME IS ----------------------
HELLO, WHAT IS YOUR NAME?
IT IS NICE TO SEE YOU!
I HOPE YOU ARE FEELING BETTER!
HOW CAN I MAKE YOU FEEL BETTER?

Use the following important behaviors---

PROVIDING PRIVACY WHILE ACCEPTING PERSONAL INFORMATION
SUPPORTING AN UNSTEADY PATIENT WHEN WALKING
PROVIDING A WHEELCHAIR TO AN ILL OR WEAK PATIENT
WEARING CLEAN, PRESSED, SIZE APPROPRIATE ATTIRE
IDENTIFYING IN WRITING THE NAME OF THE SERVICE AND PERSON OCCUPYING AN OFFICE
REFRAINING FROM HAVING BUSINESS MEETINGS IN THE COMMUNITY LUNCH ROOM
INTRODUCING YOURSELF TO FAMILY/FRIENDS ACCOMPANYING A PATIENT FOR SERVICES
PROVIDING APPROPRIATE AND NECESSARY SERVICES IN ADDITION TO JUST TAKING INFORMATION
LISTENING TO OTHERS RATHER THAN JUDGING OTHERS
REQUESTING RATHER THAN REQUIRING
PROVIDING OPPORTUNITIES RATHER THAN REQUIRING BEHAVIOR/PERFORMANCE

SUPPORTING RATHER THAN FAULT-FINDING
COMMENDING SUCCESS
BEING PATIENT AND SUPPORTIVE
UNDERSTANDING WHY PEOPLE BEHAVE AS THE DO—REMEMBER THAT ALL BEHAVIOR HAS MEANING!
APOLOGIZING WHEN IT IS APPROPRIATE

These are just a few words and behaviors that should be a powerful reminder of the need for selective words and actions on behalf of all humankind.

CORONAVIRUS DECISION-MAKING

The scientists claim it is here to stay for quite a while—that we just have to learn to control it and live with it! Nurse Leadership Specialists have given there all (and some their lives) to attempt to stop the negative health outcome of this virus! Yes, we are here for better or worse. We know the concept of Entropy—which means that *absolutely everything* in the universe changes all of the time. This change is one of the BIG ONES. Our nursing roles in the community are profound, but I sometimes find that nurses are not heard. Let me tell you one of my stories!

I cleaned my hands per request with a sanitizer as I entered a small business last week in May 2020. Wearing a mask, I collected my products and went to the counter. There I found a clerk leaning over a narrow counter talking intensely with a young woman on the other side. Neither were wearing masks. There were approximately 1 to 2 feet between them as they conversed. After I paid my bill (standing afar) I said to the clerk, "I have sanitized my hands per your request, and I wear a mask per my decision to protect you, now what are you doing to protect me?" "I wipe off the counters," she said. "You should be wearing a mask to protect me," I said. "No," she said. "We don't have to wear a mask unless we want to!" As I left the business and looked back over my shoulder. I could see the laughing face of both the clerk and the customer/young woman.

I called the owner of the company and expressed my concerns. Among the stuttering and high pitched voice of the owner, I had a promise that he would talk to his "Human Resource Department" (HRD). He proclaimed that his HRD might have all of his employees (helping clients or not helping clients in the back room) wear a mask. "At the very least, I said, have your employees wear masks if they are helping or conversing with clients." He sounded nervous like he had been caught with his "hand in the cookie jar." "You are the owner—the leader and manager of your company!" I said firmly. "You might consider, as the owner, to have a company policy that would help to protect the lives of both the clerk and the customer." There was no response. The necessary need to manage (not use leadership) in this time of a life-threatening pandemic seemed to vanish into midair. (Now—nurse—you should know the difference between management and leadership.) This situation requires a management situation—giving direction and establishing policy for compliance. A life-threatening decision for a company, its clerks, and its clients is no time to leave policy decisions to employees (HRD) who are not familiar with CDC recommendations or general health care principles.

My message for nurse specialists: We have a responsibility to identify the potential for disease transmission! We have a responsibility to identify possible ways for people, businesses, and all others to understand the means of disease transmission. We must decide to be strong, supportive, and always ask the questions that lead others to make improved decisions regarding health care for all people—especially at this time. Be kind, however, for we, as a nation, have not been down this path in our lifetime. Even more reason, we need to proclaim or professional prowess!

Writing to the county public health nurse, I reminded her that the Nursing Process of Assessment, Planning/Goal Setting, Implementation, and Evaluation has a place in helping businesses prevent the spread of disease/viruses/bacteria. She said she would forward it to *another* person.

A copy of the same letter was sent to the town mayor. "Very interesting," he wrote back. I suggested that town businesses be required as part of their business license to identify ways and means of protecting community health. The Chamber of Commerce could/should be involved in allowing businesses to develop their own plans, have the county nurses review the plans, teach CDC requirements, answer questions and approve plans, and monitor business health care compliance.

The silence is now almost deafening.

Let us encourage (for the entire community's health) ways, means, and support for positive health care awareness and compliance. If we (and all other health care professionals) do not arise to the need, we are derelict in our community responsibilities. Life has now changed—recognize the evidence of Entropy? And—it will probably, in our lifetime, never quite be the same. DECIDE TO BE AN ACTIVE PART OF THE SOLUTION AND PREVENTION OF DISEASE.

LAST THOUGHT

*IT IS OFTEN NOT THE DECISION AS MUCH AS YOUR COMMITMENT TO YOUR DECISION THAT MAKES YOUR DECISION WORK!

CRITICAL THINKING QUESTIONS

1. Other than determining the "pros" and "cons" of making a decision, what other methods make "good" decisions?
2. What are the positive outcomes of making a "good decision?"
3. What are some occurrences that would keep a person from making a "good decision?"
4. Why was it so important for the Navy SEALS to take nine months to consider how to capture bin Laden?
5. When a problem is considered to be "A Big One," what problem-solving behaviors should occur?
6. When you had a "complex problem," what criteria was used to determine the degree of complexity?
7. What behavior did you exhibit when you had to make a "complex problem" decision?

8. When you experienced your last job interview, to what extent did the hiring committee members represent your nurse specialist expertise?
9. What nursing behaviors do you exhibit that would indicate you have "nurse specialist" expertise?
10. What are some leadership specialist examples that would indicate it is best practice to tell another nurse exactly how and when to perform a nursing behavior? (i.e., Management)
11. What are some nurse leadership specialist examples that would indicate best practice when involving a nurse(s) in a problem-solving process? (i.e., Leadership)
12. What are some of your examples of courtesy skills (verbal and behavioral) that have resulted in success?

RECOMMENDED READING

Compassionomics (The Revolutionary Scientific Evidence that Caring Makes a Difference) by Trzeciak, S. and Mazzarelli, A. (2019)

Decision Making in Nursing Practice: A Concept Analysis Johansen, by O'Brien, J. (2016)

Farsighted, How We Make the Decisions That Matter the Most by Johnson, S. (2018)

Entropy by this author

Intuition by this author

Critical thinking by this author

Use of Leadership Theories that Make a Difference by this author

Transformational Leadership by this author

A Board by this author

Communication: Novice versus Professional by this author

AUTHOR: Carolyn R. Taylor, Ed.D. M.N. R.N.