POWER IN INDIVIDUALS, GROUPS, AND THE NURSING PROFESSION: AN EXPOSITION

By : Leo Eromonsele Akioyamen (akioyale@mcmaster.ca),
2nd year Undergraduate Nursing Student,
School of Nursing, McMaster University,
Hamilton, Ontario, Canada

Abstract

Presented in this paper is an examination of the nature of power and its implications for effective group development, team functioning and the nursing profession. Power is defined here as a relationship granting individuals the ability or authority to influence others and thereby effect change. By nursing profession, the author refers primarily to registered nurses.

The introduction of the work includes a brief typology of power and a description of the role it plays in individuals' lives. In the nursing profession, it is essential to be able to work effectively in teams to facilitate the provision of high quality care for clients. Thus, discussion shifts from individual power to the groups they come together to form with a focus on the five stages of group development. The concepts of secondary tension and power distance are included in this discussion to underscore power's impact on the effective development of the group.

The final section of this paper includes a discussion of the impact of the misuse of power in the nursing profession and resultant abuse of nursing students and/or new graduates, as well as seasoned nurses. The summary and conclusion sections of this paper emphasize the need for nursing educators to teach and encourage team members to recognize and challenge unsettling power structures, and to advocate for themselves as well as for their clients so that all may feel empowered.

Keywords: power, group process, stages of group development, nursing education, nursing practice implications

The nursing profession is one in which working effectively in teams is essential to providing the best possible care for clients. It is therefore imperative that the student nurse develop a thorough understanding of the stages of group development and process and the various elements driving it. Power is one salient constituent. It comes to define human social life and structure, characterizing our groups, their functions, and our interactions within them. This influence is so pervasive that power permeates every aspect of society, even being recognized by the College of Nurses of Ontario (2006) as a fundamental component of relationships at nursing's core. Power

This work is licensed under a Creative Commons Attribution-Non Commercial 4.0 International License
http://creativecommons.org/licenses/by-nc/4.0/

is therefore an essential part of individual life, group development and process, and ultimately the quality of nursing care and work life quality of members of the nursing profession.

In the initial section of this paper, illustrative examples of definitions of power are presented in order to arrive at an operational definition of this concept. Next, the eight types of individual power and their varying levels of efficacy are outlined and followed by a discussion of the stages of group process, and their implications for effective team work in nursing practice. The penultimate section of this paper, which introduces the topic of the misuse of power, particularly its adverse effects for new nurses and/or nursing students, and even seasoned nursing staff, makes reference to key College of Nurses of Ontario (CNO) documents in describing the key role of power in the nursing profession. Following it is a discussion of the implications for teaching and learning about power relations in nursing

The Concept of Power

It seems intuitive that discourse on the importance of power begins with its definition. However, power itself is a contested concept with a number of diverse interpretations (Bradbury-Jones, Sambrook, & Irvine, 2008; Manojlovich, 2007). In constructing this paper's definition of power, the author first considered some examples:

1. "First let us agree that power is a relation, and that it is a relation among people" (Dahl, 1957, p. 203).
2. "Power is the ability or authority to influence and motivate others" (Engleberg & Wynn, 2010, p. 110).
3. "The most general meaning of power found in the literature and everyday thinking is that it is the capacity…to have an impact on or change things… either in the physical or social world" (Turner, 2005, p.6).

In specifying that power is a relationship among people, the first example suggests that power, like any other human relationship, is not unidirectional. Power requires significant involvement on the part of *all* involved as they choose to use power and to be influenced by it. The classroom proves a paragon of this. Although instructors may be seen to possess definitive power or authority over their students, they do so only as long as students elect against exercising their own power to disrupt the classroom or leave it altogether.

Now consider the implied assertion of the second example – that power is exercised only over free persons, and only insofar as they are free (Foucault, 1982). The relationship of power exists only as long as the people involved can choose between several possible ways of behaving and different concomitant reactions and outcomes. Once this choice is lost, the *conceptual* relationship of power is substituted for the more *physical* relationship of constraint (Foucault, 1982). Slavery and all other forms of forced compliance are not power relationships.

The last of these examples speaks more to the effect of power than anything. It says simply that to observe power is to witness the effecting of change. Thus, for a person or group to be powerful, they must have an impact on people; they must affect to some degree what people do and what they think and how they live (Turner, 2005). To be powerless then is to be unable to make this impact.

In taking the definitions given by the examples as axioms and amalgamating their central assertions, a more holistic operational definition of power can be arrived at. Power is *the*

relationship among free persons that grants each of them the ability or authority to influence others and thereby effect physical or social change. With this understanding, one can begin to examine power in its various contexts, beginning with the individual.

Individual Power

Power is an inextricable element of human life as an individual. Through the dynamic relationships held with others, each individual possesses power. Although relationships are the source of one's power, the amount of power a person possesses in any given relationship is dependent on the nature of the relationship itself, which in turn relies on both the personal characteristics of those involved and the situations or positions in which they are placed (Foucault, 1982; French & Raven, 1959).

This suggests that while many types of power may exist, they fall into two basic types which Engleberg and Wynn (2010) designated as *personal power* and *position power*. Personal power stems from a person's individual characteristics (Engleberg & Wynn, 2010). These include qualities like expertise, respect, and general likability (Conger & Kanungo, 1987). By contrast, position power depends on a member's job or status within an organization and is legitimized by organizational rules and regulations (Engleberg & Wynn, 2010).

As previously alluded to, different subtypes of power exist under the categories of personal and position power. Engleberg and Wynn (2010) consulted the power typologies of French and Raven (1959) and Yukl and Falbe (1991) in defining eight types of power that individuals use in their relationships with others (see Table 1). Characteristics of these relationships determine both the type(s) and magnitude of power an individual possesses.

As time passes and relationships change, so also do the features of individual power. To revisit the classroom example: at the beginning of a new semester, the power instructors hold may be purely positional, leading them to reward students for behaving in a desirable manner and punish them otherwise. However, as both groups become better acquainted, instructors may begin to rely more on dialectical methods to elicit student compliance. This suggests that in certain situations, some types of power may be more effective than others.

Research examining power's typology suggests that reward power, legitimate power, and coercive power are the least effective forms while expert and referent power tend to produce positive outcomes (Engleberg & Wynn, 2010). The first three types are usually conferred by an outside source and have severe limitations. For example, legitimate power is valid only if others recognize an individual's title or authority. Moreover, the validity of reward and coercive power is dependent on the extent to which exercising individuals can manipulate positive or negative stimuli and the perceptions of these stimuli by those receiving them. A promised reward or punishment has little effect if it has no value to the proposed recipient and is unable to be reliably delivered to them.

Indeed, there exist circumstances where positional power begets positive learning and social experiences. However, it is generally concluded that these types of power have either no influence on others or a negative influence on their wellbeing (Engleberg & Wynn, 2010). In contrast, expert and referent power are the personal powers held by those we like, admire and respect (Engleberg & Wynn, 2010). They are effective because they are recognized and

conferred by individuals within the power relationship as opposed to an outside source. They are effective because they are recognized within groups.

Table 1 : **Summary: The Typology of Power in Groups**

Personal Power: Comes from Personal Characteristics			Position Power: Comes with the Position		
Type of Power	Exercise	Characterising Attitude	Type of Power	Exercise	Characterising Attitude
Expert Power	Relies on expertise and credentials.	'I have the knowledge and skills we need.'	Legitimate Power	Relies on a job title or duty.	'I have the duty and authority to lead you.'
Referent Power	Relies on members' opinion of and experience with the person.	'I have earned your respect and trust.'	Reward Power	Controls and gives out resources valued by members.	'I can reward you.'
Persuasive Power	Relies on effective communication skills.	'I know how to persuade and encourage others.'	Coercive Power	Controls and deals out sanctions and punishments.	'I can punish you.'
Charismatic Power	Relies on leader's character, competence and vitality.	'I have the energy, will, and passion to make things happen.'	Informational Power	Controls and transmits information and sources.	'I have the information you need.'

Engleberg, Isa N.; Wynn, Dianna R., Working in Groups, 5th Edition, © 2010, p. 110. Reprinted by permission of Pearson Education, Inc., Upper Saddle River, NJ

Group Process

The most comprehensive definition of the group is that of the group as a system. This designation depicts the group as a "collection of interacting, interdependent elements working together to form a complex whole that adapts to a changing environment" (Engleberg & Wynn, 2010, p.10). Many types of groups exist and within them many subtypes, each possessing a number of diverse goals and characteristics. Common to all types of groups is the group process. Group process refers to the structural development of the group, and describes the phases of its life cycle (Arnold & Boggs, 2011). In 1977, Tuckman and Jensen described five distinct stages in the life cycle of groups – forming, storming, norming, performing and adjourning (see Appendix A). This model is still used today "because it is well recognized, easy to remember, and considered one of the most comprehensive models of group development, relevant to all types of groups" (Engleberg & Wynn, 2010, p. 29).

The forming phase begins when members come together to form a group. Here, members carefully explore both their personal goals and the group's goal and may be tentative about working with unfamiliar colleagues (Engleberg & Wynn, 2010). The social unease and stiffness that accompanies group members beginning to get to know one another is called *primary tension*. As members lose patience with the niceties of the forming stage they begin competing with one another to determine their status and establish group roles. The storming stage is characterized by conflict as team members begin to open up to one another as well as openly confront each other's ideas and perspectives (Arnold & Boggs, 2011).

During the forming and storming stages, the group lacks balance as members are either too cautious or too confrontational (Engleberg & Wynn, 2010). During the norming stage, members resolve these status conflicts and cohesiveness develops. This provides a convenient segue into the performance stage, where the majority of the group's work is accomplished. "When a group reaches the adjourning stage, it has usually achieved its common goal and may begin to disband" (Engleberg & Wynn, 2010, p. 33).

Nursing and Group Process

Whether in inpatient or outpatient settings, nurses work as members of interprofessional teams or groups. Nurses may have varied roles in these groups and work with a number of different healthcare professionals (e.g. physicians, respiratory therapists, physical therapists, etc.). Still, common to each of the groups nurses are members of is the group process. In some cases, the group process may deviate from the standard model outlined above (Tuckman & Jensen, 1977). Lacoursiere (1974) observed the stages of group development over a ten week period while facilitating learning for a group of nursing students in a psychiatric setting. Analogs to the forming and storming stages – respectively, 'orientation' and 'dissatisfaction' – were observed to be present in the group's development. However, the forming stage was marked not by intra-group conflict, but by anger and hostility directed toward the hospital, the staff and psychiatry in general. Norming and performing had been combined into a single 'production' stage while adjourning occurred normally and was called termination. Similar phenomena were reported by Spitz and Sadock (1973).

Tuckmann and Jensen (1977) posited that a number of factors may be responsible for the deviations seen by Lacoursiere, and Spitz and Sadock. Among them was that the composition of the groups may account for some of the characteristics displayed by them as a whole. It was also proposed that the close association experienced by nurses unites them and gives rise to the formation of cohesive personal groups (Tuckman & Jensen, 1977). This may not be true of all groups that nurses partake in. Yet, it remains that a number of different contextual factors come into play when persons engage in the group process that cannot be ignored. Power is an important one of those factors.

Understanding group process makes it possible to enact group interventions in which members of the healthcare team are seen as subjects capable of building things together, with a clear view of their strengths and weaknesses (Cardoso & Dall'Agnol, 2011). Among healthcare teams possessing effective group process, members are shown to have lower stress levels and improved mental health than their counterparts who otherwise lack their high level of integration and good communications skills (Borrill et al., 2000). Furthermore, those familiar with group process and dynamics find meetings to discuss and resolve issues affecting clinical practice more

rewarding (Hibarger, Blanchard, & Glogow, 1955). The collective dimension of nursing work requires a specific knowledge not only of group dynamics but also how the group as a whole shifts in response to the complexities of clinical practice. Therefore increasing knowledge and theoretical preparation on the themes of power, group process and their interplay in the world of nursing could help to bolster collaboration in the clinical setting (Gardner, 2005; Hibarger, Blanchard, & Glogow, 1955).

Power in Groups

Power's role in group process is not easily described. However, two naturally occurring phenomena in group processes help in further understanding it: secondary tension and power distance.

Secondary Tension

As members of a group gain confidence within their environment, they become aggressive as they pursue positions of power and influence. The frustrations and personality conflicts they experience in competition for acceptance and achievement are collectively known as the *secondary tension* (Engleberg & Wynn, 2010). This tension can be good for groups as its resolution can motivate the collective towards action or make it more sensitive to feedback (Engleberg & Wynn, 2010).

The way in which a group resolves this tension can also be important. Novel research in social psychology has shown that in group settings, dominant personalities seek proximity to those posing threats to their power to control or downregulate the threat (Mead & Maner, 2012). Tension resolved this way may create a group climate in which 'less powerful' members are bullied, ostracized, or excluded from decision-making. Conversely, more positive ways of resolving secondary tension may result in a group dynamic that balances the need for conflict and cohesion. Examples of these include joking and working outside of the group setting to discuss personal anxieties and difficulties (Engleberg & Wynn, 2010). Should group members fail to resolve the various power conflicts in secondary tension, they will not become an effective or cohesive group.

Power Distance

Power distance refers to the extent to which less powerful individuals accept and normalize the lack of autonomy and authority precipitated by a group's power inequality (Engleberg & Wynn, 2010; Paulus, Bichelmeyer, Malopinsky, Pereira, & Rastogi, 2005). The concept describes the group's quotidian interactions following the resolution of secondary tension. In groups with high power distance, individuals accept major distances in power as normal and even desire them (Engleberg & Wynn, 2010). By contrast, members of groups with low power distance believe power distinctions should be minimized and that subordinates in power hierarchies should be consulted by those at higher levels (Paulus et al., 2005).

Power distance can therefore be seen to play an extensive role in group relationships. Groups with low power distance are characterized by shared responsibilities based on expertise, consensus-based decision-making, and conflict resolution through negotiation (Paulus et al., 2005). Comparatively, conflicts in groups with high power distances are resolved by those

holding greater power. When individuals become part of a group with high power distance, they may come to believe that they lack control over their own actions (Paulus et al., 2005). Milgram's (1974) research on obedience to authority evidences that this would not be conducive to an individual's psychosocial wellbeing or productive teamwork (cited in Paulus et al., 2005).

Implications for Group Learning

The group process measures its results in the ability of the group to 'get action' (i.e., achieve its objectives) as well as *group learning* – the growth of those who take part in the group (Hibarger, Blanchard, & Glogow, 1955). Group learning is a process that allows those involved to change in a manner that increases their individual capacity as well as that of the group. This learning allows them to better understand the realities of clinical settings and to better create the means to change them (Cardoso & Dall'Agnol, 2011). Secondary tension and power distance have serious implications for learning within the group setting. Resolving secondary tension is a difficult process with the potential to cause great psychosocial distress and even pain for some members (Engleberg & Wynn, 2010). It has long been known that poor psychosocial health adversely affects the cognitive processes and academic performance of individuals (Marin et al., 2011; Womble, 2003). It may therefore be advantageous in group settings to delay covering complicated concepts or completing major evaluations and complex tasks until later stages of group development. Stress levels due to power and status competitions would potentially dissipate, allowing members to begin working productively. This would help to reduce performance anxiety (e.g., worry over assigned grades) and focus group learning on personal development through the acquisition and application of knowledge and skills.

It may also be of benefit for groups to review the stages of group process and the concept of power distance at the beginning of their activities. The work of Paulus et al. (2005) suggests that groups with greater power distance are predisposed to communication difficulties. Furthermore, Milgram (1974) proposed that people are unlikely to challenge the authority of others in situations of high power distance. High power distance poses a significant threat to group learning as members may find it difficult to openly disagree with one another and as a result will uncritically accept the ideas of others as empirical truth. Increasing awareness of power distance during the early stages of group process would facilitate the creation of conflict resolution strategies that foster low power distance, allowing honest and open communication.

Power in Nursing

The important function of power in the nursing profession, though highly disputed, cannot be overstated. A predominant opinion held by professionals is that powerless nurses are ineffective ones and that nurses *need* power in order to make their optimum contribution to patients' health and wellbeing (Manojlovich, 2007). Still, others propose that power in nursing follows a zero-sum rule, with patients seeing increased empowerment.only as nurses relinquish an equal amount of their professional power (Bradbury-Jones, Sambrook, & Irvine, 2008). Though both these assertions are valid, their contradictions pose a conundrum that delves into liberation pedagogy, critical social theory, and a number of different conceptualizations of power. Such topics are beyond the scope of this paper. Thus, this discussion will dwell on their point of congruence – that there is power in the relationships and caring that nurses provide.

Inherent in the therapeutic relationship between nurse and client is an unequal balance of power. "Although the nurse may not immediately perceive it, the nurse has more power than the client" (CNO, 2006, p. 4). This power is manifest in the authority that nurses possess in the healthcare system, their access to privileged information, and the ability to advocate for the client and their significant others (CNO, 2006). For a number of reasons, nurses are reluctant to acknowledge and exert their own power. Indeed, some view nurses' use of power as in direct opposition to caring (Manojlovich, 2007). However, channeled appropriately, this power enables the possible formation of a partnership between the nurse and client to meet the client's needs (CNO, 2006). This partnership comprises the therapeutic nurse-client relationship.

Implicit in the therapeutic relationship between client and nurse is an obligation on the part of the nurse to preserve the integrity of the power imbalance. This is done by upholding the key values of trust, respect, professional intimacy, and empathy. In upholding trust, the nurse promises to be trustworthy – to keep his or her promises to clients as well as their confidences. The nurse upholds respect in acknowledging and respecting the inherent dignity, worth, and uniqueness of the client. The nurse is professionally intimate when he or she becomes close to a client, through physical, spiritual, or social elements. Nurses are empathetic by understanding, validating, or resonating the meaning that the healthcare experience holds for the client (CNO, 2006). In engaging in this therapeutic relationship with a client, the nurse conveys a simple but powerful message: *You are important to me. I will not abandon you. I care about you and will see you through this till the end.* Misusing the power imbalance in this relationship is abuse.

Abuse can also mean:

> the nurse betraying the client's trust, or violating the respect or professional intimacy inherent in the relationship, when the nurse knew, or ought to have known, the action could cause, or could be reasonably expected to cause, physical, emotional or spiritual harm to the client. (CNO, 2006, p.4)

Abuse may be subtle or overt and may be neglectful, physical, verbal/emotional, financial or sexual (CNO, 2011). The intent of the nurse does not justify the misuse of power (CNO, 2006).

Roots of Abuse

While it has not been possible to provide a definite answer to the question of how a nurse comes to abuse the power in a relationship with a client, phenomenological research on bullying in the nursing profession has been able to provide some suggestions. One such study was conducted in the United Kingdom by Randle (2003) for the purpose of exploring the self-esteem of nursing students and the effect of their three-year education on its development. For students participating in the study, the process of becoming a nurse was a distressing and psychologically damaging one (Randle, 2003).

At the outset of Randle (2003)'s study all students provided examples of situations in which the professional nurses supervising them had used their power to 'bully' subordinates. In addition, she described scenarios in which these nurses used their power intentionally, to humiliate, isolate, or belittle their patients. The students' reactions to these displays were characterized by shock, discomfort, and disgust. Indeed, for some, the failure to take protective action for themselves or on behalf of others resulted in feelings of anger, anxiety and stress. Yet, as time progressed and students began to further identify with the role of nurse during their education, they assimilated an increasing number of the bullying tactics they witnessed into their

own nursing practice (Randle, 2003). By the study's conclusion, students had fully internalized these 'norms' and bullied students and patients alike.

Implications for Nursing Education and Practice

Sad as Randle's (2003) findings may be, they illustrate some important points about power in nursing practice. The first of these is that the predominant view of power in a clinical setting can affect nursing practice within it. In this study, the power wielded by students and their nursing mentors was an oppressive one (Randle, 2003). The clinical settings in which the students were placed were characterized by a *power-over worldview* – one in which "decision making is characterized by control, instrumentalism, and self-interest" (Berger, 2005, p.6). For the students this created a hierarchy of power in which having power over something or someone became integral to their self-esteem (Randle, 2003). As a result, the students worked hard to fit in, maintaining the status quo of abuse in order to make nurses and other students more responsive to them (Randle, 2003).

Thus, power abuse in the clinical setting is perhaps cyclical in nature. Reeve (as cited in Randle, 2003) stated that nursing students come to adopt the social and moral mores characterizing their collective working group as they undergo professional socialization. When students lack the personal and professional resources to challenge unsettling behaviours, they begin to incorporate them into their own practice (Randle, 2003). This means the bullied in turn become oppressors themselves, exerting their power over helpless students and patients.

Nurses are called to be a transforming force in the modern world of healthcare. Inculcated in nurses is the practice of embracing different ways of knowing in order to critically examine the inequities embedded in social structures and the values and beliefs that need to change in order for fair and equitable conditions to be created for all (Chinn & Kramer, 2008; McMaster University Undergraduate Nursing Faculty, 2012). Yet, the previously cited example suggests that nurses continue subjugation. As long as power's conceptualization within the nursing context is restricted to displays of control and dominance, nursing will struggle with issues of power (Manojlovich, 2007).

Exposing nurses and nursing students to a different view of power may therefore be helpful. A *power-with worldview* reflects "an empowerment model where dialogue, inclusion, negotiation, and shared power guide decision making" (Berger, 2005, p.6). This worldview is embodied in the myriad nurses who are champions for safe and equitable client-centred care and in those who do not view power as a way to exert control. Adopting this worldview would allow nurses to see power as meant to be shared in relationship with others and used for the good of everyone (Daoust & Kilmartin, 2008). However, the shift in attitude necessary for one to go from power-over to power-with may not be easily realized as the transformation from victim to oppressor often occurs in an insidious manner (Randle, 2003). Furthermore, most people are unaware that they are contributing to this transformation (Randle, 2003).

It should be reiterated that power is located in interactions between people. These interactions comprise *power relations* (Berger, 2005). Just as persons may come to possess a given worldview of power or traits associated with it, they may also have a predominating type of power relation. These relations ultimately play a greater role in influencing group relations, classroom dynamics and professional practice than individual worldviews. Kanter (1979) and

Rakow (1989) described the interactions associated with *power-with relations* as characterized by ideologies placing high importance on the values of interaction, dialogue, cooperation, and relationships. By contrast, *power-over relations* are governed by "an instrumental and controlling orientation in decision-making and discourse" known as the dominance model (Berger, 2005, p. 15). They refer to an interactional pattern in which the assertions of an actor's will are met by acquiescence and passive support from others even for beliefs and structures that fail to serve their own interests (Dunbar & Burgoon, 2005; Berger, 2005).

Pedagogy and Power Relations

Freire (1972) asserted that dealing with these issues requires increasing awareness of the power structures that give rise to and perpetuate them. This means educating students about individual power, group power dynamics and their interplay in nursing practice. Students should be taught to recognize the dominance model of power where it exists and encouraged to resist it and to advocate for their clients and themselves. Advocacy and resistance provide the best hope for future nursing "professionals to do the right thing and to actualize the possibilities of a practice serving the interests and voices of many" (Berger, 2005, p. 6). This of course begs the important questions of how might students be taught and what strategies may nursing educators use in teaching them?

Recognizing the Dominance Model of Power

In part, teaching students to recognize the dominance model of power means facilitating their introduction to existing types of power worldviews and relations and the development of ways to help to distinguish between them. However, taken alone, such an approach exemplifies what Freire (1972) called a 'banking' educational philosophy in which students are considered empty bank accounts who are to remain open to deposits made by their instructors. The banking approach further stimulates the oppressive attitudes and social practices characteristic of power-over relations (e.g., passive compliance) and thereby perpetuates the dominance model. Thus, Freire advocated for an approach to education that considers people incomplete, allows them to become more aware of this incompleteness and encourages them to strive to be more fully human. Such an approach comprises an essential part of education about power relations.

A nursing educator employing this approach would recognize that persons have similar and disparate experiences of age, race, gender, sex, class and physical ability that influence the individual temperaments and situational features they bring to and encounter in power relations (West, 2001). They would also recognize that power relations invariably shift between formal and informal settings. Combined, these two premises suggest that the conceptualization of an all-prevailing power-over relation being associated with a single person or group in every given situation is mere myth (Berger, 2005). At any point, any person, given their past experiences, disposition, and the situational circumstances may play an oppressive role in a power-over interaction.

Countering the Dominance Model: Building Advocacy and Resistance

Power-to relations refer to approaches, processes and resources that may be used to try resisting or countering a dominance model (Berger, 2005). These relations may be broadly classified as being either *sanctioned* or *unsanctioned* in nature.

Sanctioned forms of power-to relations involve working within existing social or institutional structures to effect change. They are often described as ways to enhance advocacy rather than as forms of resistance. Berger (2005) described five forms of sanctioned resistance to the dominance model: *enhancing professional skill; the power of performance; alliance building; rational argumentation; and developing political astuteness. Enhancing professional skill* is described as being the most obvious form of power-to relations as the acquisition of greater knowledge, experience, and education almost naturally translate into more effective advocacy efforts. The *power of performance* may have similar effects as it involves performing at high levels by adapting the best practices of professionals and/or organizations and documenting and communicating results. *Building alliances* refers to the formation of coalitions with other individuals and groups. These alliances may provide an avenue for individuals adversely impacted by prevailing power relations to simply share their frustrations. They may also be the starting point for increased dialogue about power relations, methods of advocacy, and transparency and inclusiveness in decision-making. *Rational argumentation* describes a form of sanctioned resistance in which highly rational arguments based on substantive evidence are used to appeal to individuals. Lastly, *developing political astuteness* refers to becoming a more effective player within the social and political structures. Spicer (1997) characterized an effective player as one having great knowledge of and clout within the formal and informal settings in which important power relations take place and the ability to use this to their advantage.

Unsanctioned power-to relations are actions or approaches that work contrary to the existing structures and may even be perceived as unacceptable to individuals and groups. They therefore comprise methods of resistance. For professionals these actions may challenge allegiance to individuals and organizations, present real threats to physical and emotional wellbeing, cross professional boundaries and pose serious ethical dilemmas. Among them are *covert actions, alternative interpretations, whistleblowing,* and *association-level activism* (Berger, 2005). *Covert actions* involve leaking sensitive information to important parties and promulgating perceptions or opinions opposing those given by formal communications. Such actions are tantamount to planting rumours and information in the proverbial grapevine and stand in stark contrast to *alternative interpretations* in which persons more formally and openly express dissenting opinions to peers and subordinates. *Whistleblowing*, or the reporting of legal or ethical violations, may occur internally or externally through formal and informal processes. It often carries with it great personal and professional risk, as the practice is openly discouraged in some settings and reporting individuals often encounter minimal supporting infrastructure to guide them through the process (Ha & Agarwal, 2013). Consequently, professionals often deal with the social and professional fallout of reporting individuals alone. *Association-level activism* involves working through professional associations to engage in activities like issuing public statements or staging demonstrations in protest of unacceptable initiatives or practices.

Strategies for Teaching and Learning

The complexities of power presented throughout this exposition make it difficult to confidently assert that there is a single best method of teaching and learning about power relations in nursing. However on the part of an educator, the understanding should *not* be that power is possessed by them and is theirs to give away (West, 2001). It seems more appropriate rather that nursing educators adopt an approach more consistent with the philosophies of Freire (1972) and Hawks (1992) whereby both teachers and students are viewed as incomplete beings continuously contributing to the emergent processes of learning and knowledge development through their lived experiences as individuals and a collective. These experiences should be embraced and reflected upon by students and teachers alike in order to better facilitate the development of understandings about power that may be used to test hypotheses in real-life situations that will make up new experiences that further driving the learning process (Hawks, 1992). Small steps that may be taken by nursing educators toward beginning this cycle of learning include devoting class time during small-group discussions or clinical debriefs to the discussion and development of power-to relation practices. Activities undertaken during this time can include preparing role-plays and case studies of real-life issues of power or establishing various working groups to address such topics within professional practice.

Regardless of the activities undertaken, efforts should be made through earnest discussion to understand and validate individual experiences of power and to recognize power not as a monolithic evil but as a tool that can be used both inside the classroom and in professional practice to combat forms of oppression and create favorable conditions for the success and well being of all.

Conclusion

Power plays an integral role in individual life, group process, and the nursing profession. Humans come to possess and exercise power through the relationships they have with others. As a result, power defines how persons function and interact as cohesive groups. The influence of power is so pervasive that we find it at the core of the nursing profession where working effectively in teams is vital to providing the best care for clients. It is therefore imperative that student nurses come to understand power as one of the driving elements of group process and function. It is imperative that they see it as shared – with patients, their families, and other healthcare professionals. As transformative agents in the world of healthcare, nurses are entrusted with a great deal of power. We must use it wisely.

References

Arnold, E. C., & Boggs, K. U. (2011). *Interpersonal relationships: professional communication skills for nurses* (6th ed.). St. Louis, MO: Elsevier/Saunders.

Berger, B. K. (2005). Power over, power with, and power to relations: Critical reflections on public relations, the dominant coalition, and activism. *Journal of Public Relations Research, 17*(1), 5-28. doi: 10.1207/s1532754xjprr1701_3

Borrill, C.S., Carletta, J., Carter, A., Dawson, J.F., Garrod, S., Rees, A., . . . West, M.A. (2000). *The effectiveness of health care teams in the National Health Service.* Birmingham, United Kingdom: University of Aston in Birmingham.

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2008). Power and empowerment in nursing: A fourth theoretical approach. *Journal of Advanced Nursing, 62*(2), 258-266. doi: 10.1111/j.1365-2648.2008.04598.x.

Cardoso, A.S.F. & Dall'Agnol, C.M. (2011). Group process: Reflections of a nursing team. *Revista de Escola de Enfermagem da USP, 45*(6), 1412-1418. doi: 10.1590/S0080-62342011000600019.

Chinn, P. L., & Kramer, M. K. (2008). *Integrated theory and knowledge development in nursing* (7th ed). St. Louis, MO: Mosby Elsevier.

College of Nurses of Ontario. (2006). Practice standard: Therapeutic nurse-client relationship, revised. Retrieved from http://www.cno.org/Global/docs/prac/41033_Therapeutic.pdf

College of Nurses of Ontario. (2011). Fact sheet: Preventing client abuse. Retrieved from http://www.cno.org/Global/docs/ih/47008_fsPreventAbuse.pdf

Conger, J. A., & Kanungo, R. N. (1987). Toward a behavioral theory of charismatic leadership in organizational settings. *The Academy of Management Review, 12*(4), 637-647. doi: 10.5465/AMR.1987.4306715

Dahl, R. A. (1957). The concept of power. *Behavioural Science, 2*, 201-215. doi: 10.1002/bs.3830020303

Daoust, J., & Kilmartin, L. (2008). *Living justice and peace: Catholic social teaching in practice* (2nd ed.). Winona, MN: Saint Mary's Press.

Dunbar, N. E., & Burgoon, J. K. (2005). Perceptions of power and interactional dominance in interpersonal relationships. *Journal of Social and Personal Relationships*, *22*(2), 207-233. doi: 10.1177/0265407505050944

Engleberg, I. N., & Wynn, D. R. (2010). *Working in groups: communication principles and strategies* (5th ed.). Boston, MA: Allyn & Bacon.

Foucault, M. (1982). The subject and power. *Critical Inquiry, 8*(4), 777-795. doi: 10.1086/448181

Freire P. (1972). *Pedagogy of the oppressed.* New York, NY: Continuum.

French, J. R. P., & Raven, B. (1959). The bases of social power. In Asherman, I., & Asherman, S. (2001). *The negotiation sourcebook*. Amherst, MA: HRD Press.

Gardner, D. (2005). Ten lessons in collaboration. *OJIN: The Online Journal of Issues in Nursing, 10*(1), Manuscript 1. doi: 10.3912/OJIN.Vol10No01Man01

Ha, V. & Agarwal, A. (2013). First do no harm–Whistle-blowing is not a bad word. *UTMJ: University of Toronto Medical Journal, 9*(4), 166-168. Retrieved from http://utmj.org/ojs/index.php/UTMJ/article/view/1502/1317

Hawks, J. H. (1992). Empowerment in nursing education: concept analysis and application to philosophy, learning and instruction. *Journal of Advanced Nursing*, *17*(5), 609-618. doi: 10.1111/j.1365-2648.1992.tb02840.x

Hibarger, V.E., Blanchard, W.H., & Glogow, E. (1955). Nurses use the group process. *The American Journal of Nursing, 55*, 334-336.doi: 10.2307/3468696

Kanter, R. M. (1979). Power failure in management circuits. *Harvard Business Review*, *57*(4), 65-75. Retrieved from http://ils.unc.edu/daniel/131/cco4/Kanter.pdf

Lacoursiere, R. (1974). A group method to facilitate learning during the stages of a psychiatric affiliation. *International Journal of Group Psychotherapy*, *24*, 342-351.

Manojlovich, M. (2007). Power and empowerment in nursing: Looking backward to inform the future. *OJIN: The Online Journal of Issues in Nursing, 12*(1), Manuscript 1. doi: 10.3912/OJIN.Vol12No01Man01

Marin, M. F., Lord, C., Andrews, J., Juster, R. P., Sindi, S., Arsenault-Lapierre, G., . . . Lupien, S. J. (2011). Chronic stress, cognitive functioning and mental health. *Neurobiology of Learning and Memory*, *96*(4), 583-595. doi: 10.1016/j.nlm.2011.02.016

McMaster Undergraduate Nursing Faculty. (2012). Curriculum overview: Preamble. In McMaster Undergraduate Nursing Faculty, *Undergraduate Nursing Education Program Handbook 2012-2013* (p. 6). Hamilton, ON: McMaster University.

Mead, N. L., & Maner, J. K. (2012). On keeping your enemies close: Powerful leaders seek proximity to ingroup power threats. *Journal of Personality and Social Psychology, 102*, 576-591. doi: 10.1037/a0025755

Milgram, S. (1974). *Obedience to authority: An experimental view.* London, United Kingdom: Tavistock Publications.

Paulus, T. M., Bichelmeyer, B., Malopinsky, L., Pereira, M., & Rastogi, P. (2005). Power distance and group dynamics of an international project team: A case study. *Teaching in Higher Education, 10*(1), 43-55. doi: 10.1080/1356251052000305525

Rakow, L. F. (1989). From the feminization of public relations to the promise of feminism. In E. L. Toth & C.G. Cline (Eds.), *Beyond the velvet ghetto* (pp. 287-298). San Francisco, CA: IABC Research Foundation.

Randle, J. (2003). Bullying in the nursing profession. *Journal of Advanced Nursing, 43*(3), 395-401. doi:10.1046/j.1365-2648.2003.02728.x

Spicer, C. (1997). *Organizational public relations: A political perspective*. Mahwah, NJ: Lawrence Erlbaum Associates.

Spitz, H. & Sadock, B. (1973). Psychiatric training of graduate nursing students. Use of small interactional groups. *New York State journal of medicne, 73*, 1334-1338.

Tuckman, B.W., & Jensen, M.C. (1977). Stages of small-group development revisited. *Group & Organization Management*, *2*, 419-427. doi: 10.1177/105960117700200404

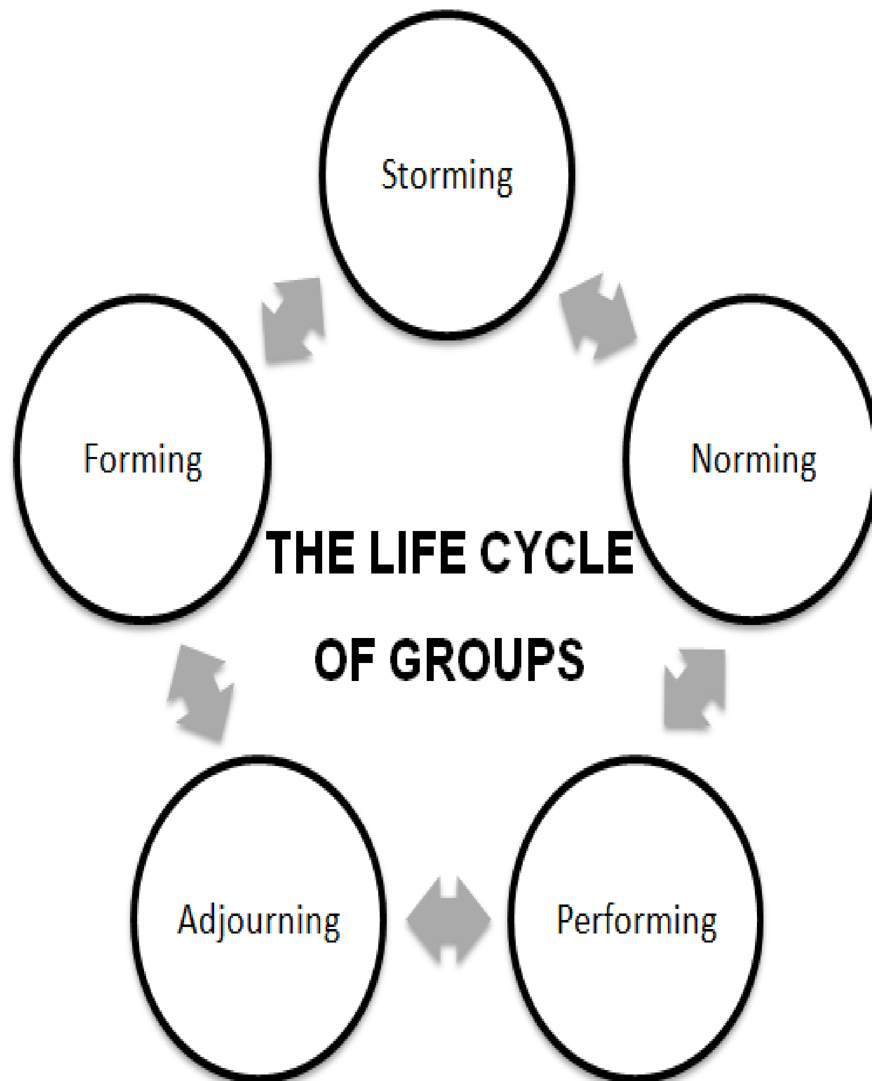
Turner, J. C. (2005). Explaining the nature of power: A three-process theory. *European Journal of Social Psychology, 35*(1), 1-22. doi: 10.1002/ejsp.244

West, M. (2001). Pedagogy and power relations. *CORE Newsletter*, *10*(2), 3-4. Retrieved from http://pi.library.yorku.ca/ojs/index.php/core/article/view/2700/1905

Womble, L. P. (2003). Impact of stress factors on college students academic performance. *University of North Carolina at Charlotte Undergraduate Journal of Psychology*, *16*(1), 16-23. Retrieved from http://psych.uncc.edu/Womble.pdf

Yukl, G., & Falbe, C. (1991). Importance of different power sources in downward and lateral relations. *Journal of Applied Psychology, 76*, 416-423. doi: 10.1037/0021-9010.76.3.416

Appendix A



Forming	Storming	Norming	Performing	Adjourning
Members are socially cautious.	Members compete for status and openly disagree.	Members resolve status conflict and establish norms.	Members assume appropriate roles and work productively.	Members disengage and relinquish responsibilities.

Figure 1. Tuckman's Stages of Group Development