Breaking Silence and Giving Voice

It is not easy to be a pioneer — but oh, it is fascinating!
I would not trade one moment, even the worst moment, for all the riches in the world.
— Elizabeth Blackwell, Pioneer Work in Opening the Medical Profession to Women: Autobiographical Sketches (quoted in Grant and Carter, 2004, p. 11)

How does one end that which is only the beginning? This work began with the question What is the experience of acute-care NPs? In seeking to answer it, I have considered the influences that have shaped my own perception of NP practice and the ways in which they are understood in our society. I have tried to create a description of their transformational journey as the NP experiences it
and to evoke some of its essential aspects. Through deepening our understanding of the nature of their nursing practice, this work serves to make visible aspects of the NP role as lived that have heretofore been invisible. This way of knowing and understanding NPs makes it possible for NPs to use a different voice in professional and social discourse, and for health care providers and health care recipients to enter the conversation in new and diverse ways; we can break the silence on who the NP is and how NP nursing practice unfolds in all its uniqueness and complexity.

The NPs’ transformational journey of being and becoming in this role is an attempt to create a context in which to proceed with their professional lives. The journey involves, among other things, being competent, confident, and comfortable with the clinical management of their patients; having fun, doing well, feeling good about what they are able to accomplish and how it is accomplished; dealing with boredom; thinking about the future; and struggling to maintain a sense of self they feel they can live with. Their journey is about finding the perfect fit, the experience of which occurs through their engagement in practice. In this sense, it is not only about navigating a way into the future, but also involves being called to draw upon the past.

At this time in Canadian nursing history, the nature of being NPs in acute-care settings is as much about writing a history as it is about drawing a map. Yet, paradoxically in some respects, this must be an uncharted journey, for the experience of being an NP within this context takes its own shape for each person. It is not as if nurses who choose to become NPs all set sail from the same port and then reach a fixed destination, via a predetermined route, using the same compass within a designated timeframe. Their journeys come into existence moment by moment as they are lived within their communities of practice. NPs’ daily practices, with their mixture of submission and assertion, are complex, collectively negotiated responses to what they understand their
situation to be (Wenger, 1998, p. 78). Their journeys are not reducible to a single element such as power, satisfaction, competition, collaboration, desire, or economic relations. Just as Wenger discovered in his work on communities of practice, how NPs go about doing their work and who they are is a complex mixture of power and dependence, expertise and helplessness, success and failure, alliance and competition, ease and struggle, authority and collegiality, resistance and compliance, fun and boredom, trust and suspicion.

There is a shift in NPs’ relationships within each of their communities of practice throughout the journey. This shift occurs in a subtle and complex fashion. Yet all the while, the change gradually uncovers the differences between the NP and traditional clinical nursing roles, and between the NP and physician roles to which they are also somewhat similar. Every newly constructed difference in how work is conducted as a result of their presence, every new negotiation between physician and NP or bedside nurse and NP, as well as every new merger of work activities brought from the nursing and medical worlds, brings about a change in both the ecology of the communities of practice and the NP’s sense of self in this role. As a result, NPs begin to see themselves anew and gradually undergo an inner transformation. In addition, others, particularly nurses, have the opportunity to see nursing in a new way, as well as new possibilities for being.

The question that guided this work was intended to allow the phenomenon to show itself. The paradoxical nature of hermeneutic phenomenological inquiry is that while there is a deeper and richer understanding of the question, something of itself must be held in reserve. The very thing that aims to uncover what is hiding is that which restricts it (Moules, 2002). Instead, the power of this work is found in its ability to have the question live on, seeking never to be complete, just more deeply and richly understood. The aim was to describe and find meaning in
the NPs’ lived experience; to that end, the intended aim has been accomplished. However, in Moules’ terms, this inquiry is a “work in progress,” and thus, in the truest sense, remains unfinished.

However, this understanding does not mean that there is not a response to the recognition that occurs when something rings true of what is said in the particular. Max van Manen (2002, p. 88) asserted that understanding in the phenomenological sense has the potential to sponsor more “thoughtful action: action full of thought and thought full of action.” In other words, possibilities for different ways of understanding and being with NPs in education, practice, or research are planted and cultivated as a result of bringing forth something new or recognizing that which has been taken for granted. How may we attend to the conversation in a helpful way and move it beyond the singular voice of instrumentation and economics? How may we support the development of nurses as NPs as they undertake their journey? How may we help them be safe without diminishing the vulnerability and openness necessary for meaningful growth and transformation? How do we create dwellings of boundless possibilities for NPs in the acute-care context? Perhaps we should consider these questions from Heidegger’s definition of dwelling (quoted in Devall and Sessions, 1985, pp. 98–99):

Dwelling is not primarily inhabiting but taking care of and creating that space within which something comes into its own and flourishes. Dwelling is primarily saving, in the older sense of setting something free to become itself, what it essentially is. . . . Dwelling is that which cares for things so that they essentially presence and come into their own.

It is imperative to keep the questions open and expand the conversation. For example, given the new thoughts concerning how NPs are assigned various titles and the influence titles can have
on the enactment and meaning of the role for the NP, we need to keep the discussion of titling in play at the local and national level. Title confusion and lack of role clarity continue to pose substantial barriers to NPs’ full integration into acute-care settings across Canada. Donald and colleagues (2010, p. 203) recommended that to reduce confusion and facilitate communication, nursing regulators across the country should consider agreeing on common specialty titles. However, we also need to engage in a deeper and broader discussion that includes how titles, such as NP/CNS, NP, and CNS/NP, impact role clarity and the NP’s identity of self.

This work has sought to humanize the NPs’ experience as a transformational journey; now nurse educators and local administrators need to question what strategies best meet the changing needs of NPs through the various transitional processes they experience. Questions and ongoing engagement in intimate dialogue with NPs about what the perfect fit looks like for each person are essential in creating a dwelling of possibility. For instance, what supports are offered to the NPs in their institutions in terms of mentorship, not only in the clinical management of patients, but also in terms of the development of the research, leadership, and pedagogic acumen of individuals in the NP role? What are the teams’ strategies for incorporating the NP role? How willing are the members of the community of practice to accept the NP role, and what are their understandings of this advanced nursing practice role? How can we create an environment that fosters imagination?

The visibility of the ways in which NPs make a difference — while embedded in a moral imperative of caring and as integrated with some of the traditional medical curing activities — raises questions concerning the structure of their practices. If the additional time spent with patients and their families is more conducive to holistic care — which is ultimately more healing for patients and more satisfying for NPs — should their practices be restructured
in such a way to afford that time? At the very least, the possibility of NPs to transcend the binary opposition of care and cure, thus opening a new space for being, as has been revealed by them, should provoke the nursing profession to pause and reconsider the discourse that has asked “Whither the ‘nurse’ in nurse practitioner?” (Weston, 1975)

We need to acknowledge the NPs’ experience. Explication of the nature of their journey also calls into question the tendency to underestimate the complexities of taking on this role. All of us, including educators, administrators, nurses at the bedside, and physicians, need to recognize and acknowledge the profound effect the transformational journey has on them. We also need to recognize and acknowledge that their journey does not end with the attainment of competence, confidence, and comfort in the direct patient-care competency. To dismiss this knowledge is to underestimate the power their experience has upon their identity, their sense of belonging, and how they embody their practice. Being disconnected, being uncertain, and being lost, for example, are experiences that NPs have held in silence, in the assumption that these are problems particular to the individual. How many NPs have left (or could leave) this role as a result of misunderstanding that these feelings are theirs alone? How can we use this information to lessen their feelings of isolation and help NPs to engage in a dialectic that will enhance the transformation from being adrift to being NPs?

Answers to such questions as: Has anyone else felt like this?, What is happening to me?, Is this normal?, and How will I know when I am good enough? — do not lie only in the findings of this study. On the contrary, every NP must undertake and learn from his or her own journey. Nevertheless, the NPs’ transformational journey as revealed here is important, as a place from which they can perceive and understand their own experience. Initiating a dialogue with openness to who they are and who they want to be, with
an appreciation of the journey, can promote self-discovery and
development of the imagination.

The most important aspect of such questions may lie in the
search for answers rather than in the answers themselves. Heidegger
(1968) wrote in What is Called Thinking?, “And yet the question
may even be such that it will never allow us to go through, but
instead requires that we settle down and live within it” (p. 137).
This may be true for questions about being and becoming an
NP as well. All of us who work with NPs need to dwell within
the questions. We, too, need to focus on the development of our
imaginations regarding the possibilities for the NP role in acute-
care settings and the ways in which we can foster NPs in their
transformational journey.

Consider again the question: How does one end that which is only
the beginning? “A man went to knock at the king’s door and said,
‘Give me a boat.’” So begins José Saramago’s (1999, p. 1) simple
but intriguing short story The Tale of the Unknown Island, a fable that
carefully conveys the story of a transformational journey. An
unnamed man arrives at the king’s “door for petitions,” a door
the king neglects because he is waiting by the “door for favors,”
which are favours that others offer to him. Fortunately, the man’s
tenacity coincides with the ruler’s fear of a popular revolt, which
results in the king grudgingly granting the man a seaworthy boat
with which he can sail to find “the unknown island.” In the ensu-
ing philosophical discussion about whether such an island could
be found or even existed, it is revealed that the unknown man
is a dreamer, with bold imagination and strong will. When the
king assures him that all the islands have already been discov-
ered, the man refuses to believe it, explaining that man exists
“simply because there can’t possibly not be an unknown island”
(Saramago, 1999, p. 12). Having overheard the entire conversa-
tion, the palace cleaning woman leaves the royal residence to join
the man on his voyage of discovery. The two would-be explorers
claim the boat, only to realize they have no provisions, map, or crew. Whether the vessel ever finds its destination remains a mystery, but several crucial lessons endure: (1) Follow your dream and your dream will follow you; (2) If you don’t step outside yourself, you’ll never discover who you are; and (3) When sailing, there are more teachers along the way than you can ever expect or predict.

Some NPs find the perfect fit for which they are searching in being NPs. However, in being NPs they continue to live with the tension of being pulled to be more. It is unknown whether the tensions they experience will ever be experienced as an internal call to continue their journey. Melville informed us in Moby Dick that New Bedford at best is a point of departure, not a final destination, and only exists in relation to the journey out. As such, the journey out constitutes New Bedford as a temporary resting point, a way station, from which one begins another journey. Melville called on us to live “landless” and “shoreless,” to continuously journey out from safe harbours upon a voyage that is open and for which there can be no final destination or end point. There are some NPs who continuously answer this call and are constantly challenging themselves to think about nursing and health care delivery in new ways, to leave the comfort and safety of what they think they know to be true about both, to imagine what could be, and to act and relate in new ways. It remains a mystery at this point where they will journey from here, but their journey is not over, because for NPs who live the experience of being more, being more is about the constant search for more. Some already imagine furthering their education in order to bring more knowledge and ideas to their practice, while others imagine a nursing practice that is more global. Perhaps for NPs who experience being more, their lived experience is similar to Geena Davis’s belief, as quoted in Morris (1999, p. 320):
I view life as a journey. It’s not so much having some goal and getting to it. It’s taking the journey itself that matters. . . . I don’t think life is about arriving somewhere and then just hanging out. It’s expanding and expanding and trying and trying to get somewhere new and never stopping. It’s getting out your colors and showing them.

This book concerns the experience of NPs as pioneers in Canada as they try to find a sense of identity while they negotiate Canadian sociocultural values concerning the way we traditionally deliver health care. The struggles that NPs experience often involve issues of estrangement from hegemonic values concerning nursing, medicine, and health care delivery in our society. It is my hope that this book inspires openness and dialogue between people within and across disciplines and the various health care sectors. I hope that the book’s contents disrupt the current discourse that accommodates NPs only within the scope of its fixed values. I encourage other voices to come forth as well in order to share their stories, so that in breaking the silence, we can live within, converse about, and reflect upon this other side of silence.

[That one most perilous and long voyage ended, only begins a second; and a second ended, only begins a third . . .]

— Herman Melville, Moby Dick