



# Newsletter



The Forum for Professional  
Nurse Leaders

Volume 12 Number 1

SUMMER 2020

## Greetings from the Chairperson's Desk



**Mr Fasie Smith**  
FPNL Chairperson

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The new year dawned upon us with pace and before a wink of an eye we find ourselves at the end of January. We have come to accept that time goes fast and accept that we cannot change or turn back time. Every opportunity missed is an opportunity lost! The habit of reflection is a very good tool to reflect on all the opportunities and maybe write down the ones that really should not have been missed. Bring them back into your list of outstanding issues, remembering to be very realistic with what you will be able to make time for, or even better, fit it into the current time that you have available.

Introspection on 2019, brings serious pressing issues to mind:

1. 2020 has been declared as: **“The year of the Nurse and the Midwife” by the World Health Organization.** The announcement of this initiative has come with great excitement and anticipation. All over the world and indeed in SA and the individual employers many activities are planned to first of all celebrate nursing, but also focus on the challenges of nursing globally and here in our own country.

Let us be able to introspection at the end of 2020 and be able to list significant progress that we made in this year when we have the attention of the world focussed on our profession. Let us be bold, speak openly, travel with the facts, collaborate and agree and use all our energy to align activity and work. We need to get away from the cliché: “do not re-invent the world”

2. The legacy qualifications has seen its last intakes and many of the Nursing Education Institutions have been preparing and have obtained accreditation to offer the new qualifications (R174, Degree as

Professional Nurse and Midwife; R171, Diploma as a General Nurse; and R169, Higher Certificate as Auxiliary Nursing).

It remains disturbing that no finality has been reached about the post-basic or post graduate diploma in the nursing specialist nursing disciplines. This in the light of the fact that the burden of disease has not changed at all, with nursing being unable to meet acceptable standards of care and treatment that affect the healthcare of individuals and communities. To date the SANC has only put out the regulations for the advanced diploma for education and training of Midwives. Huge shortages remain in the specialist areas such as critical care areas (adult, paediatric and neonatal ICU). We are still faced daily with the issue of critical care units functioning without one trained ICU nurse on the shift. This whilst we know, and enough evidence exists that the clinical outcomes of patients are seriously compromised. The net effect is that litigation is increasing, costing more and more money whilst the reputation of the profession are further being dragged to levels never seen before.

3. The implementation of the National Health Insurance has now been legislated and the progress made, nor the results of the pilots that was done has not been communicated and thus not clear. Much debate is still around regarding the funding and the participation of Private Healthcare in the system. The discussions and planning are

*Continue on page 4*

# Coronavirus warning to SA

The World Health Organization (WHO) has declared the current outbreak of a novel coronavirus (2019-nCoV) a global health emergency. It was first reported from Wuhan, China on 31 December 2019. At the time of finalizing this newsletter, deaths have globally totaled 724 with 34,886 people infected by the virus - and spreading fast.

The virus has spread to many countries and this has led to a growing number of nations isolating China and its people by imposing travel bans. And cancelling flights. The increasing spread of the virus is also nearing South Africa with Ivory Coast, Ethiopia, Kenya, Angola and Botswana reporting suspected victims of the coronavirus. A traveller arriving in Gaborone on an Ethiopian Airways flight from China was placed in quarantine at the end of January 2020. In South Africa 20 people are tested daily, but no confirmed cases as yet.

## What is 2019-nCoV?

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as MERS and SARS. A novel coronavirus is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.

Scientists say that the original source of the Wuhan 2019-nCoV may be a certain type of snake, but infectious disease experts say it is more likely to be a bat (Chinese horseshoe bat). Bats have long been seen as a biological super villain which harbour a host of viruses. Both snakes and bats are used to make a popular soup. While it is said that the origin of the virus has been traced to a market in Wuhan, scientists say this is not correct. To date it is not clear where the virus comes from.

## The common signs of 2019-nCoV

Common signs of infection, very similar to colds and flu, include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

The fact that it is summer in the countries in the southern hemisphere are beneficial as the signs and symptoms of colds and flu are not common during the summer months. The combination of winter flu season and coronavirus makes the situation extremely challenging.

## Standard precautions to prevent spread

Standard recommendations to prevent infection spread include regular hand washing, covering mouth and nose when coughing and sneezing, thoroughly cooking meat and eggs. Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.

## Readiness in South Africa

Hospitals around South Africa have prepared isolation rooms for patients suspected of having coronavirus and each province has designated one or more hospitals as emergency centres.

Designated hospitals for managing 2019-nCoV		
Province	Designated hospital	Referral hospital
Limpopo	Polokwane Hospital	
Mpumalanga	Rob Ferreira Hospital	
Gauteng	Charlotte Maxeke Hospital	Charlotte Maxeke Hospital
	Steve Biko Hospital	
	Tembisa Hospital	
KwaZulu Natal	Greys Hospital	
North West	Klerksdorp Hospital	
Free state	Pelonomi Hospital	
Northern Cape	Kimberly Hospital	
Eastern Cape	Livingstone Hospital	
Western Cape	Tygerberg Hospital	Tygerberg Hospital

While the Minister of Health has indicated that there is no reason for concern and that South Africa is ready and prepared to deal with an outbreak of the 2019-nCoV, experts do not seem to agree with this. This new virus is overwhelming the hospitals in China who have built a hospital in 8 days to deal only with the nCoV patients. Scientists indicate that the Chinese are not being honest about the extent of the disease. The South African health system is regarded as weaker and far less accessible to the majority of the population. Therefore it is said that a coronavirus epidemic will cripple the overburdened and under resourced health system in the country. These views resulted in this cartoon published in the Sunday Times at the beginning of the month.



## References

- Department Health. Remarks for Minister Zwelini Mkhize Press Brief: Update on the Coronavirus
- EurekAlert! News Release 29-Jan 2020. The Lancet: 2019 novel coronavirus is genetically different to human SARS and should be considered a new human-infecting coronavirus. From: [https://www.eurekalert.org/pub\\_releases/2020-01/tl-pss012920.php](https://www.eurekalert.org/pub_releases/2020-01/tl-pss012920.php)
- Hunt, K. Bats, the source of so many viruses, could be the origin of Wuhan coronavirus, say experts. From <https://edition.cnn.com/2020/01/29/health/bats-viruses-coronavirus-scn/index.html>
- Sunday Times 2 February 2020. Opinion page.

**2020 Conference - Save the date!**

# **Professional Practitioner Conference**

**When:** 31 July – 2 August 2020

**Where:** Gauteng

**Who:** Professional Nurses & Midwives

**Venue:** Johannesburg

**Registration information follow soon**



*Hosted by professional societies:-*

*ANSA, AHASA, APPSA, ENSSA, FPNL, NNASA, NEA, GONA, PNA, SOMSA,  
SPNP, SASOHN, SAUNA, & OFFICE OF THE CNO*

The year 2020 has been declared the International Year of the Nurse and Midwife. In celebration of this momentous declaration, the decision has been to get the professional societies in nursing, which includes the FPNL, to come together to host a conference. The number of societies has increased to 14 .

As part of the celebrations, there will also be a special award for 2020 to celebrate the contribution of nurses and midwives in their particular field of nursing practice. The usual awards done by the different participating organisations will continue to be awarded.

## **2020 Leadership Awards**

*The Forum for Professional Nurse Leaders (FPNL) has a long history of recognizing the leaders amongst us. One of the highlights of the biannual conference is the leadership awards*

It is time for the FPNL Leadership awards that is awarded biannually with the conference proceedings.

**There are three categories that nominations can be received for:**

1. FPNL member that has excelled in leadership in her / his area of practice
2. Non – FPNL member that has excelled in leadership in her / his area of practice
3. A young FPNL member that has excelled in leadership in her / his area of practice

Invitations to nominate will be sent out soon. Who are you going to nominate?



From page 1

continuing, but the one aspect that is clear from a Nurse Leadership point of view is that we are going to need many, many more specialist nurses combined with exceptionally strong leadership to bring all the role players around tables to discuss and agree on order not to miss resource that can contribute to make the lives of all SA citizens better.

3. I would miss a crucial issue that require mentioning at the beginning of this year that is of huge concern to me, but I know there are many other nurse leaders that share my opinion. There appear to be a general feeling of apathy, despair and negativity around the issues of the delivery of healthcare in SA, but also about nursing as a profession, its current state and its future. As the Chairman of the FPNL I see it in our organization, the strongest indicator being that the members of this organization that is now 23 years old, do not pay the annual membership fee, that is needed to run the business of the organization. I

therefore make and appeal that we make a concerted effort in all the regions to urge our members to pay the annual membership fees. Without it the Executive Committee runs the organization out of their own pockets and we know that that is not sustainable over the long term.

I am delighted to announce that we have engaged with other organizations in Nursing to put together a joint conference from 29 July – 2 August 2020, at the Hyatt Hotel, Rosebank, Johannesburg. Our efforts are directly linked to the objectives of the “Year of the Nurse and Midwife” celebrations in 2020.

May I take this opportunity to wish all our members a very productive 2020, stay involved, informed and work for our profession at every opportunity you have.

I hope to see you all at the conference from 29 July – 2 August 2020.

*Fasie Smith*

## Time for renewal in 2020

Invitation to participate:  
Design a logo

Following the strategic planning meeting in 2019, the Forum for Professional Nurse Leaders, or FPNL as it is better known, has reconsidered its vision and purpose.

It was agreed that the role of the FPNL is:

***FPNL is an organisation that enhance, promote, strengthen and maintain nursing leadership in Southern Africa.***

Win a prize by participating in this competition to

develop a new, modern and striking logo for the FPNL. Provide an explanation of your proposed logo and its meaning. The logo should depict leadership.

Send your contribution to [info@fpln.co.za](mailto:info@fpln.co.za) together with your name, email address and cell phone number.

We look forward to hearing from you!

**Closing date: 31 March 2020**

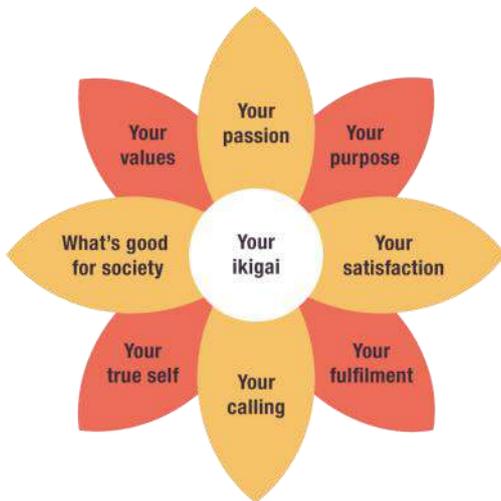
# Ikigai - What is your Why?

Ms Frances Ganges, J&J, the motivational speaker at an awards function, challenged us all about our reason for getting out of bed in the morning to do what we do - and to reflect on how we do it.

## Background

Your “why” is what makes you get out of bed in the morning. It is what drives you and gives you purpose. It uses your God-given talents and abilities to do so. A clear sense of purpose enables you to focus your efforts on what matters most.

Knowing your *why* is an important first step in figuring out *how* to achieve the goals that excite you and create a life you enjoy living (versus merely surviving!). Indeed, only when you know your ‘why’ will you find the courage to take the risks needed to get ahead and stay motivated - even when you face challenges. German philosopher Frederick Nietzsche once said, ‘He who has a *why* can endure any *how*.’ Recent studies show that lacking a sense of purpose can be detrimental to your health.



## Main points

Take some time to think about:

- o Why did I become a nurse/educator/midwife? •
  - ◆ Was it due to family pressures? To earn money? To get ahead in life? Because that was the course I could qualify for?
- o Do you enjoy your work? Does your job give you genuine joy and satisfaction? Do you wake up excited to go to work? Or are you just looking toward the next salary?
- o If we omit the money factor - if you had all the money you need, what type of work would you choose to do? The answer to that may be your “why” - your purpose.

## Not living your purpose?

If we are not living our purpose, then we are often miserable, grumpy, irritable, etc., and that often is reflected in the way we treat others

- o We say we are “compassionate nurses” - how is that

reflected in the way we treat others (patients, colleagues, neighbours, family). Are our lives and mannerisms reflecting compassion (gentleness, mercy, grace, love)?

- ◆ Example: will we do anything to “get ahead” (e.g. job promotions) - treating others badly no matter what, just to get ahead?
- ◆ Do we judge and treat others differently because they are of a different background, ethnicity, tribe, belief system?
- ◆ How does our own faith play into this? Example: In Christianity, we learn that the best way to demonstrate the love of God is by how we treat one another

o If deep down inside, we are depressed, unhappy, and unfulfilled, then it is a good sign that we need to stop and think about our “why”

## And our relationships?

What about our relationships? With our children/family/spouse? Is our family part of our “why”? We often say that they are but...

- o How do we treat them?
- o Do we think of them as just serving our needs?
- o Are we so busy earning money to put our children through “good” schools, that we don’t take the time to engage with them, treat them as human beings who need our support, love, understanding and discipline?
- o What about our spouses? Are women seen as just objects to meet your needs? Are the men just supposed to work and bring home money?

- ◆ We all need patience, love, gentleness, kindness - is this how we treat our spouses? Do we make time to love them and be with them?

## Time to look inward

Perhaps we need to take some time to look inward - time to reflect on your “why”, your purpose(s) in life. Pray about how to best use your gifts and talents.

- o This may mean taking some bold steps:
  - ◆ Perhaps you need to change careers; return to school; change jobs; move to a different city neighbourhood or country
  - ◆ Perhaps you will be motivated to take a job closer to home or with reduced hours in order to spend more time with your spouse and families - particularly during the children’s formative years.

- ◆ Perhaps it just means staying where you are but changing your attitude; changing the way you think about yourself and others.

### Is your work situation your why?

If your current work and home situation is your “why” – then grow yourself? Innovate yourself! Invest in continual improvement of yourself. (continue on page 10)

(from page 9)

- o When you are genuinely fulfilled, this is almost always reflected in how you appear to and interact with others
- o When you are happily living your purpose, it also is reflected in how you treat yourself (e.g., health, well-being).
- o "We don't get burned out because of what we do. We get burned out because we forget why we do it." (Jon Gordon – motivational speaker)

### The concept of Ikigai

The Japanese concept of *Ikigai* is roughly translated to mean “the thing that you live for” (Iki -means ‘purpose’ and ‘gai’ means life)

- o It encompasses the idea that happiness in life is more about money or a prestigious job title
- o Figuring out your ikigai does not happen overnight - it is a process that takes time and reflection. It requires deep self-exploration and reflection

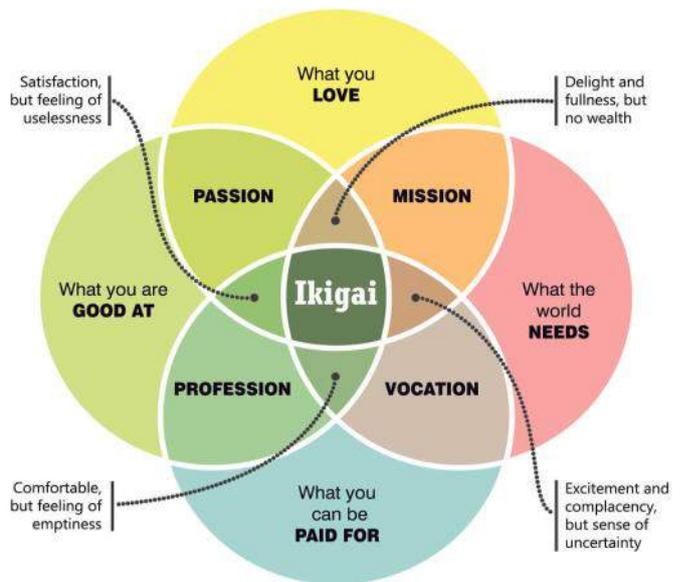
### Resources

There are many articles, videos and resources on the internet. A simple search of “what is your why” will yield hundreds of resources. Here a just a few to get started.

The Japanese concept of *Ikigai* is a formula for happiness and meaning

## Ikigai

A JAPANESE CONCEPT MEANING "A REASON FOR BEING"



<https://medium.com/better-humans/the-japanese-concept-ikigai-is-a-formula-for-happiness-and-meaning-8e497e5afa99>

Sense of purpose in life linked to lower mortality and cardiovascular risk <https://www.sciencedaily.com/releases/2015/12/151203112844.htm>

Everyday mindfulness linked to healthy glucose levels <https://www.sciencedaily.com/releases/2016/02/160223132541.htm>

Purpose is life-changing. Find out your why <https://medium.com/personal-growth/purpose-is-life-changing-find-your-why-210b2dda3deb>

Know your why: what is your purpose <http://www.jongordon.com/positivetip/know-your-why.html>

## CANNABIS AND HEART HEALTH

An observational study concluded that regular recreational use of cannabis is associated with potentially adverse features of left ventricular size and subclinical impairment of left ventricular function, compared with rare or no cannabis use. Previous use of recreational cannabis was not associated with such features, suggesting that any deleterious effects may not be permanent.

It was indicated that these are early data which included a relatively small group of regular cannabis users, and the changes detected were subtle. They advise that regular users of cannabis may wish to reduce their intake until further systematic research becomes available which will hopefully provide further insight on the long-term effects of recreational cannabis use.

### Disagreement

However, there are those who disagree with the authors' conclusion that healthcare professionals should caution patients on regular use of cannabis. It is said that the very brief manuscript describes a poorly controlled, FPNL Page 6

observational study suggesting differences in cardiac structure and function in regular cannabis users. The findings are unreliable as there were only 47 regular users, and no amount of adjustment can correct for imbalances in the study groups. To conclude that healthcare professionals and policy makers may need to advise caution on regular recreational cannabis use, is not warranted based upon these limited data.

### Caution

An addiction psychiatrist warns that cannabis has not been properly studied and that regular use can have serious health side effects. It has been shown before that the frequent use of marijuana increased the risk of MI and hypoxemia, but a direct pathological effect on the heart has not been shown until now. More studies are required.

From [https://www.medscape.com/viewarticle/923220?nlid=133293\\_2823&src=WNL\\_mdplsnews\\_200103\\_mscpedit\\_nurs&uac=306894FK&spon=24&impID=2232252&faf=1](https://www.medscape.com/viewarticle/923220?nlid=133293_2823&src=WNL_mdplsnews_200103_mscpedit_nurs&uac=306894FK&spon=24&impID=2232252&faf=1)



Happy 2020 FROM Jhpiego – this is YOUR YEAR TO SHINE. January 1 kicked off the International Year of the Nurse and the Midwife and Jhpiego has lots planned to celebrate your leadership and commitment to equitable, respectful and quality health care for women and families worldwide.

Check out our special website at [www.yearofthenurseandmidwife.org](http://www.yearofthenurseandmidwife.org), and our first ever #NursingInFocus Photo Contest. Please use this opportunity to share news of the contest with nursing/midwifery colleagues at ministries, in health centres and throughout the field. We want to visually capture the many roles of nurses and midwives – leader, educator, healer,

mentor, innovator -- and, in partnership with ICN and Nursing Now, we feel you are the best ambassadors. The contest offers \$2,500 in prizes!

Here is an update of the submissions already received:

- Over 50 people have entered from around the world!
- Almost 150 photos have been submitted.

We are seeing more engagement on Instagram and Twitter over Facebook.

Please share the link and the attached photo tiles to encourage nurses and midwives to join the contest via <https://yearofthenurseandmidwife.org/join-the-contest/>

## RED CARPET FOR PEEZY MIDSTREAM

At the Academy Awards in February, some big Hollywood stars were going to receive a novel urine collection device in their Oscars gift bags.

The modified urine cups are going into the gift bags of this year's 25 acting and directing nominees. The device, a modified plastic cone that captures only the middle of the urine stream in a standard 10- or 30-ml tube, is called the Peezy Midstream. It is claimed to fix many of the problems with urinary tract infection (UTI) testing. But physicians say the research behind the device may not yet have caught up with the promotion.

Existing urinary collection methods are messy and don't guarantee that a patient will provide an uncontaminated midstream sample, said Giovanna

Forte, CEO of Forte Medical, the UK-based company behind the device. Forte's physician brother invented the Peezy Midstream as a simple diagnostic tool that would provide a clean sample for a more accurate diagnostic test. An uncontaminated sample would aid physicians in making better and more targeted UTI treatment decisions, Forte said.

Read more about this device at

Mock, J. Medscape Medical News at [https://www.medscape.com/viewarticle/924158?nlid=133628\\_2823&src=WNL\\_mdplsnews\\_200124\\_ms\\_credit\\_nurs&uac=306894FK&spon=24&implID=225520\\_2&faf=1](https://www.medscape.com/viewarticle/924158?nlid=133628_2823&src=WNL_mdplsnews_200124_ms_credit_nurs&uac=306894FK&spon=24&implID=225520_2&faf=1)



The Forum for Professional Nurse Leaders

# 2020 FPNL Membership R350 per annum

It is time to renew membership for 2020, so remember to do so! Current members can do so by just paying their fees to the FPNL bank account:

Please use your FULL name and region or FPNL number as reference with your payment. If at all possible, send proof of payment to Adri O'Neil at [fpnleaders@gmail.com](mailto:fpnleaders@gmail.com)

### Update your information

Bank:	First National Bank
Account Name:	Forum for Professional Nurse Leaders
Branch:	Johannesburg, Main street
Branch Number:	251 705
Account Number:	506 001 626 69
Account Type:	Current (Cheque)

Please ensure that your personal details are updated - please complete the membership registration form if your details have changed and send to Adri O'Neil at [fpnleaders@gmail.com](mailto:fpnleaders@gmail.com)

### Please provide personal e-mail address

All members are kindly requested to provide a personal e-mail address for inclusion on the FPNL database as many of the workplace e-mail addresses reject mail from the FPNL, especially if the mail contains an attachment.

### New members

This can be done on-line at <http://fpnl.co.za/web/about-us/registration-form> or the membership form can be downloaded, completed and mailed to Adri O'Neil at [fpnleaders@gmail.com](mailto:fpnleaders@gmail.com)

*FPNL events for members - check the dates with your regional Committee and remember to attend!*

**Border**

**PE**

**Free state and Northern Cape**

**Gauteng South**

**Gauteng North**

*15 February - Happiness workshop*

**KZN**

**Western Cape**



The Forum for Professional Nurse Leaders

## 2020 FPNL Conference

**Save the date and watch this space!**

**NEW**

## PE CHAPTER ESTABLISHED

The Port Elizabeth Chapter was launched at a seminar at NMU co-hosted by the NEA PE Chapter. The theme was "Christmas in July". The day was well attended with delegates having great fun!



# CAN WEARING MASKS PROTECT FROM 2019-nCoV?

*With mounting concern about the new coronavirus (2019-nCoV) from China, many people are trying to figure out the best ways to protect themselves and their loved ones from infection.*

Two big questions many people have are: Will wearing a face mask keep us safe? And if so, what kind?

## Protective measures

The most important thing to understand is that researchers are still trying to work out the ways that this new coronavirus is transmitted. In the meantime, the best advice based on CDC recommendations is to:

1. Wash your hands thoroughly regularly throughout the day
2. Avoid touching your eyes, nose and mouth with unwashed hands.
3. Avoid contact with people who are sick.

This advice will help protect you from a whole host of infections, including 2019-CoV.

## Facemasks

Face masks can play a role in preventing the infection, but that role is limited in real world situations. There is some evidence that wearing a face mask can protect you from transmitting the virus from your hands to your mouth, probably because you are paying more attention to NOT touching your face when you're wearing it. You also have some protection from "splash" droplets if an infected person sneezes or coughs around you.

## ? Sense of security

The biggest concern that doctors have around recommending masks is the false sense of security that might come along with wearing one. There are a lot of reasons why face masks are not ideal. For example, it's really hard to find one that fits perfectly around your nose

and mouth or to keep it on for a long period of time. The minute you scratch your nose or touch your mouth behind the mask, you've lost the protection that the mask is supposed to offer.

In medical settings, there are very specific guidelines about when to use masks and what kind of protection to wear depending on the type of infection patients have

## Caring for those with infection

While researchers continue to learn more about how this new coronavirus spreads, the recommendations around masks focus on people who have the infection or are highly likely to be exposed. People who have the infection or are at high risk for being exposed should wear a surgical face mask. Anyone caring for someone infected in a medical setting should wear a respirator mask as part of airborne precautions.

## For the rest of us

For the rest of us, the best protection — hand washing, avoiding sick people, and not touching our face with unwashed hands — also helps prevent colds and the flu. If you choose to wear a surgical mask, make sure you have the best fit possible around your mouth and nose. Properly dispose of the mask and put on a new one anytime someone coughing or sneezing around you contaminates it.

It is also incredibly important to share your travel history with your doctors and reach out for early medical help if you have a fever, cough, trouble breathing.

## Reference:

Medscape — accessed at [https://www.medscape.com/viewarticle/924531?nlid=133731\\_2823&src=WNL\\_mdplsnews\\_200131\\_mscpe\\_dit\\_nurs&uac=306894FK&spon=24&impID=2263090&faf=1](https://www.medscape.com/viewarticle/924531?nlid=133731_2823&src=WNL_mdplsnews_200131_mscpe_dit_nurs&uac=306894FK&spon=24&impID=2263090&faf=1)



## Book Review by Nelouise Geyer

**Blink** by Malcolm Gladwell, Penguin Books

Blink is about the Power of Thinking without Thinking - strange indeed! But when you start reading the many examples he provide, you realize that this is indeed what happens with us, especially as nurses with our patients.

### **The statue that did not look right**

In 1983 an art dealer approached the J. Paul Getty Museum with a marble statue he said that dates from the sixth century BC. It was what is known as a kouros of which there are only about 200 in existence. Most were badly damaged or found in fragments from grave sites or archaeological digs. After 14 months' investigation it was agreed that it was the same as the others and it was bought.

The problem was that it did not look right. An Italian art historian was the first to point this out when he saw the statue for the first time - he just had a hunch that something was not right. He stared at the fingernails and they seemed wrong. The next curator had the same feeling - the statue seemed "too fresh" for such an old statue. Another investigation was initiated and the previous investigation's evidence started falling apart. It appears that the surface of dolomite marble can be "aged" in a couple of months with potato mold. The statue was a modern forgery.

This book is about those first two seconds. The part of the brain that jumps to such fast conclusions is called the adaptive unconsciousness - one of the most important new fields of study in psychology.

### **The theory of thin slices: How a little bit of knowledge goes a long way**

We require only a thin slice of information to make a judgement. 'Thin slicing' refers to the ability of our unconscious to find patterns in situations and behaviour based on very narrow slices of experience. This is explained with a theory by Gottman using a SPAFF chart with 20 emotional states to analyse the conversation between married couples. With this analysis he could predict which marriages were going to end in divorce.

### **The locked door: The secret life of snap decisions**

Here a former tennis coach just 'knew' when a player was going to make a double fault before he hit the ball. He

could not work out how he did it - the evidence he used to make his snap decision seemed to be buried deep in his unconscious. Snap decisions are enormously quick and rely on the thinnest slice of experience.

### **The Warren Harding error: Why we fall for tall, dark, and handsome men**

This chapter considers the dark side of decisions we make in the blink of an eye with selections we make for leadership positions, or appointments in the workplace with case studies and some exercises. Our first impressions are generated by our experiences and environment. We can change the way we thin slice by changing our experiences that comprise those impressions.

Space does not allow to provide more examples, but in short the following follows:

### **Paul Van Riper's big victory: Creating structure for spontaneity**

This chapter gives a fascinating review of the ability to create the conditions for successful spontaneity.

### **Kenna's dilemma: The right - and wrong - way to ask people what they want**

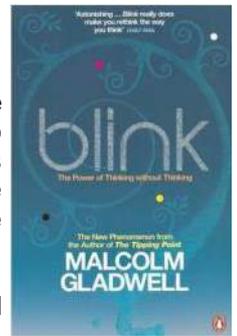
Understanding what people really want, requires a more searching exploration of the intricacies of our snap judgements - such as with opinion polls.

### **Conclusion. Listening with your eyes: the lessons of Blink**

We are often careless with our powers of rapid cognition. We do not know where our first impressions come from or precisely what they mean - we don't appreciate their fragility. We have to acknowledge the subtle influences that can alter or undermine or bias the products of our unconscious.

The book concludes with an afterword.

Fascinating and worthwhile reading that makes one think about your quick decisions and opinions!



## A thought for the season.....

If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

- John Quincy Adams -

## Newsletter Production Team

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