A part from holistic nursing, there is no shortage of negative and often vitriolic reports regarding healthcare relationships. Patients and families often recount stories of poor communication, unkind treatment, and animosity from their healthcare team. Caregivers and healthcare leaders frequently express lack of joy in their work, burnout, apathy, and dislike for their patients. The “us-against-them” mentality between patients and those that care for them is startling and gravely concerning.

The degradation of healthcare relationships is portrayed in the article “A View from the Edge — Creating a Culture of Caring” (Awdish, 2017). The author, a physician, shares the insights she gained when she became a patient in the hospital where she practiced. Dr. Awdish (2017) admits that “there were disturbing deficits in communication, uncoordinated care, and occasionally an apparently complete absence of empathy” (p.7). She recognized the lack of a holistic relationship between herself and her caregivers.

Holistic nursing as defined by the American Holistic Nurses Association (ANHA) “embraces all nursing that has the enhancement of healing the whole person from birth to death at the heart of its practice” (2017). This holistic approach to patient care aims to create a nurturing environment where the patient’s physical, emotional, social, and spiritual needs are met.

**Reflecting on Holistic Relationships: A New Definition of Culture**

by JULIE KENNEDY OEHLERT, DNP, RN
Partnership or “power-with” relationships are trust-based.

dead,” and involves both “identifying the interrelationships of a person’s bio-psycho-social-spiritual dimensions” and “recognizing that the whole is greater than the sum of its parts” (AHNA & ANA, 2013, p.1). For this discussion, when a relationship embodies these holistic attributes, it is referred to as a holistic relationship.

Culture and Holistic Relationship
To reflect on the presence or absence of holistic relationships in health care, one needs to consider them in the context of the culture in which they are formed, sustained, and normalized. Culture has become quite the buzzword. A recent Harvard Business Review article (McGregor & Doshi, 2015) relates how Fortune 500 company leaders used the word “culture” 27 times in 90 minutes. Despite the numerous mentions, little was said regarding how one reshapes or redesigns culture in an intentional way. The authors state that although “leaders believe a strong organizational culture is critical to success, culture tends to feel like some magic force that few know how to control” (McGregor & Doshi, 2015).

The reason culture may feel like a magic force could lie in how it is defined, if organizations define it at all. Culture has several definitions, with the most commonly used being “how we do things around here.” This definition misses the mark by not acknowledging the complexities of human interconnectedness that is the foundation of culture. Other definitions of culture include elements of shared beliefs, attitudes, values, ways of thinking, and/or common practices found in a group or organization. None of these definitions help get to the root cause of healthcare relationship woes. To address relationship issues, an actionable definition of culture is needed.

Defining Culture
The definition of culture that will best direct and inform health care today is one that reflects culture as relational at its core. An actionable definition of culture is found in cultural transformation theory (Eisler, 1987; Eisler & Montuori, 2001; Eisler & Potter, 2014), where culture is defined as how relationships are structured on a continuum. At one end of the continuum are domination or “power-over” relationships in which relationships are Fear-based and rigidly hierarchical. In health care, this end of the spectrum translates into such issues as patients’ fear of retribution, devaluation of some healthcare roles, and fear of reporting safety issues. At the other end of the continuum are partnership or “power-with” relationships in which relationships are trust-based, equilitarian, and built around flexible hierarchies of actualization and mentorship (Eisler, 1987; Eisler & Potter, 2014). In health care, these relationships are characterized by shared decision making, positive holistic relationships, and effective interprofessional team dynamics. This definition confirms that a culture is the totality of the relationships formed within that culture, and shapes how those relationships are structured, be they more power-over or more power-with. This means that organizational actions that value, nurture, and promote holistic, power-with relationships beget a holistic, power-with culture.

If health care strives to heal relationships between patients, their families, caregivers, and healthcare leaders, a focus on how relationships are structured becomes the strategic direction. A focus on culture is necessary, not as the current buzzword, but as an organizational imperative with the overarching goal being to create and sustain holistic relationships. Prioritizing strategies that support holistic power-with relationships will contribute to the outcomes that health care so desperately desires: improvements in employee engagement, patient experience, quality, safety, and interprofessionality. To achieve this, health care must balance the time, effort, and money spent on issues such as compliance, technologies, and documentation, and create space and time for holistic relationships that will heal the chasm that exists now. This will pave the way for a power-with culture that will nurture and sustain holistic relationships for the future of health care.

REFERENCES

Julie Kennedy Oehlert, DNP, RN was one of the first healthcare executives to apply Eisler’s cultural transformation theory to healthcare strategy and operations. Her innovative publication Themes in Health Care Culture: Application of Cultural Transformation Theory (2015) opens the dialogue of addressing culture from a relationship strategy and explores the effect that domination or power-over culture has on healthcare outcomes. Dr. Kennedy Oehlert has innovated intentional practices to aid in disrupting current domination cultures so a more power-with culture can emerge. She is currently the Chief Experience Officer for Vidant Health and adjunct faculty at East Carolina University College of Nursing.
“By the very definition of the word, we are heroes. And where there is a hero, there is also a villain.”

Editor’s Note: Renee Thompson, DNP, RN, CMSRN will be delivering the endnote presentation at AHNA’s 37th annual conference: June 5-10, 2017, in Rancho Mirage, California.
It's no secret that nurses are some of the most caring and compassionate people in the world. In fact, most of us enter the profession because we want to make a difference in the lives of others. And so it comes as no surprise that when grateful patients or family members call us “angels” or “heroes,” we typically respond by saying, “Oh no, I’m just doing my job”– or worse, “I'm just a nurse.”

Many nurses downplay such compliments because we view ourselves as ordinary people doing heartfelt work, though we are hardly divine and certainly not superhuman. We sport neither halo nor cape – our attire is that of the mortal: gowns, gloves, and goggles. True heroes, we believe, are those extraordinary few who, throwing caution to the wind, stop at nothing to save another. While everyone else runs out of the burning building, it is the hero who runs in.

**The Nurse as Hero**

However, if we review the definition of a hero, we find that heroes:

- possess great courage and strength,
- are regarded as role models or ideals,
- demonstrate special achievements or abilities,
- abide by a strong moral code, and
- embrace a noble purpose.

In essence, the very nature of holistic nursing reflects the heroic. It takes strength to comfort the parents of a dying child and courage to care for a drunk driver whose victim did not survive. It takes nobility of purpose to encourage a new nurse who is unsure and unsteady in her role. It takes a role model to stand up against injustices in the healthcare system, and special ability to bring joy to those struggling with dementia. By the very definition of the word, we are heroes. And where there is a hero, there is also a villain.

**The Nurse as Villain?**

Nursing is a taxing profession. Long hours, inadequate staffing, frequent turnover, high patient acuity, increasing regulatory demands, new equipment, old equipment, broken equipment... the list of on-the-job stressors seems endless. And while nurses may be heroes, we are also human. We are prone to emotional, physical, and mental exhaustion, any of which can leave us vulnerable to relational aggression, otherwise known as bullying. Regardless of the reasons nurses bully other nurses, explanations are not excuses, and bullying is never okay.

Bullying is nursing’s greatest archenemy. It weakens the hero within us as it erodes our resolve, diminishes our strength, and taints our compassion. Unfortunately, bullying happens to the best of us. It also brings out the worst in us. Dellasega and Volpe (2013) describe several bullying behaviors prevalent in nursing:

- mistreatment of the new nurse
- the know-it-all/criticism queen
- gossip and “trash talk”
- cliques, campaigns, and drama
- incivility
- competition

These behaviors manifest in many ways, from eye rolling and silence to backstabbing and sabotage (Townsend, 2012). For holistic nurses, such behaviors run contrary to the core principles of interconnectedness with self, others, and our spiritual natures, including the caring processes of compassion, respect, and trust, to name just a few. In fact, holistic nurses strive to achieve harmony/balance and create healing environments by “letting go of self-destructive behaviors and attitudes” (AHNA & ANA, 2013, p. 21).

While we believe that “human beings are unique, diverse, and inherently good,” (AHNA & ANA, 2013, p. 6), nurses who engage in bullying or fail to take a stand against it (unknowingly, perhaps) take on the role of the villain. These are not easy words to hear, nor are they easy to write, but the impacts of nurse-to-nurse bullying are staggering, and trite terms will not suffice.

**The Impacts of Bullying**

Statistics regarding nurse bullying paint a disturbing picture, particularly for nurses entering the profession. Sixty percent of new nurses who quit do so because of the bad behavior of their...
coworkers (Townsend, 2012). This is disheartening. How many heroes are we losing?

Even before entering the workforce, 48 percent of graduating nurses are afraid they will become the target of workplace bullying (Kaplan Test Prep, 2014). And experienced nurses who are bullied burn out faster than their non-bullied peers (Allen, Holland, & Reynolds, 2015).

All things considered, nursing’s reputation as the most caring and compassionate profession is at risk. The archenemy is on the loose.

Bullying interferes with holistic nursing practice by making collaboration difficult, by challenging the creation of a healing environment, and by interfering with self-esteem. It can lead to depression, anxiety, and a sense of powerlessness (Adams & Maykut, 2015). Oppression begets oppression, and for nurses, this is not good news.

The Hero Nurse Revisited

Sociologist Dr. Paulo Freire (2000) is an expert in human behavior. During his research, he observed peer-to-peer oppression (bullying) in the countries he visited, noting the dynamics that occur between the oppressor and the oppressed. His solutions (adapted for nursing) offer hope for the hero within us (Freire, 2000):

**Reflect:** In other words, look at the bullying situation from the vantage point of an objective observer. Think deeply. Watch for patterns and triggers. Be aware of our behavior, and the behavior of others. Be honest. What do we see?

**Praxis:** Simply put, develop interpersonal skills, specifically those related to communication and human behavior. Communication involves listening for meaning and paying attention to the unspoken as well as the spoken. Effective communication is essential for dealing with difficult people. It is a skill that can be learned.

**Rehumanize:** This applies to both ourselves and our bullying peers. Just as oppression begets oppression, so kindness begets kindness. And as Eleanor Roosevelt’s words so powerfully remind us, “No one can make you feel inferior without your permission.”
“Thriving affectively involves maintaining our energy through adequate sleep, exercise, healthy eating, engaging in mindfulness, and maintaining positive relationships.”

We are all born with goodness in us; then sometimes life gets in the way. By showing compassion for ourselves and equal compassion for our oppressors, we serve as role models and reminders of what it means to be human.

For holistic nurses, the above options should ring true to our principles. The response to bullying begins from within by strengthening our own abilities and by reaching out to strengthen the abilities of our peers, difficult as that may sometimes seem. Doing what is right is rarely easy.

Aligning with Freire’s advice is that of Christine Porath (2016), Associate Professor of Management at Georgetown University, who cautions against retaliation or even direct discussion when responding to incivility in the workplace. She believes that while avoidance is not an option, confrontation often makes matters worse. Bad behavior must be reported. Ignorance is not a helpful solution. Confrontation is risky and should only be attempted after asking the following three questions: Do I feel safe talking to this person? Was the behavior intentional? Was this the only instance of such behavior? Rather, Porath (2016) suggests a holistic solution – that of thriving – and recommends what she calls a “two-pronged approach.”

Thriving cognitively: Similar to Freire’s “Praxis” solution, thriving cognitively begins with reflection through journaling, both to release negative emotion and to bring closure. Following up with new learning opportunities (job-related or not) or working with a mentor can increase our mental reserve.

Thriving affectively: This involves maintaining our energy through adequate sleep, exercise, healthy eating, engaging in mindfulness, and maintaining positive relationships. It makes sense; we are human, after all, and when our reserves run low, our defense mechanisms falter.

Finally, it is vitally important to remember that not all bad behavior is bullying. Personality differences and individual communication styles, though they may rub us the wrong way, are just that. Consider the person. Consider the pattern. Consider the attempt to harm. The more we know about our fellow nurses, the easier it is to understand their stories and where they are coming from. For example, insecurity often disguises itself as arrogance, and criticism often overshadows untapped energy. We may be heroes, but we are far from perfect. And so we must seek the good in ourselves and others.

Be the Hero!
If nursing were a burning building would you run in? Then run. Let’s polish our halos and don our capes. The archenemy has arrived, and we have no time to spare. Let’s commit to the holistic nurse’s guiding code of ethics to “nurture each other” and assist our peers “to work as a team in the interest of client care” (AHNA & ANA, 2013, p. 178). We cannot afford to lose one more good nurse if we are going to do what we were called to do: Care for the sick and make a difference in the lives of others.

Think back to when you recited the Nightingale pledge as a fledging nurse and promised to “do all in my power to maintain and elevate the standard of my profession...” It’s time to recommit to this high honor. Now go on, be that hero.

REFERENCES

Renee Thompson, DNP, RN, CMSRN is an international speaker and consultant who tackles the clinical and professional challenges facing healthcare leaders today. With 26 years of experience as a clinical nurse, nurse educator, and nurse executive, Dr. Thompson is an expert on workplace bullying, professional development, and clinical competence. She hosts an award-winning blog and is the author of several popular books on bullying and professional development. In order to fully understand the challenges facing leaders and their employees, Renee continues to practice as a bedside nurse.