The Healing Waters of Poni 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 Nîmes. 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 failure, our shame, 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—I was troubled by the discussion today revealing the disdain some nurses display to their colleagues when they are rewarvested for something they did well at work. The nurse who gave the example of moving from pride about her work to shame and hurt was incredible. Human nature is difficult to understand sometimes. No wonder it is so hard to raise the bar in practice.

Gail—The whole idea of difference, tolerance, and acceptance among people is perplexing to say the least. I wish we had more understanding about the dynamics of intolerance, jealousy, fear, and hurt that drive a lot of relationships, including team relationships in healthcare.

Mary—Being different is about being an individual. Our own individuality doesn’t fit with wanting everyone to be the same and not stand out for doing well. Recognition, as one nurse said, is about what it means to that individual as well as to others when one among a group is recognized for good practice or even just a kind deed. This nurse felt guilty when she won an award thanking her for exceptional service and her peers jumped all over her. I thought her insight was worthy of attention when she asked if recognition was such a rare event in healthcare that it creates a stir when it is encountered.

Gail—Perhaps she is right. Do you see recognition and gratitude expressed every day? What does it look like when you see it? What does the intolerance for recognition look like? We heard it described as ridicule and resentment by the nurse today, but how else is intolerance expressed?

Mary—Again the question was asked, “Is it different in our discipline because we are mostly women or is it like this in all close relationships?” This is not strictly a gender issue. The history of intolerance of difference is as old as humanity. So how can leaders create a different kind of culture?

Gail—Van Kaam in a book called “Living Creatively” said, “When one stands out from others it shows not only something about the person who is standing out but the standing out also shows a lot about those who are not in the foreground.” If we understand this to be true then how
do nursing leaders inspire nurses to be different and to strive for excellence instead of mediocrity?

Mary—We have had many discussions about how to encourage respect for difference. The ideas nurses had about questioning and searching to hear what is said and then to ask, "How else might we think about this issue?" or, "How else might we answer this question?" If we can live openness then maybe we can encourage and inspire its growth.

Gail—I agree. We need to encourage diversity in day to day practice. When you think about it, there is a lot of looking for agreement rather than seeking diverse views and unusual ideas about things. Wouldn't it be great if we could begin to create processes that are open and deliberately solicitous of difference? Differences must be tolerated if we hope to create continuous learning and growth. How can nurses respect differences among persons and families when they are upset with differences among their own peers?

Mary—What a paradox! Nurses want recognition and respect and yet when it is delivered or experienced there is discomfort. I think we need to take a stand as leaders by creating cultures that encourage an atmosphere of understanding and acceptance. The nurse who introduced the topic said she wanted understanding that today the recognition was for her but tomorrow it could be for someone else and she wanted her colleagues to see the potential and the possibilities for themselves.

Gail—I was inspired by the nurse from palliative care who said, "It is the little things that make a difference to families and if we cannot find ways to do those things, it is not worth being a nurse." Those little things mean so much because of the message they give, a message that says, "I care." That message and it's meaning to families makes a huge difference to their experience of healthcare.

Mary—On the other hand, one nurse said, "Nurses give so much to patients they have nothing left to give to each other." This could be a reason why nurses are not more supportive of each other when recognition is given to a colleague. One nurse said, "When there is little or no teamwork and support, work is much harder." The support that can happen among teams and groups must be captured in nursing.

Gail—We have heard from many nurses in these forums, that relationships with colleagues and friends at work is one of the most important aspects of getting through the tough times and of experiencing quality in day to day work. The group today did not linger too long before moving the discussion toward all the wonderful things about their colleagues. I love the paradoxical patterns that arise in these discussions because they help us to understand the complexities of real life.

Mary—There have been many helpful insights shared. Be upfront. Be honest but not unkind. Have the courage to engage in dialogue so that issues can get aired and then people will move on.

Gail—There were others. Have some fun and laugh—it helps in so many ways. Take a moment to offer help and assistance—it makes all the difference.

Mary—Be there for each other. Staff want their leaders to be there for them and to care about them. They want and need mentors who can help them grow as nurses and as persons. When I think of all the pressures on Nurse Managers and how critical they are to staff, it is essential that we support them to support nurses. It makes all the difference, as one nurse said, when someone believes in you and helps you to do something you did not think you could do. That is leadership.

Gail—We need to be more mindful of each other and how we are with one another in the messages we give and take. Everyone has doubts and uncertainties about their own abilities and hopes.

Mary—The better side is there in all of us. Our challenge is to bring out the best in each other.

Authors
Dr. Gail J. Mitchel is the Chief Nursing Officer at Sunnybrook & Women’s College Health Sciences Centre, Toronto, ON. gail.mitchel@swchsc.on.ca
Dr. Mary Ferguson-Paré is the Vice-President and Chief Nursing Officer at University Health Network, Toronto, ON. mary.ferguson-paré@uhn.on.ca

Reference

Editor’s Note
This is the last “Let’s Get Real” column. Gail and Mary’s dialogues with staff nurses have provided some insight into the real work world of nurses. We thank all for their contribution.