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The Erosion of the Moral Purpose of the Nursing Profession: Emerging Perspectives

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KEY POINTS & CONTEXT

1. Nursing's fundamental moral purposes remain Nightingale-esqu;
2. What has changed:
 - **>1950** progressive impact on nursing of changing patterns of disease, illness and treatment regimes e.g. ↓ communicable diseases, ↑ treatable conditions
 - **>1960s** feminism and expansion of career opportunities for women, ↓ supply
 - **>1970s** nursing is provided (rationed) in a measured way and conceptualised in 'scientific' terms; and
 - **>1990s** a new global environment for nursing workforce, especially the changing nature of nurse migration patterns



Nightingale's moral purposes of nursing

- nursing as a **restorative** activity, assuming 'nature' co-operated;
- **protective** of the patient and their environment (and good sanitation was a moral virtue): 'fever - the daughter of dirt';
- intelligent observations and interpretation of them - to **make clinical judgements** about what to do and when;
- the **moral obligation of Matrons** to see to the welfare of their nurses, e.g. good food, adequate holidays and rest;
- **Nurses' character**: chaste, sober, honest, truthful, trustworthy, punctual, quiet, cheerful, clean.

In sum, to keep the patient safe and protected.

Quain, R. (1882) *A Dictionary of Medicine*. see Nightingale's entries: Nurses, training of; and Nursing the sick



Factors intensifying nursing work

- Technological and scientific **developments**
- An **ageing** population
- Increased **patient acuity** (complexity) and co-morbidity
- ↓ average length of stay
- ↑ **acuity** across ward/unit casemix + ↑ bed days
- Increased **demand** for **nursing** time
- ↑ **demand** for higher order **nursing skills** and **care**
- significant aspects of nursing work are **non-quantifiable** and subsequently **‘invisible’**



The current nursing environment

1. An **ageing** nursing workforce (NSW Health 2003) and continuing **dissatisfaction** and low levels of **motivation** (Buchanan & Considine 2002)
2. Migration patterns
 - out-migration patterns in the economically developed world (Western) i.e. out of nursing
 - migration from less developed countries to those having an epidemic of out-migration ...
 - ... on top of 'healthy' (traditional) migration patterns (working tourism)
3. The increasing **politicisation** of health (Mulgan 1998, Newman 2006)
4. The **dominant policy** response has focused on (numerical) **SUPPLY**
5. Re-engineering nursing work



Re-engineering nursing work

- **Rationalist** models of resource allocation and work(er) management
 - focus on **inputs** and **outputs**
 - quality and safety issues associated with **process**
- **Countervailing powers** (Heitlinger 2003)

“Despite the rhetoric there is no real understanding of the work of registered nurses in this country and their capacity to ‘rescue’ patients ... role change, with no data to support the efficacy of these positions, is a shot term solution to what is a much larger problem with potentially fatal

outcomes for consumers”

Duffield & O’Brien-Pallas 2002:141



The impact on nursing and nurses

- Professional standards and codes of conduct (Walters 2000; Fagin 2001)
 - inherent nursing ethos in serious tension with service models that are productivity oriented (nurses' evaluation of productivity [McNeese-Smith 2001])
 - issues of quality and safety - poor patient outcomes
→ professional / service tension
- Emphasis on EBP for clinical practice but “deafness” on the evidence about nursing workforce
- Serious concerns expressed by nurse managers about potential leadership and increasing politicisation (Newman 2006)



Following Bourdieu ...

- Contest between the right hand of the state (the senior nobility) and the left hand of the state (minor nobility).

The left hand of the state has the sense that the right hand no longer knows, or, worse, no longer really wants to know what the left hand does. In any case, it does not want to pay for it. One of the main reasons for all these people's despair is that the state has withdrawn, or is withdrawing from a number of sectors of social life for which it was previously responsible: social housing, public service broadcasting, schools, hospitals, etc. [2001:2].



Towards some conservation strategies for nursing

1. Understand better why nurses **now choose** this work.
2. Understand better **what keeps** nurses in the occupation, as well as studying those who leave it.
3. Understand **out-migration** as different from **trans-national** migration within the industry.
4. Address **workplace** issues as well as workforce.
5. Match nurses' **moral purposes** (professional intent) with **collegial models** of management and **patients' expectations**.
6. Reconsider **nurses' status** as employees.