The Expressive Role of a Nurse

A Study in Constraints

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THE most cherished and essential function of society for all times is to render appropriate and effective services to the sick. The sick requires assistance because he is "dependent, egocentric, subject to irrational fears and in general his capacity for normal self-control is weakened." (Johnson, Miriam, M. and Martin, Harry W: 1958, 375-377). Historically, the nurse has taken up the service of the sick as her function.

Modern medicine has recognised that treatment consists of 'cure' and 'care' processes and that 'care' is as important as 'cure' in the effective treatment of the patient. The sick must be treated as a 'whole person' and 'socio-psycho-physiological' component (Folta, Jeanneth R. Deck, Edith, S. 1960, 30) have got to be considered in the process of treatment. The patient is an individual acting and interacting in a social context. He loves, hates, likes and dislikes understandings, misunderstandings, and fears affect not only his attitudes towards medical care but also his motivation to stay well, his very desire to live or die. For the quick recovery of a patient the expressive role of a nurse plays a very important role in the hospital situation.

So, the purpose of this paper is to show what the crucial functions of the nurse are, and whether they are instrumental or expressive and also to see whether she is able to render the expressive function efficiently in the hospital situation.

The Historical Background

Nursing can be defined both as an art and as a science. It is a science because Nursing mainly depends on the knowledge imparted by various disciplines like Biological Science such as Anatomy and Physiology, Microbiology, Physics and Chemistry and social sciences such as Sociology and Psychology. It is an art of economy of time, men and material and it involves a great deal of interpersonal relations. So, Nursing is an art and a science dominated by an ideal of service in which certain principles are applied in the skilful care of the sick under the directions of the physician and in the prevention of disease and in the conservation of health. Price (1962:2) defined Nursing as that service which helps an individual to regain or keep a normal state of body and mind, or helps him gain relief from physical pain, mental anxiety and/or spiritual unrest.

Originally, the nature of the Nursing profession is patient care. Previously, her functions were that of 'mother-surrogate' and 'bed-side psychologist' roles for patients. These functions were inclusive in nature, i.e., inclusive of all kinds of personal care and motherly affection and advising, counselling, comforting, serving, feeding, and so on. Owing to inclusive nature of her functions, several other non-Nursing functions like co-ordination, administration, teaching, assisting the doctors, system integration functions are added in a bureaucratically organized hospital from time to time and during certain periods stress is laid on certain functions. But throughout, the nurse has been associated with the patient care function.

With the industrialization and consequential division of labour and specialization of functions specialization of skills are stressed. So in a hospital today there exist many departments like Neurosurgery, Orthopaedics, Paediatrics, E.N.T. and many specialists for maintaining these different departments. They must be made to work harmoniously and economically. Nurse is given the coordinating, managerial and administrative functions also. As the organization's main interest is to see that harmony is achieved, stress is on the administration functions. Technological advancement resulted in great inventions in the field of medicine and treatment. So the physician, in his stress for time in acquiring new skills has left some of his functions to the nurse. The nurse has taken up the doctor-assistant function also. There has been any amount of confusion regarding the functions of a nurse.

In the modern society, as professions are given high status, rewards, autonomy and privileges communication, the Nursing leaders are urging that Nursing also should be recognized as a profession. In Nursing schools and during training period ideals are being stressed. The Nursing profession is seeking to redefine their role itself and for the public. Although the responsibilities and opportunities in Nursing are constantly changing and expanding, the spirit of Nursing remains the same. Considerable body of knowledge and skills have been acquired and researches are being conducted by the Nursing profession.

The Expressive and Instrumental Functions

The term 'expressive behaviour' (Nice H. Frijda) refers to those aspects of behaviour which manifest motivational states, emotional attitudes, and moods, cognitive attitudes (attention and concentration), activation states (arousal, fatigue) and more-or-less permanent attitudes that are personality attitudes. The expressive behaviour also means the movement of limbs, head, facial feature and body and the manner of performing purposive actions and the movement pattern itself.

In the hospital stituation the expressive and ideal role of a nurse involves devotion of time for acquiring

knowledge of the socio-economic background of the patient, the tensions, fears and anxieties of the patient regarding the illness and the course of treatment; his requirements for the purpose of enabling her to give physical and psychological comfort to the patient through sympathetic and soothing words, selfless service, affectionate behaviour and appropriate care. This 'expressive' function is roughly equivalent to what has been called the "mother-surrogate" and "Bedside psychologist" roles (Leonard, C.: 1966).

While considering she nature of the nurse's main function in the hospital Johnson and Martin analysed the nurses' activities within a frame of reference of 'Doctor-Nurse-Patient social system' and also mentioned the nurses' specific contribution to this doctor-nurse patient social system. According to Johnson and Martin in this Doctor-Nurse-Patient social system there is a clear division of labour in which the nurse assumes the role of expressive specialist, maintaining integrated relationships among the members by managing the tensions of the system members in the group, and the doctors assume the role of instrumental specialist, carrying out the technical procedures necessary for patient care. Compared to the activities of the doctor, the nurses' activities are not directly related to the problem of getting the patient well, but are designed "to establish a therapeutic environment". These may include a variety of specific behaviours from creating a comfortable, pleasant physical setting to the more nurturant activities of explaining, reassuring, understanding, supporting and accepting the patient. These acts serve to lower the tension level of the patient. Doctors' instrumental activities, viz., examining, diagnosing, prescribing and treating, are often felt by the patient to be embarrassing, painful and anxiety provoking, and tend to produce the high levels of emotional tension in the patient, which the nurse, by her explanations, reassurance and comforting ministration seeks to reduce such tensions. In other words she expresses an attitude of 'caring about' the patient which is so important to his emotional well-being. She is the integrator also. She serves as an intermediary between the doctort and the patient by interpreting the opinions and ideas of the doctor and his activities to the patient and the patient's feelings and their fears, etc., to the doctor.

No doubt, the nurse performs technical functions like taking T.P.R., preparing the equipment and the doctor too reassures the patient and shows that he understands. But it is hardly possible. Because in modern hospitals, which are bureaucratically organised, the doctors see the patients for only few minutes at a time and the patient may have several doctors concerned with different aspects of his illness, as he is busy with his instrumental functions.

Most of the nurses are women and they are best suited for doing expressive functions, because in general women have the qualities of patience, sympathy, service-mindedness etc. So nurses assume the primary responsibility for expressive functions.

In other words, instrumental functions are performed primarily by the doctor and secondarily by nurse, and the expressive functions are primary for the nurse and secondary for the doctor.

So, the expressive function of a nurse is very important for the quick recovery of the patient. But in the modern general hospitals, however, efficient she may be, the nurse is not in a position to discharge her expressive function in an effective way on account of so many reasons.

Problems with Role-Set Members

As the historical review reveals, bureaucratisation, industrialisation, professionalisation, technological advancement have added more duties to the nurse. The addition of function to the patient care function, the importance given to different functions at different times, have resulted in role confusion and difinition of role which again results in imcompatible expectations of her role-set members as "the doctor administrator and the patient define nurse's role in ways convenient to their own roles". (Leonard, Robert, C: 1966). If doctors have one set of notions about what nurses should do and nurses have different ideas of their role "any performance is likely to produce strain to the extent that it is not consistent with the nurse's own conceptions of their role or with their idea of what physician's expectations are". (Bennee, Kenneth, & Bennis, Warren: 1959).

According to Benne & Bennis (1959), four principal sets of expectations/determine the character of the nurse role. When these expectations reinforce each other and are consistent the role definition is stable. Motivation and job satisfaction are high. But "when potent expectations are contradictory the nurse finds herself in role-conflict." Dagmar E. Broadt (1964) made an explorative study to explore the role of the neophyte nurse (i.e., recently graduated and registered nurse). This explorative study demonstrates the existence of role conflict as there is incompatibility in the expectations of the three counter positions, Nursing Superviser, Nursing Instructors and the senior Nursing students. The effects of this conflict may lead to ineffective role fulfilment by the neophyte nurse, confusion within and between the counterpositions and consequently decreased efficacy of patient care (Brodt, Dagmar, E: 1964, 255-258).

Since the nurse is the recognised specialist for care treatment and the major goal of professional organisation is giving the best treatment to patients, her role-set members expect her to render effective patient care by creation and application of her special knowledge. But as she is working in bureaucratic organisation, she feels inability in fulfilling the expectation and demands of all her role-set members like physicians, administrators, patients, etc., regarding the nature of work, mode of achievement of goals, behaviour and values. So, incompatibility occurs.

Bureaucracy and Working Conditions

As modern hospitals have become centres of scientific knowledge and technical apparatus certain changes in hospital organization also have occurred. Of basic importance has been the increasingly

bureaucratic nature of hospitals. Bureaucratic structure has (1) a clear division of labour and specialization of functions, (2) hierarchy of authority, (3) an explicit set of policies, rules and regulations, and (4) impersonal attitude in the conduct of wrok. The ultimate goal of the bureaucratic organisation is coordination of functions in an efficient and economic way. It requires the nurse to keep records, filling detailed charts and reports each day, follow and to enforce its rules and red-tape and loyalty to its rules and procedures to ensure continuity and predictability. Her day-to-day work is controlled and regulated by bureaucratic administration. Merton, in his article, 'Bureaucratic Structure and Personality' writes that bureaucracy has the effect of changing the personality of the bureaucrat. Its insistence on strict rules results in "trained incapacity" (Merton, Roberts, K: 1957) owing subordination to rules and procedures. "By its uneven distribution of rewards and authority it fosters dissatisfaction, it has no place for the expression of individuality, it requires impersonal, segmental relationships; it subbordinates people to a system, it acts as a mould into which occupational groups must be made to fit." (Saunders, Lyle: 1966) "The system is "task-oriented" rather than 'patient-oriented' getting the work done is the primary focus of attention." (Brown, Esther Lucile: 1967).

Bureaucracy and Profession

Bureaucracy and profession are totally different in their values, behaviour and outlook. Where bureaucracy insists on impersonal attitude in the conduct of work, profession of the nurse demands development of personalised relations with patients for effectively discharging her "expressive" functions. Where profession demands creativity, self-expression, clients' unique problems, bureaucracy demands routine, subordinate to rules, task-orientation. So there is no question of autonomy and privileged communication, or creation and application of knowledge in bureaucracy.

So by placing the nurse, a professional, in such a type of bureaucratic administration she experiences role stress and role strain on account of either role-overload or role conflict which results in role ambiguity and role confusion.

Functional Differentiation and Allotment of Time

The nurse is burdened with administrative and managerial functions. In a modern hospital the nurse is responsible for the entire ward; she is incharge of all things, furniture, medicines, equipment, apparatus, linen, etc.; she maintains a number of registers. So she acts as a supplier, a manager, an accountant, a coordinator, a clerk and so on. She practically finds no time to do expressive patient care function individually. She also finds that the expressive function is neither appreciated nor rewarded. She has no job satisfaction as she spends 5 hours' time for indents and writing.

So, she experiences a series of problems like 'work-overload', high nurse-patient ratio, indiscipline and non-cooperation of her subordinates, especially the Classs IV employees, inconvenient and prolonged working hours and accountability for each and everything that happens in the ward including theft, breakage or loss of the instruments and equipment. All this makes her take more care of supervision and watching than Nursing. Thus, the cumulative effect of the conditions existing in the hospital, the semi-professional nature of her occupation and the kinds of interactions with and expectations from her role-set members in the work situation make the nurse drift away from her professional functions of rendering expressive Nursing care to the patients.

Conclusion

For the efficient functioning of the nurse it is essential that she should be free from the non-Nursing duties, clerical and administrative duties, and to a certain extent managerial functions also. She should be treated as a professional. What is therefore required for efficient patient care is a change in the organizational set-up of the hospital giving more recognition and time to the nurse to perform her avowed roles efficiently by perceiving her role in a proper perspective, enabling her to get more and more committed to her professional role as the period of her service increases.

The author suggests that policies and programmes aimed at increasing motivation and commitment to work among the Staff Nurses and reducing work overload and tension in their job are necessary for improving their role performance in the hospital.

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