Nursing: Thoughts on Nursing Service and Identification of the Service Offered

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"It was so easy to say what I had to say. To say it. But not to write it. How to put down on paper.... the eloquent signs of the body and the face which go with the spoken word, the silence, the tone and the music of the voice, the look so filled with unwritten words, but nevertheless comprehensible, the hands, like plates of fruit, filled with unspoken sentences; in sum, everything which gives words the precise meaning which one wants to give them."

Marie Cardinale

No, it is not easy to express one's thoughts about nursing, and even less easy to write them down. How does one find the precise meaning of words without making them stiff? How does one make words come to life again? How does one express the need for analysis, but at the same time the importance of never isolating this analysis from the whole, from the life/death dialectic, from all that concerns the person being cared for and the care-giver? How does one speak about all those things which constitute life without smothering them in triteness? How does one retain a spirit of curiosity which is constantly renewed and creative, in order to rethink the care which nurtures life? These remain burning questions. The thoughts which follow do not pretend to resolve them, but to seek ways of better understanding the significance and the implications of the care which the nursing profession delivers to the population.

Difficulties in identifying "nursing service"

Nurses, in discussions with family members, with friends, or with other professionals, have often found themselves caught short in trying to explain what nursing service is and in answering the related question: what is nursing?

Faced with the tremendous variety of models for professional practice (I don't know of another profession which has such diversity), one can readily ask if there is a specificity to nursing care and nursing service which is discernible and recognizable as such; that is:

—if the consumers of care know what they can expect,

—And if the professional group agrees on the "work" it produces (every service is work), the kinds of service offered and their impact on society.

Process of identification

Therefore we need to ask ourselves what identifies nursing service; that it, how to determine the signs, the results, the references which make it distinguishable, which permit it to be understood and on the basis of which nursing services can change and evolve.

Nursing service.....a recent term

The expression "nursing service" has not been used frequently in France. Language reveals reality! The expression "nursing service" was first used in France in May 1970 when a small brochure was published which dared to ask: "Must nursing service in France remain underdeveloped?" The first legislative text mentioning this term is a circular dated July 31, 1975, concerning "general nurses". The fact that the term "nursing service" is so little used is not a matter of chance; it is indicative—if not of the non-existence of "nursing service"—then of a total lack of awareness of it, both on the part of nurses and of the public.

Why?

Why has there been so little discussion about the meaning of nursing service in France? Why did such discussion not grow out of the evolution of scientific knowledge, as was the case with other professions? Why did this not take place in nursing in conjunction with the upheavals caused by new technologies, which themselves overturned beliefs and customs, and moral and religious values? Was there no concern about nursing practice? Not at all.... but these preoccupations were focused, almost exclusively, on the nurse as a person: her qualities, her role, her place, her image, rather than the significance, the influence, the concept, the justification or the evaluation of the service which she offers to the population.

Two different approaches

It is necessary to stress that there are two approaches which are quite different. Focus on the nurse as a person is different from examining the foundations and the characteristics of the service offered by the profession. It is one thing

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to ask what a nurse is, or "should be", as has been done almost exclusively up to the present time—first in education programmes, and then at the level of services and health institutions and in the public view—and it is quite another thing to seek, not to identify, to create a model, or to define the nurse, but rather to ask what is the meaning and the value of the service offered to society. One must look at the same time at the service offered and the integration of the service within a given society. For whom does this service exist? Why? In relation to what?

In the first approach, it is the profession which confers a social identity on its members, but without having had to determine, first, what constitutes its own identity. Moreover, this is not the case with nursing profession only, but with numerous other health and social professions as well. It is the degree of conformity with the professional model which is identifiable. The ideal professional is defined by a set of norms and values which indicate what the professional should and should not be, and, on that basis, what he or she should or should not do. The result has been that any nursing student, and to an even greater extent, any nurse who did not conform to this ideal was considered as "deviant", as a profaner of sacred images—and this could happen in spite of the excellence of the nurse's or student's performance.

This still happens more frequently than one would think today; for example, the surprise sometimes expressed by others: "I would never have thought that you are a nurse!" One could also quote a list of remarks linked to certain behaviour or knowledge: "A nurse does not need much knowledge for what she is told to do". On the other hand, the nurse is expected to be obliging and gracious.

With the second approach, the process of identification is based on what determines the nature, the "raison d'etre" and the characteristics of the service offered, the heritage of knowledge invested in the service, and the research which is part of its development.

All these aspects represent identifiable elements around which the professional group will be constituted and will define itself. Through this approach the group's identity is forged on the basis of the type of service offered. Models may be created, but through this approach they evolve from the service offered. This is what has happened in medicine, at least during the major period of its history.

Two meanings of "service"

Let us now consider the two meanings of the word 'service" which we need to explore in order to explain the idea of "nursing service". The first meaning of the word is the service rendered

Service, as in "nursing service", is first and foremost a response to a vital need, which may take different forms, whether these be, for example, in relation to food, education, religion or health

With the growth of ever more complex societies, it became necessary, little by little, to organize the service given. We began to coordinate, to administrate, to manage. Services were provided by several persons, in precise location, and with specific working methods and all kinds of equipment. Gradually the service became an institution, an instrument of management.

It is the service offered which shoud be the heart of the organization and of management, yet this is exactly what is neglected and what is so often forgotten in complex societies. Organization and management are more tangible, and also generate more of a sense of usefulness and of prestige. But what is essential is what is not so obvious. And the essential thing is the service offered—nursing. Therefore the basic questions relate to the nature and the significance of nursing.

The "service" as an organization should be remodeled on the basis of the service offered, which itself should be continually re-thought in terms of the needs of people and not those of the institution.

Nursing care is the touchstone of the nursing service. Any "organization", any "management" of nursing services makes sense only in relation to the process of care, whether this care is delivered within an institution or in the community, for those who are healthy or sick, for individuals or social groups.

Nursing process

Before attempting to identify the nature of nursing, it is necessary to be clear about the process of nursing. In line with the debate and the research undertaken by the nursing profession in several countries, and recently in France, nursing may be described not as an isolated act but as the total process of determining the health needs which must be met and which are basic to the life of an individual or group. Vital needs must be determined whether they be biological, affective, social or economic, as well as the interrelationships among them and the action required in order to respond to these needs must be determined. The action can be carried out in cooperation with other persons, either professionals or non-professionals.

The nature of nursing cannot be determined without identifying the basis of care. Nursing is part of an ensemble of care activities. Care is given not only by nurses. In order to understand the nature of nursing, it must be looked at within

the context which gives it meaning and real significance: the context of life, or rather the context of the life and death process which individuals and human groups confront each day of their existence

Care

To provide care is above all an act of life, in the sense that the provision of care represents an infinite variety of activities which are aimed at maintaining and supporting life, and at permitting it to continue and to be recreated. In providing care one cannot avoid the question: what life is being maintained?" At what price? For what reason?

To provide care is an individual act which one performs for onself when able, but it is also a reciprocal act when care is provided to any person who, temporarily or on a permanent basis, needs help in meeting his vital needs. There is a need for care linked to the different stages of life.

The curve of the line of care follows the curve of the different stages of life, the need for care diminishing from birth to childhood, then from childhood to adolescence. As an adult a person may require care in certain circumstances, but in general the individual becomes a care-giver, contributing to care within the family and through professional activity, and not only within those professions known as the health professions. The curve for adults varies according to the individual and the setting. A particular kind of care needs to be provided, for example, during certain events in life like pregnancy and birth. A person or a group may face crisis or obstacles in life which may lead to illness or accident. These events will have different repercussions and consequences according to the age of the person when they strike, and everything which will have influenced the dependency-autonomy process up to that point.

English, richer than the French language in relation to the idea of care, distinguishes between two kinds of care:

—care: customary and daily care linked to the maintenance and continuance of life, and

—cure: linked to the need to overcome an obstacle to life.

The predominant aim in life is to maintain oneself and to continue, from which grows the necessity for routine and daily care aimed at maintaining life by providing energy in the form of food, water, heat or light, or affective or psychosocial support.

Care is based on all sorts of daily habits, customs and beliefs. Depending on how the life of a group develops, rituals are born, and a whole culture which determines what will be considered good or bad for maintaining life. This care represents the fabric or the texture of life and ensures its permanence. This care is the care which the mother gives her child, and which we give ourselves every day as we become independent, but which others must compensate for when our autonomy diminishes or when we lose it. This care represents all those activities which ensure the continuity of life, such as eating, drinking, eliminating, washing, moving—as well as everything which contributes to the development of the life of our being, by building and maintaining the body and the emotional system.

Cure

There are obstacles to life; for example, famine, a lack of resources in food energy to maintain vital functions. This was the main obstacle to life for thousands of years and it remains so still for a large part of the world's population. It more often takes the form today of malnutrition or nutritional insufficiency in certain social groups in affluent societies. Other obstacles to life are illness, accident, and war.

In certain circumstances, "cure" is necessary in addition to the usual daily care for the maintenance of life. Therapeutic care, or cure, is provided over and above daily and routine care. Cure has no meaning unless it is linked to maintaining the continuity and development of life, although temporarily in certain circumstances—more exceptional than we like to admit—cure must take priority over case. But this priority cannot be prolonged indefinitely. For example, in very severe cases of coma, if cure measures are not accompanied by care (nutrition, hygiene, relationships) there will be a stabilisation or aggravation of the process of degeneration.

Cure measures are aimed at limiting the effects of illness, fighting against it and finding the cause of it. This search, focused first on man in relation to his environment, is now, in Western society, more and more centred on illness. Organic causes have been isolated from psychic causes, and socio-economic causes have been overlooked altogether.

The separation between the body and the spirit, between man and his environment, which has taken place in Western societies, the multiplicity of investigative techniques and a focus on illness have little by little forced all questions relating to the causes of illness linked to lifestyle, to living conditions, and to the desire for life into the shadows. Each individual is isolated from his environment, from his ecological niche, from his social group, and loses his identity as a person, since the object of cure has become the organic or mental function, the organ, the tissue or the cell. Cure measures have progressively come to predominate to the exclusion of care aimed at maintaining life, which has become minimal and secondary, even though it remains the most fundamental, for without it life cannot continue.

When cure predominates over care, there is a progressive destruction of all the vital forces of the person, of all that creates his being and will to act. The full capacity for life of the individual must be mobilized constantly—right up to the moment of death. I am reminded of a film which showed how health personnel condemn people to death before they are dying by destroying everything that remains of life in them and by concentrating only on everything that is dying. In the film, a woman with cancer, confined to bed, was leading almost a vegetative existence until her son understood what was essential and made it possible for her to continue to enjoy what was important to her—her memories, her cosy apartment, her personal objects, her relationships with friends. Thanks to him, she was able to live her death instead of seeing the death of her life.

In distinguishing between these two kinds of care we come to the crossroads of the directions and fundamental options which guide the choices made in relation to the care function of health personnel and the sum of health and social action. The choices linked to care and to cure are not mutually exclusive, but the line between them constantly needs to be re-drawn in relation to the situation. Whether it is a question of providing care in individualized settings, or whether in relation to families or groups within a vast health and social programme, the questions remain the same:

—What contributes to the maintenance and development of life?

What form of life? Whose life?

What are obstacles of life?

—What are the obstacles of life?

or ill? What therapeutic care is indispensable for the maintenance of life? What actions are superfluous, or even negative?

Nursing cannot escape making these choices.

Nursing, care and cure

Are these two kinds of care found in nursing? For thousands of years, care aimed at maintaining life was the most common care, the most important kind of care, basically because man was ill-equipped to repair the effects of illness and accident!

Care was provided by mothers, parents, friends and neighbours. Little by little, with other forms of organization of social life, other persons came into the picture-aides, members of religious orders, then nurses. The field of nursing, until the beginning of the century, encompassed the immense variety of care. The first theory of nursing elaborated by Florence Nightingale in her **Notes on Nursing** outlines the essence of this care, many aspects of which could be looked at again today

Cure was provided by priests, shamans, witches and then physicians. With the scientific discoveries which revolutionized medicine at the end of the 19th century, physicians began gradually to delegate to nursing personnel, to the point that therapeutic functions have progressively invaded the field of nursing, leaving in abeyance the basic care required or delegating it to subordinate categories of nursing personnel.

Through misunderstanding of the importance of this care, we have seriously neglected everything that is vital for a child, an adult, or in older persons to continue to have his daily needs met. More than one child hospitalized for "health reasons" has ended up more handicapped by the interruption in his psychomotor development during the period of hospitalisation than by the effects of illness. The same is true, although perhaps in less evident ways, for adults.

By becoming "medicalised", nursing has lost sight of and neglected everything which is essential for the continuity of life and the basis for man's being. By focusing more and more on cure, nursing personnel who were the auxiliaries of the physician, from whom they receive, in exchange, a proxy identity By abandoning the vast domain of care for the maintenance of life, nurses have created an enormous emptiness in nursing.

(Article to be continued in the next issue)

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