

Relational Inquiry Across the Nursing Curriculum

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March 3, 2017



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Goals

- To give you a sense of “Relational Inquiry” and the key conceptual ‘improvements’ over our previous text, including:
 - Approach to culture/cultural safety
 - Approach to integrating multiple forms of knowledge
 - Moral distress/bullying/burnout
- Explore possible approaches to building relational inquiry across the curriculum
- Discuss some teaching strategies and share resources for developing teaching strategies



How to nurse: An Introduction to Relational Inquiry in nursing practice

Why we wrote this book:

- Nursing is much more than the nurse/patient relationship, yet we have little theoretical guidance about how to integrate attention to wider contexts
- Nursing education continues to struggle with content overload – a process oriented approach is needed
- Health care environments are increasingly complex; students and nurses need approaches to deal with that complexity ('the' nursing process is often taken up in a linear manner).
- Individualism continues to dominate health care, drawing attention away from social determinants, and the need for action at the level of policy/ routines, etc.



Foundational Concepts



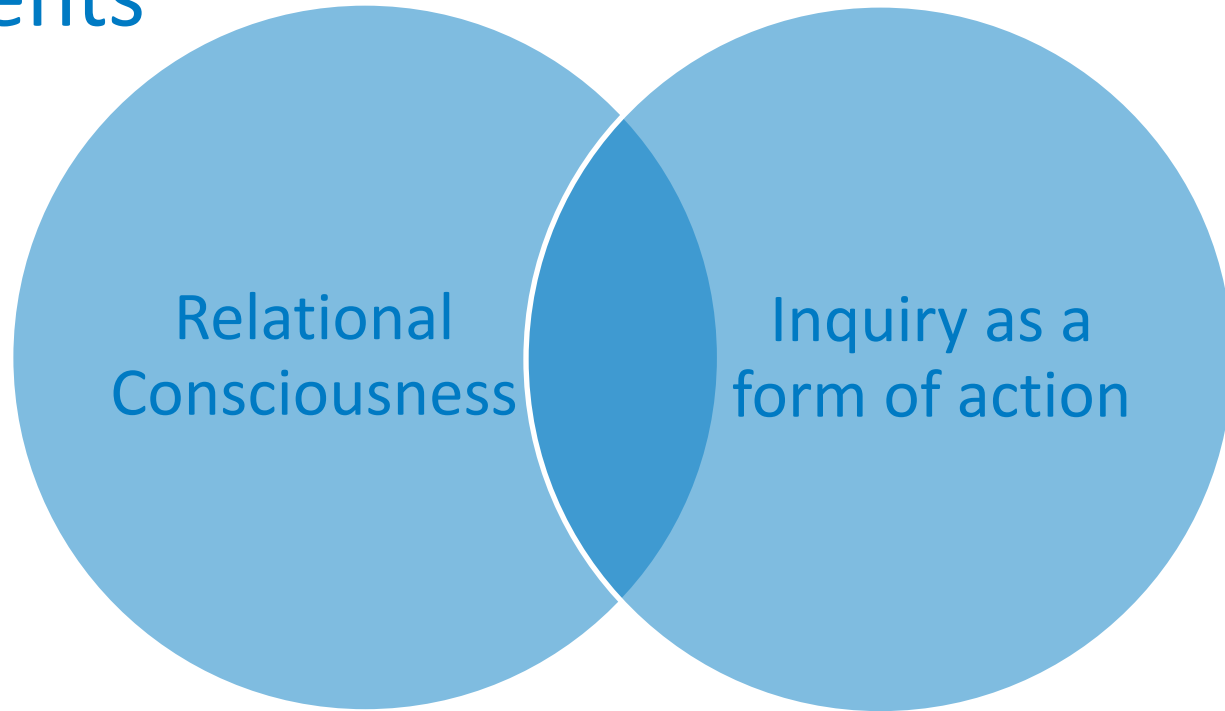
All Nursing is Relational

Relationships are simultaneously *intrapersonal*, *interpersonal* and *contextual*

Complexity Theory

- The universe is interdependent and relational
- “Relationships” are “all there is” to reality
- Not relating is *Not* an option—we are always relating
- *How* you relate affects and shapes people and situations

Relational inquiry: two essential interrelated components



Relational Consciousness

Purposefully paying attention to the interplay between and among people and their environments:

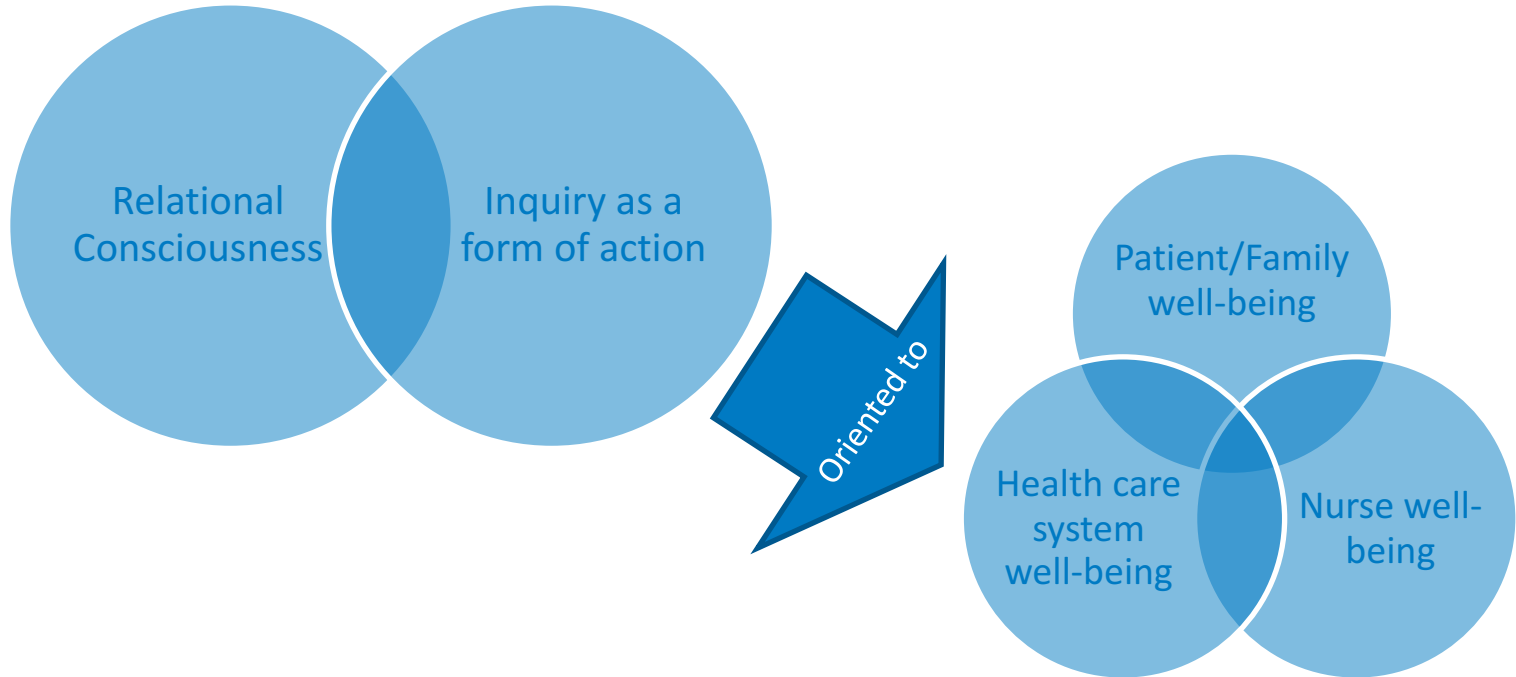
- ❑ Sensitizes us to the relational complexities that affect what happens at the point-of-care
- ❑ Directs attention toward the “relational transactions” that occur within and among people and contexts
- ❑ Enables us to be intentional and to consciously choose how to act in response to these complexities and transactions

Inquiry as Action

The “how to” of a relational consciousness requires:

- ❑ knowing and not knowing,
- ❑ being curious,
- ❑ looking for what seems significant,
- ❑ examining the interrelatedness among elements, considering the relevance of those interrelationships in the moment to inform action toward patient, nurse and system wellbeing.

Relational inquiry: Orientation





Individualist and relational views

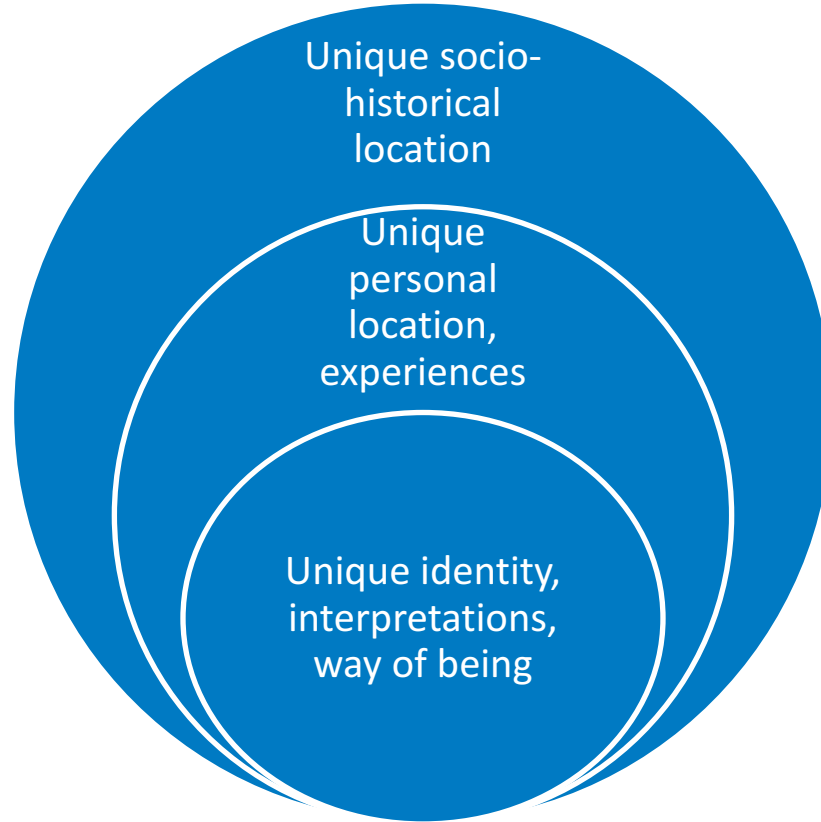
Individualist

- Decontextualizes people
- Views people as independent autonomous actors
- Emphasizes people's individual choices and responsibilities

Relational

- Pays attention to people in their contexts
- Pays attention to how people's choices and responsibilities are shaped by other people and contexts

Conceptualizing individuals relationally





Conceptualizing Family

Conventional

- Emphasizes the ‘literal’ family
- Describes family according to structure or function
- Describes family as a configuration of people (legal, biological, sociological, psychological)

Relational

- Emphasizes family as a relational experience
- Focuses on *significance* of family
- Assumes all people are experiencing family in meaningful ways

Relational Family Nursing

- Assumes all nursing is “family nursing”
- Directs nurses to consider family in all nursing situations, regardless of the presence of literal family
- Draws attention to multiple meanings of family: for example, family as disconnected, absent or unsupportive, as well as supportive, tightly knit and so on.



Conceptualizing Community

Conventional

- Emphasizes the ‘literal’ community
- Describes community according to structure or function
- Describes community as a configuration of people (geographic, identity, experience)

Relational

- Emphasizes community as a relational experience
- Focuses on *significance* of community
- Assumes all people are experiencing community in meaningful ways
- Assumes people are simultaneously part of multiple communities

Using a pragmatic approach

- Consider how all knowledge is influenced by *selective interests*.
- Consider how all knowing is an action.
- Evaluate all knowledge for its *effects*.



Two Theoretical Lenses to Support Relational Inquiry

Hermeneutic Phenomenological Lens



Intrapersonal

How are people making meaning of their situations?

How are different people interpreting situations differently?

How is the way people are situated/constituted shaping their interpretations and meaningful experience?

Interpersonal

How are different interpretations shaping situations and interpersonal relations?

Contextual

How are people variously situated and constituted?

Critical Lens



Intrapersonal

How do relative positions of power shape understanding?

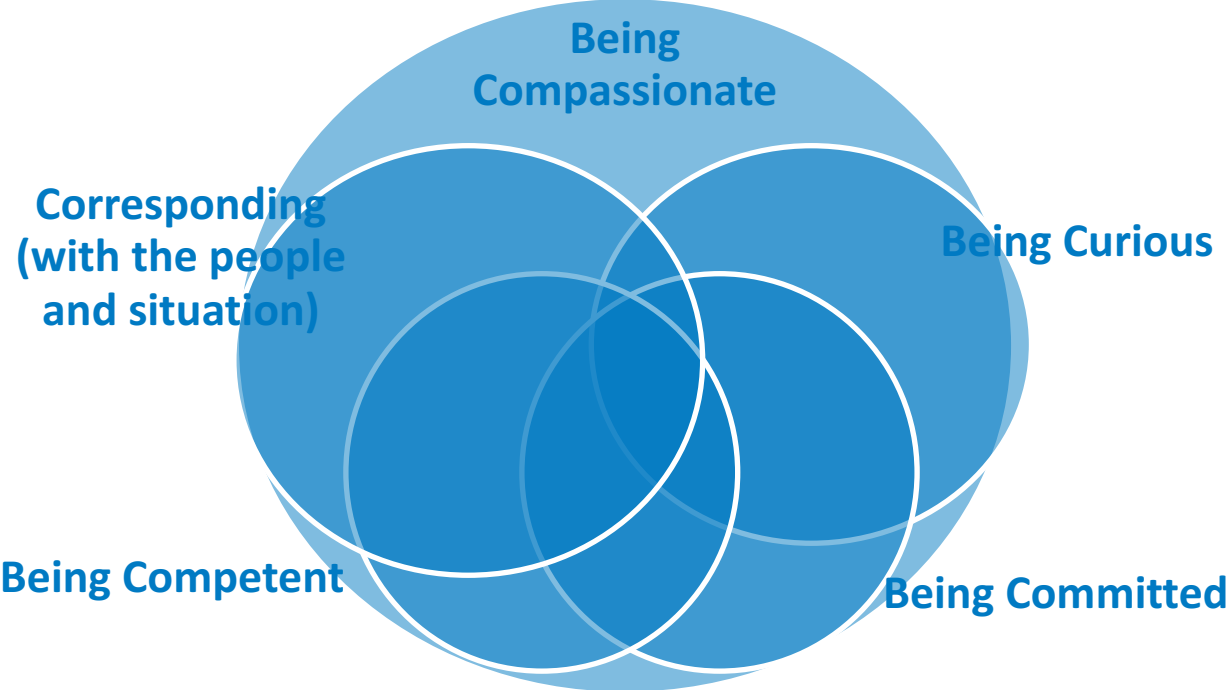
Interpersonal

How are power dynamics shaping each interpersonal relationship?

Contextual

How are social structures and arrangements shaping people, situations and interpersonal relationships?

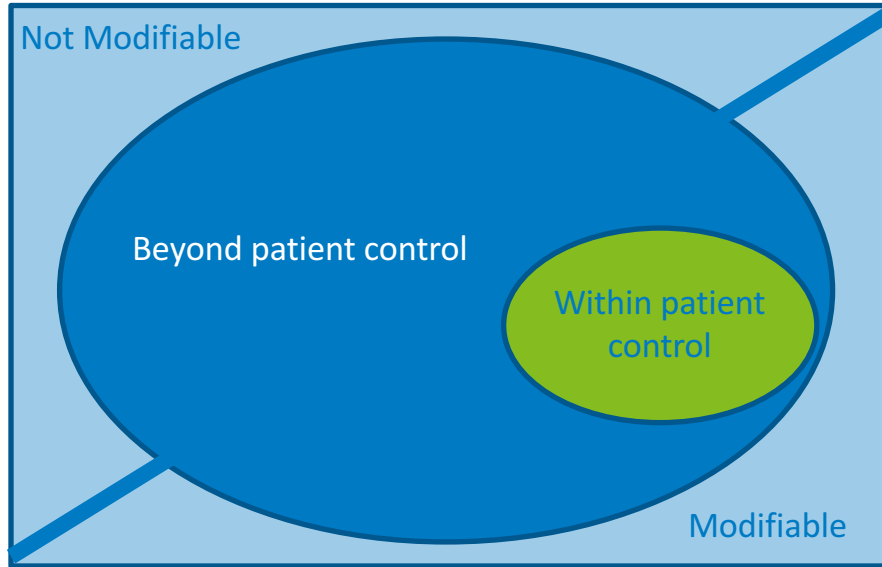
Nursing Obligations and Ontological Capacities: 5 C's Supporting Relational Inquiry



Use Relational Inquiry to:

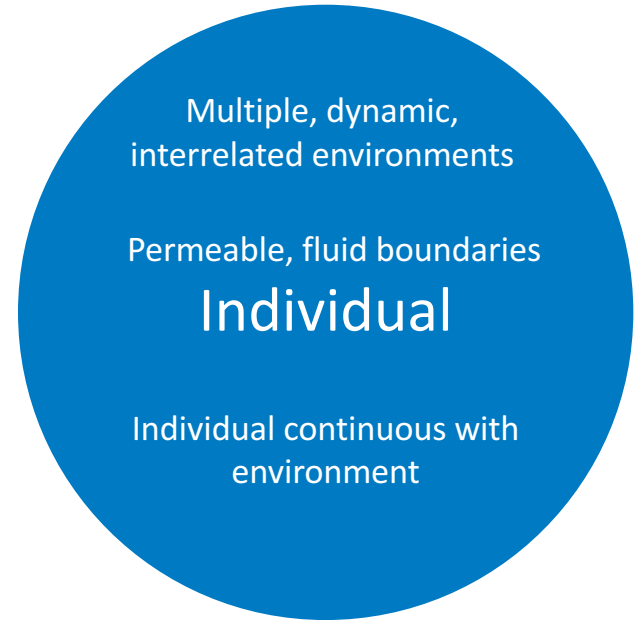
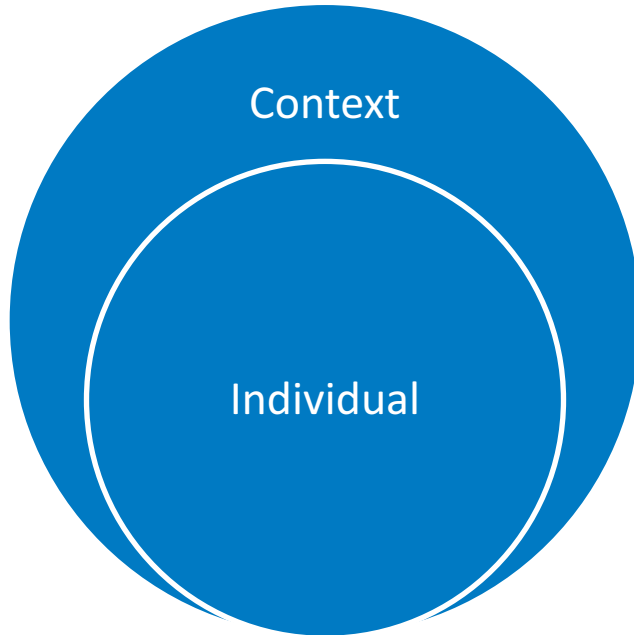
- See how nursing obligations are relationally determined (which light to answer first?)
- Discern obligations in complex situations
- Work across competing obligations
- Take a proximal-distal view

All nursing is cultural and contextual

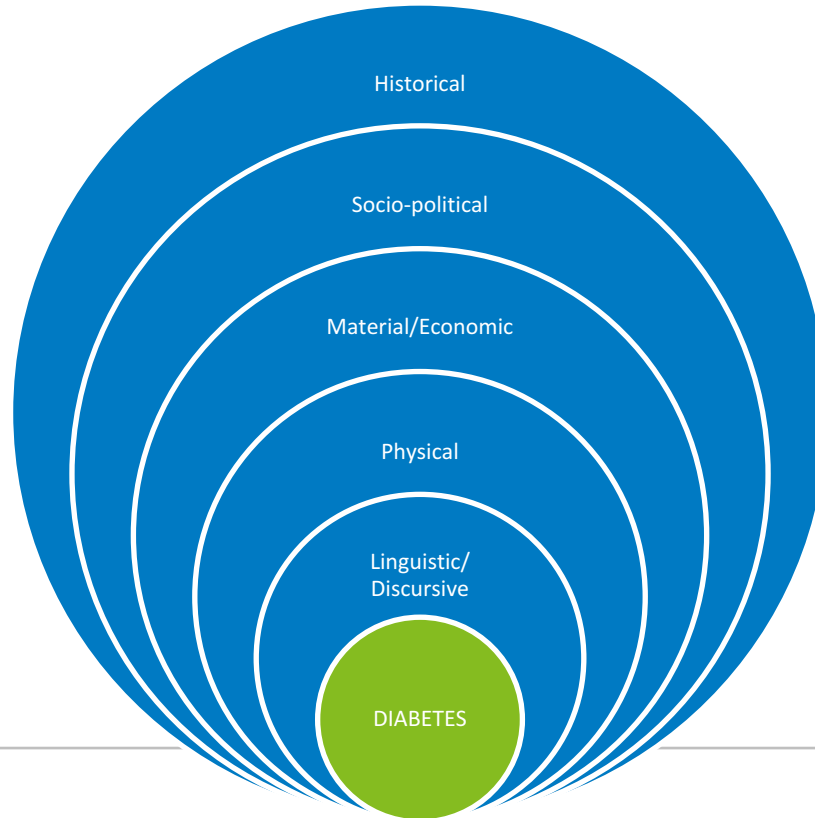


Analyzing context helps nurses understand and intervene in areas beyond the control of particular individuals, families or communities

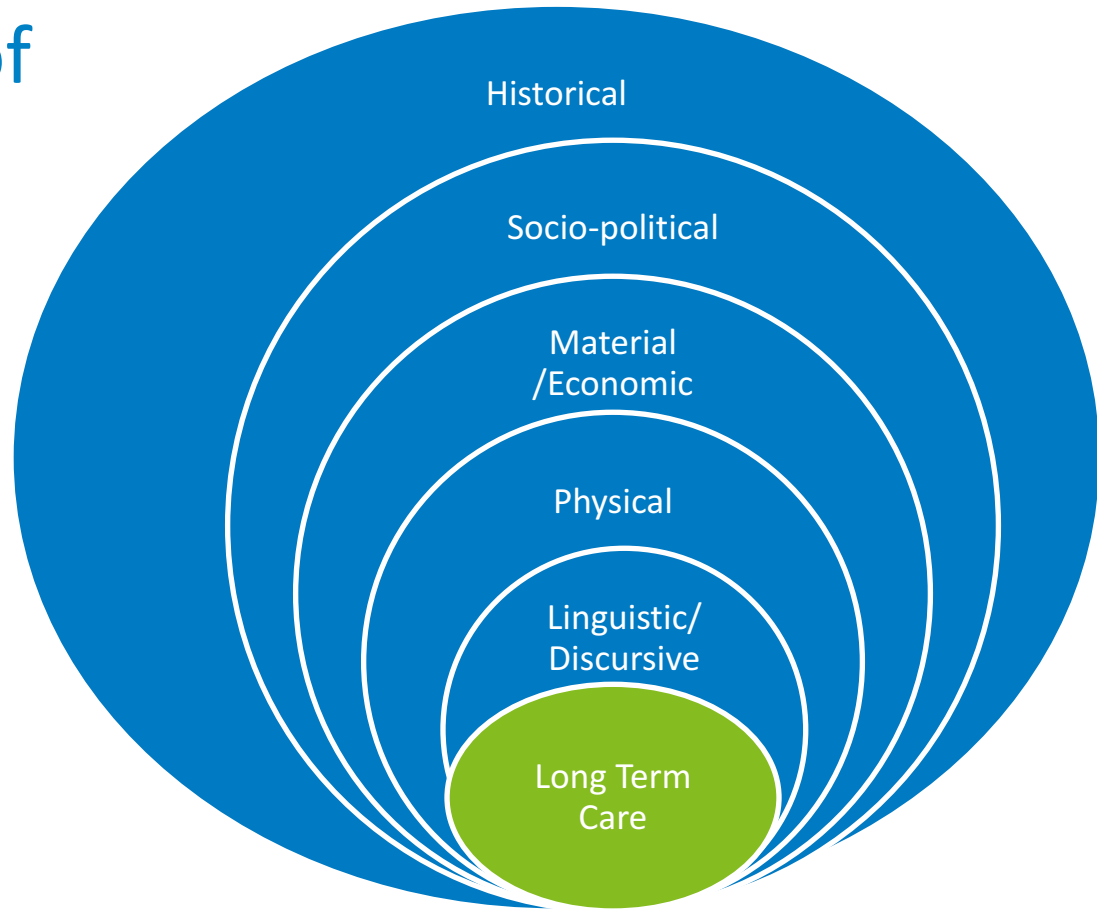
Two contrasting ways of seeing individuals and contexts



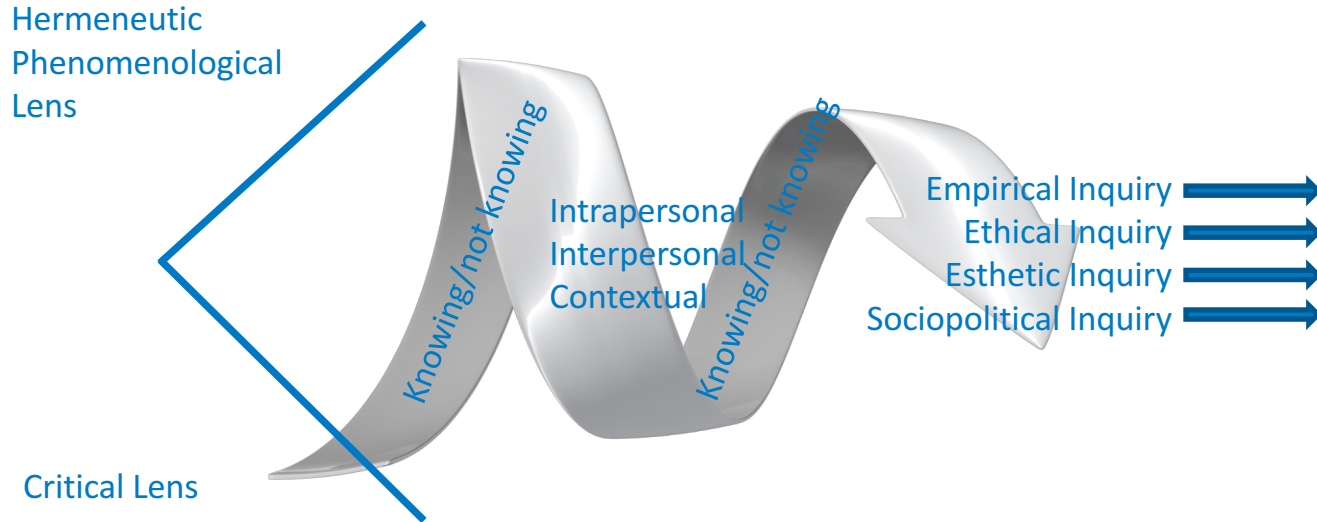
Start with a health issue



Start with a context of practice



Ways of knowing to support relational inquiry



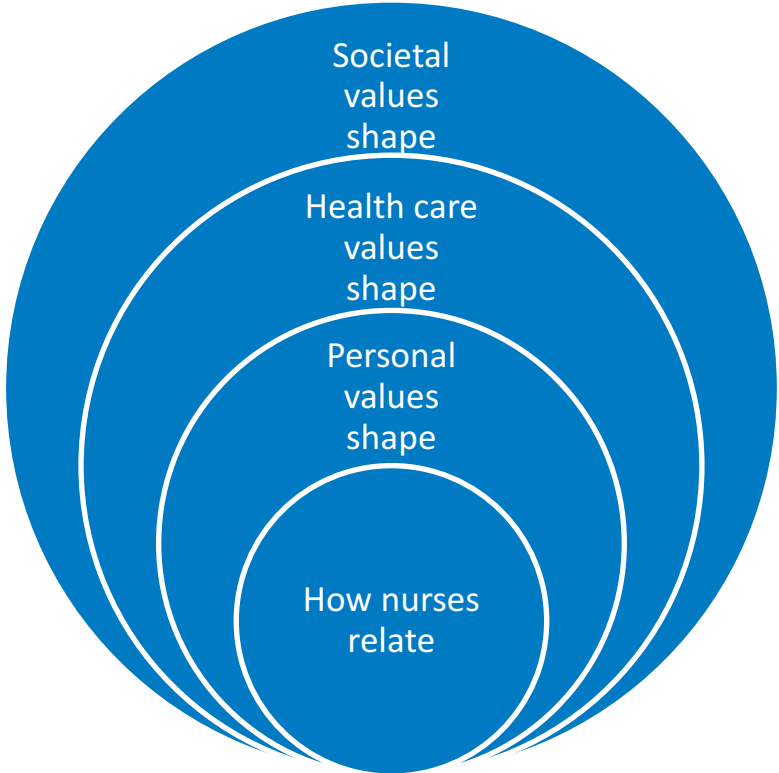
Integrating Modes of Inquiry into Relational Inquiry

Questions at each level within different modes of inquiry

Mode of Inquiry	Empirical Inquiry	Ethical Inquiry	Aesthetic Inquiry	Socio-political Inquiry
Emphasis	What evidence?	What values?	What beauty in human existence?	What power dynamics?
Intrapersonal	What evidence do I have? What evidence do I need?	What values do I hold?	What aesthetic do I hold?	What orientation to power do I hold?
Interpersonal	What evidence informs my actions?	How do I enact my values with others?	How do I promote that aesthetic with others?	How am I enacting my power with others?
Contextual	What evidence dominates/ is missing in this context (situation, health care organization, society)?	What values are promoted/ discouraged in this context?	What aesthetic is encouraged/ discouraged in this context?	What power dynamics support/ constrain my practice in this context?

Relational nursing practice is a valuing process

Professional nursing values guide care



The 5 W's of Relating



What are you relating to? On what are you focusing your attention? What are you prioritizing and privileging? What are you valuing and not valuing?



Who are you relating to? Who are you privileging? From whom are you distancing?



Why are you relating? Identify the purpose and goals that are directing you.



When are you relating? When do you extend or distance yourself? How do time and timing shape your relating practices?



Where are you relating? How is context shaping your relating practice?

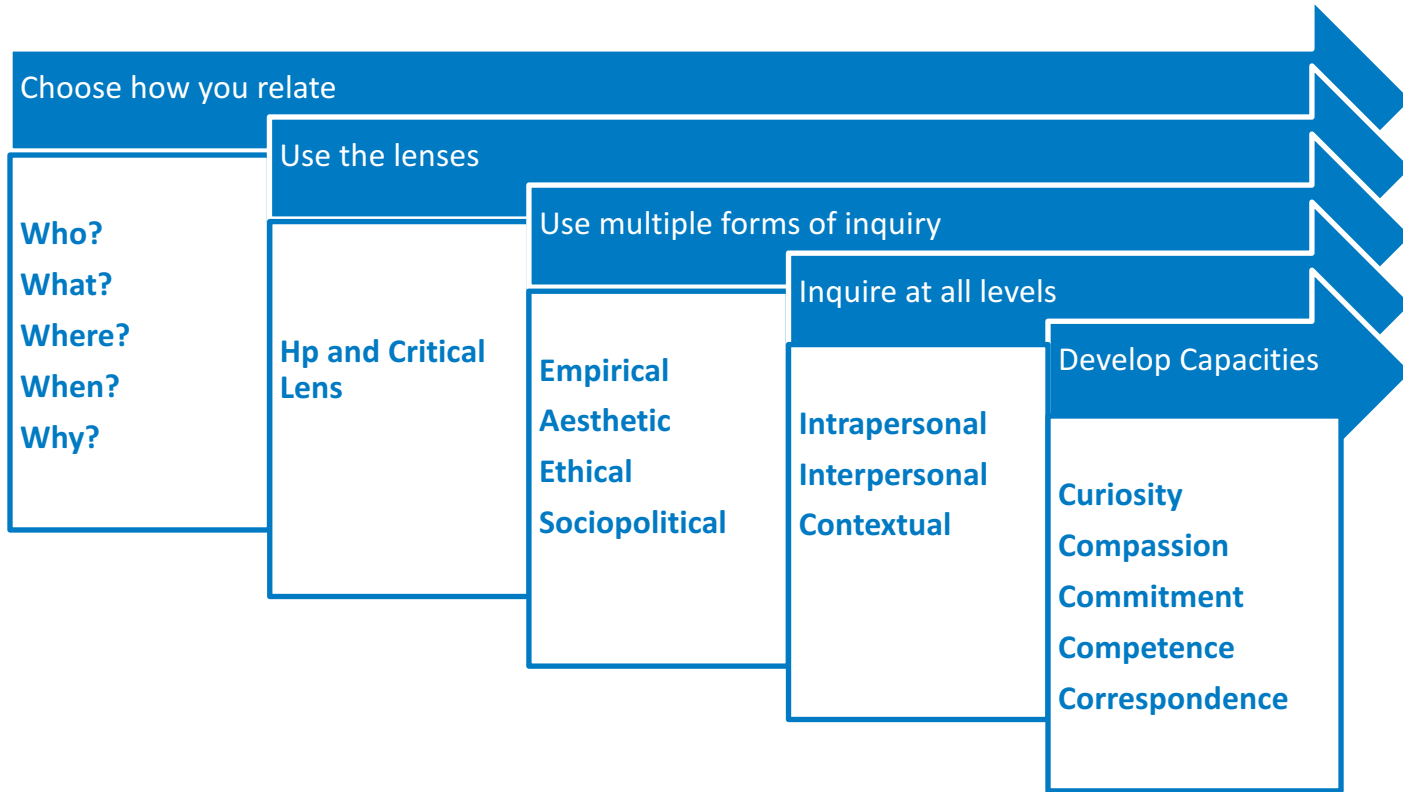
Shifting your reference points...

From merely service provision...

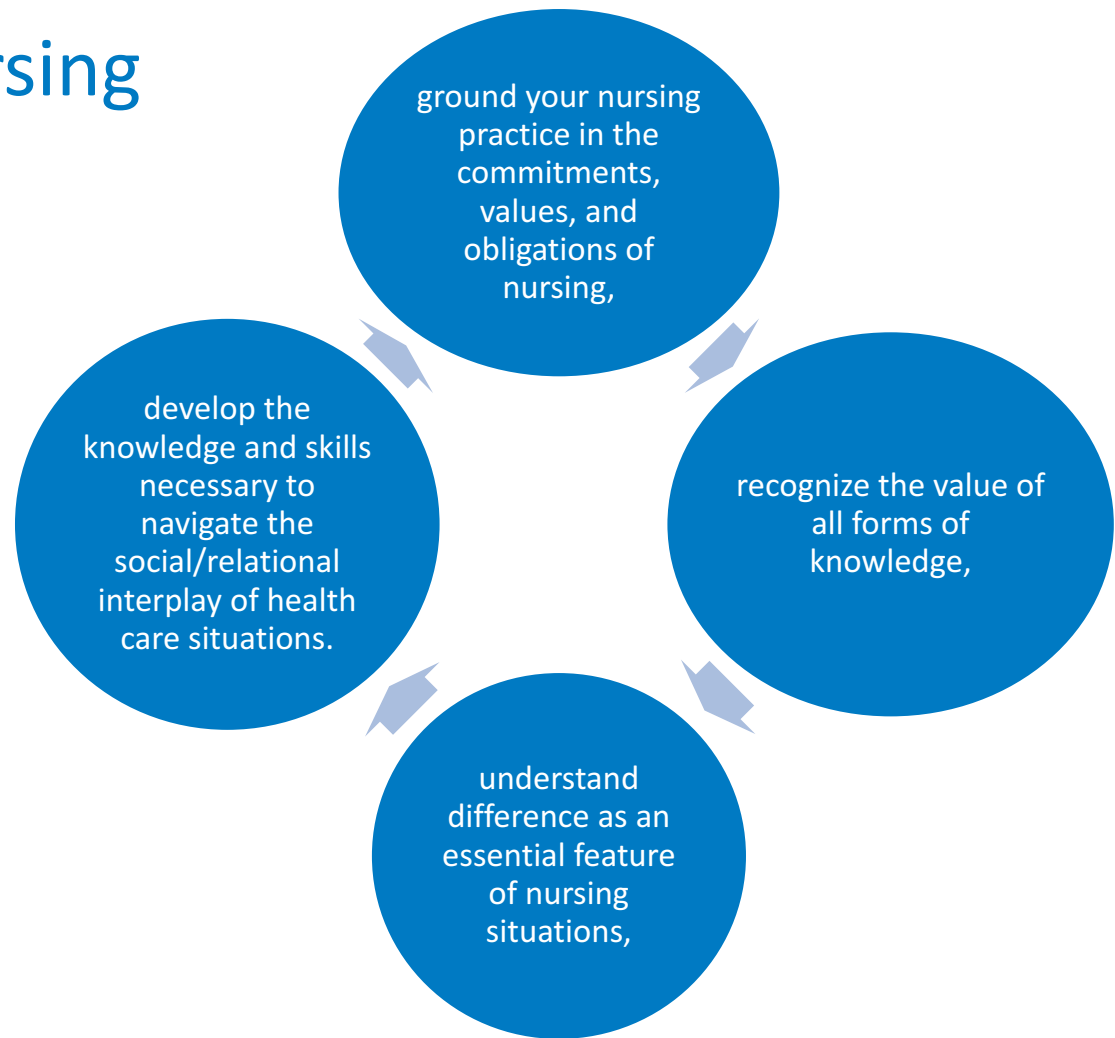
To address 'what is'...



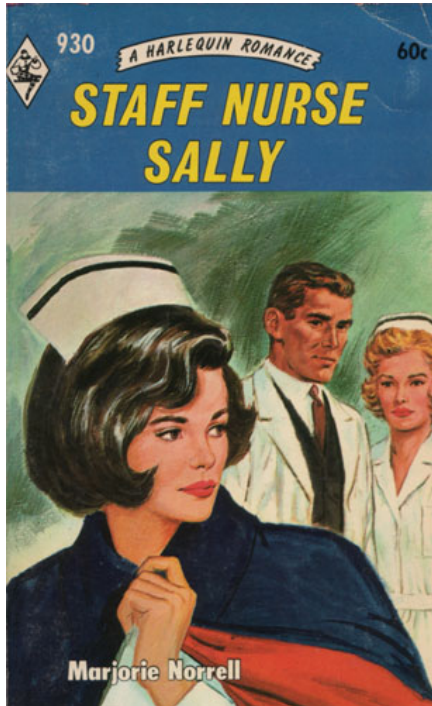
- without labelling
- without trying to fix it
- without decontextualizing
- by relating to complexity and difficulty
- by being a knower/ not-knower
- by collaborating



Developing a Nursing Standpoint



Commit to A Nursing Standpoint



- Commit to the idea that nursing and nursing knowledge makes a difference to health care
- Value your knowledge and expertise
- Believe in the importance of your nursing contribution.
- Do not subordinate your nursing knowledge to other forms of knowledge

Leadership in every moment of practice to promote wellbeing

Look for the 5 Ws (who is relating to what, how people's actions are in or out of sync with espoused goals).

Pay attention to values and make them visible (what is being privileged, and what is being ignored).

Make the intrapersonal, interpersonal and contextual influences visible

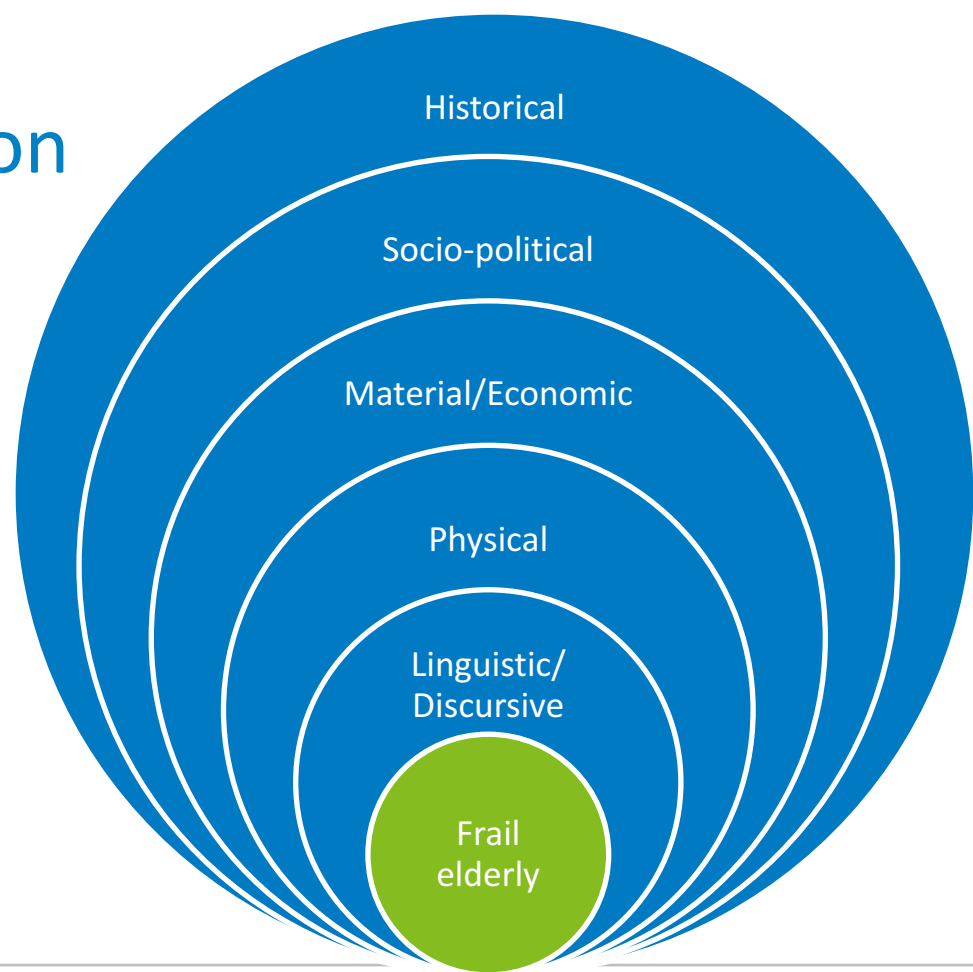
Respond constructively to language that is being used to stereotype, label, or make assumptions in harmful ways, or to acquiesce



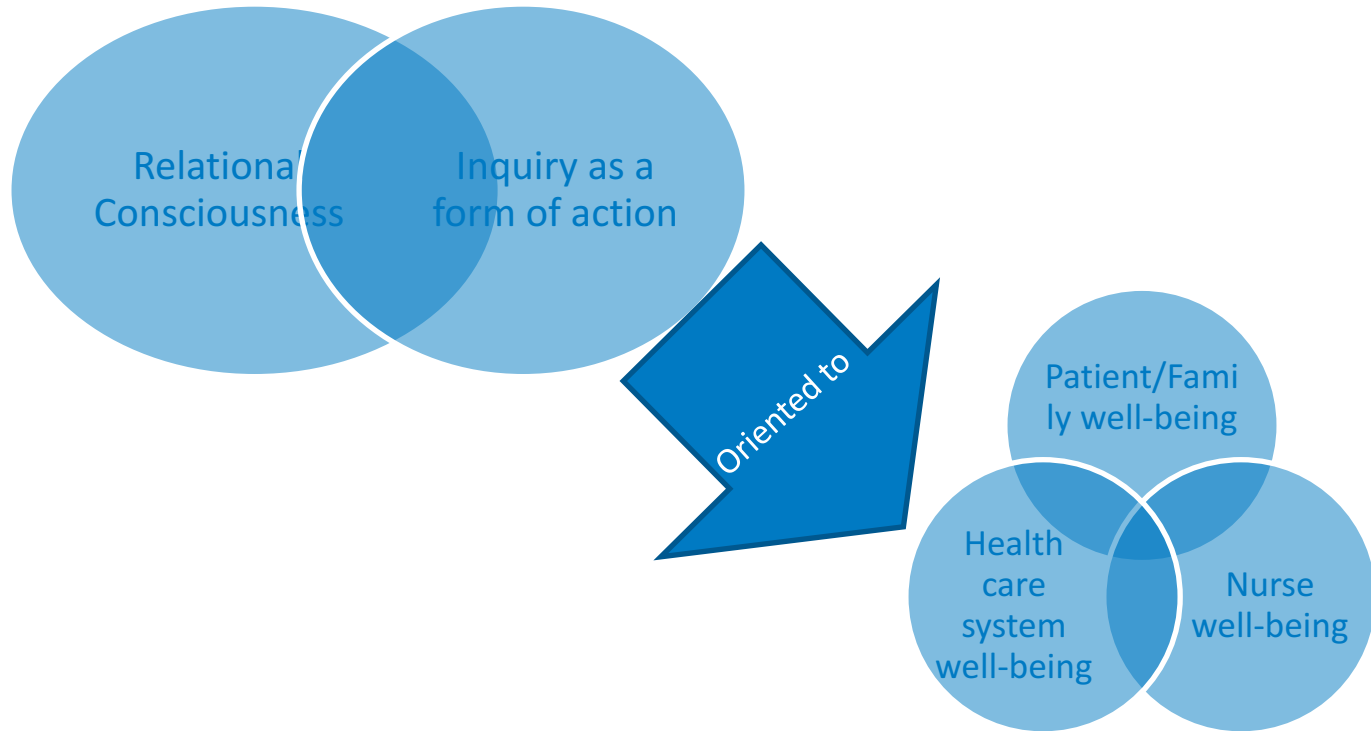
How does this work?

- *On my first day of clinical, the nurses' aide I am shadowing asks me to bathe an elderly, uncommunicative patient admitted with a dislocated shoulder and under contact precautions. I tell her we haven't learned to do that yet; I can help but she'll have to instruct me. We undress the patient and, exposing her completely, the aide begins to wash her. When the aide goes to turn the patient on to her dislocated shoulder, I ask if we should turn her on to her uninjured shoulder instead—she says no. I am using both hands to hold the patient on her side when the aide leaves to get more supplies. The patient is shivering and there is nothing I can do for her—I cannot roll her on to her back because the soiled brief had not yet been removed, and anything I could use to cover her with is out of reach. The aide returns and immediately leaves again to fetch another forgotten item. I try to reassure and comfort the patient; I have a terrible cold and despite my surgical mask, I'm trying not to talk directly to her for fear of passing on my cold. The aide returns and finishes the bath.*

With any population



With any situation...



With any context, intervention, situation, case, population...

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Your comments?
Questions?



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