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Dimensions of Healing: My Journey From Nursing to Social Work

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The process of change, even when deliberately chosen, is often unsettling. It causes us to question our values and motivations, as well as where we have been and where we are going. As I joined dozens of other aspiring social work students over a year ago for our orientation, I was surprised to be experiencing considerable discomfort around my decision to pursue a graduate degree in social work. These feelings did not originate from any doubt about the worthiness of social work as a career. Instead, I was feeling conflicted at the prospect of leaving a career that has been a major part of my identity for twenty-five years: professional nursing. Being a nurse is challenging and fulfilling, with many opportunities to make a difference in people's lives. Nonetheless, I find myself drawn to pursue an education as a social worker. This paper is an exploration of my journey between two professions dedicated to service to humankind. It describes the conflicts that I am confronting in this transition, and how my personal and professional values led me first to become a nurse, and now to become a social worker.

Personal values begin to develop during childhood within the context of one's family and community. I was fortunate to grow up in a diverse and vibrant university town among many people who valued education, service, and the use of one's talents and energy to make a positive impact on our world. My parents modeled these values in their professions. My father was a university professor who placed an emphasis not just on his research, but also on his roles as an educator and advocate for students. Throughout my childhood, my mother was a registered nurse in hospitals. I was impressed by the opportunities she had every day to make an impact on her patients' lives. I also admired the knowledge base, humanity, and courage she and her colleagues exhibited in their

work. I wanted to be a part of this profession, which encompasses the entirety of human experience, from sickness to healing and birth to death. My family regularly attended church, and our religious community also stressed the values of education, acts of service, and belief in the healing power of love and caring. These values are compatible with the professional values of nursing. I entered college reasonably confident in my decision to become a nurse.

Looking back, I realize that my inclination towards social work and its values was evident even during my clinical nursing experiences in college. In the midst of trying to learn about anatomy, physiology, disease processes, pharmacology, medical treatments, and nursing interventions, I was very curious about how patients and their families adjusted psychologically and socially to the health problems they were encountering. One infant who was my patient during my pediatric nursing rotation was born with an untreatable and fatal brain malformation. As I held this child, I thought about his teenage mother, who rarely visited him, and wondered how she was coping. With my instructor's encouragement, I contacted the medical social worker. I remember feeling admiration for her role in facilitating this young woman's adaptation and healing in the midst of tragedy.

My favorite clinical rotation, though, was outside of hospital nursing. My fascination and appreciation for the "person in environment" perspective found fulfillment in community health nursing. It was energizing and exciting to become familiar with various neighborhoods and to visit my clients in their homes. Although my focus was on health issues, being able to observe people in their homes allowed me to gain insights into how social and environmental factors and concerns may be impacting

their well-being. I enjoyed having more time to develop relationships with clients, something that was harder to do in a hectic hospital setting. In addition, I have always felt uncomfortable with the traditional medical model, and its emphasis on the patient as the core of the problem and the medical professional as the person in power (Condeluci, 1995). Public health nursing's focus on promoting health and empowering clients to make decisions fit with my inclination to value self-determination and the dignity of each person. I now realize that these are core values of the social work profession as well (National Association of Social Workers, 1999).

After practicing in hospitals for several years following graduation, I decided to listen to my heart and become a public health nurse. My enjoyment in nursing practice rose as I began to explore the communities to which I had been assigned. Every day was an adventure. I visited new mothers and their babies in homes ranging from trailers to colonials. Public health nursing has always placed priority on the care of vulnerable groups, and has a history of involvement in maternal-child health based on this component (Clemen-Stone, Eigsti, and McGuire, 1991). I educated families regarding the prevention and treatment of communicable diseases. I visited children with chronic illnesses or physical disabilities, assisting in their adjustment to and success in school. Working with groups in schools, libraries, and other community locations is a regular facet of the job, because public health nurses have a sense of responsibility for the health needs of the entire community (Clemen-Stone et al, 1991). The independence and diversity of the work energized me, and being mentored by other nurses helped me to grow as a professional. I felt that I had found my niche in nursing.

One of our regular assignments was to be the “Nurse-On-Call”, which involved answering phone calls from anyone with a health question or concern. The nurse provided information and counseling, as well as making referrals. Many of the people who sought assistance were uninsured workers who found the cost of private health insurance beyond their reach. As I helped clients find sliding-scale- fee clinics or locate resources to pay for blood pressure medication or treatment for a child’s ear infection, I was deeply disturbed at the fragmented nature of our health care system. There were days that I wanted to invite politicians who voted against health programs to listen to the stories of the callers. I felt then, and continue to believe, that access to adequate health care is a human rights issue. The *Code of Ethics for Nurses* emphasizes the importance of responsibility for promoting social reform, including in the area of equitable distribution of health care resources (American Nurses Association, 2001). Social work’s core value of social justice encompasses this issue as well (National Association of Social Workers, 1999).

It was during this period, as a young public health nurse, that I and my family experienced a crisis which would forever solidify my belief in the importance and strength of human relationships, and draw me towards social work. My father, aged 48, was diagnosed with a malignant brain tumor. In aggressive and desperate efforts to save his life, doctors prescribed chemotherapy, radiation, and brain surgery. Despite the treatments, he developed hemiplegia and motor aphasia, which meant that he was unable to articulate the words he wanted to say. During the final six months of his life, my husband and I dedicated ourselves to spending as much time as possible with him, my

mother, brothers, and sister as we all attempted to cope with our impending loss. I was grateful for the nursing knowledge that my mother and I possessed, allowing us to provide the majority of his care in my parents' home. What was amazing to me, though, was how human relationships can continue to deepen and grow in the face of disability and as a part of the process of dying. Unable to speak, the looks in my father's eyes and his smiles became sources of comfort, healing, and love for those he would leave behind.

One cold December day, we were told that, despite the treatments, the brain tumor had spread. There was nothing more to be done but to ease his suffering. In the blur of that day, I recall a hospital social worker sitting with my mother and me as we sobbed, trying to absorb this news and make plans for my father's final weeks. I do not recall this woman's name, but I remember her ability to stay with us through our pain and help us to manage our grief. I was grateful for her presence and the skills which empowered us to decide to care for Dad at home as he died. Being able to use our nursing skills in his care was indeed comforting to my mother and me, and bearing witness to his final hours remains one of the greatest privileges of my life. The healing power of human relationships, which I had observed in providing nursing care to others, became clearer to me through this experience in a very personal way.

In the years following my father's death, I continued to enjoy public health nursing, even as I became a mother and focused on the care and growth of my three children. Working part-time in programs providing education and counseling for expectant and new mothers, I found myself again reflecting on the importance of human relationships, particularly in the healthy development of children. D.W. Winnicott was a

British pediatrician and psychoanalyst who studied the psychosocial development of young children. Winnicott believed that the mother, through her presence and responses to her baby's cues and needs, constructs what he called a "holding environment" that encourages the optimal development of the child (Winnicott, 1960). In my work with new mothers, I found my interests were not in simply teaching them about feeding, safety, and other health needs of their children. I truly wished to encourage mothers and fathers to develop strong and satisfying relationships with their children which would stimulate the growth of both parent and child, and last far beyond infancy. I began to consider the idea of graduate education to pursue my interest in nurturing human relationships.

In exploring appropriate graduate work, I recall two people, one a psychologist and the other a social worker, who immediately recommended social work to me. While spending several busy years caring for my young family, I mulled over the possibility of a MSW in my mind. I investigated the jobs held by social workers, the focus of their work, and the values of the profession. The fundamental purposes of social work are described as helping people to improve their social functioning, and improving social conditions in order to enhance people's well-being (Sheafor, B. and Jorejsi, C., 2003). This matched what I really wanted to do. I was admitted to the School of Social Work at Wayne State University in the fall of 2003.

Since I began my coursework and internship, I have been experiencing considerable conflict based on my experiences as a nurse and the different focus of social work practice. Many nurses, myself included, see themselves as efficient problem

solvers and "doers". In a book entitled *Nurse*, the main character describes her vision of nursing:

> I imagined myself more as a doer. Someone who gave out medications, gave a treatment, gave a bed bath, checked an IV. I pride myself on the fact that I usually know what to do for patients. When I do physical care on them, they end up feeling better… that's where I get my satisfaction (Anderson, 1978, pp. 40-41).

In nursing, both inside and outside of hospital settings, there is an expectation that you have advice to give and solutions to provide. In treating diseases, there are medical plans of care, nursing diagnoses, and specific interventions to relieve pain and to promote healing and health. The process of problem solving is rational, often rooted in science and evidence-based research. For example, if a client develops diabetes, there are specific interventions I can turn to including medication, diet, activity, and monitoring of blood sugar levels. If a new mother has difficulty in breastfeeding, specific instructions on positioning her baby may well solve the problem. When I weigh the baby, she sees the growth, and we are both relieved. My role in intervening and providing direct advice has been satisfying in its clarity.

In practicing social work, I am struggling to become more comfortable with ambiguity, because the focus of the work is not in my problem solving abilities, but in facilitating problem solving by the client. Bradford Sheafor and Charles Horejsi, authors of *Techniques and Guidelines for Social Work Practice,* state: "Problem solving is mostly a process of searching for options and making hard decisions that lead to change. These options and decisions must grow out of the client's own values, belief system, and

usual methods of coping" (Sheafor and Horejsi, 2003, p. 374). My mindset for many years has been that I should be able to provide education and give advice. In becoming a social worker, I need to be comfortable with witnessing the struggles of people as they confront serious problems and their feelings of confusion, frustration, and sadness. The answers no longer come from me, and they are often unclear. I am learning to listen carefully and to respect the strengths and resiliency people demonstrate as they confront dilemmas. This is how the social worker empowered my mother and me to care for my dying father many years ago.

One quality towards which I am working is modeled by the social workers in my field placement. They have that ability to simply "be with" people as they express grief, frustration, and anger. Their calm, concerned presence and keen interviewing skills have assisted parents of children with significant disabilities to find hope and make plans for the future. I realize that I am witnessing the development of the "safe holding environment", as described by Jeffery Applegate, that clients need in order to adapt and grow (Applegate, 1997). I am beginning to recognize that the professional use of self is both effective social work practice and another dimension of healing.

Yet, I still feel sadness when I think about leaving nursing. I have been struggling with how to resolve, in my own mind, this sense of being between two professions.

In looking for an answer, I found myself exploring the definition of health. I have devoted my professional life thus far to promoting health and healing, both physical and emotional. The definition to which I ascribe is that of the World Health Organization. Its Constitution states:

> Health is a state of complete physical, mental, and social well-being and not merely the absence of a disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic, or social condition (World Health Organization, 1947).

Becoming a social worker does not mean that I am no longer promoting health. It means that I am moving into a new dimension of healing, one that promotes the social well-being of the people I serve. I feel privileged in anticipating the opportunities and challenges that lie ahead.

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