

# Dynamic Dialogue for Critical Education and Practice Experiences

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**"Because the nature of Dialogue is exploratory, its meaning and its methods continue to unfold. No firm rules can be laid down for conducting a Dialogue because its essence is learning, as part of an unfolding process of creative participation between peers".**

**David Bohm (1991),  
from *Dialogue - A Proposal***

Open and clear communication in nursing education is a key to success in the modern world of nursing practice. Dialogue, a strategy for promoting creative, high quality communication is becoming popular in on site and distance learning within all disciplines. Dialogue can help work groups, faculty and students communicate in powerful and effective ways, helping nurses to function at the cutting edge of high quality learning and practice experiences.



The notion of using dialogue to create meaning and share ideas started back in the time of Socrates and Plato. Insights were shared with students using what is now called Socratic Dialogue. Modern day quantum physicist and genius, David Bohm renewed an interest in dialogue and showed how it could boost our ability to communicate in the modern workplace and learning environment. Bohm proposed that people adopt an air of collective inquiry. This would help them to pay attention to the hidden motivations, assumptions, and beliefs of what people feel and think as they express themselves in conversation.

The word "dialogue" comes from two root words, "dia" meaning "through" and "logos" meaning "the word". It gives an image of a flow of meaning that emerges as people share and truly listen to one another. Dialogue is unique from other group meeting conversations. Dialogue has no fixed agenda other than to support and create meaning and insight among the people talking.

Dialogue can transform communication within groups of people. It represents a new way to look

at how groups of people think, make decisions and choices, and how they learn together. In contrast to discussion, which means "to break things down or apart," dialogue tends to bring people together in new ways. This is obviously a critical aspect of nursing education and practice, since nurses often engage in deep heart-felt and critical conversations with their clients and peers. Learning to engage with others 'from the heart' as well as intellectually is a critical skill that all expert nurses must develop and skillfully apply to practice.

## Dialogue Participation

Certain communication skills are necessary to join in dialogue, skills that most nursing students and practitioners have at least minimally become aware of and skilled in performing.

These include:

- active, engaged listening
- an open questioning technique of inquiry
- sharing feelings, biases, assumptions
- a relaxed and open attitude
- no need to achieve a solution
- a cohesive, equal power climate for all members
- mutual respect and positive regard for all

## Dialogue Creates Culture

One of the key results of active dialogue is the development of a bonded and supportive group culture. Culture always exists within any group, yet may contain division, competition and power struggles. A strong culture can be built by spending time in the exchange of words, metaphors, ideas, beliefs, values, points of view and self disclosure through dialogue.

The practice of dialogue or "the way of meaning" is a conscious activity. It requires openness, sensitivity, empathy, maturity, intelligence, and respect. It also requires a suspension of normal reactions to words and the willingness to listen to others without dismissing their view if it is different from our own.

## Dialogue Supports Diversity

Dialogue is a tool uniquely suited to the support of the diversity in any group. Dialogue makes the differences between people clear without making them "wrong". The rich talents, experiences and reflections of people are shared and valued as part of the uniqueness of the group. A strong culture and rich diversity are both critical to the success of all educational and practice-oriented organizations.

Dialogue is a way of talking together that can make a work or study group feel close to one another which supports positive group dynamics. Using dialogue can build a dynamic team and group togetherness, both very important for health care and educational success in the 21st century. Using dialogue as a learning strategy within e-learning or the class room helps to set the stage for meaningful dialogue between students and their clients both during their education and

after graduation.

## Dialogic Relations

All nursing graduates who enter the world of present day nurses should be well versed in forming dialogic relations with their clients. They need to know how to be fully present with their clients, with full attentiveness, unconditional warm regard, be mutually responsive yet non-directive, stepping back and letting the client lead the dialogue to reach a deeper understanding of their health and the illness challenges that they are currently experiencing. Ideally, in a co-participant way, "The nurse, having no prescriptive agenda other than attending to what is going on for the patient in their health predicaments, embraces whatever emerges and goes with the conversational flow as new meaning unfolds" (Jonsdottir, Litchfield & Dexheimer, 2004, p. 243).

Wesorick described five characteristics of relational dialogue that can be incorporated into nursing culture for peer and/or client communication:

## Principles of Dialogue

- **Intention** – create a safe space for all parts of ourselves to emerge
- **Listening** – to self, others, the collective and between the lines
- **Advocacy** – share, not defend your thinking
- **Inquiry** – genuine, curious questions
- **Silence** – wisdom and presence without words (2000, p. 27)

"Dialogue teaches about the sacredness of one's words and is fundamental for ensuring mutuality and engaging patients and family in decision making" (Wesorick, 2002, p. 27).

This form of attentive dialogue and caring presence leads to insight as action, which allows the nurse or student to understand the meaning of health and the illness experience from the client's point of view. Actions are not predicted beforehand, but emerge from the dialogic relationship. "From a sociocultural standpoint, person and environment combine to create the action taking place and the agency by means of which it is accomplished – there is no such thing as a person in isolation" (Faber, De Castell & Bryson, 2003, p. 145).

All too often, despite the best efforts of nurses to the contrary, clients are left out of the discourse that surrounds and officiates the planning of nursing care. It is important that all nurses learn how to engage in the principles of dialogue in a meaningful way in order to facilitate the premises of high quality nursing care within the full scope and context of Canadian health care. Learning to dialogue deeply and effectively can make all the difference in how we engage in this ongoing discourse!

## Resources

**National Coalition for Dialogue and Deliberation** A global organization dedicated to fostering dialogue between the earth's citizens in the 21st century, available at: <http://www.thataway.org/>

**Dialogue and Organizational Transformation** offers an insightful overview of the history and future of business-oriented dialogue, at: <http://www.crinfo.org/articlesummary/10232/>

**Bohm Dialogue** provides an overview of David Bohm's writings on dialogue and modern society, available at: <http://www.david-bohm.net/dialogue/>

**Dialogue - A Proposal** an article written by David Bohm, Donal Factor and Peter Garrett explains why developing the ability to use dialogue in groups and the world at large is important at: [http://www.ratical.org/many\\_worlds/K/dialogueProposal.html#1](http://www.ratical.org/many_worlds/K/dialogueProposal.html#1)

**Dialogue – Canada's Independent Voice Magazine** This longstanding Canadian forum for concerned citizens offers a unique voice for dialogue from any one living in Canada who is concerned about the state of our nation. <http://www.dialogue.ca/>

## References

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