The Forum for Professional Nurse Leaders

# Newsletter

Volume 13 Number 1 SUMMER 2021

## Greetings from the Chairperson's Desk

*Dr Suseth Goosen*
*Chairperson*

INSIDE THIS ISSUE



There was a question on a social media page asking if nurse managers should also work with the COVID patients or only attend to the paperwork. Some nurses indicated that they have absent leadership on the patient floor while others indicate that their leadership and management were next to them taking care of patients. This question leads to some reflection on how managers lead their teams in this pandemic we are facing.

Nursing leaders became many hospitals and communities' lifeline. It becomes a nurse leader's responsibility to focus on staff and patient outcomes and organise the work.

*Leadership is defined by the Oxford dictionary as: "the action of leading a group of people or an organisation" while the verb lead means "...to go with one by holding them by the hand... etc. while moving forward".*

Looking at these definitions, it becomes imperative for nurse leaders and managers to work with their teams and followers. The nurses and the community are fearful, tired and unsure. Nurses leaders are just as unsure of what the future holds in store, but you cannot now show your weakness or how tired you are. You are the motivation and the beacon that leads the way. Walking in front shines the light on you. Practice what you preach while everyone is looking at you.

Leaders practice what matters culturally and foster trust in the organisation. If nurse leaders did not have empathy, listening skills, the trust of their teams and patients, and the ability to communicate, manage, and lead, work suffered or at times did not get done at all. Nurse leaders and teams at all levels must develop capabilities that enable them to work and lead effectively while supporting the human needs and representing the nursing culture of caring.

A Harvard review blog (https://hbr.org/2020/07/5-tips-for-communicating-with-employees-during-a-crisis) that discusses tips for communicating with employees during a crisis) highlights the following guidelines:

1. Communicate frequently and clearly to reduce fear.
2. Provide safe channels for feedback and keep confidences.
3. Provide resources for employees to remain productive, whether on-site or off-site.
4. Address concerns about job security
5. Provide a plan for the future by sharing strategy and plans for the future.

As a nurse leader, let us know how are you leading your team, how do you foster trust, how did your communication change since in the last year?

***Together with the superheroes we pay tribute to the nurses in clinical practice for their major contribution in the fight of the pandemic!***

***Acknowledgement: @vivekdahiyao6 (Twitter)***

# SCARIEST HEALTH THREATS IN 2020

*The infection Control Consulting Services (ICCS) is a team of consultants providing nationwide services to healthcare and non-healthcare sectors in the USA on evidence-based infection prevention and control programmes. They identified the top threats to healthcare in 2020. What was your list for 2020?*
*Information shared by Xana Jardine*

The Infection Control Consulting Services (ICCS) have shared what they believe to be the 10 of the Scariest Healthcare Infections and Threats in 2020. Do you agree with this list?

**1. COVID-19**
Needs no comment - it locked down the world impacting economies and nations.

**2. PPE shortages**
The shortage of PPE has been a global challenge with staff having to decontaminate used disposable masks and other equipment increasing the risk of transfer of the virus and resultant death. In South Africa we had the aggravating factor of fraud and the provision of substandard PPE putting staff at even greater risk.

3**. Drug shortages**
In the US drug shortages has been a challenge, but for us the shortage of equipment, enough specialised staff and beds for patients have been a greater problem.

**4. Antibiotic-Resistant Bacteria**
Antibiotic– resistant bacteria is described by the CDC as one of the biggest public health challenges of our time - another pandemic-level health threat.

**5. Misinformation**
Misinformation seems to be a global problem and in South Africa dangerous myths have been circulating regarding the prevention and treatment of COVID-19 and vaccines.

**6. Suboptimal hand hygiene**
The pandemic has emphasised the importance of hand hygiene and hopefully we have all been complying. CDC points out that on average, healthcare providers clean their hands half of the time they should.

7. **Unsafe injection practices**
This is an avoidable threat, but remains high on the list of threats as healthcare providers due to exposure to blood-borne diseases.

**8. Sterile processing failures**
This refers to cleaning, disinfection and sterilization of devices which can have devastating effects on safety and health if not dealt with properly.

**9. Sepsis**
According to a study published in Lancet, 20% of annual worldwide deaths are attributable to sepsis as a cause or a contributing factor.

**10. Home-laundered scrubs**
ICCS strongly advise against home-laundered scrubs as this is a process that cannot be controlled and therefore holds potential safety risks that are not worth taking.

**What is yours?**
What were your scariest healthcare risks and threats?

The full ICCS report can be accessed at
https://www.iccs-home.com/news/2020/10/28/10-of-the-scariest-healthcare-infections-and-threats-2020

# HOT CHILI PEPPERS AND MIDLIFE QUALITY

*Research has linked hot chilli peppers with better midlife survival*

Chili-peppers are well known for their anti-inflammatory, antioxidant, anticancer, and blood glucose regulation effects.

A meta-analysis of four geographically diverse observational studies have found that a higher intake of any type of chili pepper was associated with a lower rate in all-cause, cardiovascular, and cancer mortalities. This was found during a 7 - 19 year follow-up of 570,764 subjects of mainly middle aged adults. All-cause mortality was studied as the primary endpoint, and cardiovascular, cerebrovascular and cancer-related deaths were studied as secondary outcomes.

This only shows an association and no causal relationship has been established.

**Reference:**

Kaur, M. et al. 2020. P1036—Impact of Chilli-pepper intake on ALL-case and Cardiovascular Mortality - a Systematic Review and Meta-Analysis. AHA Scientific Sessions, https://www.abstractsonline.com/pp8/?&_ga=2.247350852.11401197.1601999658-974688962.1581616096#!/9144/presentation/39489

# IVERMECTIN & COVID-19

***In vitro results about the ivermectin and SARS-CoV-2 published by Caly et al. has created a hot public debate dividing the public in two groups with extreme opposite views***

As we are all aware, the debate taking place in South Africa is no different from the global prevalence of extreme opposite views, distrust and disinformation with anecdotal evidence that the drug is in any case being sold in South Africa on the black market.

**Origins of Ivermectin**

Ivermectin is an anti-parasitic drug developed in the 1970s. It became a popular wonder drug or "Blockbuster" drug in the veterinary field based on its broad spectrum effect against a wide range of parasites including gastrointestinal roundworms, lungworms, mites, lice, hornflies and ticks in commercial livestock and companion animals. Once the drug was commercialised, it was noticed that *Onchocerca cervicalis,* a round worm infestation sometimes affecting the eyes of horses practically disappeared.

During the 1970s the world was waging a war against river blindness (onchocerciasis) caused by a parasite (*Onchocerca volvulus)* in rural areas that crippled many communities. This lead to efforts to test Ivermectin in humans ending in approval by French regulatory authorities early in the 1980s followed by donations of Ivermectin treatments to eradicate river blindness. The programme was later extended to include Lymphatic filariasis which cause elephantiasis.

In the USA Ivermectin is an FDA-approved drug for humans marketed and used for intestinal parasites; in Europe its used against Lymphatic filariasis and scabies, and in Australia for treatment of severe crusted scabies. It has also been used with partial efficacy for other types of parasites and even to reduce malaria.

**Additional research**

Ivermectin is safe when used for current indications at the currently approved doses, but can lead to encephalopathy and death where high doses are used. It has anti-viral properties as it inhibits the replication of several RNA viruses including SARS-CoV-2. However, there is equipoise on the use of the drug during Covid (ie there is reasonable doubt whether a drug might be used or not). In view of the global concern about the COVID-19 pandemic, testing of Ivermectin against SARS-CoV-2 in clinical trials is warranted as several factors can play a role in its effectivity, such as immunity, viral load and the ability of ivermectin to modulate the immune response. Research is required to obtain data on the efficacy and safety of use of Ivermectin in humans.

**The case in South Africa**

Both the FDA guidelines and the South African Health Products Regulatory Authority (SAHPRA) indicated that Ivermectin should not be used as preventative therapy for COVID infection. The drug has never been banned in South Africa, it has just not been registered for human use as it is mainly used for tropical diseases not prevalent in the country. In South Africa it is only used as a livestock drug. Because of its 'illegality' for human use, it has become a highly sought after drug on the black market where a relatively cheap drug is currently selling as a very expensive product.

However, on 27 January 2021 SAPHRA announced that it will allow a controlled compassionate use of Ivermectin to treat Covid-19. They made it clear that their position does not change around the lack of availability of larger scientific data. The current data available is insufficient to provide convincing evidence about its efficacy and more large scale clinical studies are needed.

The regulator had in-depth discussions around the context in which we find ourselves in a pandemic with limited options. The hope was expressed that controlled access will enable proper use of the drug and limit the black market.

The programme for controlled compassionate use of Ivermectin will be made available soon that will allow medical practitioners to prescribe the drug for specific patients and to provide SAHPRA with the specific details of the patients, the dosage prescribed and an online platform to report this data. This will allow the collection of particularly safety data while the availability of better data from scientific studies currently underway is awaited.

**Authorisation to hold bulk stock**

A licensed healthcare facility (hospital or pharmacy) or a medical practitioner who holds a Section 22C(1)(a) dispensing licence may apply for authorisation via the Section 21 online submission portal facility to hold emergency stock of an Ivermectin product obtained from an authorised importer. The intention of this authorisation is to limit the possible delays between obtaining Section 21 approval for an individual, named patient, and accessing the Ivermectin product requested. Applicants for authorisation are also required to notify Sahpra of the submission of applications for individual named patients by sending an SMS to 072 134 4546 and 063 771 8906.

The public is warned to be careful about self-prescribing Ivermectin as there was still too little data on its efficacy.

**Reference**


Caly, L et al. 2020. The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 *in vitro. Antiviral Research,* 178. 104787. https://doi.org/10.1016/j.antiviral.2020.104787

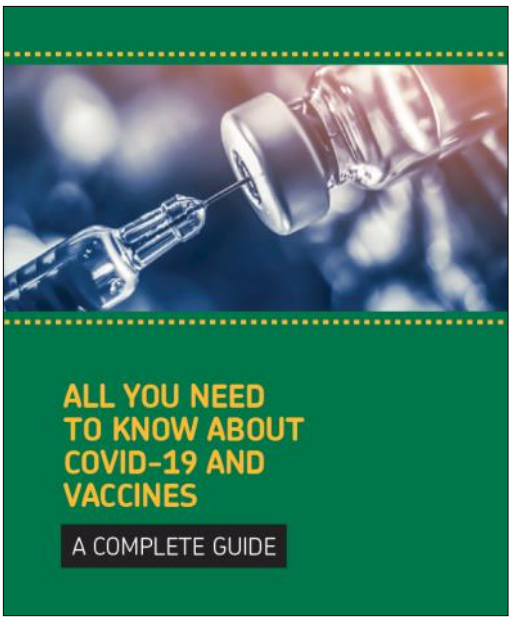
Chaccour, C 2020 Blog: Questions and Answers about Ivermectin and COVID-19. Accessible at https://www.isglobal.org/en/healthisglobal/-/custom-blog-portlet/questions-and-answers-about-ivermectin-and-covid-19/2877257/0

Crump, A., & Ōmura, S. (2011). Ivermectin, 'wonder drug' from Japan: the human use perspective. *Proceedings of the Japan Academy. Series B, Physical and biological sciences*, *87*(2), 13–28. https://doi.org/10.2183/pjab.87.13

Turner, KJ. 2021. Saphra announces controlled compassionate access to Ivermectin. Accessible at https://www.iol.co.za/news/south-africa/western-cape/sahpra-announces-controlled-compassionate-access-to-ivermectin-d1bc374e-6fea-4d4f-8b87-145fed2aa4e8

# COVID-19 & VACCINES

***The Department of Health has developed a complete guide with information on the corona virus and vaccines with all the basic information***




A broad range of information on COVID-19 and vaccines in an easy to read and understand format have been developed by the Department of Health.

**COVID-19**

The booklet explains what the coronavirus is, what the symptoms of COVID-19 are and how it spreads. The reasons for wearing a mask with the eight steps to using a face mask correctly are described as well as how to keep your hands clean and maintain your distance from others to reduce your chances of contracting the virus.

Quarantine and isolation are distinguished by highlighting that quarantine applies to those who were in contact with infected person(s) but not showing symptoms and isolation applies to those who are already sick and/or have tested positive for COVID-19 infection but do not require hospitalisation.

**Vaccine**

There is overwhelming scientific evidence that vaccination is the best defence against serious infections. Vaccines, intended to provide immunity against COVID-19, is described next indicating that vaccines contain weakened or inactive parts of the organism that triggers an immune response in the body. Some vaccines require multiple doses such as the schedule of the Expanded Programme on Immunisation (EPI) for children in South Africa.

The concept of herd immunity is highlighted indicating that the more people are vaccinated, the less likely it is that people who are unable to be protected by vaccines are at risk of even being exposed to the harmful pathogen. The point is made that no single vaccine provide 100% protection and herd immunity does not provide full protection to those who cannot safely be vaccinated.

**Safety of vaccines**

The safety and efficacy of vaccines are proven in large clinical trials. An external panel of experts convened by WHO the Strategic Advisory Group of Experts on Immunisation (SAGE) analyses results of clinical trials. And make recommendations whether and how vaccines should be used. Every country then make decisions on whether the vaccine will be approved for use in their countries based on the WHO recommendations. In South Africa the Department of Health works closely with the South African Health Products Regulatory Authority (SAHPRA) to authorised the use of the vaccine in the country.

The first batch of vaccines will reach South Africa on 1 February from the Astra Zeneca Serum Institute of India. It will take a few days for the vaccines to be release for distribution. It was indicated by the first week in February that provinces have already started planning for the distribution and implementation of the immunisation campaign.

**Distribution of the vaccine**

The vaccine will be sourced, distributed and overseen by the government. Government is the sole purchaser of vaccines that will be distributed to provinces and the private sector. A national rollout committee will oversee the vaccine implementation in both public and private sector. A three-phase approach is planned for the roll out of the vaccine that starts with the most vulnerable in the population first. The target is to vaccinate 67% of the population by the end of 2021 - the aim being to achieve herd immunity by the end of the year.

The roll out is planned in three phases as indicated:

Phase 1: frontline healthcare workers
Phase 2: essential workers, persons in congregate settings, persons over 60 and persons over 18-years of age with co-morbidities.
Phase 3: persons older than 18 years targeting 22,500,000 of the population

A national register for COVID-19 vaccinations will be established. The system will be based on a pre-vaccination registration and appointment system that was launched by the Minister of Health during the first week of February 2021. All those vaccinated will be placed on a national register and provided with a vaccination card.

**Myths and facts**

The booklet is concluded by a range of myths and the facts to support the reasons for the various measure taken during the pandemic.

# BENEFITS OF HOT BATHS

*A study exploring the real-world influence of hot baths on the control of type 2 diabetes and other cardiovascular risk factors found that it could be beneficial on diabetes control*

The analysis of the data of the study could have a beneficial influence on diabetes control, hypertension and obesity after adjusting for confounding factors the researchers said. Causality was not proved.

The frequency of hot bathing using a self-reported questionnaire was completed by 1297 patients with mean age 67 years with type 2 diabetes visiting a hospital where the study was undertaken. Anthropometric measurements and blood tests were used to analyse associations between hot bath use and different variables. Body weight, BMI, waist circumference, diastolic blood pressure and HbA1c (measures average blood sugar over past 3 months) were significantly better in the group with most frequent bathing.

The researcher pointed out that animal studies suggest that heat stimulation might improve insulin sensitivity and enhance energy expenditure, an effect also observed during exercise.

**Other studies**

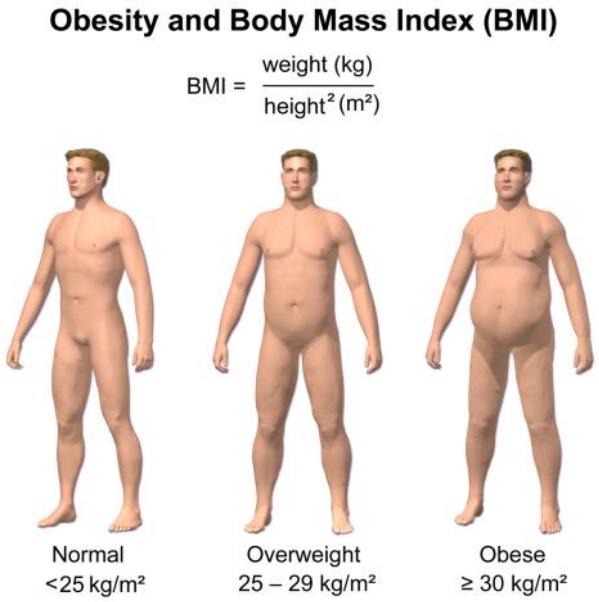
Previous studies include a Finnish study in 2018 of the frequency of sauna that was inversely associated with fatal cardiovascular events in middle-aged adults. A before and after study of patients with diabetes in 1999 showed a significant reduction in fasting glucose.

**Not so enthusiastic**

However, not everyone was as enthusiastic of these results. It was said that it could be that people who bathe more frequently have a healthier life style in general - perhaps they are more physically active. It was not clear from the limited data collected whether there is a link between regular hot baths and better health in persons with Type 2 diabetes. It raises more questions than it answers.

**Reference:**

Hot tubs improve A1c, BMI, and Blood Pressure in Type 2 Diabetes. Accessible at https://www.medscape.com/viewarticle/937991?nlid=137508_2823&src=WNL_mdplsnews_200925_mscpedit_nurs&uac=306894FK&spon=24&impID=2587357&faf=1




# OVERUSE YOUR SMARTPHONE?

A case of a patient in his mid-50s with severe hand dystonia affecting three fingers had clinicians puzzled. He presented at the doctor with voluntary and painful twisting of three fingers on his right hand.

The patient had been suffering of neck pain with intermittent spams and right arm twitches for 9 months prior to the hand dystonia. He was afraid that he may have sclerosis. He became so anxious about this possibility that he could not stop himself from constantly using his iPhone to search the diagnosis on the internet. This continued despite the clinicians assuring him that he did not have sclerosis. It got so bad that he broke four iPhones from tapping on the screens.

As all the neurological tests came back negative, it was suspected that his obsessive-compulsive behaviour around his iPhone use sparked the dystonia. The overuse of the muscles of the hand required to repetitively turn the phone on and off, like musicians repetitively practicing the same section, could have predisposed the development of the dystonia om the same muscle groups. It became so bad that he could not use his hand. Botox injections were administered to relieve the dystonia and eventually the patient could be convinced that he has no disease.

# SUDDEN DEATH

*New research in Denmark suggest that persons experiencing 'sudden' out-of-hospital cardiac arrest may have been feeling malaise days earlier*

Out-of-hospital cardiac arrest is the third leading cause of death worldwide - on average fewer than 10% of patients survive.

Studies indicate that clinicians and patients need to be aware that people may feel unwell prior to a "sudden" cardiac arrest. It was not clear from the studies why the patients were seeking medical assistance, but the results does emphasize the importance of applying cardiovascular disease risk scores in daily clinical practice.

**The research results**

An analysis done by MD Zylyftari at the Copenhagen University Herlev and Gentofte Hospital, indicated that two weeks before a cardiac arrest 54% of people had phoned, emailed or personally contacted their general practitioner with 6.8% having gone to a hospital emergency department, an outpatient clinic or had been hospitalised.

Similar evidence from a Canadian study in Ontario that involved more than 38,000 patients, indicated that more than 1 in 4 patients had visited an emergency department in the previous 90 days.

**Reference**

https://www.medscape.com/viewarticle/937126?nlid=137265_2823&src=WNL_mdplsnews_200911_mscpedit_nurs&uac=306894FK&spon=24&impID=2559951&faf=1

# ANTIBIOTICS & CONTRACEPTIVES

*A review of studies considering pharmacokinetic outcomes and suppression of ovulation, concludes that some common anti-biotics do not impair the effectiveness of oral contraceptives*

There are few things as distressing as falling pregnant when you are sure that you were taking your contraceptives correctly. Since the very early days that contraceptives became available, there have been concerns that antibiotics might interfere with their efficacy. A review by the Centers for Disease Control and Prevention (CDC) concludes that common non-enzyme-inducing antibiotics do not impair the effectiveness of oral contraceptives.

**Medication used in the adverse events**

Investigators reviewed thousands of spontaneous reports of suspected adverse drug reactions, refering to unintended pregnancy, that were submitted to Britain's regulatory authority. The medications taken by the patients were categorised into:

- Commonly used non-enzyme-inducing antibiotics (ampicillin, cephalosporins, tetracyclines and metronidazole)
- Hepatic enzyme-inducing medication known to interact with some hormonal contraceptives such as carbamazepine, nevirapine, and rifampicin
- Control medications including citalopram, ibuprofen, and zolpidem commonly used by reproductive age women and not know to impact efficacy of hormonal contraceptives.

**Pregnancy adverse incidents**

Adverse incidents resulting in pregnancy included 62 pregnancies reported per 100,000 events for non-enzyme -inducing antibiotics; 119 for enzyme-inducing medications and nine (9) pregnancies involving control medications. Not sure that this statistics are convincing that there is no reason to worry?

The authors state that the sevenfold higher rate of reported unintended pregnancies with antibiotics constitutes a signal of possible drug interaction.

**Limitation**

It must be kept in mind that this analysis is entirely based on spontaneous reporting of adverse events. The authors remark that such passive reporting probably reflect clinicians' biases. For instance , if clinicians suspect that antibiotics may cause oral contraceptive failure, they may be more likely to submit a report when a pregnancy occurs in an antibiotic user compared with a woman using one of the control medications.

**Key cause of unintended pregnancy**

The key cause of unintended pregnancy among women using short acting hormonal contraception, including oral contraceptives is inconsistent use emphasizing the advantages of intrauterine, implantable and injectable contraceptives.

**Reference**

https://www.medscape.com/viewarticle/937074?

# SHAPING DOCTOR'S TRUSTWORTHINESS

*There is increasing evidence that improving patient trust in doctors, can improve patients' use of healthcare services, compliance and continuing engagement with care – particularly for chronic diseases. This study offers some lessons learned for all healthcare practitioners*

Literature available on therapeutic relationships include shaping the trustworthiness of doctors. Limited studies are available of similar studies in rural populations in low-income Africa where health service delivery, cultural norms and patient expectations differed from those in high income countries. Isangula et al. examined the perspectives of 34 patients (34 - 75 years if age) of factors that shape doctors' trustworthiness in western-based healthcare settings in rural Tanzania in the context of hypertension care (chronic care).

**What they found**

There was consensus among participants about the factors that shape doctors' trustworthiness along the trajectory of care provision. Two major themes were identified, namely doctors' interpersonal behaviour and their technical competence.

***Before a therapeutic encounter***

The doctor's reputation within a community and its social networks, and reports from other patients about a doctor being 'good' or 'bad', facilitated patients' initial trust judgement even before visiting the doctor.

***During a therapeutic encounter***

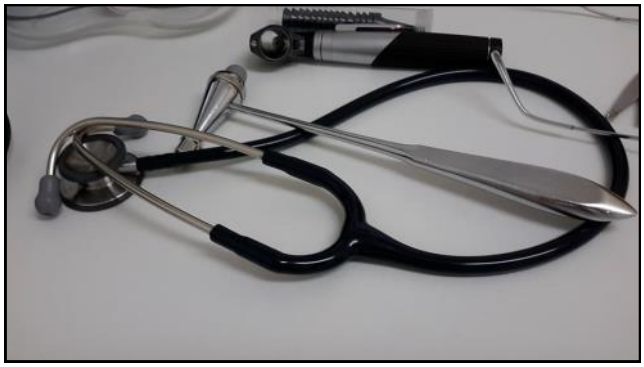
Four phases were identified for this part of the doctor-patient encounter.

***Rapport building*** during the first few minutes where the doctor's demeanour and communication is expected to portray good customer care, would create trust. Lack of gentleness, bad language, harassment or harshness created fear, or premature termination of a conversation when the doctor just handed over a prescription without conversation, all contributed to untrustworthiness.

During ***disease diagnosis*** technical skills during physical examination or ordering investigations, and how well the doctors listened and questioned the patient contributed to trustworthiness. Physical examination is described as comforting for patients and explaining tests and discussing results strengthened trust. Rarely enquiring about progress since the last visit, rarely performing a physical examination, or ordering investigations contributed to untrustworthiness. Excuses such as not taking a blood pressure because the 'BP machine is broken' is regarded as a 'bad doctor' excuse.

During ***disease management*** technical skills and communication were also valued. A trustworthy doctor is one who maximize patient participation in treatment with clinically trained patients indicating that patients broadly categorized doctors in one of two groups:- untrustworthy doctors (those who were not understanding and dictates everything) and trustworthy doctors (those who were understanding).

At the ***farewell and closure*** of the encounter, behaviour and communication continue to play a role. Compassion, offering hope, honesty even if they cannot treat you,



clarification of post-encounter obligations, and ensuring continuity of care were valued.

**After therapeutic encounters**

A perception of the prescribed treatment bringing about relief strengthened trustworthiness. An interesting finding was that an apology from a doctor when mistakes were made, was among the most important factors shaping perceptions of trustworthiness. It not only provides comfort to the patient, but it also sets the scene for cooperative choices to resolve the error or work towards a more favourable outcome.

**Reflection on the results**

Improved patient trust in doctors is documented to impact on patients' service uptake, adherence to treatment and continuity with care. While this study only included results on the medical consultation and there are a host of other factors that can play a role, it offers food for thought for all of us involved in the healthcare environment.

The results of this study provide important pointers to consider a self-audit of our current practices as practitioners and thus a gateway to identifying interventions that improve trust for doctors, other healthcare practitioners and healthcare services in general. The results also identify technical and soft skills that could be included in undergraduate programmes of healthcare professionals and in CPD programmes if this is not already happening.

This article is a must read - a large component of the patients in this study were trained nurses and other health workers reflecting on the services they received as a patient. As leaders in the profession we should not only set an example as role models, we need to infuse others with the willingness to apply the basic skills that we have been taught as nurses, namely to listen, to connect with our colleagues, staff, patients, or students and to *really* communicate.

**Reference**

Isangula KG, Seale H, Jayasuriya R, Nyamhanga TM, Stephenson N. 2020. What factors shape doctors' trustworthiness? Patients' perspectives in the context of hypertension care in rural Tanzania. *Rural and Remote Health, 20: 5826.* https://doi.org/10.22605/RRH5826

The Forum for Professional Nurse Leaders

# 2021 FPNL Membership R350 per annum

It is time to renew membership for 2021, so remember to do so! Current members can do so by just paying their fees to the FPNL bank account.

Please use your name, ID number and region or FPNL number as reference with your payment. If at all possible, send proof of payment to fpnleaders@gmail.com

| | |
|---|---|
| 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) |

**Update your information**

Please ensure that your personal details are updated - please complete the membership registration form if your details have changed and send to 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 fpnleaders@gmail.com

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

***Physical meetings have suspended due to the pandemic and accompanying regulations - planned virtual events will follow***

***Border –Kei***

***PE***

***Free State and Northern Cape***

***Gauteng South***

***Gauteng North***

***KZN***

***Western Cape***

***2021 FPNL***
***Collective professional society conference***
***Watch this space!***

# 2021 CONFERENCE FOR PROFESSIONAL SOCIETIES

Professional societies celebrate Year of the Nurse and Midwife 2020

The 2020 conference had to be postponed due to the COVID-19 pandemic and the rising number of persons diagnosed with the disease.

Provisionally the conference has been moved to September 2021 depending on the control of the COVID pandemic.

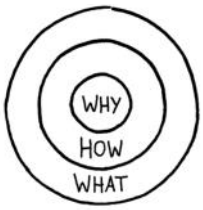
# Book Review by Adele Fourie

## **Start with Why** by Simon Sinek

In this motivational book, Simon Sinek, confronts readers with a simple question: Why do you do what you do? The methodology explains why some individuals and organisations are successful, and others not. The claim is supported by the statement that most people know what they do; some know how they do it; but very few know why.

**The Golden Circle**

The golden circle is likened to the human brain by comparing the neocortex which corresponds to our *what* and the limbic system that corresponds to our *how and why*. The neocortex, which is responsible for rational and analytical thought and language functions, assists humans in making sense of conscious thinking, sensory perception, spatial reasoning etc. We are therefore perceptive to the physical goods and services presented to us by a brand or individual – the what. The limbic system on the other hand, is involved in our behavioural and emotional responses. Our feelings such as trust and loyalty are deeply influenced by this part of the primitive brain – the how and why.




Although we may be able to convey vast amounts of information about our products, projects or services when we choose to communicate from the outside of the circle inwards (starting with the how) we may be at risk of failing to drive desired stakeholder behaviour or lasting loyalty. If we, however, choose to communicate from the inside out (starting with why) we speak directly to the centre located in our stakeholders' brains which are responsible for driving behaviour. Our messages are then rationalised by the tangible things like products or services (the how and the what).

Our *why* is defined as our purpose and belief. Inspired organisations and successful individuals know this and therefore act from the inside out. We should ask ourselves – why do we do what we do?

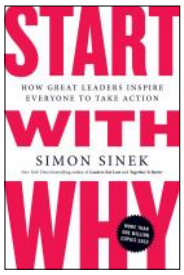
**The Apple example**

The author refers to an example by Apple Inc., an industry leader in the field of digital technology. Insights are given to the strides made by the company in dominating the competitive climate in which they operate. Many of Apple's competitors use the following communication approach to drive sales of their computers:

*We make great computers, they have a simple design, they are easy to use, what to buy one?*

These competitors say what they do, why they are better and subsequently expect miracle results. Apple's approach is vastly different; their messaging may typically follow this alternative approach:

*In everything we do we believe in challenging the status quo. We believe in thinking differently. The way we challenge the status quo is by making our products beautifully designed and user friendly. We just happen to make great computers. Do you want to buy one?*




By reversing the order of the information communicated, Apple is able to both effectively sell their products and services; and gain persisting loyalty through connecting to their client's beliefs. This explains why Apple has been very successful in upselling many of their products which have not traditionally been related to their core business – including MP3 players (iPod), smartphones and home automation devices. Apple's goal is not to do business with everybody that needs what they have, their goal is to do business with people who share their beliefs.

**Align your why**

Similarly, we are urged to employ, seek employment or involve ourselves with people or organisations aligned to our *why*. In the case of Samuel Pierpont Langley and the Wright Brother's journey to the first successful aircraft flight, the difference that lead to success was routed in this approach. Langley was an acclaimed scholar who held a seat at Harvard University, amongst some of this other great accomplishments. He hired the best minds in the industry and was funded 50000 USD by the United States of America war department to master air flight..

In contrast, the Wright brothers had nothing that would be considered a recipe for success. They had no money, funding their own projects through their bicycle shop. Not a single member of the Wright Brothers' team had a college education. The Wright brothers were driven by their cause. They believed that if they could master the aircraft they would change the course of the world. Langley was believed to have been driven by the need to be rich and famous. He was in pursuit of the result and the people who he employed was motivated by their pay checks. The people that worked with the Wright Brothers, however, believed in the greater cause.

**Law of diffusion and innovation**

The book further explores the law of diffusion of innovation – a theory that seeks to explain how, why, and at what rate new ideas and technology spread. As anticipated, when your approach is strongly rooted in your *why*, you drive consumer trust and ongoing loyalty and support.

People don't buy what you do, they buy *why* you do it. This phenomenon may also be explained by our *gut feelings* or *gut decisions*. The "It doesn't feel right" feeling may be present when our why, how and what is not in flow. Subsequently, one of the most important factors that distinguish successful leaders and business people from everybody else is getting crystal clear on your *why*, which includes your purpose, beliefs and causes.

The book provides highly relatable content that will inspire you to take action. It reminds the reader that intrinsic motivation is a sense of purpose inspired by the work you do and the people whom you inspire accordingly. Define your purpose and align yourself with people and organisations who share your beliefs. By doing so you will ignite your passion and achieve your goals.

*Why do you get out of bed in the morning?*


# A thought for the season……

*The best leaders have a high consideration factor,*
*They really care about their people*

*- Brian Tracy -*

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