



Hold High the Lantern: *Illuminating Culture, Perception and Power*

by KATHLEEN BARTHOLOMEW RN, MN

Editor's Note: This article shares a glimpse of Kathleen Bartholomew's inspiring keynote presentation from the AHNA 33rd annual conference this past June in Norfolk, VA.

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Holistic Nurses are the hologram for a new brand of nurses who embrace their role, responsibility and privilege in healing

When I graduated from nursing school at 39 years old, I sobbed through the entire ceremony. They weren't tears of joy, but rather tears of relief that the hardest thing I had ever done in all my life was finally over. As the single mother of five children, I was exhausted from the long commute, managing work and school, life in a small trailer, and the challenges of re-wiring my brain to comprehend anything mathematical.

At first, I struggled to be a "good" nurse—although I wasn't quite sure exactly what that was. I didn't see the advantage that I had over the younger nurses who readily accepted the reality that surrounded them. It was my nature to question everything. Yet the majority of the time, I was silenced by the response: "That's just the way we do things around here...or...that's just the way he/she is." I got the message very quickly that a *good* nurse accepted the norms and didn't make waves.

Yet the reality of my first staff nurse position was a challenge—the doctor who screamed on the phone, the charge nurse who punished my questions with a difficult assignment, and the challenges of caring for my patients in a hospital system where I couldn't find time to even talk with them. In this hierarchy, some people felt that they were more valuable than others; and there were many situations where I hesitated to speak up to more powerful individuals and ended up feeling less than others. Nothing made sense—until I entered the Masters of Nursing program at the University of Washington and began to study about the invisible hands of culture and power.

Understanding the Power Dynamics of Culture

Anthropologists say that defining culture is like a fish talking about water—it's the last thing you see because you are continually immersed and surrounded by it. As humans, we quickly learn what is considered normal for our particular environment. Culture determines what we pay attention to, as well as what we ignore. For example, everyone may tolerate the behavior of a particularly rude physician in an operating room because he is considered a *skilled* surgeon. New nurses quickly learn who they can safely go to if they have a question—and who they will never approach again for fear of feeling stupid. Everyone learns these rules; they are never spoken out loud and are not written down anywhere. Like fish, we are inclined to *swim* together accepting the norms to stay safe, and the last culture we ever perceive is our own.

In order to better understand the Nursing Culture, I began collecting narratives—first from nurses about physician-nurse relationships and subsequently stories about nurse-to-nurse relationships. These rich and poignant stories carried a wealth of information. Yet I was perplexed to discover that the subjects' profiles matched those with battered woman syndrome: They sought anonymity, experienced PTSD even years later, and thought the event was their fault. Only when I put these stories into the context of Oppression Theory did all the puzzle pieces of the various stories come together. Studying the power dynamics that underpin culture gave me a lot of information about human beings (Bartholomew, 2006).

For example, in one study, 78 percent of Labor and Delivery nurses said they would increase the dosage of Pitocin to the wrong amount if the physician asked them to do it (Lyndon et al., 2011). This is just one of many instances where the hierarchical culture of health care has had a profound impact on utilization of best practice. Culture trumped knowledge almost every time.

Alas, culture is not what we say, what we think, what we mean, or even what we intend; it's what we do.

—Jon Burroughs MD, healthcare consultant and educator

Oppressed Group Behavior Vs. Owning Your Power

Understanding how humans give away their power was the key to reclaiming the power of my profession. Paulo Freire was a Brazilian sociologist who wanted to know more about the societal dynamics where some people exerted power over others. He studied cities in the Southern Hemisphere that the Europeans had settled, and coined the term *oppressed group behavior*. A group without power could not direct their power upward. So without an avenue for their energy, they unconsciously exerted power on each other (i.e., horizontal hostility). After a period of time, they insidiously began to adopt the values of the dominant group, and their self-esteem dropped. Interestingly enough, freedom from these dynamics did not depend on anything the dominant group did, but rather on the oppressed group's increased sense of self-esteem that came from reclaiming their values (Freire, 1970).

Caring, music, presence, art...all the things that I knew intuitively served to heal were not as valued as science, objectivity and technology in the greater society where nursing existed. An ICU nurse who could manage six pumps was esteemed higher than a Rehab nurse who could encourage a patient for six hours to perform a simple task.

Then I discovered Holistic Nursing; it was like finding a country that I always believed existed—a mythical land with like-minded people whose very presence validated my inner knowing. The core values of holistic nursing do not seek to emulate the dominant medical values, but rather serve to elevate everything that makes our profession unique. Holistic nurses understand and validate the subtle energies. These are nurses who own their power, who audaciously believe that they, themselves, are the therapeutic channel for healing.

Why did some nurses see this, and others didn't?

Illuminating Perception Through Story

I looked for a framework that could possibly explain every nursing story that I had ever heard. Nothing was more powerful than culture. Culture literally determines what we see, and what we don't see. Traveling full time and visiting hospitals and psychiatric/ mental health institutions across the continent provided multiple examples:

On a large pediatric unit there are three pods. On the first pod is every new nurse. On the second pod are nurses with 3-10 years of experience. And on the third pod (closest to the bathroom and the break-room) are all the experienced nurses. Collectively, the group silently agreed to these norms (otherwise, they would not exist). Did no one notice?

What if you were a nurse on this unit and your child was suddenly admitted to this floor. Wouldn't you request a room in the third pod of expert nurses? This is called *cognitive dissonance*. When humans cannot resolve two conflicting situations, they need to compartmentalize in order to function. There are many reasons why humans fail to perceive reality.

Human beings are adaptable and do not notice changes that happen incrementally and slowly over time. Our focus is on the workload, so we myopically embed in the tasks at hand, especially in an environment where every day we are asked to do more with less. We are far more sensitive to each other than led to believe. Non-verbal communication is the strongest, especially the covert behaviors such as eye-rolling or raised eyebrows which send a strong message that you have done something wrong or are inadequate. We communicate constantly with each other because deep inside, we are wired to know that our very survival depends on community.

A spiritual writer, Thomas Moore (1992) said, "The greatest need of the soul is for belonging." Groups without power learn to keep safe by staying together—like a school of fish. They tell stories about themselves both to reinforce their connections with one another and to remind themselves of the standards that bind them (Haidt, 2012). We are far more sensitive and fragile than we have been taught—and also much stronger together than you can ever imagine.

People are naturally drawn to stories because through them we recognize ourselves. Through the stories of nursing, I could see where we had lost our power (our voice). Yet these stories also revealed how we could come together to create a new reality by compassionately understanding ourselves as human beings within the context of power and culture.

Only when we recognize and speak our authentic truth, can we begin to change the dominant culture. South African social rights activist, Archbishop Desmond Tutu won the Noble Peace Prize for bringing opposing groups together to discuss both *truth* and *reconciliation*. He understood the power inherent in naming the current reality.

A Chinese philosopher once said, "Don't be afraid to look at the shadows, because only then will you be able to see where the light is coming from."

As long as we remain unaware of the power of culture and hierarchy, herding behaviors will prevail (Brooks, 2011). Freedom from oppression occurs when both individual and collective self-esteem rise. Good nurses speak their truth. Freedom from our cultural chains occurs when we have the courage to embrace not just the "good stuff", but the *whole* picture of everything we know about this wonderful profession. "When we deny, moralize, and sort the good from the bad, some of the dynamic vitality of the image of nursing is lost. Repressed content always makes itself known in other ways" (Robinson, 2013).

It is not in setting ourselves apart from animals that we will transform humanity, but rather in acknowledging our similarities. There is only one behavior that truly separates us from animals: the ability to form a shared intention.... to put an idea out there and communicate something that has never existed before (Diamond, 2006). Science and spirituality author and researcher Lynn McTaggart reminds us that "one thought can change the world" (Abbott, 2010). Together we can collapse probability waves—not just by thinking, but by connecting with our hearts. Every time we experience and share with each other those sacred healing moments that we have with our patients, we elevate the entire profession.

All the nurses were already in report when I arrived on the unit. The call light was ringing repeatedly, so I picked it up.

"Help! Come quick! I need help."

Quickly, I ran to the other end of the floor toward the distressed patient's room. As soon as I entered, I could see a middle-aged woman clutching her stomach and rocking back and forth in the bed, writhing in pain.

“Good” nurses speak their truth.

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“Can I help you?” I asked.

She looked at me in disgust and responded, “Why do I get all the stupid ones? Read the chart girl. I have three ulcers...THREE ULCERS!” And then she returned to her rocking/writhing motions.

Nothing in nursing school had prepared me for this moment. Suddenly I had an idea. I picked up a dry erase marker and headed for the white therapy board posted in the room. I drew three round circles on the board and asked, “What are their names?”

“WHAT?” she answered surprised, “I don’t know what you are talking about.”

“Give it a shot,” I encouraged as she stared out the window and her body rocking ceased.

She contemplated for several moments, her gaze shifting back and forth between the window and the board. Then thoughtfully, she responded, “The biggest circle is my ex-husband, Bob.”

And so I wrote his name in the circle, then the ‘bills’ in the smaller circle and so on until we formed the first of many healing moments where Nursing has the privilege and the power to stand linking emotions to body, mind and soul....”

Holistic Nurses: A New Brand of Nurses

Here is my thought: Holistic Nurses are the hologram for a new brand of nurses who embrace their role, responsibility and privilege in healing because their self-esteem is high enough to love and care for themselves. They have the courage to step into their own personal power. They have reclaimed the values of the oppressed group, and by doing so, have elevated the entire nursing profession.

Hold high the lantern! As Holistic Nurses, the brilliance of Nightingale’s values will shine so brightly that the entire profession cannot help but turn to look at this beacon of hope for all humanity.

As we open our hearts to new possibilities, our true nurse image will emerge with the reverence it deserves. It is time to re-vision ourselves and fulfill the unfinished business of our ancestors. Imagination opens to vocation.

—Elizabeth Ann Robinson PhD, RN, *Soul of the Nurse*

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