



**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 complex 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 group process and membership management.
8. Recognize the importance of the “decision commitment” once a decision has been determined.

KEY WORDS 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
24. Entropy
25. Compassion

I love to dance (and maybe flirt) with different choices or options when I make decisions. One thing is for sure, however, that dance is not taught! It applies to every part of our lives and our final choices often depend on our own 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 to make that choice, we said at the time! Chances are that our decision-making was a result of considering loosely the mental “Pros and Cons.”

IDENTIFYING PROBLEMS: THE “MANY-WINDOWED HOUSE”

Oh my—how does a person perceive problems and/or make decisions to resolve problem(s) when there are so many options for both problem-identification and problem-resolution—and, with numerous consequences. Figuratively, it is like looking into a house at different times and into different windows. What you see when you look into “the house” (figuratively representing a problem and resolution) through different windows are different views and different perspectives. Also, the people within the house keep moving “things” (the actual problem and possible solutions) which ultimately changes the view of the problem and the possible consideration of a resolution. When each view into the windows of the house changes through the different perspective of others, then the possible decision for a resolution usually is at odds.

This analogy helps in the understanding of the complicated dynamics of accurate problem identification and the possibility of agreed-upon resolution to a problem. Remember that nothing ever stays the same—the universal concept of entropy! But, if you must change a problem as perceived, there must be active critical thinking—a process requiring skepticism regarding the identification of the actual 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. Often times, 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 resolution of the existing problem might be a consideration for future similar problems.

In the midst of a supposed logical and a sensical approach to identifying a problem and possible problem resolving outcomes, we have a tendency 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 personal 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 problem. 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.

Therefore, it is not the intention of this document to minimize the decision-making process, but to increase an awareness and appreciation of the many variables to be considered as a problem presents

itself and the consideration of problem resolution through a decision-making process. Remember too, another variable is that the decision that worked previously might not work in the current situation. It is the perception of “a problem” and its many implications that will spur forward the efforts toward effective and accurate identification of the problem and a method(s) to resolve the problem.

CONSIDERING 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 consider the advantages versus disadvantages to make a sensible decision. Graphically, make a big “T” on a paper or blackboard and put the pros (the thing “for”) and the cons (the things “against”) on opposite sides of the “T.” Now, try to fill in each column and compare the pros and cons in order 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 his personal pros and cons for 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 quarrelling”

“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 judgement 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 pros and cons. In the beginning, he would give a numeric weight according to importance to each pro and con. Then, he cancelled out one pro for every con of similar weighted value. If there was 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 to make a 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 old 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 extremely important to save the Navy SEALs as they carried out this attack. After all, bin Laden had engineered the 9-11 plot on the U.S!

There was more attention to 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 deliberation it took to make the most correct final decision and preparation. As always, hard choices require a deliberate and usually a lengthy journey of complex considerations. The success of the entry and outcome of compound entrance and killing of bin Laden was evidence of information persistence, consideration of options, and possible reaction to many possible outcomes. The process of success was tedious and considered many options, 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 loud speaker 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 life-time 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. This 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 did we determine that a problem is a “complex problem” needing a “complex decision?” Or, in other words, how do we recognize “The Big One?”

Big and/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 (employees as well as the elements of process)
2. Full-spectrum analysis requirements—many elements/variables related to the problem must be considered which takes considerable time
3. Predict the future 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—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 One,” 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, and/or anything else that tells others that there is an existing framework that provides guidance and support.) These basic 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 of the facility/organization and allow others to take their time to consider the problem, possible outcomes, and the time to ask any questions that might be a part of the final outcome. This might require communication to the appropriate employees about the identified problem(s) and the basic framework (facts) regarding decisions. There must be an offering of considerable time for the involved employees to read, discuss, and eventually be expected to contribute their recommendations and suggestions. Allowing time for complex decisions decreases complexity and supports decision longevity.

THE HIRING COMMITTEE DECISIONS AND SELECTION OF NURSE SPECIALISTS

A facility/organization’s hiring committee is a group appointed for the specific purpose of hiring employees. The purpose for professionals and others on a hiring committee can be multifaceted and, at times, a confusing conglomerate of a variety of employees acting in 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 as to the appropriateness of non-nursing hiring committee employees participating in make nursing employment decisions. Unfortunately, a hiring committee is often (not always) just filling a facility/organizational policy for carrying out expected general hiring behavior. This routinized hiring process meets expectations in several ways—including the attempt to present compliance to a possible hiring policy and a non-discrimination approach.

The truth is, many to most hiring decisions for nursing positions are already made and it is very often the covert already-determined decision to hire “from within,” which results in internal facility/organizational job promotion. This covert hiring game of self-promotion when hiring of an already determined person (usually an existing employee) is not uncommon. That person is one-step ahead and considered superior for a job (maybe determined by current successful employment) and their established trust. However, be 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 supposedly to minimize risk and reward 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 often occurs---it is not what you know as who you know! Often the policy is stated, “We always hire from within.”

As a leadership specialist (perhaps in charge of the hiring committee) your job is to be fair, kind, considerate, and whatever that means in regard to the expected fairness of the hiring process! Think and act kindly regarding the potential employee who takes his/her time to apply and sit through a hiring committee interview.

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 so as 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 an academic achievement. The term “specialist” is used as a respectful term regarding the expected and required performance of any/every nurse practicing in an area requiring expertise—and, ALL nursing areas require some level of “specialist” expertise.

Therefore, because of the required level of expertise required 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 a 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. This is an

outcome of the progression of nursing science and the personal commitment of nurses to meet the challenge of health care expertise.

Nursing leadership specialists have special skills when working with people. These skills are related to kindness and respect. This means listening carefully to others, responding 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.

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 being considered.

If such collective committee behaviors for employment decisions are to be legitimate, it is important to have a hiring committee role that *does not* have a contradicting relationship between a facility/organization’s philosophy, purpose, goals, and objectives and, especially in this situation, the process of nursing specialist employment. The trust and the appropriate nursing specialists that are placed as evaluators on a hiring committee are to be the most professional and qualified in the realm of determining the appropriateness of a specific job-related nursing specialist!

High performance specialist expectations and trust upon employment are the basis of unrivalled nursing expertise. The hiring of any nurse to provide health care in any circumstance is a serious decision to be entrusted to only those who have the required education and/or have experienced or currently are experiencing the related expectations of a new employee’s potential area of employment. This says to all concerned that there is a recognition of nursing knowledge and abilities that help meet the high expectations of nursing standards, as well as the philosophy, purpose, objectives, and goals of the facility/organization.

Human Resource Department Role---

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/or 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 decision) that logically defines the hiring committee member choice and the hiring process. It is permissible that potential nursing specialists know the name, employment titles, and purpose/role of each hiring committee member.

Whatever the administrative need that allows and encourages any committee hiring member, there needs to be an accounting for a “make-sense rationale” for each person’s participation on the committee. Making sense of hiring any nurse specialist requires the input of a hiring committee to fully understand the reasoning behind their hiring decisions. Therefore, unless a committee member knows what is required to be a nursing specialist, by experience, the accuracy of hiring approval or disapproval is questionable!

The bottom-line (so-they-say) requires an administrative staff (human resource specialist?) 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* nursing “specialty” employees who make hiring decisions related to any nursing “specialty” job. It is an unfortunate waste of time, not cost effective, possibly provides unrelated and unnecessary committee input, and it keeps *non-nursing employees* from keeping their professional focus on their own job description responsibilities!

Making Potential Nursing Specialist Role Decisions---

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 *really* the job you thought you were applying for when you entered the room? Maybe---are the people you have met reflecting your philosophy of nursing 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 really want to do this job under the possible scrutiny of the hiring committee members or their cohorts. There is nothing wrong in recognizing that a working relationship is *not* to your advantage! Better to recognize potential employment concerns at this point in time, 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! Making a decision as to whether a nurse leadership specialist leads or manages (as a process) is an important decision! The nursing specialist role can be both management and leadership according to the situation. It is important, however, to know which one (management or leadership) is being accomplished at a given time and why one is to be used over the other. However, 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 LEADERSHIP means that you involve others in making decisions and to carry out processes.

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

Being a nursing leader specialist of many nurses means different things to different professional nurses. Where some nurses will accept being told what to do by a nursing 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. It is with respect for a nurse specialist’s ability and knowledge that maintains the *professional dignity* of every nurse specialist.

A true 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.

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 review a job description, decide on a necessary action, and request an area of needed improvement (Management) (OR)
5. Should you select a general area of facility/organizational concern and ask how he/she could help resolve this concern in the area? (Leadership) (OR)
6. Should you do a group process with involved co-workers to identify major concerns in hopes that they (group) gets the problem identified and determines a plan for resolution? (Leadership) (OR)
7. 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 ALL DEPENDS! 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 carefully what works (and does not work) regarding each employee and situation—it is your reference point for the next time! To understand and practice these behaviors will prove you are a NURSING LEADERSHIP SPECIALIST.

GROUP PROCESS: LEADERSHIP VERSUS MANAGEMENT

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 have the ability to problem-solve and communicate as a member of a group.

There are some groups that are presented/given information without group input. There is sometimes an attempt to "tell" a group information. There is sometimes no attempt to inform group members

before a meeting regarding the agenda or request their thoughts or decisions regarding the upcoming meeting content. If so, it might be wise to tell them the reason for just the process of “telling.”

Let us agree that this approach to just telling information without group input and problem-solving is usually a PROBLEM. For the most part, the purpose of a group process is for sharing, offering reasons, making decisions, considering options, and making recommendations. Otherwise, make the decision to not take the time and effort of others to attend and listen to content that has already been decided---try an e-mail, letter, or some other form of directive, instead.

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 discussion. 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 is usually very important and should, usually, be conveyed to the group. Their information is valuable and should become known by the group. Unfortunately, their verbal contribution during a group meeting is often much less than a Cognitively Central person.

The best group leadership specialist approach when conducting a meeting that will result in effective group decisions and *where there is no cognitive peripheral sharing* within the group is to have a one-on-one session with each group member who is considered *cognitively peripheral*. Then, share your researched findings from these conversations with the group. Their ideas usually help to provide a broader perspective of important considerations that, ultimately, will improve group decisions.

Groups need visual input of group suggestions. Use a black/white board to visually document group thoughts. Have a secretary (not group member) take notes and prepare minutes for future distribution. Unless careful documentation of thoughts and outcomes are documented, the *loss* of group direction occurs and decisions are not forthcoming. Relax—if “things” seem to be confusing or going in all directions STOP AND RESTART at the beginning of who and/or what the group is/was talking about and re-establish the direction intended for the conversation. Sometimes the complexity of a situation and great effort of trying to problem-solve confuses the efforts. Stop with problem-solving attempts when it is not working. Restate the problem and the approved decisions at that point or perhaps the possibility of revisiting the problem at the next meeting.

The question always is asked---who should (for sure) be members of the group? The answer is: Within reason, every faction that has a decision-making influence on success and those who seem to be/could be deterrents to success. For sure—a local attorney! Have the attorney draft an agreement of appropriate decision-making participation of group members. Discuss expectations with the group, and have group members sign the agreement.

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 to not 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?
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. If you are not aware of the process called “Problem Conquering” found in this author’s document of Transformational Leadership, take the time to read it—because this process requires (first) to identifying what is good about the situation and those things that have worked in the past and continue to work now. Then, (second), identify without restraints all the problems that keep the philosophy, mission, purpose, and objectives from happening. Lastly, (third) the group needs to vote on these identified problems in anyway you desire—except, you need to come to a *voted group decision* as to what is considered to be the major problem. Now, look at the list of the problems, do you notice that the remainder of the problems will be somewhat resolved? If not, you have not identified the major problem!
6. 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.
7. 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 desired goal(s). Acquire a printed document of these rules/laws and give each group member a copy. Keep a copy on file!
8. Set timelines for reviewing of small amounts of progression relative to your goal(s).

9. 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.
10. 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.
11. Have group meetings according to the urgency of the progress that needs to occur.
12. As you progress, make friends and influence people.
13. 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. Perhaps, this expectation needs to be in the signed agreement (See #7).

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? This 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 is less 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 processes 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” of more determined consequential outcomes make 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 nursing specialists. However, through many years of experience (and I am sure times when I could have done/performed better) I have become more aware of the need for all of us to say, hear, and experience some supportive and kind behaviors. Also, try to remember that employees and patients are human, they make mistakes, and they, too, have experienced life-time 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 own outcome of personal post-traumatic stress related to their life-time of personal living, and for some just

trying to survive! Be gentle with the human spirit because it is, also, our own spirit of being human (and a nurse) that is attempting to aide in the health and wellbeing of man-kind. 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?

KNOWING AND CALLING A PERSON BY THEIR NAME

IT IS NICE TO SEE YOU!

I HOPE YOU ARE FEELING BETTER!

HOW CAN I MAKE YOU FEEL BETTER?

PREFACE REQUESTS WITH THE WORD "PLEASE."

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

TAKING TURNS TO EAT LUNCH IN THE COMMUNITY LUNCH ROOM (NOT ALL AT ONCE)

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 reminder of the need for selective nursing words and behaviors on behalf of all mankind.

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 could be used to 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 nursing specialist expertise?
9. What nursing behaviors do you exhibit that would indicate you have “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 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 personal examples of courtesy skills (verbal and behavioral) that have resulted in success?

SUGGESTED READING

1. Compassionomics (The Revolutionary Scientific Evidence that Caring Makes a Difference) by Trzeciak, S. and Mazzairelli, A. (2019)
2. Decision Making in Nursing Practice: A Concept Analysis Johansen, by O’Brien, J. (2016)
3. Farsighted, How We Make the Decisions That Matter the Most by Johnson, S. (2018)
4. Entropy by this author (2017)
5. Intuition by this author (2017)
6. Critical Thinking by this author (2017)
7. Use of Leadership Theories that Make a Difference by this author (2017)
8. Transformational Leadership by this author (2017)
9. A Board by this author (2017)
10. Communication: Novice versus Professional by this author (2017)