

## Chapter 5

# The Nature of Nursing Work

**Iain W. Graham**

*Southern Cross University, Australia*

### ABSTRACT

*Nursing work is explored in the context of its historical evolution and the institutional and societal forces that have shaped it. The need to be able to clearly articulate nursing practice is made clear. The urgent need to bring nursing as practised in line with nursing espoused is clearly argued.*

### INTRODUCTION

In this chapter, I would like to enter into a reflective debate with the reader about the construct of nursing work. I intend to provide both personal reflection and commentary from the literature, both contemporary and, in my view, seminal, in order to stimulate the reader's own reflections on the construct. Therefore, the chapter consists of two main parts, my reflections, and then a follow on discussion which draws upon the views of others, plus some empirical work from an investigation into the nature of nursing role and work carried out in a hospital in southern England in 2004.

I would like to state that the debate into the nature of nursing work is not new, some may sug-

gest that it is as old as humanity itself. However, society is at the dawn of a new century and if one accepts the views of Giddens (1999), the world is set for major change as globalisation takes a firmer hold of society, and forces changes and reform at a greater rate, not seen since the industrial revolution. Health is an area of major debate throughout the world, as governments struggle to find ways of providing health care to their citizens and seek to balance the demands of cost, quality and need. A difficult equation to balance, but as consumer expectations grow, governments are beginning to find the resolve to challenge the status quo and ask for fundamental reform of what a health system should provide, and who should be the providers of it.

Nursing and the work nurses do, or are expected to do, is central to this reform agenda. The

DOI: 10.4018/978-1-60960-034-1.ch005

work done by the International Council of Nurses (2004) is well worth consulting on this issue, for their monograph outlines both the threats and the opportunities globalisation and health reform may bring to the work of nurses. Social change always brings threats and opportunities. It was in response to social change, after the Second World War, that Virginia Henderson, ninety-five years after Nightingale, gave nursing, and society, a definition of nursing that is still to be found on the walls of many schools of nursing today:

*'The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death), that he would perform unaided if he had the necessary, strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible'.* (Henderson, 1961, p. 42)

This provides a good starting point in order to reflect upon nursing, and certainly this definition comes into the debate whenever nursing and its role in health care is to be had. It has stimulated others to put pen to paper and attempt to clarify the work of nurses.

The ideas of Lyon (1990) provide a specific description. This author tabled the view that health is defined as dynamic, subjective and manifests itself across the illness-wellness continuum. Nurses, Lyon argues, do work which consists of seeing to the following health issues in their patients:

1. Lowered self esteem.
2. Feeling different.
3. Suffering fatigue.
4. Pain-discomfort.
5. Negative/troublesome emotions.
6. Impaired social relationships, role strain.
7. Inadequate activities of daily living.

As one can appreciate, defining nursing work is hard and tends to get stuck into the competency

debate, or a more esoteric argument ensues. Certainly this was the case when the great and the good met at a hotel near Heathrow airport, in 1994, to define the nursing constant in health care. This invited group of nurses and others were given the task of agreeing the nature of nursing work for the English Department of Health. This became known as the Heathrow Debate and provided nurses, and the wider society, with the following ideas about nursing and the work nurses do.

The nursing constant:

1. A co-ordinating function.
2. A teaching function, for carers, patients and professionals.
3. Developing and maintaining programmes of care.
4. Technical expertise, exercised personally or through others.
5. Concern for the ill, but also for the well.
6. A special responsibility for the frail and vulnerable. (Department of Health, 1994)

In light of all of this commentary, I am sure that the reader can appreciate the fact that the Nature of Nursing work has been defined by many, all motivated by many reasons, in order to meet a multitude of agendas. What comes after this introduction is my contribution to the debate. I do believe that the debate will never end, but will continue as long as humanity exists. It is just that, in the context of globalisation and impending health reform, nurses need to have some ready definitions about their work and role, so to ensure they are seated at the table in order to actively participate in the debate.

## **REFLECTIONS ON MY EXPERIENCE OF THE NATURE OF NURSING WORK**

I have been working as a Registered Nurse since 1973. During this time I have witnessed many

11 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

[www.igi-global.com/chapter/nature-nursing-work/48922](http://www.igi-global.com/chapter/nature-nursing-work/48922)

## Related Content

---

### Processing and Communication Techniques for Applications in Parkinson Disease Treatment

Álvaro Orozco-Gutiérrez, Edilson Delgado-Trejos, Hans Carmona-Villada and Germán Castellanos-Domínguez (2011). *Clinical Technologies: Concepts, Methodologies, Tools and Applications* (pp. 1191-1214).

[www.irma-international.org/chapter/processing-communication-techniques-applications-parkinson/53646](http://www.irma-international.org/chapter/processing-communication-techniques-applications-parkinson/53646)

### New Technologies in Hospital Information Systems

Dimitra Petroudi and Nikolaos Giannakakis (2011). *Clinical Technologies: Concepts, Methodologies, Tools and Applications* (pp. 2029-2034).

[www.irma-international.org/chapter/new-technologies-hospital-information-systems/53695](http://www.irma-international.org/chapter/new-technologies-hospital-information-systems/53695)

### Implementation of Information Security Management System (ISMS)

Carrison K.S. Tong and Eric T.T. Wong (2009). *Governance of Picture Archiving and Communications Systems: Data Security and Quality Management of Filmless Radiology* (pp. 53-70).

[www.irma-international.org/chapter/implementation-information-security-management-system/19322](http://www.irma-international.org/chapter/implementation-information-security-management-system/19322)

### Computerizing the Cardiotocogram (CTG)

Jenny Westgate (2009). *Medical Informatics in Obstetrics and Gynecology* (pp. 151-158).

[www.irma-international.org/chapter/computerizing-cardiotocogram-ctg/26190](http://www.irma-international.org/chapter/computerizing-cardiotocogram-ctg/26190)

### Outcomes Research in Physical Therapy

Jennifer Ferrell Pleiman (2010). *Cases on Health Outcomes and Clinical Data Mining: Studies and Frameworks* (pp. 145-172).

[www.irma-international.org/chapter/outcomes-research-physical-therapy/41567](http://www.irma-international.org/chapter/outcomes-research-physical-therapy/41567)