

# **Nursing Care: From Theory to Practice**

by

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University of Sheffield

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This book is dedicated to Carole and Mark, two very supportive and caring colleagues without whom this book would not have been written.

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# Preface

This book explores the essence of nursing care. It is part of a personal journey that I began as a new student nurse at the age of 21. This journey has involved experiences and observations of nursing care at many levels. The journey has seen me (the author) in the varied roles of ‘hands-on student nurse carer’, then as staff nurse, then as ‘expert supervisor’ (senior staff nurse) of care, this leading to a ‘facilitator of care’ (charge nurse) and most recently as a ‘teacher of care’ (nurse lecturer) in a school of nursing. My interest in care and caring as experienced by the nurse remains just as strong as it did as a student. Why and how do nurses care? My interest now is mixed with experiences and insights, gathered over 20 years or so. This book aims to increase insight into how nurses care for patients. Unsurprisingly, I suppose, the early pages of this book seem to be made up of a long list of questions. I just hope that by reading the book you will find at least some of the questions will be answered!

At the age of 21 I became a pupil nurse. (Pupil nurse training has now been discontinued in the UK. It was the less academic route to professional nursing.) I entered pupil nurse training as I had no educational qualifications from school (I failed the entrance test), and this was the only way I could become a nurse. That said, I always enjoyed nursing and found particular satisfaction in working with patients and their families. However, from my earliest time in nursing, I was interested in why nurses nursed, what nursing care actually was and how nurses made sense of and understood their relationship with the patient. Again from my earliest times in nursing, nurses who were able to form a strong caring relationship with patients always impressed me. Those nurses seemed to be more effective in what they did in terms of nursing care. I feel that I was effective in this way with the patients. I was also interested in nurses who did not seem to easily form effective caring relationships with patients; I wondered why this was, as to me caring was the key part of nursing and *not to care was not to nurse*.

Throughout my nursing career I became more aware of the apparent strength that caring brought to the nurse. I progressed through nursing, moving from staff nurse in a medical ward to staff nurse in intensive care and then on to charge nurse in intensive care. All through this time questions relating to the fundamental question of what nursing care really meant kept coming back to me.

In recent years I have been a lecturer in nursing studies and have in many ways been reminded of and carried back to my own early years in nursing. It has been extremely interesting to meet and teach newcomers to nursing, and in doing so I have gained further insights into healthcare providers' motives, views and attitudes towards the caring acts and key issues in nursing. It is only now in writing this book that I am exploring the motives, attitudes and beliefs of nurses relating to their perceived roles and responsibilities in nursing.

Chris Bassett

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## CHAPTER ONE

# Why do nurses do what they do?

## Introduction

My personal position in relation to care and caring in nursing is closely aligned with that of Madeleine Leininger (1981), who states that the words 'nursing' and 'care' are synonymous. She proclaims, 'Caring is nursing' and that 'Caring is the central, unique, dominant, and unifying focus of nursing.'

## Why study care?

Why worry about the meaning of care? How will a better understanding of care help nurses to do their jobs better? The answer to these questions must be that, if one is interested in the future of nursing and believes in promoting the unique and therapeutic role that nurses can play in the lives of patients, we need to know more about this, arguably, vitally important part of our role. This view is strongly supported by Leininger (1978), who believes that a systematic study of caring phenomena can yield important information in the development of nursing science. This study is an exploration of care as perceived by nurses. It is aimed at gaining a deeper insight and understanding into the acts and motives of the care and caring provided by nurses.

Norris (1989) holds a similar view, stating that caring is expected to change theories which guide practice, foster research which tests theories and modify nursing practice. Furthermore, nursing does not stand still: it does not exist in a vacuum, and it is becoming more important to more people worldwide. Health and healthcare are becoming extremely valuable commodities; they are also becoming more and more expensive, particularly in the developed world. It is vital that we develop a clear understanding of care in order that nursing can develop and fulfil the important role that it provides.

However, Castledine (1998) points out, rather worryingly, that the word 'nursing' seems to be slipping from use in the National Health Service today; instead we have healthcare trusts referring to their medical, surgical and general prowess.

## **Why choose nursing?**

Many people worldwide opt to become nurses. Why might this be? When one considers the pressures and tasks nurses have to perform, it may be worth pausing to explore this question in more detail. Could it be that by considering reasons and motives for nursing we may gain a further understanding and insight into what nurses value about the act or role of caring? A common comment that is widely made from all quarters is that nursing is a vocation. This view or perception strikes me as having echoes of a religious calling. This term 'vocation' may be described as a preordained course for one's life.

In the literature, there are some commentators who follow or at least align themselves with the vocational school of nursing motives. Lane (1987) offers an analysis of nursing care as being, for some nurses, a 'calling'. She states that this process occurs in three main ways. First of all, the person called views the profession through a different lens. Nursing for them has a deep, personal and religious or humanitarian meaning; this factor helps the nurse to reach out more compassionately, more hospitably and more sensitively to the patient. Secondly, nurses can be more aware of the effect that they will have on the other person. Associated with this is an inner reflection that will help the nurse elucidate more clearly the struggles heard from within the patient. Finally, the nurse becomes more aware of the meaning of partnership: a partnership of what Lane calls, 'the source of all healing'. Lane, who is clearly both a committed Christian and also a nursing academic, concludes her paper with the statement, 'What more noble vocation can we experience in nursing than that of committing our whole lives to the care of the spirit in our patients and in ourselves? This is what makes us truly human and completely committed nurses.'

The concept of nursing as a vocation is certainly an interesting and clearly deeply held view and, as such, must be respected. It is my belief, however, that for the majority of nurses working in the modern healthcare system the idea of a calling or vocation is one that is not understood in these, at times, strongly religious terms. It would appear that the relatively modern concepts of 'professionalism' and 'career' are not really compatible with that of vocation or calling. The question therefore remains: what are the motives for caring in the majority of nurses that practise today? Is there a relationship between the 'called' nurse and the 'professional' nurse?

Raatikainen (1997) carried out a study to explore this very issue. She describes a calling as 'a deep internal desire to choose a task or profession which a person experiences as valuable and considers her own. She devotes herself to the task and strives to act according to its highest principles. The aim of a calling task is to serve people altruistically.'

Raatikainen wanted to find out if there was a difference between nurses who experienced a calling and those who did not. She used a questionnaire that compared the nurses who considered themselves as having an experience of being called with those nurses who did not. The questionnaire measured the levels of nurses' knowledge concerning their patients' needs, motivations and values, nursing action and collaboration between nurse and patient. The results appeared to show that nurses who experienced a calling described themselves more often than other nurses as having a greater knowledge or 'feel' for their patients' physical condition, psychological state and general needs. Despite some limitations identified in the research method, the researcher concludes that the so-called 'calling' appears to be a strong resource for the nurse. Raatikainen suggests that nurses who have a vocational bent are more effective in the way they care for their patients. This concept is intriguing and would certainly benefit from further exploration.

A factor missing from Raatikainen's research is the notion of being paid to work as a nurse. What of the majority of nurses who currently practise? Do they experience a calling? All of the nurses who are known to myself are paid to nurse and need to work. At this point it may be beneficial to consider whether or not the concept of paid care affects one's motive to nurse and care; the first thought must be 'yes'. It certainly seems to undermine the notion of vocation or calling. However, in the real world, all or most of us need to earn money. But it is true to say that there are many other occupations from which to choose and which are often better paid and with better prospects.

Raatikainen's research outlined above does not provide insight into any motives for becoming a nurse. However, it does provide important evidence and insight into what nurses themselves perceive to be important personal qualities related to the practice and process of caring for patients.

## Care and caring

In her seminal work, Leininger (1988a) states that human caring is a universal phenomenon with culture affecting the way that caring expressions, processes and patterns are exhibited. The nursing profession by its nature is not in fact a single group as perhaps might at first be imagined by an outsider; it has numerous individual groups and subcultures, such as

children's nurses, psychiatric nurses, intensive care nurses, theatre nurses and so on. Each group is given an individual identity by differing work areas, technical skills and unique traditions and languages. Of course, to suggest that nurses are the only group involved in healthcare that cares would be quite wrong; families, lay carers and volunteers expend a great deal of time and effort caring for those in need. However, as Brycynska (1997) points out, the nurse's way of conceptualizing care is different from others, such as the lay public. Nursing care, it can be argued, is the result of an ongoing moral development tempered by the personal and professional aspects of socialization, both primary and secondary.

The public have high expectations of nurses; they expect that the nurse will care and be caring towards them or their loved ones. The notion of care is reflected in their code of conduct (NMC 2002). Nurses are bound by this code, and, if it is proven that nurses do not abide by the code in their professional lives, they can be removed from the register. The code underlines the responsibility of the job and the fact that nurses' patients may be harmed or even die if they do not do their job properly. Nursing is a very responsible job. Nurses are there, on call and caring all of the time for the patient, protecting their life, while doctors are with patients for a comparatively short time.

## **What is care?**

The first stop on the journey begs the question, 'What is care?' Despite the increasing volume of nursing study, it is perhaps surprising that the literature as it stands is still reasonably limited in the number of available studies which explore the essence of care. This is surprising, as nursing must surely be based upon the foundation of care and caring. Roach (1991) takes the argument one step further and states that 'when we cease to care, we cease to be human'. Could it be that, as Radsma (1994) points out, 'if nurses cease to care, do they cease to be nurses?'

It is my belief that nursing and care are intimately related. However, strangely enough, the subject of care and caring within nursing is laden with complexity and assumption. Everyone uses the words 'care' and 'caring' every day in many situations. Allmark (1995) highlights the fact that these words are very frequently used in differing ways and contexts. As a noun, 'care' can mean worry or anxiety. It can mean some sort of safe haven, as in 'putting someone into care'. As a verb, it may describe where the attitude of care is primary: 'I care'. Or, if 'I am caring' is used, it suggests a judgement about what kind of person someone is. Norris (1989) suggests that words in common use, such as 'care', can be problematic: the common meaning does not change because the word is adopted by or identified with one particular group, such as nurses.