

A shortage of caring in British nursing?

There is nothing new about the tension between human and economic values in the provision of health care, and nursing has never been immune from the pressures that come with this clash of values. Indeed, a cursory glance at almost any commentary on the state of health care or on the state of nursing reveals a depressing litany of failures of care set against a background of financial imperatives which in recent times take the form of a need to ‘minimize costs’, to ensure ‘value for money’, or some seemingly similar axiomatic assertion. I suppose we should not be surprised at this given that both governmental and institutional inquiries and reports on the one hand and investigative journalism on the other hand tend to be predicated on the idea that something has gone badly wrong with some section of health service provision. Despite the valuable role that investigative journalism has to play in social and liberal democracies (and beyond) by bringing to our attention issues that might otherwise remain hidden, it is not clear that the stories that emerge portray anything more than a partial snapshot of whatever particular issue is under the spotlight. On a generous account, we can assume that in the pursuit of reporting issues of public interest, the misrepresentations and misinterpretations of investigative journalists are not intentional attempts to deceive – although it is easy to imagine the pressures upon journalists to deliver newsworthy stories on a regular basis might encourage perspectives of a certain kind. Nonetheless, journalist perspectives provide a useful counterpoint to insider assumptions and require that those under investigation remain accountable outside of their immediate and sometimes cozy cartel-like environment.

In 1964 Penguin published a ‘special’ entitled *What’s Wrong with Hospitals?*, in which journalist Gerda Cohen (1964), inspired by her negative experience of being hospitalized, reviewed the then current state of hospitals in the UK. She noted in her

introduction that being admitted for surgery taught her that ‘... *patients do not count* ... [that] patients had no rights, no dignity, no status’ (p. 7 original emphasis) and that people who only a few minutes earlier existed as competent adults making their own way in the world were reduced to complying with practices that took away any sense of control or personal value in the system in which they found themselves. She describes a system in which any thought of individual personal preference is absent as patients are subjected to fitting in with whatever suits the hospital as embodied in the figure of the hospital consultant. Nurses of a certain age will remember the awesome power invested a strict hierarchy where even such seemingly mundane aspects of hospital life as the seating arrangements in the dining room were controlled so as to keep apart doctors from nurses, and senior nurses from junior nurses. And while it may be too much of a stretch to imagine that Cohen can take the credit for helping to dismantle a stifling system of class and gender superiority, we can at least recognize that her book was of its time as one more reflection of a general dissatisfaction with a world order about which many (and not only the youth of the day) had become increasingly frustrated.

Nurses as well as other healthcare professionals may now have aspirations to respect the individual choices of patients but it is not clear that the systems in which nurses operate give anything more than lip service to the call for individualized care. Systems, after all, continue to seek efficiency and in cases where the economic values of the organization come to dominate at the expense of human values then it should come as no surprise to find caring as a casualty. Health care is expensive. Relative to other health workers there are a lot of nurses and this makes nursing an easy target for those whose task is to find efficiency savings within healthcare delivery systems. And nurses of that same certain age will have

experienced multiple re-organizations that invariably, despite managerial claims to the contrary, leave fewer nurses to care for more patients in an environment where patient lengths of stay have decreased while bed occupancy has increased – a source of great sound bites for politicians – with a concomitant increase in average patient age and acuity. Nurses have become adept at doing more with less because, far from being novel, this is how it has been for decades. Logic ought to tell us that at some point the persistent pursuit of efficiency savings will become unsustainable and counterproductive. At some point something has to give. And in a system that values an industrial model of maximizing throughput anything that obstructs the holy grail of efficiency is summarily displaced.

In April this year the UK newspaper *The Independent* published a series of articles in which journalist Christina Patterson (2012) provided an exposé of the ‘crisis’ in UK nursing. Like Cohen 48 years earlier, Patterson’s investigation was inspired by her negative experience of being hospitalized but in this instance it was not the system that disappointed but the nurses. Whatever else she expected she did not expect the nurses to be suffering from a shortage of caring and it is in this, according to Patterson, that the crisis in UK nursing is to be found. To be fair, in her exposé Patterson does acknowledge that as a journalist she is not best placed to resolve the complex issue about which she writes although her concluding blueprint for improvement suggests otherwise. There is a sense in which Patterson lines up several of the usual types of suspects one of which, the move from a hospital-based apprenticeship training to a university-based studentship education, comes under fire along with a preoccupation with paperwork rather than providing direct care. It may be that some criticism of both might be warranted but the general tone that blames

individual nurses for failures of care is unwarranted when institutional values discourage the pursuit of human values. Yes it may be the case that nurses spend too much time on paperwork but the paperwork is not all of their making – it comes rather from the tactics of current types of managerialist surveillance that require the completion of forms, often for methods of accounting that do not measure (and therefore do not seem as important as) the human values that Patterson finds absent. It should be no surprise to Patterson that a system that allows a patient to be discharged barefoot and wearing only a hospital gown in mid winter¹ in order to maximize bed occupancy, that puts the organizational needs of paperwork ahead of the comfort of patients, and that encourages manipulation of figures to show targets have been met also changes the behaviour of nurses. If the organization rewards nurses who primarily pursue the values of efficiency then those nurses who care will not thrive, and blaming individual nurses will do little to encourage them to care in the face of uncaring institutions.

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References

- Cohen G.L. (1964) *What’s Wrong with Hospitals?* Penguin, Harmondsworth.
 Patterson C. (2012) Special report. *The Independent*, 10–14 April. Available at: <http://www.independent.co.uk>

¹Reports outlining such practices appear in the UK press – see e.g. <http://www.walesonline.co.uk/news/wales-news/2010/06/19/elderly-patients-discharged-from-west-wales-hospital-in-their-pyjamas-91466-26682854/>, accessed 20 May 2012.