

PONT DU GARD FORUM

“Let’s Get Real”

When Silence Makes a Difference

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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 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 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 honour 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? 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.

Mary: We heard today that nursing is simultaneously regarded as the most wonderful and the most challenging and complex work, especially in today’s healthcare settings. Our discussion with nurses focused on their efforts to continue, day after day, when all around them there are challenging things happening for patients and colleagues. I was glad the group asked the question, Why are we silent? It obviously continues to perplex and frustrate many nurses that they are not more vocal. We know that there are messages and cues in our healthcare environments that pressure nurses to go along with things, even when they do not want to. As noted today, for some nurses, the notion of being considered a member of an autonomous profession, that has some command over the work environment, is hard to keep swallowing when nurses don’t feel in control of even their workload, let alone some of the complexity that faces them in their daily practice of nursing.

Gail: Unfortunately I was not surprised when nurses spoke of the impact of unrelenting stress and the burden of responsibility that makes day to day life so challenging. No wonder Canadian statistics indicate that nurses are the sickest occupational group. The frequency with which nurses withdraw from work, due to illness, because they just cannot come to work one more time, is increasing. I had not realized that some pregnant nurses are choosing to go on leave early because they know colleagues who had premature labours linked with stress. And the nurse who spoke about seeing her doctor who commented that she was healthier than most nurses he saw, really got the group thinking about their own health and choices that sometimes lead to illness and injury. Interesting how work relationships always manage to surface in discussions about health and quality of worklife. I am constantly amazed at how critically important work relationships are. On the one hand, work relationships make all the difference to quality and commitment, and on the other, work relationships can be so challenging and harmful.

Mary: It seems that harmful relationships also tie in with silence. What is it that makes it so difficult to talk with others about things that are critical or challenging? I was thinking about the story of the courageous director who put a major issue on the table and how the entire management team chose to ignore it. I wonder what the fear is about?

However, when I think about how ill prepared nurses are for the intensity of nursing work and work environments, perhaps it is to be expected. How are young nurses educated about the politics, the power, and the paradox that exist in healthcare and how to engage these realities with confidence or even eagerness? Some of the nurses who joined us today suggested that they are silent because they don't believe they can change the situation or because they don't know how to go about addressing it.

Gail: Sometimes it is the interpersonal stuff that presents the greatest challenges. One nurse shared that her issue of greatest concern was bad behaviour among colleagues and how they treated each other. I was a bit surprised when I heard her say that when she raised the issue of bad behaviour with her team that she was silenced immediately and even attacked by other nurses for trying to address upsetting behaviours. What is that about? Actually the suggestion that nurses do not feel comfortable or have the skills to look at themselves and their own life learning was provoking. On the other hand, it was great that the notion of improving self was linked with improving the quality of nursing care. I think the suggestion to try to create change in small ways was appealing to some of the group. One nurse suggested that rather than trying to address big changes, sometimes it's more effective to try and achieve one-percent improvement on many things. She said that she finds nurses can get their mind around improving just one percent in a particular area.

Mary: Nurses talked about how concerned they were that, no matter how hard they try, patient satisfaction scores remain the same. One nurse observed that when nurses feel happier about their work, patients are happier. I couldn't help thinking of the power of presence. If we could just be with the patients, many of their issues of access to and support from nurses might be addressed. These issues pervade low patient satisfaction scores.

Gail: Interesting that some nurses acknowledged that they feel drained by presence while others said they feel drained when not able to be present with patients and families. Nurses talked so eloquently about the energizing and draining experience of being with patients and families. The reality is that most nurses want to be able to be with people and, in fact, most came into nursing for that reason. It was surprising to hear that nurses who entered nursing expecting it to be a very medically oriented practice are also frustrated. As leaders we need to try to understand nurses and what matters most to them.

Mary: The nurse who talked about the suicide bombers in the Middle East and how their actions signified hopelessness, certainly sparked interest from her colleagues,

especially when she suggested that nurses also have feelings of absent hope and that they feel like they practice in occupied territory. Her hope was to try to make a difference so that other nurses might be better off.

Gail: And the nurse who spoke with passion about loving nursing, and about how for her, it is the noblest of professions. The nurses were excited by the possibilities at the end of the dialogue. Several spoke of how they can have some control over their time, their work, and their life. It was nice to hear one of the nurses say that it is an honour to be in the lives of others and to experience what happens between patients and nurses. Obviously, she felt it a privilege being a member of a profession that cares for and serves others.

Mary: Service and the intent to serve are so critical for nursing. When nurses are confused about the intent of their practice they don't know who they are. One nurse talked about meeting an elderly man who commented that he didn't know where his life had gone and asked her, "What have I done to make a difference?" She invited the group to think about their nursing careers and what thoughts they want to have at the end of life about how they made a difference as a nurse. It's important to live what you believe in and follow your dreams or you will suddenly be there at the end of life facing that question, without an answer that is satisfying.

Gail: I think some of the answers to that question that were presented at today's session may be very interesting to readers of this column. Nurses suggested that nurse leaders need to have a view and vision of nursing and they need to express it to others. Nurses proposed that leaders get comfortable with debate and that they actually invite contrary views instead of wanting staff to comply or agree. It was suggested that leaders can help nurses become multi-vocal. To their colleagues, nurses advised, "Don't react; engage in self-reflection and address the messages not the messengers."

Mary: Great thoughts to ponder. Next meeting let's talk about invisibility as lived experience in our roles. I think that may be an interesting follow up to our talk today about silence.

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