I’m going to read you a Facebook post that caught my eye awhile ago. Keep it in mind as I go through my presentation.

Despite being consistently ranked by the public as the profession with the highest honesty and ethics (Gallup, 2009) asked:

“Who will influence health reform in the U.S. in the next 5-10 years?”

The opinion leaders ranked nurses last – after the government, insurance executives, pharmaceutical executives, healthcare executives, doctors, and patients (in that order).
While not seen as influencing health reform, nurses were viewed by the opinion leaders:

- as having a great deal of influence on key elements of a quality healthcare system, such as reducing medical errors, improving patient safety, and increasing the quality of care.

Further, when opinion leaders were asked how much influence they would like nurses to have, an overwhelming majority wanted nurses to have more influence in:

- planning
- developing policy
- and managing almost every aspect of the healthcare system.

- 90% thought nurses should have more influence in reducing medical errors and improving patient safety.

- 89% thought nurses should have more influence in increasing the quality of care.

- 86% thought nurses should have more influence in promoting wellness and expanding preventative healthcare in the local community.
84% thought nurses should have more influence in improving healthcare efficiency and reducing costs.

83% thought nurses should have more influence in helping coordinate patients through the healthcare delivery system and in helping the healthcare system adapt to an aging population.

84% thought nurses should have more influence in improving healthcare efficiency and reducing costs.

“IT’S A BRAVE NEW WORLD”
IMAGE, POWER, INFLUENCE & NURSING

B. Sandy Miholics RN CNNe
ANNA Garden State Chapter 125
ADVOCACY AGAIN

- A process that can lead to change through influence; a way of directing decision-makers towards a solution

- These definitions suggest role of advocate is to work on behalf of self and/or others to raise awareness of a concern & promote solutions to the issue

ADVOCACY

- It’s challenging to be employed in healthcare.

- Unprecedented changes impact care in all practice settings:
  - financial pressures,*
  - the direction of healthcare reform is uncertain
  - regulatory agency mandates to improve quality, patient safety, advancing technology, (how about those CMS/network criteria and penalties?)*
  - looming workforce shortages
  - changes in the patient population.
These changes; challenge decisions about resource allocation,* affecting the work environment possibly adversely

These forces also;
create opportunities for nurses/the nursing profession; They influence us to the best we can or at least better

Opportunities include;
a greater voice for nursing in healthcare policy,
expanded employment opportunities, and
an enhanced image for nurses and the profession

(Benner, Stephen, Leonard, & Day, 2010; Institute of Medicine, 2011; Page, 2005).

To successfully take advantage of these opportunities:
it's important that nurses work together, no matter what the employment setting, role, to advocate on behalf of colleagues/ profession.

Nurses comprise the largest professional group within healthcare and have been recognized by the public as the most trusted profession

Let's make the most of this

(Gallup, 2010; Jones, 2010). Despite nursing's strengths inherent in its size, diversity, and unique relationship with the public, the full potential for influence by the nursing profession has yet to be realized (Buresh).
ADVOCACY

Today I am advocating for you, our profession,

And yes, I am advocating also for our PATIENTS

SO THIS IMAGE BEST DEFINES ADVOCACY:

IMAGE

Image: part of a profession;
- the way a person appears to others, or in the case of a profession, the way that profession appears to other disciplines and to the general public—consumers of health care.

Image and the perception of the profession impacts:
- recruitment of students,
- the view of the public,*
- funding for nursing education and research,*
- relationships with healthcare administrators, other healthcare professionals, government agencies and legislators at all levels of government.*
ultimately, the profession’s self-identity (and our own)

Just like individuals may feel depressed or less effective if others view them negatively, professionals can experience similar reactions if their image is not positive. It impacts everything the profession does or wishes to do.

INTRODUCTION

- Profession of nursing developed when women had limited legal roles
- It was viewed as neither powerful nor political
- Late 19th century: feminine and powerful were practically contradictory terms
- 20th century: role of women changes
At one time, exercising power was considered inappropriate, unladylike & unprofessional (I was there)
- Role of nurse was seen as handmaiden*, not an independent role

- Many nursing education & practice decisions were made by those outside of nursing*
  - Hierarchy structure of HC organizations has often limited role of nursing in decision making*
  - Perceived authority & directives of physicians also limited independent role of nurses
  - Hospital policy has often limited nursing actions
  - Threat of disciplinary or legal action or loss of job might limit a nurse when he/she needs to speak out (advocacy)

**HISTORY**

- Ability to *influence* others in the effort to achieve goals
- Having control, influence, or domination over something or someone
- *Ability to get things done* (I like this one)
- Includes caring practices by nurses used to empower patients (we do this all the time don’t we?)

(Chapter 25 Yoder-Wise)
AS NURSES WE:

- Have sometimes viewed power as if it were immoral, corrupting, totally contradictory to caring nature of nursing
- Regularly influence patients in an effort to improve their health status which is an essential element of nursing practice
- We provide health training to patients/families, our goal is to provide needed information>change behavior in order to promote optimal health
- This is an exercise of power in nursing practice

(Chapter 25 Yoder-Wise)

MORE POWER & NURSES

other examples of nurses exercising power

- changing a colleague's behavior by instructing them about a new unit policy being implemented
- Coaching a nurse to improve their performance

(Chapter 25 Yoder-Wise)
TYPES OF POWER

Psychologists John French and Bartram Raven in 1959 identified 5 types of power:
- Coercive
- Reward
- Expert
- Legitimate
- Referent

Nicole Lipkin in her book “What Keeps Leaders Up at Night” 2013 added to the above:
- Informational
- Connection

LEGITIMATE POWER

Where a person in higher position has control over people in lower position in an organization

“If you have this power, it's essential you understand this power was given to you (and can be taken away) so don't abuse it. If Diane rises to position of CEO and her employees believe she deserves this position they will respond favorably when she exercises legitimate power. On the other hand, if people don't believe that she deserves this power, it will be a bad move for the company as a whole.”

“What Keeps Leaders Up at Night?” Nicole Lipkin, 2013
**COERCIVE POWER**

Where a person leads by threats and force. It is unlikely to win respect and loyalty from employees for long.

“There is not a time of day when you should use it. Ultimately, you can’t build credibility with coercive influence…….you can think of it as bullying in the workplace.”

Lipkin, 2013

**EXPERT POWER**

This power is the perception that one has superior skills or knowledge

“If Diane holds an MBA and PhD in statistical analysis, her colleagues and reports are more inclined to accede to her expertise.”

However, in order to keep their status and influence, experts need to continue learning and improving

Lipkin, 2013
REWARD POWER

- Where a person motivates others by offering raises, promotions and awards

> "When you start talking financial livelihood, power takes on a whole new meaning." “Both Diane and Bob hold a certain amount of reward power if they administer performance reviews that determine raises and bonuses for their people.”

Lipkin, 2013

INFORMATIONAL POWER

- Where a person has needed or wanted information

- A project manager may have all the information for a specific project, and that will give her/him “informational power”.

- It’s hard for a person to keep this power for long, eventually this information will be released

- This should not be a long-term strategy.
Where a person attains influence by gaining favor or simply acquaintance with a powerful person.

This power is all about networking

If I have a connection with someone that you want to get to, that gives me power. That's politics in a way. People employing this power build important coalitions with others.....Diane's natural ability to forge such connections with individuals and assemble them into coalitions gives her strong connection power.”

CONNECTION POWER

the ability to convey a sense of personal acceptance or approval

Held by people with charisma, integrity and other positive qualities

“People with referent power can highly influence anyone who admires and respects them.”

REFERENT POWER

Lipkin, 2013

Lipkin, 2013
EMPOWERMENT

Process by which we facilitate others in decision making, taking action within an environment of power

Nurses often view power as a finite quantity, "If I give you some of my power, I will have less."
- These nurses will avoid cooperation with colleagues and refuse to share their expertise

Nurses who view power as infinite are strong collaborators who gain satisfaction by helping colleagues expand their expertise and power base

CONTRIBUTING FACTORS TO A POWER IMAGE

- Self-image:
  - thinking of oneself as powerful/effective
- Grooming/dress:
- Good manners:
- Body language:
- Speech:
MORE FACTORS

Atitudes/beliefs:
- Another important aspect of powerful image, they reflect one's values (this is where we need to introspect)

Believing that power is a positive force in nursing is essential to one's powerful image

A firm belief that the value of nursing to society contributes to HC delivery system is important

FACTORS AGAIN

A commitment to a nursing career:
- Implies that a nurse views him/herself first/foremost as a member of the discipline of nursing, with an obligation to make a contribution to the profession (I believe this)

Continuing education in developing one's professional skills/knowledge is an empowering experience
- Prepares nurse to make decisions with support of expanding body of knowledge
- Seminars, workshops, conferences are opportunities for professional growth/empowerment LOOK AT YOU, HERE YOU ARE!
STRATEGIES: DEVELOPING A POWERFUL IMAGE

- This is the most basic strategy: *develop a personal image*
- If you think you are powerful, others will view you as such and if you feel powerless, that is how you will be viewed

Communication skills:
- Most effective is verbal communication skills which help define power image
- Nurses learn these skills to ensure effective interaction with patients and families
- Introduce yourself, first, last name, what you are, what can be expected of you

Listening skills are essential leadership skills.
- A manager who is a good listener develops reputation for being fair and consistent

PERSONAL POWER STRATEGIES

- Communication skills:
  - Most effective is verbal communication skills which help define power image
  - Nurses learn these skills to ensure effective interaction with patients and families
  - Introduce yourself, first, last name, what you are, what can be expected of you

- Listening skills are essential leadership skills.
  - A manager who is a good listener develops reputation for being fair and consistent
MORE STRATEGIES

Verbal/non-verbal communication skills are important personal strategies:

Communication experts estimate that 90% of messages we communicate to others are non-verbal

Assertiveness: how one communicates,
- Direct, open, appropriate in respect of others
- Assertive & aggressive communication are not the same:
  - Assertive persons:
    - better able to confront problems constructively,
    - don’t remain silent (problems nursing has with image has been influenced by nurses’ silence or inability to be assertive)

RULES (not kidding)

Critical rules related to assertive behavior that can easily be applied to the difficulties nursing has with changing its image and visibility:

- Avoid over-apologizing (thank you story about women)
- Avoid defensive, adverse reactions such as aggression, temper tantrums, backbiting, revenge, slander, sarcasm & threats
- Use body language: that is appropriate to and matches the verbal message
- Accept manipulative criticism yet maintain responsibility for your decision
- Be honest about feelings, needs, ideas
- Accept and/or acknowledge your faults calmly and without apology
EXAMPLES

More examples: (Katz, 2001)
- Expressing feelings without being nasty/overbearing
- Acknowledge emotions but remain open to discussion
- Expressing self and giving others the chance to express themselves equally
- Asking and giving reasons

DEVELOPING EXPERTISE

(KNOWLEDGE IS POWER)

- Expertise is one focus of power and it can be important power strategy
- Must not be limited to clinical knowledge but also communication and leadership ability
- Education/practice provides means for developing such expertise in any domain
- Developing expertise expands our power among nursing colleagues, other professionals, patients/families
HIGH VISIBILITY

- High visibility: another key for the personal exercise of power and allows for our image to influence a positive perception of nursing.

- This can be nurtured by:
  - Attending open meetings/committees/other groups that you are not a member of in your workplace, professional organization, or community.
  - Sharing this expertise at open meetings when appropriate.
    - I go to ANNA BOD meetings when I can. I am not on the BOD but ANNA allows its members to attend. Once the agenda/discussion by board members is complete they ask auditors for their thoughts and comments. Of course I have comments!
    - And some of my input has been utilized so… don’t be silent.

VISIBILITY 2

- Nurses make up majority of healthcare professionals yet are largely invisible.

- Their (our) competence, skill, knowledge, judgment are as the word ‘image’ suggests only a reflection, not reality (Sullivan 2004).

- Public views of nursing/nurses are based on personal experiences which can lead to a narrow view of a nurse often based only on this experience.

- Experience may not provide accurate picture of all that nurses KNOW, can do, or provide in HC delivery process.
MORE VISIBILITY

- View also influenced by emotional response of a person to the situation/encounter with a nurse
- The Truth is that most often, the nurse is invisible
- Consumers may not recognize that they are interacting with a nurse, or they may think someone is a nurse who is not
- We are viewed for what we do, rather than what we know or are able to influence. “Nurses should be used for what they know, not just for what they can do” anonymous

AN EMPOWERING ATTITUDE

- Demonstrate a positive/professional attitude about a nursing colleague to other nurses, patients/families, others at work, the public including legislators (promote each other whenever we can)
- A power image is an important aspect of demonstrating the positive professional attitude
Here's what happened:

- Miss Colorado, Kelly Johnson did a monologue about her career as a nurse
- Host of “The View”, a tv talk show commented and joked about it
- Hundreds of Nurses and healthcare professionals took to social media in response to the comment and to stand up for Nursing
- Advertisers removed their endorsements from “The View”
- There were suggestions to boycott and/or discontinue “The View”, and their ratings have plummeted

So we know that when Nurses’ unite and take a stand, they make a difference, and we need to unite and assure our practice retains the standards that have given us such a great reputation and the support of the healthcare community.

This is a great example of advocacy. Nurses and many others advocated for the nursing profession. We became visible.

INFLUENCE

- The process of using power can range from punitive power of coercion to the interactive power of collaboration
- Coaching a new graduate nurse in orientation to complete nursing procedure successful demonstrates the ability of the experienced nurse to influence that orientation
EXERCIZING POWER/INFLUENCE IN
THE WORKPLACE

To effectively use influence in any organization:
- one must understand how the system works to develop organizational strategies

To develop organizational savvy:
- identify the real decision makers/those who have high level of influence with the decision makers

FOR INSTANCE,

- In workplace an influential senior staff nurse may have more decision making power than nurse manager on significant aspects of unit’s operation

- A senior staff nurse may have more clinical expertise, greater wealth of knowledge about the history of the unit and its personnel than nurse manager with excellent management/leadership skills new to unit

- Any person who has great deal of control over making decisions, information to make decisions, incoming/outgoing mail like secretaries of chief executives are usually very powerful people
IMAGE (here comes that food for thought)

- Cradling a child receiving asthma treatment; holding hand of frail diabetic while being discharged, a sympathetic expression for frightened teenage facing emergency surgery
- Are these images what we leave the patient with?
- Do they reflect how we see ourselves?

- Is our image obvious in only what we do or also in:
  - What we say and how we say it
  - What we wear
- How has our image changed over the years?

- Who is defining the image of a nurse?

- What can each nurse do to affect our image?

- How do we confront and address negatives nurses’ image?

OUR CHANGING IMAGE

- Over time: angel of mercy, sexual stereotype portrayed in fiction

- Florence Nightingale: depicted nurse as inferior to MD.

- Other representations/misinterpretations shaping our image: Hot Lips Houlihan in MASH, soap opera nurses.

- 2001: Center for Nursing Advocacy founded to address nursing shortage, focusing on improving how nurses were portrayed in the media. (TV: ER, House)
  - Center persuaded Coors to stop using naughty nurse ads.
MOST HONEST & ETHICAL

Gallup: identifies us as most honest/ethical profession in America for many years: and the number 1 MOST honest profession

Is this really relevant to our image concern?
- What really matters to patients/caregivers?
- What do we care about & look for in our colleagues?
- How much do these perceptions have on our image?

What does matter?

WHAT DO YOU WEAR TO WORK AS A NURSE?

In a hospital, could RN’s be easily identified? Probably not
- Difficult to identify roles of any staff members from doctors, nurses, to the staff who clean the units

Over time nurses uniforms have changed; The Nurses’ image was once a white uniform

In 1980’s nurses’ all white uniforms (even dresses) began to change

Pantsuits then scrubs became more common (do you know why they are called scrubs?)

Why scrubs? Cheaper, easier to clean, more comfort

Everyone started to wear scrubs adding to confusion
HOW DO YOU LOOK?

Then came the prints. How comfortable are adult patients when a nurse comes in wearing animals or cartoons and informs patient she will be caring for them. Impression given??

Uniform changes lead to less employer controlled dress code:
- Consistency lacking in a dress/appearance code (hair length appropriate jewelry, shoe style not as carefully assessed if at all)
- Some scrubs look like they just came out of the washer, wrinkled, thrown on in haste
- So care settings are full of staff who all look alike, wearing scrubs in different colors/patterns, with or without lab coats, but mostly all in scrubs
- Staff, patients, families, visitors cannot tell one staff type from another
- Name badges, do they serve a purpose? Is you name facing out or toward your uniform? Is the text even large enough to read unless someone is right in front of you?

HOW DO WE LOOK?

- 1997 study about uniforms (Mangum, Garrison, Lind, & Hilton):
  - first best impression was given by a white-pants/top uniform with stethoscope rather than colored scrubs or white pants with color tops
  - 2001-2006: hospitals returned to requiring RN wear all white, even if all white scrubs and less common limiting white to just RN's

- Crocs/clogs: not allowed many places in UK and Europe but no so much here. Concern for infection control, static electricity build up, body fluids/needles dropping into holes>>safety risk
Sponge Bob & Snoopy

Catalog companies bombard us with products, playing an important part in the change in appearance.

Nurses think nothing of wearing clothing decorated with cartoon characters.

What other profession that serves the public have this on uniforms?

Police, firefighters, pre-hospital staff, judges, others would not be seen with Snoopy or Sponge Bob or animal characters on their uniforms.

Why do we represent ourselves this way? We are influenced by people outside our profession.

How We Look

Sandy Dumont: "You’re the only thing between the patient and death, and you’re covered in cartoons, no wonder you have no authority."

Many organizations starting to address this issue by changing dress codes for the nurse. These changes make it easier for patients to identify who is the nurse.

Sandy Dumont is an image maker, she writes in “The Image Architect”. She transforms image and attitude.
THE FACE OF NURSING

► Nursing has overwhelmingly been a female face; and this also affects our image.

► Male nurses are growing in number but we need more campaigns & targeted recruitments to draw men into the profession

► Men will look at nursing as they do other options such as police or firefighter and they need to like what they see

REDEFINING OUR IMAGE

► Professor LD Andrews, Rogers State Univ. states that to create a new image for nursing we must:
  - Value nursing and that image daily
  - Take ourselves seriously and dress the part
  - Recognize the value of what we do
  - Believe in ourselves and our colleagues

► Our image is evolving as nurses fill seats in Congress and we are used by news stations as resources on healthcare issues

► These allow us to represent the reality of nursing & show how we contribute to healthcare
REDEFINING

- Explore how actions/inactions affect our image
- Nursing faculty can work with nursing organizations to help promote our image
- Leaders need to recognize the daily impact they have on the perceptions of patients, staff nurses, and caregivers
- Staff nurses must appreciate importance of how they are perceived by patients/caregivers.

PROFESSIONALISM 24/7

- Be aware of our behavior outside the workplace
- For some, nursing is *just a job anymore*. This is apparent in what say and how we act at and away from work.
- Nurses have emphatically stated:
  - they don’t want their children to go into nursing,
  - Have to work in environment where we are no respected
  - Are underpaid
  - Have to deal with people who have unrealistic expectations
- These nurses are not helping to improve our image
PROFESSIONALISM HINTS

- When asked by an old friend about work, do you roll your eyes or shrug your shoulders? Rather, look her/him right in the eye and say, “I am a registered nurse now and I work at a hospital.” (or wherever you work or whatever you do as a nurse)

- Encourage our children who are interested in nursing. Inspire a child to consider the privilege of being with people who are at both their worst and best

- Such everyday actions will quietly improve the image of nursing

SOME SUGGESTIONS

- Involve staff in developing a list of unacceptable behavior and specifics of new dress code,

- Post, circulate and advertise nursing accomplishments
  - BRAG ABOUT YOURSELF AND COLLEAGUES
  - LET’S CELEBRATE OURSELVES

- Have nurses contribute by writing and submitting health related articles

- Have nurses do small projects and recognize them for this

- Speak to civic/community groups about what nursing is, what we know, what we do (I ask to speak at my church regarding organ donation)
REMEMBER:

“EVERYONE LIKES TO BE ACKNOWLEDGED, MADE TO FEEL IMPORTANT & APPRECIATED FOR WHO THEY ARE, WHAT THEY DO, AND WHAT THEY ACHIEVE”

B. Sandy Miholics

LET ME FINISH WITH:

THIS is the time to redefine our image so the public can see the nursing profession clearly. It’s a “Brave New World”

ARE WE (YOU) READY?
“At some point in our life each of us will encounter a nurse, whether it be as a patient or as a loved one. And that can mean the difference between suffering and peace; between chaos and order. NURSES MATTER”

Caroline Jones: The American Nurse

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