

EDITORIAL

Nursing's Ethos of Caring and Its Support for a Single-Tiered Health-Care System

Canadians' commitment to a publicly funded universal health-care system was re-affirmed when they went to the polls this past June and re-elected a government that they believed would preserve the current system and prevent the creation of a two-tiered system: one for the rich and the one for the rest of society. Despite widespread discontentment with the current system, Canadians voted in a minority Liberal government, sending a powerful message to Ottawa that they wanted their "broken" but beloved health-care system fixed. All was not right, but they were not ready to give up — not just yet.

Since the introduction of medicare almost 40 years ago, there have been many attempts to erode its principles, among which is equal access for all. While acknowledging the weaknesses in the system, nurses and nursing organizations have consistently advocated for and supported medicare. Nurses have never wavered in their support for the principles of the *Canada Health Act* despite the incredibly harsh conditions under which they have laboured.

The past decade has been brutal to nursing. The system under which nurses work has not been as generous, supportive, committed, and loyal to them as nurses have been to it. It is well documented that nurses have shouldered a disproportionate share of the burden wrought by financial cuts, downsizing, and mergers. Nurses have been marginalized, de-professionalized, and demoralized. They have endured abuses and working conditions that few other health professionals have had to face. They have paid dearly with their own health, frozen and lost wages, elimination of jobs, a decimated leadership structure, working conditions that border on the inhumane, loss of status, workplace violence and abuse, shortages, recruitment and retention difficulties — the list goes on. And yet despite the deplorable working conditions under which they care for patients and their families, nurses have remained steadfast in their support of a single-tiered, nationally funded health-care system. The question is why. Are nurses masochists? Angels? Paralyzed? Why have nursing organizations not advocated for a return to privately funded health care?

The answer may be found in nursing's ethos of caring. Caring has been nursing's banner, and, for many, caring and nursing are synonymous. In 1970 the slogan Nurses Care; Physicians Cure was created to distinguish nursing from medicine. This was a time when nursing was seeking its own identity. It was an unfortunate slogan inasmuch as it sent the erroneous message that only nurses care. The reality is that the majority of those who choose a career in one of the many helping professions do so because they are dedicated and committed to people in need. They want to contribute to the betterment of humanity. Nurses care. Doctors care. Other health professionals care. However, there are many models of caring and many ways of expressing caring. The different models of caring may explain why one health-care profession supports a single-tiered system while another supports a two-tiered system.

During my sabbatical year in Berkeley in the aftermath of 9/11, I was fortunate to have an opportunity to meet with Dr. George Lakoff, professor of linguistics and cognitive science at the University of California, Berkeley, to discuss a number of issues that had been troubling me about nursing, nursing's role in the health-care system, and the nurse-doctor relationship. Dr. Lakoff referred me to his book *Moral Politics* (1996). The book advances a new framework to explain why liberals and conservatives approach a problem very differently. This framework proved enlightening; it provided me with some insights into the nature of nursing's form of caring and helped to explain why nurses continue to be committed to a single-tiered health-care system despite the battering they are taking.

Drawing on the analogy of different family structures and ways of functioning, Dr. Lakoff describes two basic family forms to represent two approaches to moral and political action: the Nurturant Parent Model and the Strict Father Model. The two models, based on different world-views, give rise to different moral systems and different modes of reasoning and discourse, and lead to very different ways of acting. The Nurturant Parent Model stresses social responsibility, social and individual ends, and individual rights and freedoms, whereas the Strict Father Model stresses survival of the fittest, taking responsibility for oneself, self-reliance, and individual rights over social responsibility.

Nurses generally subscribe to the Nurturant Parent Model, because nurses bear witness to suffering. Nurses are privy to the most intimate aspects of a person's and a family's life. Nurses know the hardships endured during illness and how these hardships lead to increased vulnerability when access to affordable care is limited. They know how the vulnerable become more vulnerable, the needy more needy, the despondent more despondent when health care is not fully accessible or affordable. Nurses often put society's interests above their own.

Nurses know that the health of the nation is put in jeopardy when the health-care system is compromised and becomes dysfunctional. During the past decade nurses have sounded the alarm, pointing out that the system is not working. Eventually the cracks became so wide, the fissures so deep, and nurses' voices so loud that politicians and policy-makers had to take heed. Money has been committed to finding ways to address the nursing shortage. Some recognize that poor working conditions seriously compromise patient care. Others have yet to make this connection despite research evidence that directly links nurses' staffing ratios to proper care (Aiken et al., 2002). More of this type of research is needed. Nurse researchers, clinicians, educators, and administrators must continue to record their own experiences and those of their patients and communicate these findings to others. There is a danger that when the crisis lifts, politicians, policy-makers, and health-care administrators will turn their attention elsewhere and nurses and nursing will be ignored. Nurses need to stand guard and continue to fight, armed with evidence, until the health-care system is fundamentally changed and nurses achieve the power, status, and working conditions they need in order to care for patients and families in a manner that is consistent with their ethos of caring.

Within the health-care milieu, nurses are among the strongest advocates of retaining the single-tiered system. However, if the government fails to properly support nursing and to radically reform nurses' working environment, it will find that its most loyal ally has deserted it. Even the Nurturant Parent cannot support a morally bankrupt environment. Without the support of nursing, the demise of the single-tiered system is inevitable. And it is more than the health-care system that will be lost. Canadians' sense of identity and this country's moral compass are also in jeopardy.

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References

- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Effects of nurse staffing on nurse burnout and job dissatisfaction, and patient deaths. *Journal of the American Medical Association*, 288, 1987-1193.
- Lakoff, G. (1996). *Moral politics: What conservatives know that liberals don't*. Chicago: University of Chicago Press.