

Why Nursing is Different

by M. L. Badouaille

Most people are aware of present developments in the tasks that nurses have to fulfil and whose duty it is to respond increasingly to the requirements of patients where health is concerned. In our August 1971 issue, we published a study on a major problem: the relationship between the nurse and the patient. We now reprint another article, which appeared originally in the Revue de l'Infirmière¹, and which specified why nursing is different. For this function does indeed differ from all else; it has its own particular characteristics and it is regulated by its own laws. It is advisable to keep that in mind, since the concept of health and the medical needs of individual persons and of Society have varied a good deal. (Ed.).

Before trying to show what this difference is, we must firstly locate the nursing profession among all those other professions that together work to improve health. The very fact that the nurse falls within this category of professions means that she shares a number of characteristics with those working in other fields, e.g. she is devoted to the service of others, she is concerned about the individuality of each person, she has the power to intervene in the physical, psychological or social life of the person in her care, etc. Similarly, we must ignore certain characteristics concerning the particularly low economic status of the nurse, the fact that this profession is an almost exclusively feminine domain and that it commands a rather modest social position.

¹ Our thanks go to the editor of the *Revue de l'Infirmière*, Paris, who has permitted us to quote this study which appeared, like the earlier one, in the January 1971 issue.

Having made these preliminary remarks, it is now possible to try considering why nursing is different, and this lies in its specific nature. It is not a choice of some advanced technique nor a decision to help in preventing disease, nor yet a feeling for human relations that makes nursing specific, but rather the fact that the help given, be it of a technical, manual, instrumental or psychological nature, is aimed, through carefully controlled personal relationships, at the patient as a whole. Such help is given only if the person cannot cater to his basic needs such as those of ingestion and excretion, to his medical needs such as when he requires a transfusion or artificial respiration, or to his purely personal needs, which may not necessarily have anything to do with any given pathological condition, such as those resulting from his degree of culture or education. So nursing consists in providing a temporary or a permanent substitute, the scope of which is both broad and varied, for it concerns both the somatic and the psychosocial domain, it uses both preventive and curative techniques, it concerns both individuals and communities, and finally, because it can be practised within the family circle, in a community such as a district or a borough, or in an establishment.

This specific nature is accentuated by the fact that it relies on "nursing know-how", that is, on a more or less systemized body of knowledge. This knowledge is not, in itself, peculiar to the nursing profession, as it is drawn from the physical, medical, human and social sciences, but it is the way in which it is organized, administered, mixed and balanced that goes to make up that unique whole which promotes the knowledge, so necessary for the nurse, of the human being. As with any other skill, nursing skill progresses, changes, adapts itself to the needs of each country, and must be based on some kind of philosophy of change.

Before being applied, this nursing knowledge must be transformed into what we might call "a nursing diagnosis". The use of the term "diagnosis" may give cause for surprise for it is borrowed from the medical vocabulary. The addition of the word "nursing" shows quite clearly that it is not a medical act that is meant but rather a diagnosis which applies a nursing opinion to a given situation. The nurse must, in fact, be able to analyse a number of symptoms, facts and needs manifested by the patient.

She must be capable of synthesizing while still being capable of not isolating the needs of the patient from those of the nursing staff and of the institution. In fact, although the main aim of any nursing act is to cater to the needs of the patient, it is nevertheless true that a number of other elements must be taken into consideration at the same time. All these factors go to make up the nursing problem that the nurse has to solve. She must be able to compare this problem with those normally described and to decide on the attitude to adopt.

However, making a nursing diagnosis calls not only for general knowledge, a faculty for observation and the ability to use one's own judgement, but also for the ability to communicate. Is the "nurse-patient relationship" different? It is certainly formed in the same way as any other personal relationship but it still has certain characteristic traits. This relationship is always created within a social circle, be it the family, the clinic or the hospital. Consequently, the personal nurse-patient relationship, which should be dynamic and of therapeutic value, gives rise or ought to give rise to a collective relationship in which all are or should be involved. The nurse is the focal point of a care unit; she is the hub of the psychological patient-staff relationship. The value of this situation contrasts sharply with the relationship problems arising in a hospital, for example, where the nurse has to cope with a triple hierarchy i.e. administrative-medical-nursing. In fact, such a situation often causes negative relationships resulting from the problems with which the nurse has to cope in trying to fit into this system. This fine variety of personal relationship contrasts also with what we might call the "robot" nurse working within an enclosed compartment, who, the more she merely takes orders without using any initiative or measure of independence, the further she moves away from her vocation and the more she becomes estranged.

Any nursing diagnosis must result in a nursing "plan of action", that is to say the preparation of a personalized therapeutic nursing plan put together with the help of the patient and the medico-nursing team. I shall not, here, try to define a nursing plan of action, but I would simply point out that in this the nurse has a tool which is specific to the nursing profession. This plan will involve a number of nursing measures to be taken. There is, in

fact, something that we might call the "nursing act" which is a number of movements, actions and attitudes which are specific to the nurse. An injection given by a nurse is certainly the same as that given by a doctor or by a mother, but as soon as this technical act is accompanied by all sorts of other acts, e.g. arranging the pillow, giving a friction, placing the bell-push in easy reach, checking on the effect of the injection, watching for counter-reactions, conversing, observing, transmitting, assessing... then it becomes a nursing act. What is more, this technical act forms part of a much broader composite action. It must be given on medical prescription, it must take account of the catering arrangements such as meal times, of the organizational problems such as ensuring that the drugs cupboard is properly kept or that an order is written out in time, of the nurse's own responsibility such as ensuring that the correct dose is injected for the needs of the patient or that the injection is not given just when a long awaited visitor arrives to see the patient. The nursing act forms a link between many other acts just as the nurse is the mediator within the medico-nursing team.

So what is different about the nurse is basically that she performs an overall function rather than that she possesses or uses any particular science or technique.

M. L. BADOUILLE
Director
Ecole des Cadres
de la Croix-Rouge française
