NURSING: IMAGE IN CONVERSATION

Dr. Helen Simmons, Mental Health Consultant,
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Interviewed by
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Over the last decade there has been a great deal of literature written by nurses about nursing. In the interview presented here, an "outsider" looks at nursing. As part of a graduate seminar series, Dr. Helen Simmons, a specialist in human development and a mental health consultant with the Edmonton Board of Health, was interviewed by Dr. Shirley Stinson, Faculty of Nursing, University of Alberta. Dr. Simmons has worked with public health nurses for the last ten years as a consultant and educator. She is an Adjunct Associate Professor in the University of Alberta Faculty of Nursing.

Stinson: In your view of the professions, what if anything is unique about nursing?

Simmons: The particular kind of 'caring' orientation, and caring over time What is unique about nursing is that caring is the main job, the central and fundamental focus of nursing.[1]

Let's put it another way, from the standpoint of the philosophical question, "By virtue of what characteristics would one determine that something is anything?" Amongst the professions, it is into nursing that one would look to demonstrate the characteristics by virtue of which any act could be identified as caring.

Stinson: Do you think that the caring and dedication features apply equally to acute care and public health nursing?

Simmons: Yes, and no. In the public health sector, the nursing profession has as its continuing concern the well-being of the unseparated mass throughout the entire life span; in acute care, the nursing profession has caring as its central and fundamental intention directed only to those who 'solicit' care at any point in the life-span.

Public health nurses have never left the holistic stance, caring for the whole. Perhaps with the general re-popularization of holistic health, acute care nursing will come back to focusing on the whole patient, as opposed to side-saddling the technology.

Stinson: What kinds of educational preparation do you think are needed?

Simmons: Preparation that would bring nurses to *dedication.* I think this is a signal gap in the preparation of today's nurse. Inspiration seems to be missing.

Stinson: And how can that best be approached?

Simmons: For one thing, through history! Granted, it takes a certain amount of dedication before one even becomes interested in history.

In working with public health nurses, I'd say their sense of history is not carrying them. *I'm* more aware of and inspired by their great nursing history than are they. They don't respond to their own history, they never take advantage of it. They do a 'selling job' instead on the basis of their individual personalities. I think, too, that high-powered, inspirational *nursing leadership* could make a difference.

Stinson: What about 'skills' training?

Simmons: Dedication in the absence of competence is at best irrelevant, at worst dangerous. Which skills one selects can make a difference. While there is much talk about conceptualization skills/ frameworks, I don't see nurses coming out with frameworks for the job, i.e., frameworks for caring, particularly frameworks that address 'man's essential difference and the difference it makes', frameworks that relate to that difference in a direct and indirect sense.

Stinson: Such as?

Simmons: *Information exchange,* where the human is the subject as well as object.

I think that nurses don't do too badly when it comes to information retrieval, but they do do badly when it comes to information provision and validation, those aspects of information exchange that would allow them to talk in terms of principles, i.e., of 'principled thought.'

Instead, nurses tend to focus largely on action goals and stratégies, tasks or solutions. Yet if one is addicted in terms of non-principled thought, one can stumble into contradictions and not know they are contradictions. Perhaps it is this very emphasis on action goals and strategies that gives nurses the reputation of being 'easily led.'

Stinson: What other major skills do you see as being important?

Simmons: Language skills. In our culture there is afoot a general degradation regarding the significance of language, all of which

is part of rejecting the intellectual and reasoned approach as it pertains to human growth and development. So we are, in effect, going against our own human-ness. Like it or not, language is the main tool we have for coming to understand or to being understood.

I don't think nursing has ever placed much value on its language. Yet you nurses do have a language. A 'semantic squeeze' — carrying forward the meaning of nursing — rests in conceptualizing nursing in nursing terms, e.g., caring, holistic, support counselling, advocacy (various terms to do with values underlying nursing). Part of this lack of interest in language is attributable to the university nursing teachers who themselves are not cognizant of the power that is integral to the language of their own domain. If, in their preparation, nurses get some diminished notion of what is carried forward in the language of the profession, it is relatively easy to remain non-cognizant of what the fundamental and central nursing activities presuppose or what they imply, and to readily abandon that language. More importantly, nurses will abandon the ideas and special meanings attached to that language. As an example I would ask, "What does *caring* presuppose and what does it imply?

If you are committed to understanding nursing and being understood as a nurse *qua* nurse you cannot do that without having an acute awareness of the language of your profession. The language of a profession has to be commodious to its intent, and to use *thing* language for 'human on human' endeavor is to misconstrue, if not be confused about, the intent.

Stinson: What other kinds of educational preparation do you regard as vitally important?

Simmons: *The analysis of nursing as a domain of activity that is critical* (i.e., referred to standards) is long overdue, and the attempts to accomplish that have been up to this point inadequate, haphazard. If you don't know the nature of something, you don't know what flows from it. You'll be overselling it or underselling it, in either case.

Change agentry is another area of crucial importance. To regard oneself as a change agent (which I understand is not uncommon in the nursing society) is to insist of yourself that you know the difference, i.e., knowing that change comes about at the interface of difference against difference. You must know whether those differences are different in kind or degree because that is what dictates the range of possibilities for planning, inducing, confronting or maintaining desired change. To me, that's what the

nurse is into constantly, one of those or some combination within the caring perspective — that is the heart of nursing activity. To address change at all requires that one not confuse such terms as 'process' and 'activity' and the fact that the former refers to *thing* behavior while the latter presupposes volition.

Also, *need identification.* I think here again acute care and public health nursing diverge, although I do believe that the shift in acute care nursing back to the 'caring' stance (away from the technology purveyor stance) would bring them back together. But at this moment, need identification or health assessment in public health nursing is carried out in the sense of getting geared up to teach, whereas in acute care it is more in the service of getting geared up to act on the client in some means commodious with treatment. Both, I suppose, have the preventive concern as central, but in public health it is primary prevention, and in acute care tertiary.

Stinson: Do you, then, not see nurses as being skilled at need identification?

Simmons: The way I see it handled, at this point, has more to do with something akin to brainstorming (and that may insult some people). I also think as I pointed out earlier there is a failure to separate information goals and strategies from action goals and strategies, and I think the failure is primarily in a lack of understanding of the former. I think health assessment ought to proceed along the lines of *knowing what it is you would have to conclude before you would willingly admit that one or another health need obtains.*

Stinson: Could you be more specific?

Simmons: For example, you nurses talk a lot about nursing care plans. So you ask, "What kinds of nursing care plan would I propose if Mr. X is to do his own dialysis at home?" Now, presumably, you would have to conclude that his resources are adequate. That would be the sort of conclusion you would have to make in order to have him go home. So then you say, (1) "What would I have to determine in the case in order for me to conclude that his resources are adequate?" So you set out to answer that question by simply raising the questions, (2) "Answers to what questions would give me that information?" And, (3) "By what means can I best obtain those answers, given the human factors involved?"

Stinson: Let's go back to your statement about nurses' confusion between process and activity.

Simmons: My suspicion is that when nurses talk about the nursing process they are really talking about the nursing activity. And what they proceed to say, using those kinds of words, pertains to standards or criterion-based effort. And that, by definition, is not process but activity. Process is not purposeful, therefore it cannot be anchored in standards. We may *impose* purpose on process, but process itself does not have purpose. The heart happens to circulate the blood — but that's not its purpose.

Stinson: Our interview time is up, Dr. Simmons. I'd just like to say that as an 'outsider' you have shared with us some profound insights about the 'inside' of nursing.

Simmons: My plea to nurses and nursing, as an outsider but a firm believer, is for mankind's sake and your own, know your inestimable worth.

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[1] Editor's note: Dr. Simmons's insights in this regard have been incorporated in Sister S. Roach's "Background Paper" for the Canadian Nurses' Association Nursing Ethics project, 1980. (Available from CNA.)