

PONT DU GARD FORUM

“Let’s Get Real”

Myth & Meaning in Nursing

Ferguson-Paré, M.
Mitchell, G. J.

Today was an interesting session. Nurses in leadership positions attended the Pont du Gard forum and introduced the topic of *myth* for discussion. Specifically, there was a proposal that we discuss what myths inform nursing practice and what the notion of mythology might mean for day to day nursing practice. The dialogue below represents some of the ideas that surfaced for nurses in the third Pont du Gard forum.

Mary: Wasn't it interesting to hear the ideas about myths and how they help to give meaning to our lives and to our work as nurses? Joseph Campbell (1973) was right on in his book, *Myths to Live By*, when he suggested that myths and stories help people to understand and make sense of their choices and patterns of living. I was especially interested in exploring the possibility that nurses no longer have a myth to live by. It was sobering, to say the least, to consider if the mythology of nursing has been killed off just like the herds of buffalo that provided the enlivening mythology for Native Americans as described by Campbell in his book. Can there really be no mythology surrounding nurses today?

Gail: Good question. I think mythologies are visible in nursing today. The notion of myth helps me to think about the meaningfulness of nursing work and how the meanings we choose form the substance of our views about purpose and intent. It seems to me that there are multiple competing myths that show up in the diverse thoughts, words, and actions of nurses. My question is, have we lost the core mythology that defines the essence of who we are as nurses? Is it possible that some of the suffering and loss in nursing today is because we are separating from the core myth that has guided nurses through time? Certainly, in today's discussion we heard about different mythologies that surface in practice settings. Perhaps the nurse in the group who expressed frustration with disputing team members might have been encountering the conflicting myths of institutional care. On the one hand there is the mythology of sterility, objectivity, causality, and control and in the same institution is the mythology of service, caring, diversity, humanity, and ambiguity. And wasn't it interesting when one of the nurses who knows nursing in the community

stated that there is a seeping of the institutional model into homes?

Mary: I like to think of the myth question as a question of core values. In this way, maybe we can get to the very centre of nursing, the place where the repetition of value-based actions ultimately defines who we are and what matters most. We need to better understand what helps nurses to keep on striving in their day to day practice. If we do not have a viable mythology how will we attract nurses for the future? I thought that the discussion about all the myths that inform our nursing colleagues and how those, myths become visible led to a great question. The question can be summarized as follows: What is the substance in the core of nursing and how do the core beliefs of nurses show themselves amid the complexities of systems and relationships with others who also have their core beliefs and values in practice?

Gail: We identified at least two different myths that have informed nursing over the years and still do today. There is the military mythology with its rules, order, routine, obedience, predictability, rehearsal, hierarchy, and compliance. And, there is the caring mythology with its story, compassion, experience, touch, relationships, and dialogue. I think both of these myths survive in nursing and nurses have built up systems and processes to support both mythologies. The one account offered by a nurse of how the team fulfilled a commitment to be patient focused only after nurses said they could no longer deny a dying man what he wanted was very moving. It really captured the allegiance nurses have to being helpful and compassionate. In fact, the whole discussion about the impact of the nursing mythologies was most interesting.

Mary: Agreed. We as nurses are absolutely influenced by the values and actions of our colleagues. Nurses who work in areas where the predominant myth is the militaristic one can get caught up in the pressure to conform and to meet group expectations about what is right and what is supposed to happen. For example, patients are supposed to be bathed in the morning, and then they get up in the chair. Or, patients have to learn and follow expert advice about how to live with an illness. Even on units where the majority of nurses do not hold these views, this core mythology seems to surface in patterns that become dominant. Paradoxically, the stronger the militaristic myth, the more light it sheds on the absence of the caring mythology.

Gail: Yes. I thought it was interesting for us to question the values and beliefs behind the myths, the layers of understanding that we bring to the nursing experience. All of our own personal experiences as nurses are also there in the nurse-person relationship. It was helpful to consider

how we hold the myths that we do and how we as leaders help nurses to reflect on their core mythology and how it guides actions, words, and approaches in practice. When one nurse identified that reflection without a framework is not likely to happen, I thought that was really important too.

Mary: I agree. I think one of the most important things we can help nurses to do is to reflect on their own being, their own values and learning in life; to look inside for what is worth developing and building for one's self. Our personal experiences and realities are critical to our core mythology and when we reflect on who we are in light of a nursing framework there are opportunities to see ourselves as nurses in a new light. How can I compare myself to nothing or to everything? A framework provides a structure for reflection and learning. At the very least, the professional standards guiding nursing practice can provide such a framework. Sounds easy, so why is it so hard to do?

Gail: I liked the insight the group had about having a framework for nursing leaders so that they could also show coherence among principles, decisions, and actions. Reflection and reflective decisions cannot occur without some set of principles and values. It just really hit home for me that whether nurses, managers, or advanced practice nurses—reflection and professional decision making require some theoretical or principled frame of reference. I guess the question the group was addressing today was about how we can help nurses think about their own understanding of how values and ideas guide actions as nurses.

Mary: Perhaps the question is how can we help nurses engage with a frame of reference, a philosophy, a nursing theory that can help them know who they are and to see who they can become as nurses? Are there new mythologies to be created for nurses? What might be a modern myth that can open doors for nurses to develop their knowledge and understanding of nursing and how essential are they to the quality that families experience when engaging a healthcare system—in any setting? Nurses with a framework, a theory, a model, or a set of standards can begin to think about where they are and where they want to go. Reflection is a light and mythology provides the cover for a story every nurse creates.

Gail: I think it is interesting to wonder about modern myths and to question if there is currently a mythology of modern science with its notions of evidence, interventions, measures, and outcomes and if so, can such a myth enliven and nurture the discipline of nursing? I believe that nursing theory can provide meaning and direction in practice. Perhaps nursing theories are our modern myths.

I hope nurses reading this column will let us know their thoughts and views. Perhaps nursing mythology is transforming in a way that is not yet evident, not yet clearly defined or understood. The thing we have to do is keep questioning and promoting the dialogue about meaning and myth in nursing.

Authors

Dr. Mary Ferguson-Paré is the Vice-President and Chief Nursing Officer at University Health Network, Toronto, ON. mary.ferguson-pare@uhn.on.ca

Dr. Gail J. Mitchell is the Chief Nursing Officer at Sunnybrook & Women's College Health Sciences Centre, Toronto, ON. gail.mitchell@swchsc.on.ca

Your comments are appreciated. Please email the authors.

References

Campbell, J. (1973). *Myths To Live By*. New York: Bantam Books.