

FROM THE FLOOR

By Geneviève M. Clavreul, RN, PHD



JOURNEY OF A LIFETIME: Clavreul during her time in the Croix Rouge; after receiving her LVN licensure; and after receiving her RN licensure. (Photos courtesy of Genevieve M. Clavreul)

Lessons Learned

A veteran nurse shares stories from her journey

Life is full of lessons learned, and nursing is a career that gives ample opportunity to expand our minds and (hopefully) apply that knowledge for our betterment. My own journey has provided me with a plenitude of these lessons, and when confronted by a seemingly insurmountable problem I tried to rise to the occasion and take away both the knowledge and skills that laid the groundwork for future challenges.

My first such lesson came while I was still a teenager. I was a volunteer in the Croix Rouge (the French Red Cross) and served as a volunteer first aid worker. One of my most poignant memories of that time was providing care during the Hungarian War for Independence in 1955. Untold numbers of victims and refugees from this conflict sought sanctuary in Paris, where care was provided them in hastily constructed refugee areas.

This was not long after WWII, thus, at a very young age, I got to experience nursing at perhaps its most stressful. Just as in the aftermath of a catastrophe we learn what we're truly capable of accomplishing, I learned that I had an affinity for both nursing and leadership in those rushed, harried and emotional times.

I eventually put away my Croix Rouge uniform to focus on raising a family and being an Army wife, but it wasn't

long before nursing's siren call beckoned me back to the bedside. Thus began my American nursing journey.

The application process for my license inadvertently provided me with one of my first experiences in political activism. I had completed my studies and passed my LVN exam when I was confounded by a state law that prohibited granting a nursing license to non-U.S. citizens. Thanks to some of my nursing instructors, several friends, politicians and some research, I successfully challenged this law and won.

This experience that taught me several things: the importance of reading the small print; to never give up, because obstacles can often be overcome; to never turn down the help of family, friends, strangers or even politicians; and the importance of being informed on such laws as the Nursing Practice Act. By marshalling all three forces — especially relying on friends and family — I was able to keep my energies focused on overturning the Kansas state law that prohibited resident aliens such as myself from attaining our LVN licenses.

I landed my first paying job as a LVN in Texas (that's what they call LVNs there), where I continued my studies for an associate degree in nursing. It was the 1970s and I was in Bexar County, which, along with the rest

of the state, was still considered the Wild West. LVNs were afforded much greater latitudes than they are now, especially when we were teamed with RNs that were well acquainted with our skills.

My studies were again interrupted when our family was transferred to Georgia. Once settled into our new home I enrolled in the local community college and completed my associate degree coursework, then found myself as a head nurse at Columbus Medical Center. This is where I got my first taste of nursing management with the responsibility of opening and running our hospital's pediatric intensive care unit. I was tested and stretched in this role in many ways. The experience taught me that bringing good management techniques to nursing makes a difference in how the nurses perceive their role in the medical/nursing team dynamic.

When I decided to take on a full-time college studies load so I could receive dual bachelor's degrees in psychology and sociology, my nursing superiors and numerous physicians at Columbus provided me with the moral and intellectual support I needed. They continued their support when after that I pursued a master's degree in education so I could provide for my family as a newly divorced mother of four.

I often hear RNs complain about working long hours, forced overtime and working holidays. While it's true that nurses are often called upon to work many arduous hours — often with little “thanks” for their sacrifice — these long hours can be a boon to some. In my case, my nursing supervisor and peers at Bexar County knew I was carrying a full study load and that my husband was serving in Vietnam, so they accommodated my request to work 12 days on and 12 days off, which gave me time to study and to take mini-vacations with my children. I experienced this same understanding and compassion from my cohorts in Columbus; their support and caring was invaluable during my divorce and the subsequent establishment of myself as a single mother of four.

Both hospital environments provided me with an opportunity to pursue additional nursing and educational experiences, while also providing me a glimpse at peoples' “better angels.” When my petition for divorce became public — which took little time in this southern Army town — my nurse cohorts and the parents of my patients were champions in my fight for independence. My hospital's nursing administration allowed me to take

on much needed extra shifts to make money; and a patient's parent offered me a lease on a house she had ready to rent.

I continued my education and took every opportunity given me by our hospital/nursing administration and doctors to learn about hospital management. Then, when it came time for me to leave to pursue my education in

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all things nursing, those same nurses and physicians that had stood by me encouraged me to seek out a head-hunting firm so I could find my next step down my career path.

That step took me into the role of assistant director of nursing over maternal/child in Sioux Falls, S.D. Moving to South Dakota was not so much culture shock as climate shock as I relearned the meaning of “bone-chilling cold” and why you added a product called “heat” to your gasoline.

Sioux Valley Hospital was hardly some backwoods facility, as some might think. Our maternal/child unit covered a three-state area, which included several Native American Reservations. It had state-of-the-art equipment, its own helicopter, and technology and cutting-edge medical/nursing services that I wouldn't see again until I moved to Southern California. Even then, Los Angeles didn't catch up to what I had been exposed to at Sioux Valley Hospital for several years.

My time there taught me how marketing can and does make a difference in how the community — and our peers in surrounding hospitals — perceives us. Our hospital was the go-to hospital for the fragile neonate or any pediatric patient in need of cutting-edge medical/nursing care, but when it came to childbirth they almost always went to the hospital down the road.

It wasn't that this hospital had better nurses or doctors than ours, but they had a marketing plan that offered new mothers and fathers a steak dinner and champagne for choosing their hospital to deliver their little bundle of joy. Our nurses could have felt utterly discouraged that families were making such a critical

decision based on something completely unrelated to either the medical or nursing care. But instead they took pride in knowing that when these deliveries went sour we were the ones entrusted to care for these fragile neonates.

Neither Paris nor Topeka ever got as cold as Sioux Falls, and after the frigid temperatures cracked my engine block and froze my lungs (after an ill-thought-out decision to continue my jogging routine), I asked the headhunters to find me a new position. The only qualification was the climate had to be hot. This is how I found myself in Bakersfield, Calif., as the director of nursing at San Joaquin Hospital.

It was this vibrant nursing community that I credit with the fine-tuning of both my nursing expertise and my love of advocacy. California gave me my first taste of being a nursing educator and I explored a variety of

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nursing management experiences. It was also my experiences in the Golden State that exposed me to two important challenges.

In the first one, I had to fight for my nurses' right to fair and reasonable compensation. One day I found myself pitted against my hospital's management and a phalanx of their attorneys in court. I wasn't there to fight a fight of my own, but one where I took the side of my nursing staff against that of administration, which landed both parties in court.

Our hospital, much to my consternation, expected the nursing staff to clock in at the beginning of their shift and clock out at the end of their shift. I was very vocal to management about this method of tracking attendance, since I felt it was degrading to nurses as professionals. But my arguments fell on deaf ears until management was faced with a lawsuit over the malfunctioning time clock.

I had kept careful notes of my objection to the use to the time clock, and when it malfunctioned I carefully

documented the requests I made for its repair, replacement or removal. So when the nurses' lawsuit came before a judge I had no problem providing the plaintiffs with both testimony and evidence of the hospital management's failure to correct the problem, which resulted in the nurses being shorted thousands of dollars in pay.

The second challenge allowed me to see firsthand what nurses could accomplish when they rally together. Senate Bill 666 (Consolidated Nursing Reform Act of 1980) was the brainchild of then Governor Jerry Brown, who wished to expand of the concept of apprenticeships into the field of health care. Thus, Project Iatrogenesis was conceived, which resulted in the delivery of SB 666. The bill proposed numerous changes to the Nurse Practice Act, but the most contentious issue was the provision that allowed work experience and on-the-job training to be substituted for education as qualifications for RN or LVN licensure; in short, NAs could become LVNs, LVNs could become RNs and so forth.

When public hearings were called for SB 666, nurses from all over California came out to be heard on this issue. There hasn't been a time since that generated such an outpouring of nurses who spoke with nearly one united voice (a rare thing since getting nurses to all agree is like trying to herd cats). In the end, the bill was defeated.

Each nursing assignment, promotion and experience furthered not only my professional growth, but my personal growth as well. This is not to say there weren't moments when I wanted to hit my head against the wall from frustration. But I chose to meet the challenges head on, and rely on the network of nursing friends I have cultivated over the years. Their sage and knowledgeable advice and, more importantly, friendship has rarely failed me.

Nursing, as the saying goes, means many things to many people. Will you let yourself be defined as the disgruntled, unhappy nurse always complaining about our profession's shortcomings? Or will you be the engaged nurse who chooses to play a role in how our profession changes and grows? The research, studies, editorials and legislation are just background noise; the real meaning of nursing is what you to define it to be. **WN**



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