In case you hadn’t noticed, the United States is fairly divided on many issues. What is worse, or better, depending on your viewpoint, is that we find literature, news, and people who reinforce our views. A college education, which nursing actively promotes, is supposed to be liberalizing. This means it is designed to expand our views; it doesn’t mean a particular political agenda (as in the liberal versus conservative political views). Yet, we have seen in the news that students and faculty have protested against speakers who don’t represent the views of the vocal protestors. How does that expand our view?

Oh dear, you may be thinking, not another viewpoint about what is wrong with education or society! That is right, this editorial is not designed to be a viewpoint of the rights or wrongs of society. Rather, I am inviting you to help those with whom you work to take the other side of any issue being discussed. We say nursing must be global in its views. Yet, we tend to form closed groups of people just like us. This may be based on gender, age, race, political views, clinical specialty, or professional roles.

One simple strategy that I use all the time is to simply say: “On the other hand,” and then cite the opposing view to whatever is being discussed. An example from my state (Texas) legislature is the discussion surrounding sanctuary cities. I chose this example because it has had a lot of public media coverage and is something most of us don’t think deeply about on a daily basis. The prevailing view was that we ought to obey federal law and we definitely should not use tax payer money to support cities that ignored the federal law about undocumented immigrants being in the United States. (This was interesting to me, because when the federal law hasn’t matched our view on other issues, Texas sued the federal government.) However, in the discussion surrounding this legislation, city police from sanctuary cities in Texas pointed out that abiding by the federal law would discourage undocumented immigrants from reporting crimes such as drug running. Wow! What this means is that, on the other hand, some benefit is derived by not complying fully with the federal law. That made me think about how complex the issue of sanctuary cities really was, which of course is how health care is today—very complex.

Our opportunity to help our colleagues think more critically about numerous issues facing our profession is to stimulate divergent thinking. We may not love challenging a clinical practice, yet we have developed sufficient skill to disrupt current practices in favor of better outcomes–based practices. What if we did the same thing about ageism or racism or any of the other numerous topics we simply don’t address that continue to fester? We have the opportunity to create better dialogues about issues that need to be addressed in civil ways.

The reason I chose to write about this topic is that I have had the opportunity in the past few months to try to help someone see a diametrically opposed view that another person presented. From my view, neither person had the right or wrong view. They simply had different views. Theoretically, Friedrich Nietzsche said “There are no facts, only interpretations” (http://www.pitt.edu/~wbcurry/nietzsche.html). This is a startling statement for those of us who rely a lot on facts. As—
suming this statement is true, we can then see how the same facts are presented as the rationale for two differing views.

On the one hand, discussing sensitive matters may feel threatening and uncomfortable. On the other hand, the willingness to confront issues may create better understanding and greater acceptance of divergent views. We don’t all have to agree, but we all do have to think.

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