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Images of a 'good nurse' presented by teaching staff

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Abstract

Nursing is at the same time a vocation, a profession and a job. By nature, nursing is a moral endeavor, and being a 'good nurse' is an issue and an aspiration for professionals. The aim of our qualitative research project carried out with 18 nurse teachers at a university nursing school in Brazil was to identify the ethical image of nursing. In semistructured interviews the participants were asked to choose one of several pictures, to justify their choice and explain what they meant by an ethical nurse. Five different perspectives were revealed: good nurses fulfill their duties correctly; they are proactive patient advocates; they are prepared and available to welcome others as persons; they are talented, competent, and carry out professional duties excellently; and they combine authority with power sharing in patient care. The results point to a transition phase from a historical introjection of religious values of obedience and service to a new sense of a secular, proactive, scientific and professional identity.

Keywords

bioethics, history of nursing, nursing ethics, nurse teachers, nurses' role, professional ethics

Introduction

Nursing is by nature a moral endeavor. Being a nurse is to be engaged in a practice with an inherent moral sense. Being a good nurse is at the same time an issue and an aspiration for the profession.

Being a good nurse means that the nurse's concern for patients is totally related to efficient, effective and attentive care that fosters patients' well-being. Ethical nursing happens when a good nurse does the right thing.[1] To be less than a good nurse implies a moral failing; with nursing being intrinsically a moral practice, this implies a bad nurse. Professional identity and actual status are formed by the good nurse ideal.[2,3]

The notion of doing good, being good, and acting on the good, which resembles virtue ethics, was addressed by Florence Nightingale when she said that it was impossible to be a good nurse without being a good woman.

To develop the character traits desired in a good nurse, the students at Nightingale's school lived on the premises. The traits to be fostered were sobriety, honesty, loyalty, punctuality, an organizational mindset, correctness and elegance.[4,5]

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Nightingale's secular-professional system of nursing inspired the organization of nursing training schools in Brazil during the first decades of the last century. According to an instruction manual adopted for the first nursing course in Brazil (Professional Nursing School, today named Alfredo Pinto Nursing School, in Rio de Janeiro) students should learn that the good exercise of their profession required them to: be discreet, modest, altruistic and speak little; gain the trust of patients and never make indiscretions that could cause alarm to them or their family; be loyal to physicians and never jeopardize them; and base their decisions on the most rigorous justice.[6]

Nightingale fought against environments in which nurses were poorly regarded or worked in unhealthy conditions in ignorance of basic hygiene. The virtues defended by Nightingale must be seen as weapons with which to fight practices such as not following medical orders, being deceitful, taking bribes, and drunkenness.[1,3,7] Because of this she accorded the highest importance to the virtues of truthfulness, sobriety and honesty. The behavior of immoral nurses needed to be abolished if respectable ladies were to be recruited to care for sick people. Only then could nursing be a suitable employment for educated women guided by science and morality.[4]

Once nursing was no longer considered a dubious occupation, it could be promoted as a worthy and noble career for educated gentlewomen. This justified the emphasis on the type of person that nurses ought to be. It was frequently stressed that good nurses possessed a range of natural human and personal qualities and dispositions towards others and towards their work.[2]

Nursing as a profession with a socially recognized and formally legalized status came into being at the same time as capitalism began to take hold as a political entity. The activities of nursing were centered in hospitals that were in a process of massive transformation.[5] To have a recognized practice within the realm of labor was of great importance to nursing and nurses. Nurses needed to respond not only to patients' demands but also to those of hospitals, organizations, stakeholders and governments. Nursing as a profession was conceived as a social practice, expressed in a set of practices that contributed to and influenced the economic, political and ideological structure of societies. As hospitals became organizations, nursing assumed a social role in maintaining the health of the work force. At the beginning of the nineteenth century, hospitals became places of restoring the sick bodies of workers. This came to be doctors' main focus, and nurses became responsible for discipline and cleanliness. Nursing came to play an important part in a process that aimed at the quick return of employees to their workplaces, thus maintaining the social and economic drive of capitalism. In this way, nursing gradually lost its vocation and became a job. The health professions had a unique position in the labor market owing to their vocational quality, to the detriment of a social need, which now no longer corresponds to reality.[8] History made nursing to be simultaneously a vocation, a profession and a job. Today, this challenges the capacity to be a good nurse.

The conflict and tension between the moral demands of providing good nursing care and the external demands of the workplace and work organization means that the economic realities of the caring context imply a struggle between being or not being a good nurse.[7] To focus nursing's moral duties in this way is a new concept. The nursing profession has historically been associated with religious work, therefore its ethics has been guided by metaphysics, which was less concerned with the historical and material conditions of society.[9] The hidden curriculum of nursing is still looking to achieve moral behavior by nurses that is consistent with the values held in highest esteem by the professional *ethos*. This moral education cultivates the virtues.[1,3]

The written curricula usually reflect the modern and legalistic view that considers morality as adherence to sets of rules and includes discussions of theoretical perspectives or focuses on the development of cognitive capacity for autonomous moral judgment. This, however, should be considered as professional ethics education rather than moral education.[4] If the development of nascent virtues in nursing students is the target of the educational approach to ethical questions, then it also has to focus on morality and the cultivation of the virtues desirable in good nurses, not professional or theoretical ethics.[4] Considering these issues and the fact that virtues are learned by the example of teachers, educators and senior professionals (i.e. through an

unwritten curriculum), we investigated the perception or image of the good nurse among nurses involved with nursing education in Brazil.

Method

This was a qualitative study within the scope of descriptive ethics, anchored in theoretical bioethics.

Data collection was conducted in the nursing school of a leading Brazilian university. The research protocol was approved by the research ethics committee of the institution according to Brazilian legislation.

Eighteen nurse teachers from the school were interviewed individually. They agreed to participate and gave their signed informed consent. The number of research participants was determined on the basis of discourse saturation.

Data were collected through semistructured and unstructured interviews. The unstructured interviews provided information on some topics with the help of visual images such as pictures, paintings and photographs. Photographs in particular have a long tradition in anthropology and ethnography, and films and videos have been used as data sources or a way to collect data.[10]

In each interview, one of the authors laid out in front of the interviewee several cards of equal size of photographs, figures or drawings of nurses at work and asked the participant to choose one of the cards. The first question was: 'Nursilda is a nurse. Which card would you choose to represent her?' 'Why?' Concentrating only on the selected card, the author asked the participant: 'If I said that Nursilda is an ethical nurse, how would you describe her?'

Although our concern was to investigate the conception of a 'good nurse', we used the expression 'ethical nurse' after considering some peculiarities of our native language. In Portuguese, the expression 'good nurse' could lead to misunderstandings because of its ambiguous sense due to the use of 'good' in a pejorative way to refer to women. We also wanted to put the emphasis on the ethical aspects, and the expression 'good nurse' could lead to attention to technical knowledge and skills. The interviews were recorded and fully transcribed for further discourse analysis.

The data analysis used the hermeneutic-dialectic method proposed by Minayo.[11] In the first phase, the material was organized and the recording units, context units, significant parts and categories were defined according to the objectives and the questions asked in the study. The second phase required exhaustive reading of the material in order to apply the elements defined in the previous phase. In the final phase, we tried to uncover the underlying content subsumed in the presented material. This procedure permits identification of ideologies, trends and other determinants characteristic of studied phenomena. For the interpretation, the discourse of the social actors is situated within their context in order to understand these phenomena better. This phase considered the speech and historic relevance of the origins of the discourse.[11]

The first step was to transcribe the recordings and read the transcriptions several times. Data were then classified based on the identification of what was relevant in order to elaborate specific categories. Finally, we compared what was revealed in the data with theoretical and literature references.

Results

We had expected that only one image would define an ethical nurse. However, our analysis revealed different perspectives of this image. These perspectives, as in a kaleidoscope, acquire different shapes and shades throughout the discourses. After reading the transcripts and defining the context units, five distinct perspectives of an ethical nurse emerged. Considering the closeness between understandings of an ethical and a good nurse, the perspectives highlighted can also be said to be those of a good nurse.

Good nurses fulfill their duties correctly

According to this perspective of the image, ethical nurses are aware of their duties; that is, they make deliberate choices when acting, know what must be done, respect the rules of conduct, and are vigilant and aware of the limits and boundaries of the professional–patient relationship.

Regarding the nurse–patient relationship, the limits are mainly understood as landmarks that bound the depth of such relationships and reaffirm the need for bonds, although this is not understood in a narrow way. The depth of the relationship can be demonstrated by considering the issue of non-verbal language as characteristic of that perspective, particularly in terms of expressing feelings. A socially appropriate professional attitude, as well as maintaining hygiene and cleanliness standards, also emerge as important components of this perspective.

The choice of actions based on ethics and the concern about rules of conduct were evident in the following: '[Being ethical] in the choices of actions I will carry out.'

The professional–patient relationship, marked by a distance considered safe by the professional, results in autonomy for the patient: 'Always discussing what will be done ... so as to have autonomy regarding the care he is receiving.' Although this quote makes clear the importance of patients' participation in issues regarding their health, they are not seen as protagonists in the actions as they 'receive the care' and the professionals 'let them speak' rather than be the main actor: '... doing the interventions together with them'.

According to the *Houaiss Portuguese language dictionary*,[12] one of the meanings of the Portuguese word for 'intervene' (*intervir*) is to 'interpose one's authority'. Considering this meaning, both excerpts above contradict this understanding because patients' participation is hampered by something that in its terminology may imply an imposition by health professionals.

Good nurses are proactive patient advocates

This second perspective of ethical nurses sees ethics as the basis on which to advocate on behalf of patients. Nurses seek to remain well educated in order to be alert to circumstances where they have to exercise patient advocacy. The goal of such engagement is to favor and protect the need for patient autonomy in care settings.

Professional competence is a synonym for the ability to apply clinical reasoning in care practice and practitioners' mindset towards their own professional improvement. This is seen in their ability and proactive attitude to foster professional autonomy. This attitude may be described as an inner drive or an individual motivation that reflects on behavior. It is closely related to the individual attitude that results in self-regulated behavior.

The balance between action and ethics appears as an important feature: 'You don't see a technical side and a human side; they must be together, they can't be kept apart.'

The idea that the ethical dimension and the technical dimension may exist separately highlights an apparent contradiction in discourse that seems to want to give equal weight to both aspects. Knowledge is placed as the factor that can articulate technique, and ethics as the element that can unify dimensions that are perceived as distinct: 'A nurse's performance of competent care occurs when three skills are developed: the technical, the cognitive or knowing, and the ethical.'

However, in a study carried out with Chinese nursing students in the 1990s, only 6% of the sample mentioned 'know how to apply the knowledge' as a desirable behavior for a good nurse.[13] Besides the attempt to combine the ethical and technical dimensions, there is also the idea of a balance between them and the role attributed to ethical nurses to foster ethical attitudes and behaviors in their work team. A role for nurses in ethical decision making is essential. Ethics, in this perspective, is considered to be a process subjected to constant modification under the influence of the social context.

Patient autonomy is fostered. It is based on the principle of respect for different values and beliefs that guide care that considers the uniqueness and wholeness of patients:

> A person who would respect the individual in his or her wholeness, in his or her way of being, in his or her way of speaking, in his or her very way of being an individual.

Good nurses are prepared and available to welcome others as persons

In this third perspective, patients are considered as central in care, not only in the sense of their autonomy but also in respecting their individuality and valuing others as persons.

Some authors consider that even when nurses are not directly taking care of patients they must be concerned about promoting patients' welfare, simply because nurses are involved in a practice with an inherent moral aspect. To be a good nurse means to be concerned with efficiency and effectiveness in patient care.[14]

Patients are valued through a dialogic relationship between them and nurses. When this recognition occurs the dialog is seen as an interaction that includes trust, closeness, availability and empathy, and relies on the contribution of both persons involved:

> A highly positive interaction, of trust, openness, reassurance, confidence, respect, and confidentiality ... [the good or ethical nurse] articulates in a very positive manner the patient's values and her or his interaction with him or her. The nurse is open minded, [and] provides the patient with space for dialog and ethics because she or he [the nurse] is a person who has an attitude that shows trust and respect for the other ... and ... is highly empathic ...

According to the opinion of a mental health nursing student, the best nurses are those who look at and listen to patients, who are available and friendly, and offer the necessary security for patients to speak about their aspirations. For students, non-verbal communication is of paramount importance in the nurse–patient relationship.[15]

For the children interviewed in a study by Brady,[16] a good nurse is one who is available to listen and spend time with them. The children also considered a calm and pleasant tone of voice, as well as the use of kind words such as 'sweetie' or 'darling' to be important features in communication.

Ethics is understood as a set of values with an inner nature, therefore the inner preparedness is considered important. Characteristics such as sensitivity, solidarity, honesty and transparency are valued in this perspective of the image of an ethical nurse. From ethical nurses comes an interest in seeking personal enhancement for patients that will help to improve the nurses' human development.

In the Chinese study mentioned,[13] only one-third of the participants said that kindness and good character are personal qualities inherent in good nurses, corroborating the importance of human development that we also found in this perspective of the image of ethical nurses.

Ethics is also seen as a continuous exercise occurring in everyday practice. It is understood as a resource that may be passed to other members of the nursing staff by means of exemplary actions by nurses: 'There are things that are better transmitted when you exercise and practice them, and not when you speak.'

Good nurses are talented, competent and carry out professional duties excellently

Professional autonomy emerges as the basis for being and acting as good nurses. Such autonomy is basically understood as 'decision making' based on clinical rationale. This gives a character of resoluteness and creativity to nurses' actions. Reflective and critical theoretical and scientific knowledge was also considered a basis for professional autonomy. The aim is to apply such knowledge to nurses' daily practice in order to deliver good care to patients, and to detach nursing practice from mere reproduction and/or execution of medical orders:

> I don't want a type of nursing that runs routines because nurses are supposed to do this ... I see nurses who don't have this judging competence ... Therefore, going back to your question, an ethical nurse is ... I said respect, but I mean competence for a clinical decision, advanced care; maybe that is a good term: advanced care. Care that is not limited to routines, not limited to the execution of prescriptions. Nurses have a certain autonomy in their care, from data collection and clinical reasoning to really solving problems within their reach, but refer those that are not within their reach.

Ethics emerges as a component that is part of nursing practice through actions developed from professional expertise. It is a skill that may be learned and improved by practice, study and discussion of related topics. In this perspective of the image we found that ethical principles are seen as regulators of ethical nurses' actions. Therefore they must be used in a reflective and conscious way, not simply followed as dogma.

Patients are the focus of nurses' attention, and care occurs in a horizontal professional–patient relationship. In spite of the structured body of nursing knowledge, patients' opinions concerning their own treatment and health needs are considered, and decisions regarding them are not made only by professionals but are shared between patients and nurses:

> ... the reference [for care] is actually the patient, not what she [the nurse] thinks that the patient needs, because for some things it is the nurse who must say what the patient needs. I mean, the nurse has competence for that, but she must also know what needs the patient has, what he or she thinks is necessary in each moment.

Good nurses combine authority and power sharing in patient care

In this perspective of the image of ethical nurses we found traces of nursing marked by subordination to medical orders and an ethics based on blind obedience, subservience and a vocational pattern. These characteristics were common for the nursing profession in the late nineteenth century and in Brazil at the very beginning of the twentieth century. The focus on discipline, morality and obedience for Nightingale's nurses actively differentiated them as good women, daughters or nurses. Training was a process of achieving this, particularly for young women of more dubious origins. Alavi and Cattoni cite Nightingale, who maintained that nursing was 'not restricted to women of any one class, but that if a woman possessed the correct moral, intellectual and physical qualities, she would be admitted to be trained as a nurse'.[3] In the interviews we identified the term 'servitude', which seems to us suggestive of replication of the hegemony of medical knowledge:

> ... subject to medical orders ... If you go back to the time when this image [referring to the picture chosen during the interview] was taken, it is a subservient nursing, with no autonomy. She [the nurse] only carries out the medical orders ... She performs a few routines, such as must do this, must do that ... Servitude is: you have to do this, the doctor said you have to take your medicine, you have to eat this ... There are places that use it, still ... He [the patient] is the agent, but he is the patient while he is dependent on my [the nurse's] service. When he is discharged, and even before that, because before being discharged he can become a person, a co-participant in his treatment ... It is power sharing.

Power sharing, as expressed in these examples, differs from patients' own empowerment and emancipation. Empowerment implies providing the conditions for patients to take the course of their lives into their own hands and be able to make decisions. Power, according to our example, is related to knowledge and specifically to professional knowledge. As nurses are the only holders or owners of the knowledge, they feel powerful and share a part of this power with patients as a way of empowering them. Nurses even think that this is a proof of their goodness. Yet this empowerment is only apparent because the power given by professionals will not lead patients to their own empowerment and autonomy. Considering patients as dependent on nurses' services implies that patients will be in charge of their actions only from the moment of discharge

from the hospital, when they no longer depend on nursing services or benevolence. The very understanding of power as something to be conferred by someone on others seems to reinforce patient passivity, but not autonomy.

In Brady's[16] study involving children, appearance and hygiene were pointed out as features of good nurses, indicating nurses' good intentions and work organization, protecting them from harm and sickness. Thus the nurses were identified as models of healthy persons by the children interviewed. The nurses' appearance was considered a sign of their good or bad character. Good nurses looked smart and well groomed. In this instance, ethics is a privilege for a few people only.

Discussion and final considerations

Fealy[2] believed that the image of the nurse reflects the value of the professional nurse in society and can define the boundaries of nursing. According to Fealy, the image of the nurse is culture specific and changes to reflect the sociocultural context and its system of political power and influence. In this sense we arrived at the point of creating the image of the good nurse in a specific culture and context. Our context was that of Brazilian educators at a nursing school in a public university.

In our attempt to outline the image of a good ('ethical') nurse we found five perspectives of this image in the interviews, co-existing and sometimes contradicting each other. This contradictory co-existence was not only present between the interviews, but sometimes within the same interview. The five perspectives of the good nurse co-exist in the conversations with the participants in both these ways: in their entirety and in each recording separately.

Some perspectives of the image of a good nurse pointed to some traits from the past, which are preserved as historical scars. The past has to be seen from these perspectives, otherwise the interviews are not able to reach the new meanings of the current identity of the profession. This caused us some concern, because we interviewed faculty members who teach students at the beginning of their career, and we think that they should not start their careers with the shadows of historical hurts and wounds so obviously displayed. To know that nursing history has blots on its horizon is essential in order to value the actual role of nurses in health services and systems, and in society, but this knowledge must not become a burden to be carried around for the whole of the professional lives of future nurses. It would be beneficial for faculty to look more carefully at their own scars and hurts in order to make the teaching and work of nursing healthier.

The historical wounds and traumas may explain why it was so difficult for some participants to define what they considered to be an ethical nurse. These participants always began by answering what was not ethical. It seemed to us a kind of rejection, which made it easier to define what is not ethical for a nurse rather than project what would be ethical. This could point to a professional practice concerned with the struggle against a past and a history that is not focused on creating new patterns for the good nurse of today.

The notion of doing good and being good as being inseparable was clearly present in the discourses, reiterating that ethics is something based in the practical domain of knowledge. This seems to reinforce that ethics is taught all along the course, almost in a horizontal way, and not just in ethics classes.

What good nursing consists of has been quite specifically prescribed at each historical point where a redefinition of the subject was required.[3] From this we conclude that the contradictions we found in the interviews point not only to current debates typical of life, but may also indicate that nursing in Brazil is living a moment of transition, in which the professional image of the good nurse is in the process of construction, transformation or reshaping.

The memory of the image that has been historically interiorized by nursing professionals must indicate a starting and not an arrival point for reflection and practice, otherwise we will fail in our duty of conferring new and updated meanings on the professional identity of nursing. In order to consolidate nursing as a social

practice, emancipated and contributing to patients' empowerment, we need to foster critical and hermeneutic reflection in the people involved in nursing students' training and practice.

Conflict of interest statement

The authors declare that there is no conflict of interest.

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