

## *“Let’s Get Real”*

### PONT DU GARD FORUM

#### Preserving The Light

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**Mary:**

It’s interesting that the notion of community surfaced spontaneously in the second Pont Du Gard forum. Nurses spoke about how restructuring changed their relationships with each other. One nurse said with passion, that her colleagues were like family members who were ripped apart by restructuring. It was clear that other nurses in the group believed that a sense of community makes it good to come to work, and that relationships among staff often extend beyond the work environment. I was struck by the commitment they expressed to each other. Certainly it makes sense that when nurses spend many hours together and as they share moments of joy and sorrow, and upset and humour—there will be the creation of a sustaining community. One nurse clearly expressed the notion of community when she said, “You give your time to each other. Trust is a big thing. We stay connected even off duty. We need to support each other and stand together”.

Support for each other and trust were also central in the dialogue about the relationships among different categories of workers within nursing. An RPN talked about the pain of being referred to as “just an RPN”. Registered nurses spoke of the rejection or disappointment they feel when patients ask if they are a doctor or a nurse and then they hear, “Oh, you are only a nurse.” It is interesting to consider the issue of judgement in community and to ask, can a community of staff flourish in an environment where prejudice and exclusion—even when unintended—exist? What is the impact of hearing you are not quite good enough? Is this the root of the respect issue that nurses identify as critically important to their quality of worklife? How can we begin to dialogue about judgement and respect in nursing communities?

Nurses talked about the need to value each other whether they were Registered Nurses, Registered Practical Nurses, or Health Care Aides. Staff participating in the discussion wanted to be included as important in the care of clients—that it was their joint effort, their togetherness that created the caring environment, not just one group or category of worker. One nurse said that she believed that if nurses show they value each other, then others would value nurses. Who we are and how we think about ourselves is certainly shaped

by community. It really struck me, listening to the nurses, that there really is nothing more important than the relationship piece in nursing—relationships with clients and with each other. Relationships that happen when you give of yourself.

**Gail:**

I was touched by the joy expressed when a Health Care Aide talked about how learning was a great help in working with clients and how she felt valued as a staff person when provided with the opportunity to learn at work. Providing learning opportunities is an interesting way of valuing staff. It places a different value on what we sometimes think of as merely the technical act of instruction. I wonder if opportunities for learning also shape and contribute to community? I recall, a Registered Nurse speaking about how her confidence with others increased as she gained knowledge through learning. She said she believed in the empowerment of each person and that from her perspective the organization was showing support for her through opportunities to learn and grow. Creating opportunities for meaningful learning is certainly one of the greatest challenges facing nursing leaders today. Perhaps the desire for continuous learning could provide a foundation for a national strategy for nursing organizations and healthcare settings across the country.

**Mary:**

It is interesting that nurses talked about inadequate language to express nursing—what we do, who we are, what we bring to our relationships with clients. I was so glad to hear how nurses spoke with pride about Nursing Week activities in which they dedicated a magnolia tree and a bench and honoured nurses who had died or were ill or not able to participate in the Nursing Week activities because they were working. The sense of community and relationship is so critical and central to the being and core of nurses.

Do you recall the practice experience shared in which nurses talked about how they helped each other through their relationships? One nurse spoke about working with a family who decided to withhold treatment for their loved one. The nurse described how staff experienced extreme moral distress because they had a relationship with the person they were caring for and yet they chose to participate in discussions about how to withhold treatment in the event of imminent death. Another nurse described a time of trying to support a wife waiting for more than a week and a half for her husband to die after life support had been removed. “Nurses cannot bear much more”, she said. Bearing witness to the suffering of clients/families is sometimes very difficult and more than we can bear.

**Gail:**

Bearing witness to suffering is such an important topic and

not one we talk about enough in healthcare. I was also touched by the honesty of the nurse who spoke about getting upset when she saw nurses do terrible things or lose their temper with clients, even though she knew that they were stressed. I think there is a tolerance sometimes for unacceptable things because we are all afraid to be judged in moments when stress and burden becomes too intense. The nurses comments reminded me of the saying, "There but for the grace of God go I". Nurses also spoke of other sources of distress when they overheard colleagues talking about clients in terms of getting them in and getting them out. Getting rid of "bed blockers" and "social cases". More judgement. And having to bear the anger of patients and families who receive the judgement with the message you are not wanted here—you are not worthy of our service and expertise. And knowing, there but for the grace of God, go I.

**Mary:**

It was so interesting when the educators spoke about their distress in bearing witness to students being punished by nurses for talking to clients. Students observe that we talk about valuing the client's perspective in practice but do we walk our talk? Do we live those values with staff and students? There are messages about being empowered in a reality that encourages compliance and passivity. The group acknowledged that that's the way it is and wondered how it will be possible for us to replenish the workforce unless we can turn this environment into a positive experience for our student nurses and young practitioners.

Then the nurses started talking about saying 'no' more often. They indicated that they have the knowledge but they do not always support each other to speak out. Wouldn't it be great if nurses began to clearly articulate what they would and would not do and then that they were listened to and respected for that clarity? We need to examine how organizations support the work and intent of nursing, or not. Nurses expressed a heavy burden in practice today and feelings of guilt and inadequacy were overwhelming. My fear is that nurses are getting fed up and there is a line, a straw that will break our backs and forever change the availability of nursing in our healthcare organizations. There was a long and, at times, humorous discussion of the adversity and hilarity of rules in one organization where the housekeeping department had policies indicating they were not to clean any vomit, sputum, urine, or faeces on patient care units. We must ask—what is wrong with this picture?

**Gail:**

And then, incredibly, we witness nurses rising above the adversity, going the extra mile, showing genuine compassion, and struggling through horrible and sometimes wonderful moments with clients. There is no answer. I have no answer. There is a lot of suffering in nursing and healthcare

today. One wonders, is there a grand scheme or even worse no scheme at all? Students are experiencing a loss of the dream. We see nurses needing the courage to be a professional, the courage to bear witness to patients' realities when some days all they can do is simply come to work and try to survive.

**Mary:**

A friend of mine used to raise miniature Wire-Haired Daschunds. I recall her telling me that she would send them forth with shining eyes to a new home and a new life not knowing that was going to happen to them. That comment makes me think of how we are sending our students forth with shining eyes and they are losing the light in their eyes as we bring them into the workplace. Perhaps that same loss of light is happening among us all as we struggle during these difficult times. We have to keep that light—we have to preserve the light that gives nursing purpose and meaning. We need to encourage more forums and more nurses to have these discussions. We need to keep the momentum of Nursing Week going. We need to maintain our sense of humanity.

**Gail:**

I really believe we have the power to make changes and to find our way through these difficult times. No one understands nursing like nurses. As we reflect on the discussions today and try to understand our own source of light, perhaps we can show it more with others. It is our commitment to humankind that has fuelled much of this discussion. I hope other nurses will join our dialogue about preserving the light and nourishing our commitment to compassionate human care.

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