

Betty Irene Moore Speaker Series
Shirley Chapter in conversation with Deloras Jones
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Chapter 1: Being Persistent, Taking Risks

(Deloras) In hearing your story, one of the most important, first stories I remember hearing about overcome adversity, is trying to getting enrolled at UC San Francisco for their graduate program, will you share with us what that was all about.

Shirley speaks

That was a bit of adversity in my life. And interesting too, I had a graduated from the diploma program from the hospital at Pennsylvania. And liked that very much, but I wanted also to go on to get my bachelors degree, which I did immediately after I finished the diploma program. And getting that bachelors degree was hard because I had to work as a nurse while I was going to school to get the bachelors degree. So I took whatever courses I could get at the time. As a consequence, I took them out of order. That is, I took physiology before I took anatomy. I took abnormal psychology before I had psychology 1, after all, I was doing this to meet my convenience. Eventually I decided based on some very good advice from a mentor to go to California to get my masters degree. I sent my application and packed my bags, persuaded my roommates to take a vacation to California so I'd have transportation there, and about the time we were packing the car, I received a letter from the University of California at San Francisco to say that we regret to inform you that you are not acceptable for the program, and the University of California at San Francisco and at that time it was being held in Berkeley, with the clinical on the San Francisco campus. Well I opened up this envelope and read this letter and could not believe it, talk about adversity, I could not believe I wasn't acceptable, I had just paid so many dollars to get my bachelors degree at the University at Pennsylvania, and they were telling me I wasn't acceptable? So I went anyhow because I did not believe them, that was the first thing. When I got to Berkeley, my roommates dropped me off at a corner in Berkley, where I had never been before in my life. In fact, I had not been out of Pennsylvania before in my life. I remember waving goodbye and feeling so lonely that I thought I would perish on the spot. I went the next day to the admissions office at UC, and said, "You made a mistake and here is the letter and I am here to start classes". The admissions officer, a very nice nurse, who was serving as the admissions officer, said to me you haven't had the right courses in the right order. So we talked about that for a little bit and I tried to persuade her that I was very good at turning these courses around in my mind. So eventually she said the because of my persistence, she said the only thing I can offer you is you could take credit by exam. So there were 6 courses that I wasn't given credit for. I went to see six professors, I told them the same thing about how I was turning all of this around in my mind. They gave me the text book, I was studied the textbook and in about four weeks, I took six exams and passed all but one. I failed physics, so I had to take physics over again when I got finally admitted. That was the first adversity that I came up against. But the leadership lesson to be learned from this is that persistence pays. It really does and of course I had no money and let her know that I was going to be sleeping on the campus if she did not take me in.

Deloras speaks,

Persistence pays as well as taking risks.

Shirley speaks,

True, very true, and that was a risk, that was a bit of a risk

Chapter 2: Recruiting, Retention, and Diversity

(Deloras) You also did some other very important things around diversity at Texas Woman's University and being able to keep students in school. Can you talk a little about that?

Shirley;

My idea is that recruiting is one thing, you can add numbers to our classes, but that's minor. You have to provide a way for special groups of people to feel welcome on campus. You have to provide a way for them to succeed. So it is not enough to recruit, you have to retain and graduate those students. We worked hard at Texas Woman's University to try to figure out what kinds of strategies we could put into place to encourage special population groups to come to the campus and succeed. We had a tutorial program, for example, where very special faculty that were hand tapped because they were so good with students to say would you volunteer a certain number of hours for a tutorial program for groups of students. To not just help with the classes, but to help with language development and to help with the cultural nuances of Denton Texas, which is an interesting place and it's different.

something else that we did was bring some young middle school students from the state of Texas to the campus for summer camps. We used those summer camps in math and science to encourage young women, especially minority women, to realize that they did well in math and science through these summer camps. They all had to do very meaningful projects. I remember a project where they had to take scrapings from a door handle, and then put those scrapings in a Petri dish and look at them under a microscope to see how many bacteria were on the door knobs. For weeks after, everybody opened doors with a paper towel. That kind of motivation of these young girls from middle school, we hoped, would want to bring them back to Texas Woman's University where they could study math and science because we thought that was a very important area of the curriculum. We also celebrated various minority opportunities and holidays, like everybody does, but our whole goal here was to make people feel comfortable and welcome on the campus with a great deal of interaction between students and faculty. One population group that we focused on during my tenure was single mothers. I got the idea one time by reading some material from the Texas legislature that talked about how much money was being spent on welfare. In particular, to fund programs for single mothers. I went to the legislature and laid out the statistics from their work, and said if you give us money to bring those single mothers to our campus to get a degree, in something that would lead them to a profession like nursing, we will save you this many dollars. Well they liked that, and they gave us money and we started a program for single mothers. A program where in five years the mother and her children would come and live in special dormitories on the campus, have part time work at the university, have batty sitters within this grouping of housing for single mothers and we worked with the public schools to send a bus to pick up the little children to take them to school. That program is still going and there is still a waiting list for single mothers. Most of them interestingly, go into the health sciences... nursing, physical therapy and occupational therapy and so on. It's become a program that's been emulated in other institutions across the country and been very successful.

Chapter 3: Nurses are Leaders

Deloras;

Talk a little bit more about that. All of us are in positions of leadership.

Shirley;

I feel very strongly that registered nurses are leaders. Registered nurses are leaders by virtue of being part of our profession, we assume a leadership role because we are responsible for the patients who we care for, and we are accountable for the patients we care for, so each and every registered nurse is a leader. I think that is the most important message that I want to leave with you today, because I have seen and in fact, having been in the hospital, I had care from nurses who I believe, don't see themselves as a leader. I differentiate two things, there is a difference between a job and a difference between our work. In people who go to a job, do things, they do tasks, they work from 9 to 5, or whatever and they do things. But people who go to work, people who go to their life's work, don't just do things, they know how to be "how to be" means that we as leaders interact, we communicate, we observe, we do assessments, we see the patient in the larger context of family and even beyond that to community. And that's the professional's view, and with that life's work, as a leader, we also see ourselves as extremely self confident with a very high level of self esteem. What that means is that by golly, we're nurses, we are in a profession; we have every right to be at the bedside of the patient to take care of the responsibility and accountability we for patient care. I feel so strongly about this, that I want you to say to yourself, every nurse, every registered nurse is a leader, and we must exercise that leadership. It doesn't matter what title you have, titles don't bestow leadership, we have to take the leadership and do it. Be that person called a leader. I'm giving a sermon. You can tell how very strongly I feel.

Deloras;

You know the public expects this, I think the trust the America has in nurses, is very much related to the fact that the public sees nurses in leadership roles.

Shirely;

you have all been in a situation, you're sitting in a room, when someone walks into the room and you look at that person, and you see this person who stands up straight, and who looks confident, and who obviously has a sense of self, a sense of almost professional presence. You have all had that experience, whether it is a doctor or somebody at a social party or whatever, people walk into a room and you look and you notice, that's a leader. The presence, the professional presence is so much a part. What does that do for the patient? It makes the patient feel confident that this person is going to solve my problem. My problem. Does a lot of confidence there and the good sense of warm and wonderful feeling that of, "Thank god, someone is here who knows what they are going to do". The person has not has not even opened their mouth yet, but you sense it, you feel it and that it is so important.

Chapter 4: Putting Customers First, Putting Patients First

(Deloras) One of the things you told me the other day was when you moved into social security that you moved in with instant credibility

Shirley; I did because I was a nurse.

Deloras; Because you were a nurse.

Shirley;

And because I had advanced degrees. There was no other commissioner who had a PhD, ever. And no one ever hired a nurse as a commissioner of the Social Security Administration.

Deloras;

| So let's talk a little bit about how you changed the culture of the Social Security Administration.

Changing the culture, I got there and I thought that I had made a commitment to be here for 4 years, for the first four years of Clinton's term, because you don't know about the next four, so I made a commitment for four years, I to make some changes, I see that a lot of changes need to be made. How can I do that? So I selected for myself just one or two objectives that I thought I could achieve in 4 years, I did not do what a lot of us do in academia, which is make a list of 18 objectives to be achieved in a short period of time. So I selected as one objective a cultural note of putting customers first. And that became our slogan, putting customers first. So that if we were going to change we would change in relation to the customers we served, we were not going to change to service the institution or to service us. the first thing I did was meet individually with all of my administrative staff and say to them, I am no longer going to meet with you individually, because you come to the commissioner and you lobby for all you want for your department and your department affects every other department and we are not going to do that anymore. We are going to meet together as a team and we are going to figure out what to do and I would like to talk with you about how we can improve customer service. They were willing to do that. They were pleased, I think, to be included in the setting a vision. They were pleased to know that they could work with their colleagues and so we reduced the competition among them and began to focus on putting customers first.

I'd like to share this example with you because the lesson here is that when you put customers first, now think of this as putting patients first. Think of it in terms of how differently we make decisions if we put the patient first, instead of putting the organization first, or the insurance company first, or we as nurses first, or the doctor first. Here is an example. We all agree that we are going to focus entirely on putting customers first. One day a woman reached me on my relatively private phone on my desk, which is no easy thing to do. When that happens I pay attention. And she said to me, you have given me a Social Security number that is almost all number 6. I can't live with the number 6 for my little infant child whose Social Security number this was, because 6 is an evil number according to the Bible. I don't want my daughter to have this number so please change it. Well my initial response was it can't be changed because we have never change any number. But I thought wait a minute, we are going to put customers first" so this should be simple. I said to her,"I will call you back, but I would like to discuss this with my staff", so I went to my next team meeting and I said we have had this phone call and I explained it to them. I said," We are putting customers first so I see no problem with giving here a different Social Security number for her child, right"? Every head went this way... no way could we do that. And I said why, tell me why. We went around the table, the attorney, my legal counselor said," Precedent setting, everybody will want a new card, it is too precedent setting, we can't do it". The operations person then said," You know, if we do that, we are going to have people lined up around the block in every district office because they will want a personalized card like they have a personalized license plate, we can't do it". The public relations person said, " Oh, it's a very bad signal to send. We would get all sorts of bad publicity for doing that". The computer person said it would knock the computer program out because all those numbers come up in order and we can't change that order. And so I said, "Look everybody, we decided we were going to put customers first". "This is a good example and you just told me why we can't do it, I am going to overrule you and do it". And I did. And we gave her a new number. And you know what happened? Absolutely nothing, absolutely nothing, and as far as I know, no one has asked for a different card. The point here in terms of leadership is that when you put the customer first, when you put the patient first, you make decisions differently. You make different decisions and you make them differently, and that is very important. But from that day forward, we really put customers first. We did it by changing the way we did our business practices. We changed the way we did our business. And in the end, as you read in the book , and I know your next question

will be talk about the honor that we got, we ended up getting a wonderful award from a very independent survey that some private company did that we know nothing about, they listed 12 companies who talked about customer service, and believe me, I was out there talking about customer service. And we were included in a list of companies like Nordstrom, LL Bean, JC Penny, Disney Company, all of whom had as their vision, improved customer service and Social Security. We were number one in terms the survey they did with customers. And our staff was just delighted and elated to know that they made this happen, they got all the credit for this.

Chapter 5: Final Remarks on Leadership

Shirley;

I think if I were to choose one leadership principle to emphasize, it's what I talked about before in terms of every nurse is a leader. Every registered nurse is a leader and must develop that leadership and must show by their professional presence, by the actions, by their attitude that they are in charge. That they're accountable, that they are responsible for the patient's that they are taking care of and must do so with the air of confidence and sense of self that conveys what nurses do. And it is always hard to explain what nurses do because we tend not to not want to talk about ourselves. Get over that. Get over that. Do you ever hear a doctor who doesn't want to talk about himself? No way. But some how we are socialized to take this subservient attitude and the subservient role when there is absolutely no reason to be subservient. We are the nurses who care for the patients 24 hours a day and we need to take our rightful place right up there with everybody else on the health care team. That's really the message that I would stress over and over again.