

Betty Irene Moore Speaker Series
Marla E. Salmon in conversation with Marilyn P. Chow
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CHAPTER 1: EDUCATION AND EXPERIENCE PREPARATION FOR NURSING LEADERSHIP

Marilyn speaks;

When did you realize that you were a leader. What were some early experiences that you had that said... hmmm?

Marilyn speaks;

Now I know you went to Fulbright so how did you do, how did you get Fulbright, because that's pretty prestigious and

Marla speaks;

Maybe the question was when did other people realize that I was a leader?

Marilyn speaks;

That's a great point! Because usually it is someone else who tells you. Did you think about doing such and such?

Marla speaks;

I think that's probably still probably an important piece to it, that the Fulbright which was a really interesting experience for me was to me the lesson in all of that was that I was in college, I had had the opportunity, because I spent an extra year in college to study abroad. And so I studied in Austria and I learned German, and I spoke German, and I had a German instructor. Who said to me right about the time I was in my second senior year that I ought to apply for a Fulbright. And somehow at a certain point or other, I was, something made me listen and so in the 11th hour, literally, I nailed it on the same day the postmark was due. But I thought about, you know, what would this do and here is perhaps a lesson in it, which is we talk about connecting dots, but here is the lesson that I think is really important, which is if it lies outside the channel that you're on, give it a second thought. Don't just keep going down that track, give it a second thought. And... try to think about how it relates. So I literally spent, oh gosh, I'd say several hours trying to figure out what was in Germany that I wanted to learn about. Well as it turned out it was in Germany that I wanted to learn about was the first national health insurance system in the world. And that national health insurance system was a very interesting opportunity to study and I was looking at that in terms of developing countries because my political science was around development and countries. And so I put forth a proposal that I wanted to study national health insurance in Germany and understand its application to countries that were resource poor. Well I got it. And that changed my life. It fundamentally changed my life.

You talked about how playing forward things often that really do change your life, that had a profound impact on my thinking about national health care reform when I was working with the Clinton administration and worked on healthcare reform because I've thought about it 20 years earlier. One story and simple lesson is that other people often know more about you than you do. When we're on the track with blinders on, and our ability

to really think about how we craft our future should really be more based on what we want to achieve than what job we want

Marla speaks;

Marilyn to me is fundamentally the most vivid example of what I just said which is the ability to move across boundaries and to keep purposeful in the process and so I just want to say that you need to say something about that too.

I was just sharing with Marla that you get to points into your career and so you get to look back and see where you started and then you think about how you'd like to close it. So I started, did my staff nurse year, you have to use the year as a staff nurse right, working on an in-patient unit, to know that you could really do it so I did that and then I went back to graduate school, went to teach because thinking about the work, because the thread is the work, my work was how do you make a difference, really make a difference. Because I thought teaching was going to be the way, because you could teach and look how many people you could influence, I mean look at all of the bright minds in fact, you could influence, the people, the next generation and how terrific that was, and that but then after that I went into policy, that's what I think was the California Nurses Association experience because at the time I was there it was part of the American Nurses Association so there was a lot of practice and public policy component to it. So I learned through their, again it is how do you make a difference, how do you make stamp about nursing and health care, and so public policy seemed like a good thing. But the problem there was, you could create the policy but you could not affect the change. You had to be at the front line of being in the delivery system and that's why I ended up going to the delivery system side, but now that I'm at this end of my career, I'm also thinking, well now perhaps is the time to come back circle to go back to teach because I think these kinds of dialogues and conversations are really important because we have things, I have things to learn from the students and we have things to learn from the students because there is all the new world out there. A whole new generation and different ways of interacting that would be great to tap. So that's sort of why I think crossing education and service, public policy, professional organization work but then ultimately it was all about how do you really make a difference for our patients and our families through the discipline of nursing.

I've accumulated this sort of perspective over time is that really, you shouldn't be thinking about jobs, you should maybe be thinking about your career as a portfolio, as a bucket that you're carrying along with you and you accumulate skills and perspectives and networks, insights, wisdom, and I want to talk about touch stones in a second, but they are with you and you can reach in there as you move forward so when you think about qualifications for what you do, they're a couple ways to look at it. One of the qualifications is that did you do your time? And the other is what do you have in that bucket, and how compelled are you to reach in there and use it. And the compelling thing is really about what do you stand for? Why are you doing this anyway? What is it that haunts you? That you think about at the end of the day and made a chip in it, I'm going to go back and keep doing this and that's really important...

CHAPTER 2 –Nursing Leadership on a National Scale

Marilyn speaks;

Let's transition to leadership on a national scale. So you had local positions, you're interested in public health, you had a passion for that that you grew up with and putting the face, faces of people to help you through things. How did you get to that division of nursing, how did that happen?

Marla speaks;

Okay. Division of nursing of health and human services is the place where the national nursing workforce is seen as a whole. That national sample survey of registered nurses is done there; Congress has authorized and continues to authorize money to educate nurses to do studies about nursing practice. The ICU was funded first development of ICU was funded there. So it's a place where nursing workforce and all of us are shaped in some form or another. When I moved out of the service side, I moved into the educational arena and started my career actually in schools of public health. I was at the University of Minnesota and University of North Carolina and my area was public health nursing. And so that was very congruent with my concerns about policy. You know I think at some level policy is the single biggest determinant of health. What we do, what we don't do, what we fund, what we fund, who has access, who has education, just going down the line and so I was a fairly, I think Debbie Ward probably remembers me back in those days, I was a fairly strong advocate for the contributions that nurses could make but also the policies that needed to be in place. I was mouthy about it. Through my having been engaged with people like that, who cared about the same things, I had also met some national, federal leaders and never imagined having a career in the federal government, but the position of the Division of Nursing director was open and I was called at the last minute by someone in the federal government to say that Marie Henri, who was then the chief nurse, had suggested my name and someone else had suggested my name, and would I consider applying. Now here is lesson one, which is, when something like this happens, say why not instead of why. So I thought, you know how does this relate to anything I'm doing? Well it related fundamentally to everything I was doing because I believed that nursing could have a profound impact on the health of the public. And how we support nursing, and how we develop it. What the laws are that we create that helps to make nursing more effective or non-effective, all of those were influenced by this role. The second question isn't that you should ask your self, it isn't do I have the ability to do it? It is can I learn how to do it? So for me I had no idea if I had the ability to do it, but I looked at the job announcement and I thought, you know, I have been an executive, I have worked in policy, so on and so forth. Yes I can do, I can do it, but more importantly I can learn how to do what I needed to do. So I threw in, not knowing if I have it or not. And that's how I did it. It's who you know.

Marilyn speaks;

It is a combination of who you know, but it's also what you do with the opportunity.

Marilyn speaks;

We once had a, several years ago, had a chance to hear Donna Shalayla who was the former secretary of health and human services under Clinton, speak in terms of her leadership lessons learned and one of the things she said, which was just totally amazing to me, she says you know I was never competent for the jobs I got. Meaning that when she initially got it, same think like what you were saying, that what she must have said was, I know I could figure out how to do it. I can learn how to do it. And that's where the flexibility and agility of you individually as people, as nurses, you just have to believe you can do it and that you will find the people in the health, in the network to be able to do that.

CHAPTER 3: Having Well-Informed Voice : Understand the Broader Context

Marilyn

Let's talk about... we've got a new administration, we've got lots of challenges, not only from nursing, as a discipline, and nursing's invisibility still, I think I reviewed some of my materials when we first had our conversation on that in 1991 and some of the same messages from non-nurses saying you guys have to speak up, you have to be very visible and I was impressed with your comment recently, what you just said that you were mouthy. I guess I was mouthy. Which meant you had a voice. And because you had a voice you are very much out there. So what do you see for nursing in terms of our opportunities and challenges? And what can we do given the administration at the federal level as well as in the state of California and San Francisco here in the bay area? Some thoughts that we should be organizing, thinking about.

Marla

Let me sort of frame it in a basic way which is start with what you care about. Don't take anybody else's issue. Take the issue that you care about and your scope of influence is where you are and the farthest that you can reach. So you know when I talk about national policy, national policy is no different than the scope of influence that you have, whatever that is. And as far as voice goes, I think that our voices are most constrained when we are worried about us. And their most free when we are worried about those we serve and so making it to the extent possible and not about us, but about our deep concerns. That's authentic. Nursing's value, nursing's future, nursing's importance is fundamentally based in its relevance and its ability to make a difference and so I think you can be mouthy about stuff you care about. You need to be well informed. Now having said that, there is no better time for nursing and nursing's voice. There is no better time for... doors are open. So here's the question, can we walk through them? We've pounded on them long enough, but can we walk through them, will we walk through them and when we walk through them do we have something to say. So it's not just about opening the door, it's about what to say. I'm going to add one little piece to that which is that I think each of us are so urgent in what we want to do to make a difference that we need to also think about who can carry the water. And that you don't always have to carry the water yourself. Sometimes it's figuring out who the very best person is to carry water and put your message in that bucket and prop them up and help them move along the way.

Marilyn

it's really about health care team and who else can carry the water. And so isn't it great when physicians speak terrific about nursing care and I can't do my work without the nurses. It's very different when it's nurses saying, you've got to have nurses. You know people think that's our own interests. I think that's the challenge for us as a discipline is being very clear on our value, from not only the hard numbers ROI perspective but what is it that makes the difference in patient outcomes. And ultimately the population, because you know is going back to public health roots, the population of the people of the United States and globally, what will ultimately make a difference.

Marla

I think we've grown beyond where we were and one of the things that we, that at least was a point of frustration for me as sitting on the task force on healthcare reform, was that nurses presented as “single agenda people” who were all about preserving nursing. And that's not all nurses at all times. We were looking to be able to define what the contribution was that nursing could make to the health of the United States, to the people of the United States. And that ability to go beyond it's all about me to it's all about everybody is a very important piece. The other thing is that this is an electronic presidency. And our ability to weigh in electronically and to really use the new media, social networking, being part of that, and frankly... the greatest promise that we have is the exceptional quality of the next generation of nurses coming up. I mean it is very exciting because they are digital natives. They know how to use this stuff. For the rest of us, we got to get in with that because that is making a huge difference. People are moving away from print media, they are getting ideas and connecting digitally. We need to be a part of that. We need a good digital voice, a positive digital voice. And last piece of advice is that hang out with people who aren't nurses. I'm not saying stop hanging out with nurses. Read things that aren't nursing. Understand the contexts that we are in. What we are encountering every day is largely determined by the things around us and unless we understand, we can't handle what we are encountering every day.

CHAPTER 4: Applying a Global Perspective to Nursing

Marilyn

So tell us a bit about that international experience and what would be some lessons about that international experience that we should keep in mind since we're so global now. You know, think of the swine flu and how fast...

Marla

The international piece for me began very early and I think it probably related back to the fact that in my community, even though it was a very small community, it was a very international community, and so I guess having lived in a couple of other countries during my life, I began to understand that we are part of a greater world and that whether we knew it or not it had an impact on us and we certainly had an impact on it. The extent to which that balance has changed is phenomenal. The rest of the world is increasingly having a much greater impact on us than we are on the rest of the world, except from probably an environmental sense. So for me, the engagement globally was all about nursing as a global community.

We have the capacity to really benefit from what's been learned and models of doing things, and ways of doing things that can inform us. I will tell you that some of the best nursing I've ever seen practiced has been practiced with hardly a technological asset. It's been practiced in places that most of us could never imagine, but it is a fundamental reminder of what the essence of nursing is. Primary healthcare models that have been developed in resource poor countries are things we need to return to and think about. So for me, it is that national boundaries are pretty artificial, but professional commitment is global. And I've been really blessed to have that, that realization brought home to me over and over again. Over the last four years, I've had the privilege of working on a project that, with a national geographic photographer, as part of Lillian Carter Center, that has sought to document the challenges and contributions around the world with photography and with narrative. And the stories of nurses are universal. And to know that you're in... in a community that extends worldwide and to also know that the things we're experiencing for the first time others have lived with for generations. And to know we're not alone in that is really a very uplifting and very reassuring thing.

The question I would have for everyone here, and for you as well is that differences are frightening.

When there is absolutely utterly almost an autonomic response to difference and part of what nursing has... has done as it's professionalized, is created a certain sense of uniformity. That's not bad, you know we have professional ladders, we do a lot of uniformity, but what do we do and what does one do and what do you do to step over that line of embracing differences rather than walling ourselves off differences? For example, when a nurse comes from another country someone that we've recruited to work in our hospital, do we reach out? Do we ask someone to handle that absorption of that person? Do we socialize them? Do we become socialized through them? So how do we cross over that thing that keeps us... that is based in fear, so that we actually can engage in the things that make us richer? And I'm throwing it at you because I know you have lots of good answers about that.

Marilyn

I don't know about good answers but what comes to mind is the, the willingness to be open and to listen and to understand. To really seek to understand. And to remember that we all grow up with our own biases and our own context. But there are other contexts, clearly. So really to spend that time to understand that.

Chapter 5: Staying motivated through Tough Times

So how do you keep going in tough times?

Marla speaks;

I'm finding myself thinking back to... a lot, to what the years were like when my family was poor. And also to what the lessons were that my parents tried to communicate, which in many cases would have been your grand parents who tried to communicate about the years that they went through, you know the great depression. And um.... The things that I come back to over and over again are trying to figure out what really is important. We have become, we define ourselves so often by what we consumed rather than what we did. And so that returning to that sense of what really matters and you're seeing people do things now, I think it's actually very inspiring people are reaching in deeply and I actually think this is a moment to figure out what matters and to keep those close to you even closer. And to define meaning in terms of what you can do for others right now rather than what can be done for yourself. I don't know any better way to think of it. I think we are really really lucky to be nurses. We're lucky to be nurses, you know whether you're orbiting out into the space of great uncertainty right now, which most of us are in one form or another or you know exactly what you're going to do, you have capacities to not only continue a career, but to cope with things that a lot of other people don't. You know how to connect with each other, you know how to communicate. You know what stress is. You know about stress management. Now if you can overcome, that little personal barrier that we as nurses seem to have which is that all this good stuff applies to everybody else, plus we don't take care of ourselves and we don't take care of our own stress, but overcoming that barrier right now is probably a really important thing. But returning to what matters, and... figuring out which you really need versus what you want.