The tyranny of care
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Abstract:

Current professional education generally includes theoretical content regarding reflection and reflective practice and a number of models of professional behaviour based around holism, caring and therapeutic use of self. These aspects run as a theme through curricula for theoretical and practice based learning, assessment and personal development.

As a doctoral student I was interested in these concepts, in particular the relationship between how professionalism was taught and the reality of practice. I took as my focus hospital based adult nursing from 1945 -1955 and specifically explored the discourses around nurse education and the ways in which ‘good’ nursing were described and talked about. This research into the history of nurse education is used here as a case study to argue that the discourses present within nursing continue to exert a powerful influence on the behaviour and practice of nurses. A number of gendered discourses around obedience, loyalty and vocation make up an image of the ‘good nurse’ which has its origins in the 19th century but can still be identified today. However the traditional discourse is mediated in current practice with more contemporary discourses in which nurses are required not only to care ‘for’ patients but to demonstrate their caring ‘about’ (Swanson 1981) through cultivating reflective practice (Johns 2004) and the use of emotional labour (James 1989).

Whilst the research which underpins this discussion was conducted with nurses, the tensions it reveals have application across all professional education. Current policy in health and education sectors simultaneously espouses a ‘customer’ led ethos, a business model of operation and evidence based practice. It may be argued that within this climate discourses around emotional engagement, reflection and continuous self improvement encourage people to see themselves as ‘not good enough’ and are thus a controlling rather than liberating force.

In order to address these issues firstly the research will be outlined and the findings presented. This will be followed by a discussion examining the implications for current professional practice.

Research outline:

A qualitative approach was taken to exploring the relationship between nursing education, practice and the experience of becoming a nurse. The conceptual framework used to direct the research was that of discourse, taken from Foucault (1979). This view asserts that the way that we talk and write about phenomena is a form of power. Further that this is not something imposed by authority, but exists, is maintained and controlled at all levels. Cohen and Manion (1998) amongst others support the value of historical research in education, so a number of overlapping methods were used to explore the discourses as they occur in the way that nurses talk about their experience of training. These include a review of the literature, a life history of a nurse from starting her career in 1932 to her retirement as a senior
educationalist in 1974, interviews with nine nurses who commenced training between 1945-1955, and documentary analysis of the Nursing Times and Mirror Journals from the same period. Analysis explored the discourses as they appeared in the academic literature, and the ways in which this was developed through the voices of nurses from that period.

The development of ‘modern’ nursing:

Early iconography within western cultures depicts women caring for the sick as one of the six acts of charity which constituted Christian duty, an image which was exploited strongly in the Nightingale era of nursing reform in the late 19th century (Hudson –Jones 1988).

Without a religious or moral imperative, or a kin relationship, the acts performed for payment by nurses were close to those of domestic servants, or even prostitutes and conveyed with them low social status and esteem. Williams (1978: 40) offers an analysis of nursing ideology:

‘conditions of helplessness and the tasks they require violate the normal relationships between adult men and women in our society. To deal with this situation as an act of charity, as a vocation, retrieves the status of the nurse performing the task as well as the status of the adult for whom they are performed. For to be ‘called’ to such work, to perform it sacrificially, is to sanctify and consecrate both task and person’

Being a good nurse thus implies a level of duty or conviction which elevates the acts of nursing into something more significant and less basic. Florence Nightingale’s ‘lady with the lamp’ image contrasts with the morally depraved nurse immortalised as Dickens’s ‘Sairy Gamp’. With no religious justification for her work, she is demonised as drunken and immoral.

As more nurses were employed in the growing Victorian hospital movement a system of education which elevated the work from its previous status as something akin to a particularly unsavoury form of domestic service was required (Abel Smith 1960). The apprenticeship model, of student nurses being contracted to a hospital training school and developing their expertise through a combination of learning at the bedside and school based lectures, commenced at that time.

This system of education was frequently debated and discussion following World War One, influenced by severe staff shortages in the hospitals and changes in women’s working patterns, culminated in the Athalone Committee report of 1939. It called for a move away from the traditional model to one in which nurses in training were afforded full student status (Dingwall et al 1988). However this change was strongly resisted from medicine and within the nursing profession and did not occur until the 1980s. Thus, at the time of this research it may be argued that the training still resembled that of the late Victorian schools.

Nursing discourse - In the literature:
Hallam (2000) suggests three voices can be recognised within nursing: the personal, as may be heard through talking directly to nurses and through autobiography; the public, as may be explored through media images of nurses; and the professional that exists in approved documents and research publications. Thus literature was drawn from seminal texts on the history of nursing, autobiographical accounts and more recent historical research; they revealed a complex discourse related to the development of nursing.

Discourse around nursing in the late 19th century is characterised by a perception that prior to the 1850s nurses were an ill bred, drunken and unreliable workforce whose reform not only transformed the hospitals, but epitomised the move of nursing from disorder into harmony, spiritual and physical hygiene and efficiency (Abel Smith 1960). Nurses no longer simply watched over patients, but are described by Maggs (1985) as managing time and controlling illness, much in the way that factories in the industrial revolution managed the process of production. This reform occurred as a factor within the development of medicine and the hospitalisation of care, which is well charted by Abel Smith (1964). It may be argued that this is the main development within which hospital based general nursing was able to emerge as it did as a key professional group within the changing health care setting (Dingwall et al 1988).

The control of the sick and in particular the sick poor, was an important element of the development of political, health and social policy throughout most of the study period and nursing played an important part in its management. The discourse reveals nurses playing a significant role both as willing, cheap labour and as agents for this control (Dean and Boulton 1980, Dingwall et al 1988). Poverty in the working classes is portrayed as a necessary aspect of capitalism. Their ‘natural’ inclination as a class was to deviance and poor physical and spiritual hygiene which made them dangerous to society. Thus the poor generally needed to be managed (Williamson 2001, Helmstadter 2002), and employing a better class of women to nurse them became a medium through which this was achieved.

‘the patients, drawn from the working classes were put in the charge of young ladies who did not hesitate to impose their own culture upon them’

(Abel Smith 1964:67)

Victorian women were encouraged to see nursing as a vocation, offering opportunities that had previously not been available (Tilly and Scott 1987, Baly 1998). For the pioneer nursing sisters nursing was a devout Christian duty. Williams (1978) talks of the vocation and sacrifice involved justifying the apparent violation of normal social roles; this is further explained by Manton (1971:165) in her biography of Sister Dora where she describes her justification for offering physical care:

‘as you touch each patient, think it is Christ himself you touch, then virtue will come out of the touch to you’

As nursing progressed through the 20th century the discourse around vocation continued to be important. For some it came to represent one of the true values of
nursing (Bradshaw 2001), others would suggest that it has been misused as a way of limiting nursing development as a profession (Davies 1995, Godden 1997).

The cloistered, military aspects of nursing (Baly 1998, Summers 1998, Starns 2000) can be seen in the discourses about obedience, patriotism and duty; the uniforms, the obsession with rank, the language and the culture. It may be argued that this military discourse was particularly useful in nursing to help suppress, or control the aspects of femininity deemed dangerous or uncontrollable. Savage (1987) for example suggests that the uniform served to suppress identity and individual sexuality.

As the 20th century continued a discourse relating to education emerged. Once nursing had established itself as an occupational group with a clear identity, qualification and entry gate, the educationalist involved in developing nursing saw in it the opportunity for recognition as ‘one of the great national education movements for women’ (Horder 1943:5). This discourse challenges the concept of vocation, suggesting that the nurses’ education in its own right is of value, rather than acting solely as a vehicle for the service of patients, the military and the hospital movement.

Overall the discourse expresses a number of aspects of what is thought to be a ‘good’ nurse, which includes philanthropy, Christian notions of womanhood, the good woman, femininity, race and class. Kalisch and Kalisch (1987) and Hallam (2000) describe the image of nursing moving through stages from ‘angel of mercy’ thought to cold, dysfunctional ‘ice maiden’ depending on the social and political needs of the period. Goodness is also associated with discourses around craft skills and kindness, rather that intellectual ability – good nurses are more kind than bright, echoing the anti –intellectual biases identified by Rafferty (1996)

Discourse In nurse’s voices:

Plummer (2001) suggests that life history research can reveal the lives of the marginalised and hidden in society. Women feature little in mainstream history, and nurses are equally invisible in the history of women. Thus the life history and interviews, plus the transcripts from popular journals of the day, sought to explore the way in which ordinary nurses expressed their experience of nursing. The analysis revealed a number of discourses sympathetic with but different from the literature.

By 1945 for most training schools the education system involved an 8 -12 week ‘pre training school’ (PTS) and lectures, either in week long blocks or interspersed through the 3 year period. This process inculcated into the students a set of values that helped them survive their training and groomed them for a role as qualified nurses in the future. The discourse reveals many aspects of the nurses being the ‘right kind of girl’. The best London teaching hospitals could choose girls who were middle class, but for
the majority this was aspirational – the donning of the uniform and the acceptance of the role gave status, a respectable career or better marriage prospects. Physical and moral cleanliness, innocence, obedience and loyalty are all aspects of this discourse, echoing the military and religious discourses identified in the literature.

Improved education and employment opportunities for women were a feature of the 20th Century, but the extent to which nursing moved from a vocational to professional identity is difficult to quantify. Vocation was associated with the aesthetics of nursing, but was also useful to the authorities as a means of distancing nurses from unionisation and demands for better pay and conditions: a cheap compliant nursing workforce was necessary for the effective implementation of the National Health Service. The nurses themselves showed little interest or insight into the relationship between their own situation and the policy directive that were controlling them. This focus on the here and now, rather than the bigger picture seems to be a feature of nursing discourse which was reinforced by the education process. Young girls, ideally from ‘good’ homes and with a ‘good’ education were taken into nursing and moulded into the image the profession wanted. People who rebelled or did not fit were weeded out in PTS. From that point onwards nursing recruits self regulate, mimicking the attributes of more senior nurses.

In addition Focault (1979) identifies that gaps and silences in the discourse are as important as what is said out loud and act as a controlling mechanism. In the interview transcripts anything to do with emotional needs or the sexual presence of the nurses or patients is avoided, the nurses trail off into silence, gain eye contact and use ‘umm’ and ‘err’ as code for things which cannot be said [you never thought of ….., you would not have dreamed of ….]. Keeping a distance, ‘not getting too close’ to patients is a virtue which is observed, practiced and refined throughout the training period.

Discussion:

The way nurses from the 1940s and 50s talked about nursing revealed the ambiguity that existed between the reality of their situation – giving intimate physical care to people who were not their kin – and the expectation that they were pure/incorruptible. Taken together the findings suggest the good nurse is a derivation from discourses around ‘woman’ and ‘middle class’, Such that:

• motherly caring must be conveyed but without any apparent emotional engagement
• femininity must be conveyed but without any overt sexuality
• masculine/military attributes such as discipline, punctuality and emotional distance must be developed without the nurse becoming masculine
• an intimate understanding of the physical self must be conveyed without any apparent acknowledgement of the implications of such knowledge, or its relationship to emotional and sexual self.

These characteristics typified the philanthropic women described by Brooks (2001) of the late 19th and early 20th century who engaged in Christian work supporting the sick poor and who formed the early ranks of nursing pioneers such as Florence Nightingale (Woodman –Smith 1950) and Sister Dora (Manton 1971). However they
seem strangely dated when applied to 17 and 18 year old grammar school girls in the post Second World War period.

This suggest a complex and confusing metamorphosis for them, particularly as the nurses were so young and innocent, having little life experience to draw upon. On the one hand they have the apparent innate womanly ability to ‘care’ and quickly acquire nursing skills, but on the other they knew that if they displayed weakness, became emotionally or sexually involved with their patients or revealed too much of their individuality they would be singled out as unsuitable.

During the study period it appears that the women did not learn to nurse, but became nurses. This meant that on starting their training the students immediately acquired an honorary middle class status. That this might have been aspirational makes it all the more important as it gave them a privileged position both on and off duty and a way, other than marriage, to gain a socially relevant status.

In return nurses accepted an alteration and suppression of self. This is manifested in the subjugation to the hospital routine and to the acceptance of a position of power over individual patient’s daily routine, whilst having no power over decision making in policy or practice. Nurses, in line with Foucault’s concepts of disciplinary control (1991), did the ‘work’ of surveillance and control over individual patients and over their illness, whilst simultaneously doing the same for themselves and their profession. Thus the self regulation of nursing by nurses mirrors the role that mothers are expected to play with their families within society.

The findings suggest that the malleability of nurses in terms of their own and their patient’s well-being and in terms of absolute obedience to a male dominated medical model of care is entirely congruent with the discourse. Furthermore, that the education system, combined with the ‘raw materials’ of the recruits and the hospital – based care system, effectively nurtured this discourse well beyond its useful lifespan.

**Discourse and power today:**

I have reflected on the ways in which these findings may have relevance for current professional practice and education. The ways in which nurses were socialised into their professional identity are similar to teaching, social work and many of the allied health professions. Nursing, in parallel with these other professional groups seems to be permanently locked into a situation where practice, education and policy never match and current practice is always open to criticism for being out of date, too radical or both simultaneously.

Of significant is a complete reversal within one generation of the emotional expectations of professional people. The gaps and silences in the discourse, showed how nurses had learned to embrace a discourse in which they did not get too close to patients, focused only on the physical manifestation of their patient’s needs and did not acknowledge their own weaknesses. This contrasts remarkably with the current professional literature on caring, reflection and emotional labour.

The change in emphasis regarding ‘care’ can be dated in the literature from the 1960’s and suggests that caring *for* (i.e. surveillance and control) is no longer sufficient and
that caring about (i.e. emotional engagement of self) is an essential part of professional care [examples of this extensive literature are Noddings 1964, Benner and Wrubel 1989, Swanson 1991]. The development of reflection and reflective practice was introduced to the professional discourse in the 1980’s through the seminal work of Schon (1983) and has been identified through extensive phenomenological research (Benner 1884, Benner et al 1996, Macleod 1996) as a feature of expert ( and thus good) nursing. Nursing is described as ‘emotional labour’ (James 1989, Smith 1992) in which there is an expectation that nurses draw upon their emotional selves in order to care for patients. All of these concepts contribute to a current discourse within nursing in which the emotional engagement of self (an expectation that the nurse understands, cares about and overtly expresses empathy with the social and psychological needs of the patient), the imperative for continuous self-reflection and for academic improvement are embedded in educational programmes and literature for nurses. Two quotes serve to illustrate this change.

Taken from the 1946 probationer’s notes for St George’s hospital (cited in Rivett 2006):

‘… she must be observant and possess a real power of noting all details about her patient. She must be promptly obedient and respect hospital etiquette . . . . A nurse’s manner to her patient should be dignified, friendly and gentle, but no terms of endearment must be used. She should surround herself with mystery for her patient and never discuss her own private affairs.’

By contrast Johns (2005:3) describes reflection as:

‘being mindful of self, either within of after experience, as if a window through which the practitioner can view and focus self within the context of a particular experience in order to confront, understand and move towards resolving contradiction between ones vision and ones actual practice. ‘

In which his vision is to ‘ease suffering and nurture growth through the health –illness experience’.

The first quote relates to nursing exclusively, whereas Johns writes for an audience of any practicing professional, illustrating the more general and shared expectations of professionals today. Clearly expectations have changed greatly from one in which the worker creates a barrier between his/herself and the patient and the second in which nothing less than total engagement is acceptable. Throughout nursings’ development discourse has reinforced a distorted view of womanhood where the ‘desirable’ aspects were promoted and the undesirable suppressed. It may be argued that the discourse related to caring, reflection and emotional labour is just another distortion and that the imperative that professionals embrace and positively use their emotional selves in their practice is just as controlling as being required to suppress it.

In the study period nursing discourse mirrored the dominant (gendered) discourses of the day, expecting nurses to be unquestioningly obedient and to have respect for the authority of the medical staff, matron and the hospital. It would appear that that professionals today are equally coerced into obedience by emotional manipulation and the tyranny of being required to ‘care’ in systems which, despite the rhetoric of
current policy are no more people centred than in the past. Furthermore for nurses, in the past the stressful environment in practice was tempered by the protective buffer offered by living in the nurses’ home; they had no need to worry about laundry, bills, food or shelter and had a ready –made close knit group of people with whom to share their experiences. None of these privileges exist for nurses today and there is evidence that poor morale is just as prevalent as can be seen in research on bullying (Randle 2003a), poor self esteem (Randle 2003b) and burnout (Deary et al 2003)).

Conclusion:

The research on which this paper is based was initiated following frustration at sustained criticism of nurse education for producing the wrong sort of nurses. The findings suggest that nursing is subject to powerful discourses which are predicated on values of service and obedience and an adaptation of more general discourses around womanhood. The suggestion from the findings is that the discourse is slow to change and resists attempts to challenge its central assumptions, and that this phenomena is not exclusive to nursing.

Policy directives which tell nursing what it should do and how it should be done seem unlikely to yield the changes required unless there is a massive paradigm shift within the profession. Nursing and nurse educationalists need to have a much clearer vision of what they want nursing to be and to have realistic expectations of the extent to which this threatens the central discourses that control them. Change from an apprenticeship system to student status happened 20 years ago and is based on a philosophy of nurses being professionally accountable people who should have the knowledge and confidence to question practice that is inappropriate and should view themselves as equal partners with other health professionals in the delivery of patient care. However the bulk of nursing is still learned through practice placements with supervision from a qualified nurse mentor within a hospital –based ward environment. The control over moulding the character and behaviour of student nurses that this creates will tend to override any theoretical model which the students have been presented with in an academic setting. Bolting an academic education onto what is, in practice if not in name, a continuation of the apprentice system is unlikely to yield the radical change that successive governments and nurse education leaders’ desire.

It seems unlikely that this phenomenon is exclusive to nursing. It therefore seems reasonable to assume that discourses that students are exposed to during their practice experience will exert a disproportionate influence on their experience and socialisation into the norms of their profession. Understanding these discourses, and the tensions they can create for students who are torn between the real and espoused experience of practice is essential if professional educators are to effectively support their students and improve practice.
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