Confrontation of the Nursing Image within a Changing Society

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As we look forward to the possible future for Nursing, we must also look backward to understand the present image so that it becomes a point of departure for the future. In this article three broad areas are discussed; (a) Evolution and its influence on the role of women and the nursing image; (b) Accountability and the professional role; and (c) Revolution and the potential for change in the future.

Evolution:

Human beings evolved from a 'lower' or less complex form of life and it appears that everyone had an assigned plan in the scheme of creation.

The success or reform for a women was said to depend on the end upon the fact that there shall be no inherent contradiction between her duties and her natural physical and mental constitution (Patrick, 1974, P73). Her mental and physical constitution of course, was to be defined by the men of science, the physicians and psychologists. Her destiny was to be tied to a 'functional' role rather that to any specialisation or intellectual sphere of endavour (Ehrenich and English, 1979).

Some physicians think about the 'trained' nurse and find her to be conceited and too unconscious of the due subordination she owes to the medical profession of which she is considered a sort of useful parasite. Central to this attitude of course was the male - female, superior - subordinate relationships of the patriarchy of the times.

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Nurses themselves are to be blamed for their present image. We must understand how we as nurses view ourselves as nurses and as men and women. We must have a clear concept of 'self' as nurse.

Therefore the following incidents call to question our image;

- The ward sister say 'Good Morning Dr. Jones' to his, 'Good Morning Susan'.
- Requests to the physician are couched in the 'doctor-nurse game' language. for example, 'Did you forget to order an X-ray for Mr. Ram?'

The nurse serves as an physician's assistant in reminding the doctor to rewrite his order and does this without sharing his fees. If this is the mirror of ourselves our image is subservient, lacking in identity, invisible to our public or even worse, negatively valued, and one that for the professional person is replete with potential conflict.

Accountability and Professional Role:

While there are many issues related to our image as professionals, the concept of accountability seems to lack in the most critical area. Before nursing can take a predominant position in changing health care it must be clear about its role in the health care system. Accountability relates to the answerability for one's acts and for their consequences.

We are accountable to ourselves, to the patient, to the profession, and to our organisations of employment in that order of priority. When a nurse is questioned she has a propensity to refer the matter to the Physician. No profession should be accountable to another profession. We are first accountable to our professional standards. To maintain the trust of our public we must function according to the norms and practice standards of the profession, keeping in mind the patient as the central focus.

Related to the standards, is another contract with patients which is the 'Code of Practice'. It is an ethical position and a commitment to clients.

Another related factor is autonomy, the freedom of practice according to the standards and the code of the profession. This relates to control over educational requirements, standards of practice, and licensure requirements. We have achieved a degree of success in all of these areas. However, there are persistent constraints to our autonomy

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and hence to our accountability. How do we deal with the issue of accountability? We must give careful consideration to our beliefs and values in the light of our philosophical premises for professional practice. A critical element in a profession is a service orientation with focus on the needs and welfare of the client. Therefore, our first accountability is to the patient and to the society we serve. Each one of us is to recognise that we are accountable to the client not to the doctor.

We need an inner conviction, the inner commitment and the inner fortitude that comes from knowing that indeed we are functioning as the patient's advocates within a context of accountability. A commitment which is an indicator of high degree of professionalisation is needed and that commitment should reflect the life style demonstrated by a set of values that stimulate the growth and information of a professional conscience.

Revolution:

Revolution is defined as 'a forcible overthrow of an established government by the people governed, a complete change in something, after one makes a quick movement in a circular path or orbit': 'Revolutionary' is producing a radical change.

The time is overdue for personal and professional introspection. As nurses we are in a male dominated system in which women are the majority. We need to become revolutionaries to bring about a three pronged revolution, encompassing knowledge, role definition and confrontation.

Knowledge:

Generating and validating new knowledge and to continue to enhance our knowledge base as expert care providers is essential. A strong educational preparation to develop skills of conceptualisation, problem identification and analysis, and update technical skills are needed. Profession needs to accept to total commitment to a collaborative effort toward development of theory that is *nursing*.

We live in an information society in which information workers will create, process and distribute information through net working groups rather than hierarchical organisations. It is a sharing of information between and among peer groups.

Role:

We are not clear about the professional role and we are not convinced that nursing is indeed a primary care profession and this is projected to the public.

As we move into the new information society, we should take advantage of changing stereotypes to define and develop new modes of behaviour and interrelationships. This is the time to assess our image and to redefine our role within the health care system.

We can move from cave dweller and the women's role in keeping the home fires burning and ready for the hunters' return for his important work, to the present day expectation of the nurse making the work of the physician easier or extended. 'Nurses do not seek to be the captain of the ship'. We must ask 'why not?' We do keep patients alive, we do keep the system glued together. Where is the concept of shared leadership? It is time to negotiate to insure equitable roles in all relationships. If we ant to bring about change in our roles we must establish a power base, an ability to influence the behaviour of others.

The world of work has become more complex, the division of labour more specialised. With increasing specialisation there arises a need for integration and coordination. The integrators and coordinators are the 'they' of administration. They are usually also the generalists. Our society is full of evidence of search for the gestalt. The system, ecological approaches, interdisciplinary thinking, holistic and other themes have crept into our lives.

It appears that a reaffirmation of our accountability to our patients, classification of our advocacy role and a stronger self concept as a nurse might facilitate our role definitions and our role making.

Confrontation:

A revolution of power based on values and beliefs, moral commitment and the inner fortitude that come from such commitment is the stuff of revolutions. A conscientious challenge to the system aimed at correcting inequities will certainly change our image. We would give some thought to power. It is believed that competence of a profession to educate, evaluate, and socialize its practitioners through lengthy processes is required to attain power. The discrepancy between nursing responsibility and authority n the institutions prevent nurses from being accountable. The issue is whether the nurses value power insufficiently or whether it is beyond their ability?

Power is ability to influence and change the behaviour of others. Nurses united have expert power based on knowledge and skills. It is also proposed that we employ 'justifiable' anger to keep us motivated to change the system. We have avoided confrontation, we have developed patterns of avoidance rather than confidence in risk taking.

Toffler's (1980) belief that our civilisation is in a major wave of change, which he characterises as a break up to the old system with a reshaping of civilisation, is encouraging. In the midst of this

dynamic disequilibrium, we must be ready to act and grasp every opportunity.

We must re-conceptualize our 'business' and clarify and reassert our role as a care provider. Caring is the focal role and coordination is the unique function. We will be coordinators of care with the patient and the captain of the ship.

The move to self care will increase as disenchantment with the system continues and the system is changed. Therefore ours must be a helping - nursing role!

Role re-conceptualisation will move us to greater generalist and less specialist preparation. Nursing and Nursing theory science must be the base of practice and education.

There must be a synthesis of the positive component of the 'old' image the caring, humane and compassionate, with the new image of independent, intelligent and high esteem self perception to form a truly viable professional mode of care. We must project an image that is competent, assertive, in control and tempered with constructive anger.

If Nurses realise their own worth as persons and as professionals, they will want to improve their performance, advance their status, their image and continue to achieve self development, self-actualisation, clinical excellence and professionalism. When Nurses unleash the talents stored up inside them, a positive change in their image will automatically follow.

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Readers Views

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inadequate, making the nursing care task difficult. In addition, nurses are denied many of the minimum facilities. In the patient-care-unit generally known as hospital wards, nurses do not even have a room for their personal use.

A room is essential where they need to keep their belongings, change into their uniform or relax for a cup of tea in between their strenuous work. Nurses are actually forced to use the ward store-room. The policy-makers remain absolutely indifferent to this need.

Another problem is that of the married nurses, the issue of housing. The very nature of nurse's shift work demands that they must be essentially accommodated within the hospital campus or at least within walking distance. But their is no such provision. With their meagre salary they cannot afford housing colonies near their hospital because of their high cost. The process of commuting long distances by the public transport system leaves them physically and emotionally drained. Their work, consequently, suffers and this upsets the reputation of the profession. The authorities show neither concern nor compassion. The high-sounding phrases the profession sound hollow as the nurses continue their relentless struggle in the face of all these odds.

Considering all these facts few would dispute that the treatment meted out to the nurses does not coner on them the nobility and rce that they deserve. There are innumerable such instances which cast a shadow over the profession. And ultemately, the prestige of the profession suffers.

Showering false honour is not only injudicious, it also casts indignity upon the profession, putting them at stake. The compliments to the profession, if intended to carry any goodwill, must be accompained with teh rightful status and privilages long due to the professionl. Then only can the profession claim to be noble in its true sense.

These ambiuguities can only be set right if nurses themselves take charge of their professional rights and duties. At present the policies for nurses are a consequence of those at the helm of affairs. And they happen to be people other then nurses. The validity of the profession lies in its complete autonomy. For that the responsibility must be handed over to the nurses, so that they can determine and direct the course of their profession. That will ultimately narrow down the gap of privilages they deserve and the lip-service that is regularly doled out of them.

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