

“Let’s Get Real”

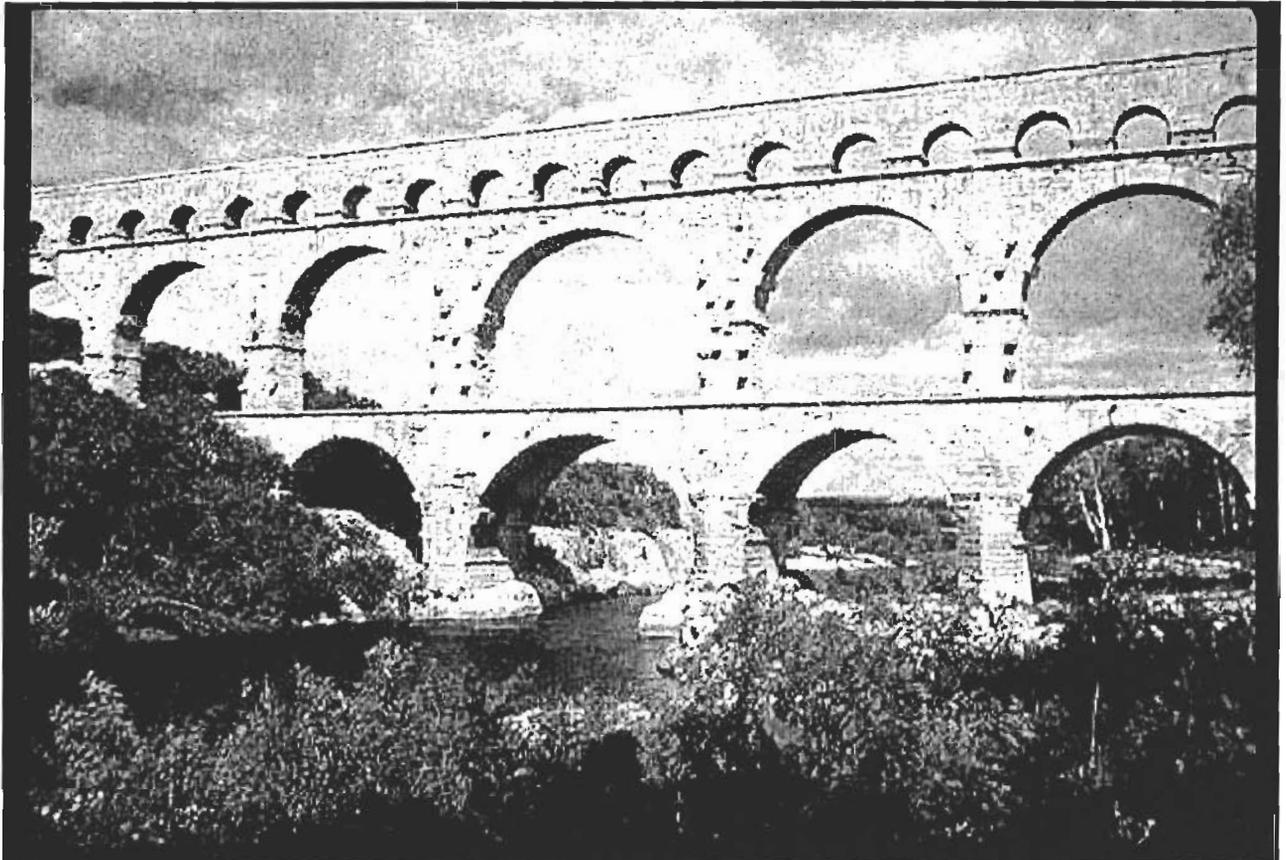
Destroying-Restoring Community in Nursing

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The Healing Waters of Pont du Gard

There is an architectural wonder in the south of France called the Pont du Gard. This structure completed in 19 BC consists of arches that support and channel water over many miles to the city of Nimes. The structure has provided for communities of people who required and

large university centers to think about the possibility of creating a place where nurses could gather to explore and discuss the tough issues and hard questions about nursing and the workplace. A place where nurses might feel free to question and to seek answers about things they always wanted to ask but were afraid to voice—things about ourselves, our work, our colleagues, our leaders, our intentions, our failures, our shames, our hopes, and our fears. A place where truths are invited and respected. A place for nurses to consider the meaning of community among nurses who believe in compassion and knowledge. A place for nurses to ponder and discuss questions such as: How can nurses stand tall and cherish the reality that they make an incredible difference to the client’s quality of life? How do organizations support and honor the work of nurses and their intent to care for persons and families? How do nursing leaders enhance the voice of front line staff nurses?



shared refreshment and nourishment from the flowing water. Like the life-giving water, the vision for the initiative described here is to create a channel of dialogue, understanding, change, and growth. A dialogue that offers nourishment for nurses, just like the Pont du Gard offered nourishment for thousands of people in the south of France.

The Pont du Gard inspired nurse leaders from two

What silences nurses? And, how can nurses and nurse leaders stay true to their values?

This column presents a dialogue among nurse leaders and others who participated in discussions about nursing and human care. The hope of the authors is to enhance understanding about the knowledge, processes, and structures that impact nursing worklife and that help and hinder

nurses in their work to create compassionate relationships that enhance health and quality of life. The dialogues represent opportunities to seek the truths that will help us understand the realities of nursing—in large organizations and perhaps beyond. We believe that understanding can lead to changes that may restore and enhance human care and compassionate relationships among all nurses who share in the life-enhancing dialogues presented in the columns.

Destroying-Restoring Community in Nursing

Mary: I am more focused than ever on promoting truth telling in Nursing. There is such a need to create an opportunity for nurses to come together and act on our mutual convictions to support the practice of nursing and to enhance the quality of worklife for nurses, especially those who work in large organizations like ours. I keep asking myself, how can we better understand what is happening for nurses so that we make better leaders and decisions makers? And, how can we try to make the environment more supportive for nurses so that they can give the kind of nursing care expected of them?

Gail: In our first dialogue, I was inspired when nurses chose to talk about standing tall and being proud of the contributions they make to quality of life for persons. It was surprising to me that the dialogue soon turned to the losses and fears of day to day practice. The messages of loss came through loud and clear. Nurses described their loss of connectedness with who and what matters. They spoke about the loss of being there for each other and the loss of being there for patients and families. I think the topic that shook me up the most was the loss nurses described for each other and for the community that used to make full time work a joy—instead of a never-ending burden. Nurses described fear and sadness over not speaking with each other, even when something difficult or something wrong was going on around them. That reality is scary! What did you think?

Mary: The examples nurses gave were heart rending....crying in the bathroom because there was no where else to go....feeling devalued and discouraged....hanging on to the encouraging words of a colleague.... Having no place to be caring with each other and few opportunities to be helpful with colleagues. I was struck by the loss and the pain the nurses spoke about.

Gail: You have to wonder how we as leaders have con-

tributed and how have we come to such a place where fear and loss represent predominant truths. I wonder what is underneath the reality that nurses are sometimes cruel and intolerant of each other? What has happened that new nurses are afraid to speak and to challenge colleagues when they believe something is wrong? What has happened to silence nurses among themselves and with others? Where has all the loss come from and how have changes in our organizations intensified that loss?

Mary: The suggestion that the removal of shift report took away the opportunity for nurses to support one another was a powerful revelation to me. You and I know that the prevailing administrative perspective is that report is mainly a means to communicate information about clients shift to shift, and therefore it can be more efficiently achieved by taped or written reports. The nurse's description of shift report spoke volumes to me about our lack of understanding about how nurses work together and how they form caring relationships with each other.

Gail: I agree. My eyes were opened when the nurse suggested that we had removed crucial networks among nurses in order to be more efficient and now, perhaps, we are seeing the consequences of their loss of community with each other. I did not realize until now that shift reports were not only about patients, they were also about nurses and their being with each other. Report time gave nurses a chance to hear about each other's struggles and joys. Report time was a time to give and receive an offer of help for the day because somebody's workload was very heavy. I guess what I learned today was that report time was also time to build relationships. It was during report that nurses learned what colleague was pregnant or whose grandmother was dying. Report times were times when nurses built community and cared for each other. I had a heavy feeling in my gut when I heard the nurse talk about report—all the times I have spoken in favour of changing shift report echoed in my mind like a bowling ball in a bathtub.

Mary: How is it possible that the human side of who we are as nurses has been so invisible, so lost to our planning and administrative decision making in healthcare organizations? Recently I was reading Charles Handy's book, Waiting for the Mountain to Move. He was saying that being and doing are inseparable. Who you are colours what you do.

We need to connect our beliefs with the problems of life and work. The search for that connection will be constant in an environment of continuous change. Our beliefs may remain the same but their applications will always need to be re-thought. We are teaching nurses to think of nursing as knowing, as being with, and as doing. The reality may be that the human side of caring and being with has been sacrificed in the name of efficiency.

Gail: And we didn't stop there in order to be more efficient. As I think about it now, we started eliminating nursing departments in order to initiate program management about 10 years ago and the destruction of nursing as a community has been a steady outcome since then. We removed supports from nursing environments and spread managers across multiple units. And managers were instructed to have business priorities, and to decentralize clinical issues. We cut the numbers of resource staff on patient care units and we put nurses into clusters and modules so that they could provide total care in a self-defined, confined, arena. We have isolated nurses and now we wonder why they no longer speak and care for each other. Today we heard messages of loss that reverberated around the room as nurses considered the ways their community with each other has been changed. When you think about it, there is little wonder why there is no time for caring for clients and families. How can nurses care for others when they are not supported to care for each other?

Mary: I was heartened to hear nurses talking about caring for each other and to hear them ask, "How can we co-create a new reality? What can we do to restore a sense of community for nurses? We don't want to end up like the man in Kierkegaard's story of the traveller whose road was blocked by a mountain so he sat and waited for the mountain to move until he died there. It's up to us to look inside and find the strength to climb the mountain. We heard strength today as nurses recalled the moments that speak truth about nursing. Nurses find strength in the caring moments they live with clients, families, and colleagues. Moments when compassion and community prevail as nurses share in the joy, humor, hope, pain and suffering of clients and colleagues. Moments when nurses know they made a difference and that is why they continue to work in systems that are less than ideal, less than respectful of nurses' work and the essential force of human caring.

Gail: I am excited about the possibility of talking more about this idea of building and restoring community among nurses. The opportunity is to turn the awareness we have gained through dialogue into actions that might help make a difference and that will respect nurses and their desires for community and caring with others.

Mary: Understanding and truth, as hard as they are to discover, can change everything. Tonight we have a beginning and tomorrow a possibility.

The authors hope that readers of this column find meaning and strength to speak and explore ways nurses create and live caring communities. We invite letters of interest in our initiative. For those who wish to join us in an on-line dialogue we welcome you to write to either or both of us at the address/e-mail addresses below. We are working on establishing a chat room on-line in the future which will provide an electronic space for the dialogue to continue. You may also wish to contact authors to find out when the next forum is scheduled.

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References

Handy, C. (1999). Waiting for the mountain to move: Reflections on work and life. San Francisco: Jossey-Bass.

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This column is a new feature by the authors to reveal the realities and truths in nursing today. Your comments are appreciated. Please email them to the authors at their addresses as listed above.
