

Nursing as a Profession (Excerpts)

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LET me begin by explaining in a few general terms the particular perspective which I can bring to your problems, that is the perspective of social psychology. Social psychology, like every other branch of science, is a deliberate effort to simplify the innumerable unique events in which we take part in our existence on this earth, in such a way that we can think about them, understand them, and occasionally perhaps, even predict them; in particular "social psychology is an attempt to understand and explain how the thought, feeling and behaviour of individuals are influenced by the actual, imagined or implied presence of other human beings." If you wish to think of an example that gives concrete meaning to this definition of social psychology, think of the influences on a nurse's thoughts, feelings and behaviour: they stem in part from the people among whom she actually works, be it her seniors, a colleague, a doctor, or a patient; in part from the people whom she can imagine while going about her job, be it her family, her teachers, or a friend; and in part from her membership of the Profession which implies nurses all over the world, now or in previous generations, who have established the profession. It is in particular this last aspect of social psychology, the influences stemming from social institutions such as a profession, with which I propose to deal in this paper.

To be able to create institutions, to be shaped by them in one's conduct and to change them in the light of experience is, a uniquely human quality. The social and psychological environment within which we live, makes it possible for us not only to rely on ourselves but, also to profit from the achievements of all previous generations whose experiences are

condensed in the institutions, values and ideas which guide us. Without the great protection that stems from past inventions of ways of dealing with the demands of daily life, we would be in the position of primitive man, if not of animals, overcome by fear, rage, passion or self-destructive megalomania. The eminent Canadian psychologist, D.O. Hebb, has actually expressed the idea that man's emotional stability is not inherently greater than that of higher animals; according to him, it is the creation of a protective environment which makes civilised human life possible. If you accept Hebb's idea that a function of the environment is to protect some degree of emotional stability, then we have an implicit yardstick for appraising the adequacy of professional organisations: to what extent do they fulfil this basic function of man-made environment? This is the central question to which I want to direct my remarks. But before we can think about it in relation to nursing as a profession, it will be appropriate to make clear what is meant by a profession.

What is a profession?

In everyday life the idea of a profession presents no particular difficulty. Everybody thinks immediately of the traditional professions such as law, medicine, teaching or the church. While nobody will dispute the professional status of these occupations, traditional consensus is not good enough a basis for discourse, particularly when one is searching for a means of deciding whether some other occupations, such as nursing, for example, can legitimately be regarded as a profession. Perhaps a search for common elements in the traditional professions, will help.

They are not just an organised group of persons who earn their living in the same fashion; they

are different from an organisation of metal-workers or street cleaners or business men, even though they as well as these other organisations are rightly concerned with the economic welfare of their members. The traditional professions have other distinctive features; perhaps most outstanding among them is that their members possess specialised knowledge which is acquired through formal education beyond the schooling that is common to all members of a nation, as prescribed by the law of the land. Specialised knowledge acquired in this manner, and applied in one's way of making a living, is a necessary but not yet a sufficient way of describing the essence of a profession. After all, a skilled worker who acquires his specialized knowledge in years of apprenticeship after school, and who can do things neither you nor I can do, is not regarded as a professional person; nor are business executives or laboratory technicians necessarily so classified. There is in the organisation of professional persons another element of a more psychological nature involving a common factor in the attitude of their members to their work which seems to me to be the very essence of a profession. A profession implies that the quality of the work done by its members is of greater importance in their own eyes, and in the eyes of society than the economic rewards they earn.

There is no social law, and certainly no natural law, from which it follows that nurses must be professionals. But a few generations ago some nurses decided by

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voluntary action to become a profession. And that the decision is in line with the attitude to work of the current generation, is demonstrated by the ever-increasing number of members in professional nursing organisations all over the world. Notwithstanding the voluntary action which stands at the beginning of a modern profession, its consequences are generally legal recognition. The voluntary decision of the past becomes the compulsion of the present. It would require great courage and massive evidence of its desirability for any profession to reverse the decision, totally or partially.

The essence of a profession, then, is that it is an organisation of an occupational group based on the application of special knowledge which establishes its own rules and standards for the protection of the public and the professionals. Its emphasis is on the quality of performance rather than on the self-interest of its members. It comes about by voluntary collective action which is transformed into the tenets of the professional organisation; these, in turn, become binding on the members.

One may well ask why the establishment of protective devices and professional standards is such an essential ingredient of a profession. I believe that this has to do with the specialised knowledge which professional people apply in the service of others, who have to take it on credit, so to speak, because they are not in a position to form a rational judgement on the quality of the service rendered, even though their own well-being depends on this quality. This kind of relation between the professional expert and the dependent layman, is inevitably full of strains and of temptations to misuse the power conveyed by special knowledge. Protection and standards are essential to reduce the strain on the professional, and to safeguard the lay person.

The point is of importance in relation to the different types of services which are rendered to the

sick; not all of them are based on knowledge which the lay person is unable to judge. The idea of grading nursing into professional and sub-professional occupations is closely linked to this point. But more of this later.

The adherence to professional standards is not only a question of an individual's abilities and integrity, even though these are tremendously important; in addition, there are the social and economic conditions under which a profession operates, and which may help or hinder adherents to standards, as may the requirements of the situation within which the professional action is usually carried out.

Take, as an example, of social conditions affecting the adherence to professional standards, the distinction between working among colleagues, or working alone. Some professional people perform their work in isolation. Classical examples are the psychoanalyst or the librarian, but the work of the public health nurse, and sometimes of the industrial nurse, comes fairly close to it. Others like engineers or hospital nurses are, as a rule surrounded by colleagues. The psychological difference between these two working situations, is enormous. The isolated professional carries the full burden of responsibility for his actions; he cannot pass the buck. On the other hand, he is not subjected to criticism and control; if he lowers or modifies his professional standards under the stress of a particular case, this may not only remain undiscovered by the outside world, but he himself may not be aware of it. In the interest of protecting the public, the functioning of the isolated professional needs special safeguards. Those who work surrounded by colleagues on the other hand, are permanently open to criticism by qualified colleagues; the public is well protected. But what about the professional person?

Carrying responsibility is the essence of professionalism. If

tasks are so organised that individuals do not feel that they are responsible for their actions, they are deprived of a major satisfaction in their work, and many will consequently lower their standards. From industry come many complaints that engineers often act not as professional people, but as job holders, who rely on somebody else to make sure that their work meets the standards, and who show little initiative. It may be only the other side of this coin that many engineers forsake the exercise of their technical skill in mid-career and move into managerial or business positions; what is more, they apparently take pride in that fact, in contrast to doctors whose individual responsibility is not so diluted and who look askance at a doctor who has become successful in a non-medical field. Whether or not the desertion of one's profession is a direct consequence of diluted responsibilities, when professionals work as employees among colleagues, measures for the protection of their professional pride are probably in place.

Economic conditions, too, influence the adherence to professional standards. Professional work can be carried out in a buyer's or a seller's market. In some professions there are too many candidates for the available number of senior positions, so that promotion is dependent upon stepping into a dead man's shoes.

The nurses of the world are in a different position. Though the supply has grown enormously in recent decades, and much more so than the population, the demand for their services has grown even more. In many countries the number of vacancies considerably exceeds the number of professional nurses, while in some industrially less developed countries, available nurses cannot find employment even though their services are urgently needed, because of lack of money. As you know, the shortages are particularly severe for senior positions and for psychiatric nursing. Where such shortages exist, the burden on the profession becomes considerable, for it is

clear that the quickest way to remedy it is to lower the qualifications. Many professions, but particularly young professions such as nursing, passionately resist such suggestions which they feel threaten their hardly won professional status. Yet so pressing is the shortage that most extraordinary means are taken by society to deal with the situation.

The Professional Situation.

I started off by saying that one major function of the environment is to protect emotional stability; in terms of your profession, the working situation should protect the emotional stability of patient and nurse. Now there is hardly another profession in which such protection is more urgently needed. Even though nursing is now a very diversified profession, the great majority of nurses the world over are dealing with the sick. The recent I.L.O. survey based on returns from some 40 countries, states that in 1956/57, about 72 per cent. of the professional nurses were engaged in hospital nursing, 6 per cent. in public health service, 3 per cent. in domiciliary work, almost 3 per cent. in occupational health nursing and 16 per cent. in other fields. In view of the training which nurses receive, the experience of working with the sick is nearly universal, particularly in the early stages of a nursing career. This universality of hospital experience entitles one to take it as the prototype of the nurse's professional situation.

There exist many technical job analyses of what a hospital nurse actually does. Her activities range from taking care of equipment, through basic nursing of patients to highly skilled technical tasks such as artificial feeding, and include a fair amount of administrative work. At the lower level of skill, the nurse's job overlaps with that of domestic staff, at the higher level with that of the doctor. This overlap is inevitable; it accounts to a large extent for the status stresses in hospitals. Nursing is not the only profession which has to define its status on an in-between level. Architecture,

equally young as a profession and equally old as a human activity, overlaps on the one extreme with the builder, on the other with the creative artist. For the nurse, these status problems are further enhanced by the peculiar position of the patient whose illness deprives him of the normal duties and privileges of an adult, and makes him utterly dependent on the professional staff. It is the nurse who is constantly on duty, and not just the doctor who pays periodic visits, who must maintain vis-a-vis the patient, the aura of competence and authority, even though she must realise at the same time that, while she has full responsibility in the doctor's absence, she does not have the authority of his profession. "In many situations of this kind—that is, wherever responsibility is felt to be greater than the authority of a job—there is considerable insecurity of those who must bear the burden of such disproportionate responsibility". But more powerful and more universal than the status problems of a nurse in the hospital situation, are the emotional stresses inherent in dealing with illness and injury. They are, I am sure, familiar to you. Let me recall them to you in the words of Miss Menzies who has recently conducted a study of a teaching hospital ... "Nurses are in constant contact with people who are physically ill or injured, often seriously. The recovery of patients is not certain and will not always be complete. Nursing patients who have incurable diseases is one of the nurse's most distressing tasks. Nurses are confronted with the threat and the reality of suffering and death, as few lay people are. Their work involves carrying out tasks which, by ordinary standards, are distasteful, disgusting, and frightening."

The experience of suffering and death are alien to no human being. Those of us who are not confronted with these matters in our daily work as well as you who are, must realise that these experiences touch the very root of our existence, that they re-activate our earliest fears and anxieties, passions and aggres-

sions from which the daily routine of normal adult life protects us to varying degrees. For the hospital nurse it is her daily work which mobilises "strong and mixed feelings..... pity, compassion, and love; guilt and anxiety; hatred and resentment of the patients who arouse these strong feelings; envy of the care given to the patient". It is not only the intimate physical contact with death and disease that threatens the nurse's equilibrium. Inevitably, the patients and their relatives find themselves under psychological stress of a kind that brings to the fore otherwise hidden anxieties. Not only the body, but also the emotional turmoil of suffering people, is exposed to the nurse; whether what she sees arouses tenderness or repulsion in her, she is expected to ignore her feelings.

There are basically three different ways of dealing with intense feeling, and ignoring is not one of them. One is to yield to them; the second to defend against them; the third to face them directly, work through them and reduce their power. The first one is, I believe, what nurses regard as unprofessional conduct. But since nurses are only human, it must occasionally happen that they give their love to one patient and deny it to another; that hatred and envy induce them to use their power over a patient for their own gratification; that they go away into a corner to cry their eyes out over the misery they face. It is the second way which is probably most frequent: the defence against emotion. Nurses, like other people, can repress or deny their feelings; they can project them on to others; they can dehumanize the patient and regard him as a case of a disease, rather than as a human being, thus remaining efficient in the narrow technical sense but hard and callous as persons, unsuited for the humanitarian task of their professional work. Or they can, as in the bad old days of nursing a century ago, drown their problems in gin. The third way is probably the most difficult of all: to admit and confront one's emotions, to identify the aspects which stem

from unresolved conflicts and experiences in ourselves, to recognize that the nursing task makes it possible to sublimate them, rather than to enter into the heartbreaking re-living of earlier emotional crises.

The Social Mechanisms of the Profession

Every profession develops techniques of its own to help its members deal with the intrinsic difficulties of their task; I cannot here describe all the actual and potential ways that your profession has at its disposal. Let me limit myself to a few which bear directly on my central theme—emotional protection of nurse and patient.

Foremost among the mechanisms used by all professions, is the effort to spell out in detail the ideal of service, in the case of nursing, a deeply altruistic ideal. No better summary of this ideal, could be presented than to repeat to you the great watchwords which the presidents of your organisation have given you over the years: Work, Courage, Life, Aspiration, Concord, Loyalty, Faith, Responsibility and Wisdom. These are great words; but let me confess that when I first heard them, and particularly when I realised that I had to speak under the theme of the last, I felt faint. I recovered only when I realised that the nursing profession recognizes that, while the appeal to ideals of service is one crucial way through which the profession can establish standards, and help its members face the task of their daily work, it must be only one among many. The great words in isolation might make the cynics sneer; and the sincere despair.

Traditionally, one of the most compelling ways to ensure adherence to standards, is drill and discipline, as the military profession has realised throughout the centuries. It is, perhaps, not only the historical accident that Florence Nightingale had to establish her nursing service under military command in the Crimean war, which induced the profession to rely heavily on discipline. There is, after all, another important influence on

the development of nursing as a profession: the religious orders which undertook the care of the sick, are on a level with military organisations in the sternness of their discipline. The tradition of discipline not only in the work, but also in the prescribed way of life of nurses, has not remained unquestioned in modern times. Nobody actually disputes the need for discipline in a profession, which inevitably challenges the ordinary degree of stability acquired by most people in the process of growing up, and which threatens to unleash untamed emotions.

To be sure, the assumption that it is the hard life and the strict external discipline which alone can strengthen the character of a nurse for her task, is gradually dying out. Great progress has been made during the last decades in improving the living and working conditions of nurses. Working hours have been reduced, salaries increased, the curriculum of training has been improved, and nurses in training enjoy a greater measure of student status than they had ever before, even though a recent study disclosed that the maximum time available for sitting down for a junior nursing student during eight hours of ward duty, in one very advanced country, was 20 minutes. It is on the human and psychological side that inventiveness has, perhaps, not gone far enough to protect the nurse and thus, indirectly, the patient.

While many of the emotional strains in nursing are often not readily admitted, one of them is: the fear of making mistakes which might be fatal. A mistake in the administration of drugs and treatments, as much as the failure to observe newly emerging symptoms indicating a deterioration in the state of a patient, are ever present possibilities in the daily work of a hospital nurse. In the hospital studied by Miss Menzies, the organisation of the nursing service attempted to spare the staff this anxiety, by minimising the number and variety of responsible decisions which a nurse could make. The student nurses were trained to per-

form their duties in a ritualistic manner which did not permit the slightest deviation. "As a corollary, the student nurse is actively discouraged from using her own discretion and initiative to plan her work realistically in relation to the objective situation, *e.g.* at times of crisis to discriminate between tasks on the grounds of urgency or relative importance, and to act accordingly". In consequence, student nurses, and perhaps occasionally, fully professionally trained nurses too, find themselves in a curious dilemma. All their verbal training during instruction hammers into them the heavy responsibility of a nurse; much of their work, however, is organised in such a manner that responsible action becomes impossible.

The very complicated dilemma of wanting to instil a sense of responsibility into the student nurse while, *de facto*, eliminating all chances for decision making, has probably much to do with the great wastage of students in training. Some people have suggested that it is not only the unsuitable students whose personality or intelligence is not good enough for the training, but also the highly intelligent girls keen on taking responsibilities, who drop out.

"The tendency of the nursing profession has for years been to charge itself with constantly increasing duties, without, in general, being willing to delegate any of their previous obligations to others." Perhaps this tendency, too, is a social mechanism with the good purpose to increasing the status of the profession, and the unintended consequence of adding to the strain on its members. To the outsider to your great profession, it appears that its unity—hard fought for in the past—may no longer present an adequate solution to its professional problems. Just as other professions have become dependent on groups of specialised technicians, of sub-professional status, nursing may increasingly have to learn to delegate to nursing technicians, in order to fill better their own professional aims. A

(Continued on page 251)