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The core business of caring: A nursing oxymoron?



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Summary Nursing has always regarded caring as its core business. The historical record about caring in nursing is non-specific, and little direct evidence exists about caring as part of nursing. Caring is not restricted to nursing, is possibly influenced by public perceptions of nursing, and can be subverted for maleficent ends. This paper discusses these points, and then moves to explain how caring fares in the Australian health care system.

Australia has been blighted by a “cultural cringe” which sees anything from overseas as more valuable than anything Australian. This is as true for nursing, and caring within that, as for any other aspect of Australian life. However, Australia has one of the best health care systems in the world, and nursing as a profession is a world leader.

The argument of this paper is that the core business of caring could be under threat in Australia unless nurses recognize their particularly good contribution to the profession and subsequent patient/client care, and celebrate that. Examples are taken from the United Kingdom where there is a crisis of caring within nursing and health. These are used to explain how Australian nursing can avoid the pitfalls and retain caring as its core business.

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Introduction

Caring is a term widely used in modern nursing, in fact it has been cited as the core business of the profession (Sargent, 2012; Rhodes, Morris, & Lazenby, 2011). Somewhat surprisingly, historically it is not something that has been investigated in much depth, perhaps because of its

diverse meanings and applications. Current financial crises around the world have led to reductions and stringencies in health care funding, leading some to question where caring and the so-called “caring professions” are situated, and the subsequent influence on care delivery (Richards, 2011; Shields, Morrall, Goodman, Purcell, & Watson, 2011; Shields, Purcell, & Watson, 2011). This personal essay explores the idea of caring and the use of the term in nursing. At the beginning I ask several questions: what is it, why do nurses do it, is it done only by nurses, is there any evidence about its use in nursing, is caring measurable, does it make a difference to our patients/clients, is it influenced by perceptions of nursing, how long have we been doing it and finally, can it be subverted? Next I examine a case where caring has

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demonstrably been lost and then place the argument in the Australian context. Finally, I give examples of how and why we, as Australian nurses, should fight to retain caring as our core business in Australian nursing.

Background

Caring is defined as "... That cares; compassionate, concerned; *spec.* with reference to professional social work, care of the sick or elderly, etc. Freq. as caring profession, caring society" ([Oxford English Dictionary, 2012](#)). Nursing is said to be all about caring, caring for the sick, caring for others, and so on. A large literature exists about caring, but not all of it is about nursing. A search of the catalogue of the University of Queensland Library gave 1,334 entries. Of the first 100, 42 were obviously about nursing, and others could have been. However, many were not, for example, other titles included: "Loving nature, killing nature and the crises of caring: ... feral pig management" ([Meurk, 2011](#)); "Caring for family pets" ([Davis, 2011](#)); "A caring tradition" (about architecture) ([Smith, 1992](#)); "Caring for the older horse" ([Jung, 2009](#)) and "Caring for Australia's native birds" ([Parsons, 2007](#)). Obviously nursing has no monopoly on caring.

In European universities, other professions lay claim to the title of "caring". Many have a department/faculty/school of "Caring Science". These usually include nursing, occupational therapy, social work, and other allied health disciplines, and there now exists the [European Academy of Caring Science \(2012\)](#). This reinforces the argument that caring is multidisciplinary, and not just restricted to nursing.

Why do nurses use "caring"? If we examine [Nightingale's Notes on Nursing \(1970\)](#) we find 76 hits for "care" but none for "caring". It is possible that nurses are caring because caring has traditionally been women's province and nursing is predominantly a female profession. There is always the idea that we are caring because "we've always done it". On a more positive note, it may be because caring is our core business.

If we seek evidence about caring, it proves elusive. Google Scholar produced 1,340,000 hits, while the Cochrane Library had no listings for "caring" but 1429 hits for "care", usually coupled with a defining adjective: "models of care", "continuity of care", "shared care" to name a few. The Joanna Briggs Institute library generated only two hits for "caring". Such amorphous findings make it difficult to assess the value of evidence about caring, and this is compounded by the difficulty of measuring caring. One such attempt is the "Caring Dimensions Inventory", which was developed in 1997 ([Watson and Lea, 1997](#)). It includes 25 items including "being with a patient during a clinical procedure", "being cheerful with a patient", and "consulting with the doctor about a patient". This may be appropriate in some cultures and it has been used at various sites across the world ([Watson, 2012](#)), but one wonders if the items really indicate caring, or part of the process of nursing care, thus creating a circular argument.

Perhaps caring is influenced by people's perceptions of nursing. [Darbyshire \(2010\)](#) suggests that people see nurses as heroines, hookers, handmaidens or harridans, and

certainly older nurses will remember that discipline, menial tasks such as cleaning, and tidiness of the wards were once regarded as more important by nursing leaders in some regimes than caring. Until the transition to university education, nurses always "did their training". In Australia and many countries, such language has died out and nurses talk about "going to university". However, in the United Kingdom (UK), nurses still say they are "doing their training" which compounds negative perceptions of nurses endemic in most of the country amongst the general public, the media and nurses themselves. After all, dogs are "trained". Surely negative perceptions and language about caring in relation to nursing influence the way nurses apply it. This is discussed further later in this essay.

Respected nursing philosopher Sioban Nelson suggests that the discourse around caring and nursing does little to raise the profile of caring as our core business. She says "Nursing discourse ... and pedagogy is almost entirely focused on the subjective and relational dimensions of practice" ([Nelson, 2012](#), p. 204). Nelson based this premise on work done with Suzanne Gordon in 2005, in which they argued that the discourse around nursing excludes the scientific knowledge necessary for nursing (biomedical, pharmacology, psychology, mathematics, etc.); that the "virtue script" used works to overshadow skilled and knowledge dimensions in nursing work, and therefore this "virtue script" contributes to undervaluing of nursing knowledge and skill. Consequently, the public is misled about the nature of nursing work and such misperception is detrimental to patient care ([Gordon and Nelson, 2005](#)).

An historical examination of caring is instructive. Caring has been seen as the remit of nurses from the earliest times. Records exist of Islamic nurses caring for the sick in the times of the scientific zenith in the Arab world ([Abbouleish, 2012](#)). In Europe, nursing orders of monks and nuns gave care to the sick and wounded in mediaeval times ([Donohue, 1996](#)), while a widow, Ellen Wright, who lived at St. Botolph Aldgate in London in the mid-1500s took sick people and pregnant women into her house and cared for them ([Boulton, 2007](#)). Parish nurses working in London in the early 1700s took in sick paupers. These women sometimes had over 20 people in their care, with one nurse for every 10 to 15 patients. European countries developed caring and nursing. Nursing texts from Renaissance Italy ([Festini, 2012](#)) and Spain ([Martinez and Martinez, 2012](#)) describe caring, while Thomas Fliedner (1800–1864) at Kaiserswerth in Germany set up schools for the education of pious women to become deaconesses ([Kreutzer, 2012](#)). In Ireland, Mary Aikenhead (1787–1858) formed the nursing order the Sisters of Charity ([Rudge, 1907](#)) and Catherine McAuley (1778–1841) the Sisters of Mercy ([Austin, 1911](#)). In about 1854, under the guidance of Catherine McAuley, *Careful Nursing* was first described as a way to care for sick people ([Meehan, 2012](#)).

In the world dominated by the British Empire, [Charles Dickens' character, Sarah Gamp \(from Martin Chuzzlewit, 1844\)](#) was a satirical figure designed to lampoon the caring given by nurses of the time. Sarah Gamp drank her patients' gin and stole from them, ascribing such activities to her version of caring. Dickens' characterization provided a fertile ground for the public relations exercise that came to surround the caring of the archetypal nurse in the Anglo-centric world, Florence Nightingale. As noted previously, her *Notes*

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