

December 2015

Making the Choice Clear: Partnership and Domination Examples from Nursing Practice

Teddie M. Potter

University of Minnesota - Twin Cities

Katheren Koehn

Minnesota Organization of Registered Nurses

Follow this and additional works at: <http://pubs.lib.umn.edu/ijps>

 Part of the [Nursing Commons](#)

Recommended Citation

Potter, Teddie M. and Koehn, Katheren (2015) "Making the Choice Clear: Partnership and Domination Examples from Nursing Practice," *Interdisciplinary Journal of Partnership Studies*: Vol. 2: Iss. 2, Article 7. Available at: <http://pubs.lib.umn.edu/ijps/vol2/iss2/7>



This work is licensed under a [Creative Commons Attribution-Noncommercial 4.0 License](#)

The *Interdisciplinary Journal of Partnership Studies* is published by the University of Minnesota Libraries Publishing. Authors retain ownership of their articles, which are made available under the terms of a Creative Commons Attribution Noncommercial license (CC BY-NC 4.0).

 **LIBRARIES**
PUBLISHING

MAKING THE CHOICE CLEAR: PARTNERSHIP AND DOMINATION EXAMPLES FROM NURSING PRACTICE

Teddie Potter, PhD, MS, RN, & Katheren Koehn, MA, RN

Abstract:

Health care is in desperate need of transformation, which will require careful scrutiny of the current culture. Riane Eisler's *Cultural Transformation Theory* (1987, 2007) and particularly its application in *partnership-based health care* (Eisler & Potter, 2014), offers nurses and other health care providers a framework to clarify choices regarding their organization's culture. In this article, nursing leaders offer examples of common domination and partnership behaviors observable in health care today. The intent is to provide a clear choice and increase awareness of the stakes of failing to move toward partnership.

Keywords: partnership, domination, Cultural Transformation Theory, nursing, bullying, incivility

Copyright: ©2015 Potter & Koehn. This is an open-access article distributed under the terms of the Creative Commons Noncommercial Attribution license (CC BY-NC 4.0), which allows for unrestricted noncommercial use, distribution, and adaptation, provided that the original author and source are credited.

Choice only exists when there is more than one viable option. Until recently, patients, staff, and health care providers have frequently replicated the same old patterns of social behavior by claiming, "It's the way it has always been." This attitude does not reflect powerlessness as much as it reflects an absence of a clear alternative to the current culture. Even when we recognize that culture change is necessary, alternatives to our current culture are unclear or non-existent, so real transformation fails to occur.

The significance of Eisler's (1987) *Cultural Transformation Theory* is that it teaches us that humans actually do have a choice when it comes to patterns of social organization.

Eisler describes culture on a continuum with one side being domination and the other partnership; and we choose our path with every word we speak and every action we take.

Domination and partnership both have fairly predictable configurations or, in health care vernacular, “signs and symptoms.” Signs are classically defined as observations made by the health care provider, whereas symptoms are patients’ descriptions of their experience.

Signs that a system orients toward domination in health care include rigid hierarchies, patterns of communication that flow only one way (top down), messages and policies that emphasize blame when errors occur, verbal abuse, and an obvious concentration of control and power in the hands of a few individuals at the top (Eisler & Potter, 2014).

Signs that a system orients towards partnership include respectful two-way communication, shared governance, a high value placed on empathy and caring, and a just culture in which mistakes are viewed as opportunities to improve quality and safety. Partnership systems also include hierarchies of actualization, in which power is used to lift others up so that they can reach their full potential (Eisler & Potter, 2014).

Symptoms related to domination are troubling. Employees who rank lower in hierarchies of domination experience shame and may fear for their livelihoods. They may feel that their opinions and concerns do not matter, so they remain silent. These emotions can have profound implications for quality and safety outcomes because a culture of safety is, by necessity, a culture in which all employees are encouraged to voice their concerns and to question orders or policies that may cause patients harm.

Bullying or incivility is another common symptom of cultures of domination. In these systems, oppressed groups are not free to voice their anger and concerns to leaders without retaliation, so they lash out at those of a similar or lower rank. For example, they may demonstrate abusive behavior toward a nursing colleague, a nursing assistant,

or a nursing student. This behavior taken to an extreme has nurses demonstrating incivility toward patients and their families.

Cultures of domination can have significant impact on how patients and families experience their care. Similarly, domination behaviors can negatively impact the effectiveness of interprofessional teams. The result may be decreased patient satisfaction and impaired health outcomes.

Another symptom experienced by employees in domination systems is the inability to innovate new solutions. The creativity and appropriate level of risk-taking that are necessary to transform health care are not present in systems based on fear. Choosing to perpetuate systems of domination may have profound implications for the health of our society.

COMMON SIGNS AND SYMPTOMS OF DOMINATION

When speaking to groups, Dr. Potter frequently asks participants to identify specific examples of domination and partnership from their own disciplines. Learning to recognize domination behaviors can help us identify them more quickly when they occur in our own organizations. In doing so we can choose words and behaviors more reflective of a partnership approach and begin to transform our organizations' cultures.

Dr. Potter was invited to present at a meeting of the Minnesota Organization of Registered Nurses (MNORN). MNORN is a constituent member of the American Nurses Association. Its mission is to advance the profession of nursing through advocacy, leadership development, education, and mentorship. MNORN's members represent the full community of nurses throughout the state of Minnesota, from those beginning in practice to those who have retired from a long career in the profession. MNORN members practice in all settings, from long-term care to acute care to the community. They are registered nurses (RNs) and advanced practice nurses (APRNs). They are

graduate students and faculty. They are diverse in employment settings, age, gender and ethnic background. This diversity is reflected in the attendance at MNORN member meetings.

This broad community of nurses was an ideal setting for a discussion about partnership and domination. The conversation was first about nurses and their patients and patients' families, and then about nurses and their nurse colleagues. The final discussion was about nurses and interprofessional colleagues. Many times when nurses talk about domination, they talk about how "poorly" others treat them. It was important to discuss their personal patterns of partnership and domination.

After learning about partnership and domination configurations, MNORN nurses readily identified the following behaviors frequently seen or experienced in health care:

Nurse to patient and family signs of domination

- Seeing only the diagnosis, not the patient.
- Using medical terminology that patients and families cannot understand.
- Making statements such as, "This is how we do it," "That's not how we do things," "You have to wait," "We follow our schedule, not yours," or, "I can't help you; you're not my patient."
- Speaking loudly to "gray-haired" patients or non-English speaking patients.
- Neglecting requests (e.g. not answering call lights).
- Minimizing the concerns, needs, and wants of patients and families
- Telling patients and families that they do not have a choice.
- Walking away while patients or family members are still talking.
- Eye rolling or sighing when a patient or family member is telling his or her story.

Intra-professional (RN to RN) signs of domination

- Resistance to change.
- Status hierarchies resulting in “nurses eating their young”.
- Withholding information from other nurses.
- Retaliation.
- Refusing to collaborate.
- Gossiping.
- Shaming.
- Being passive-aggressive.
- Setting others up to fail.
- Hazing employees new to the unit.
- Bullying and lateral violence.
- Self-centered behavior rather than working as a team.
- Failing to mentor.

Inter-professional signs of domination

- Controlling, always needing to be in charge.
- Being dismissive or patronizing.
- Use of threats, physical or psychological, to maintain control.
- Demanding.
- Displaying lack of respect for team members.
- Micromanaging.
- Claiming to know more about another professional’s area of expertise.
- Creating a negative or tense atmosphere.
- Demeaning.
- Gossiping.
- Inattentive when another team member is voicing a concern.

Self-dominating behaviors

In addition to signs of domination between co-workers, employees in domination systems may also manifest self-dominating behaviors, such as:

- Failing to balance work and personal life.
- Being afraid to let go of control - not delegating.
- Rigidity - being highly structured.
- Not taking responsibility for self - blaming others.
- Lack of self-confidence reflected onto others, manifested in putting others down.
- Chemical abuse, other addictions, and/or medication diversion at work.
- Focus on shortcomings, not on strengths.

All of these behaviors may contribute to lower patient and employee satisfaction, increased complaints, excessive ill calls, a rise in employee injuries, decreased quality of care, and an increase in sentinel events.

SIGNS AND SYMPTOMS OF PARTNERSHIP

There is, however, an alternative to a culture of domination. Nurses and other health care workers can choose words and behaviors that align with partnership. These behaviors were recognized by MNORN nurses to be signs of partnership:

Nurse to patient and family signs of partnership

- Getting at eye level for conversations.
- Always using the patient's preferred name.
- Spending time with patients and families instead of "nursing" the computer screen.
- Listening carefully and asking clarifying questions to improve understanding.
- Respecting the patient's culture and family of choice.
- Providing patient- and family-focused care.
- Offering care choices whenever possible.
- Asking family members what they need.

- Discussing procedure times that work for both patients and families.
- Communicating expectations and timelines to decrease patient and family stress.
- Responding to complaints with, “How can I help?”
- Asking about patients’ normal schedule and adapting cares to their schedules when possible.
- Being present.
- Explaining if you need to leave, and telling them when you will return.
- Presenting all options, including the pros and cons of each.
- Providing resources to promote autonomy.

Intra-professional (RN to RN) signs of partnership

- Offering to mentor a new graduate.
- Asking for support when you need it.
- Learning about the experience and unique expertise of colleagues.
- Holding yourself accountable for errors.
- Communicating concerns and gratitude to colleagues.
- Delegating appropriately.
- Willingly offering information, tips, and insights.
- Listening attentively.
- Accepting ideas from new nurses.
- Modeling respectful behavior.
- Being willing to share stories and insights from your practice.
- Embracing new ideas.
- Promoting one another.
- Sharing resources and new knowledge.
- Volunteering to assist one another with heavy workloads or schedules.

Inter-professional signs of partnership

- Actively listening to one another.
- Allowing everyone to speak on the issue.
- Sharing information with colleagues.
- Refusing to participate in gossip.
- Knowing and articulating what you bring to the table.
- Respecting what others bring to the table.
- Asking respectfully for needed information.
- Including all levels of personnel (e.g. techs, aides, etc.), not just professional staff, in team meetings.
- Rephrasing conversations to create a positive tone.
- Respectfully challenging the status quo.
- Rotating leadership of teams.

Self-partnering behaviors

- Exercising daily.
- Recognizing one's own limitations.
- Saying no to extra shifts if you feel tired or need a break.
- Enjoying quality time with family and friends.
- Professional development.
- Obtaining advanced degrees.

All of these partnership attitudes and behaviors can positively impact not only employees, but also quality, safety, and patient outcomes. They can result in meaningful work and a transformed health care system.

Do we want organizations demonstrating partnership or domination? The choice is clearly ours.

References

- Eisler, R. (1987). *The chalice and the blade: Our history, our future*. San Francisco, CA: HarperCollins.
- Eisler, R. (2002). *The power of partnership: Seven relationships that will change your life*. Novato, CA: New World Library.
- Eisler, R., & Potter, T. M. (2014). *Transforming interprofessional partnerships: A new framework for nursing and partnership-based health care*. Indianapolis, IN: Sigma Theta Tau International.
-

Teddie Potter, PhD, MS, RN, is Coordinator of the Doctor of Nursing Practice in Health Innovation and Leadership and Director of Diversity and Inclusivity at the University of Minnesota School of Nursing. She co-authored with Riane Eisler the award-winning book, *Transforming Interprofessional Partnerships: A New Framework for Nursing and Partnership-Based Health Care* (2014).

Katheren Koehn, MA, RN is executive director of the Minnesota Organization of Registered Nurses (MNORN). She has served on the Boards of Directors of the American Nurses Association (ANA) and the American Nurses Credentialing Center (ANCC). She was the first chair of ANCC's Commission on Pathway to Excellence, a program that recognizes excellence in nursing departments. In 2004, she was awarded a Bush Foundation's Leadership Fellowship, completing her Masters of Arts in Liberal Studies at Hamline University.

Correspondence about this article should be addressed to Teddie Potter, PhD, MS, RN, at tmpotter@umn.edu or Katheren Koehn, MA, RN, at kkoehn@mac.com