Much has been debated on the issue of nursing autonomy as an essential component of the professionalisation of practice. Traditionally nursing compares poorly to the conventional professions of law and medicine which are seen as the benchmark of fully fledged and, therefore, autonomous professions. More recently the patient safety literature has emphasized the importance of team work and, most critically, team communication as the cornerstones of safe high quality patient care. Professional autonomy is commonly positioned in this discourse as one of the obstacles to the development of improved systems of health service delivery. In Canada, the United States and the United Kingdom, from undergraduate preparation through to continuing education a growing emphasis is now being placed on interprofessional education, or team training, as the way forward to produce clinicians and clinical practice that is responsive at a system level to the complexity of the contemporary health care setting.

Given the important and influential nature of these debates, it is worth considering nursing’s attachment to particular concepts and raising the possibility that, for instance, autonomy has become a problematic concept in contemporary health care practice. As a concept that has long been central to the professionalizing debates of the twentieth century, and one that is in contemporary parlance viewed as an obstacle to system-based measures for accountability in clinical decision making, that is, the team versus the independent clinician, it may be that concepts such as accountability and clinical responsibility provide far more accurate and useful conceptualisations of nursing work in both the routine and advanced practice domains.

In our edited collection The Complexity of Care: Nursing reconsidered (Cornell University Press, 2006) Suzanne Gordon and I, along with our many contributors, argue that one of major obstacles facing nursing (as a practice and as a profession) in meeting the challenges of the contemporary political landscape is the way in which we talk about our work and our inability to articulate what it is that nurses actually do for patients and families in their care without applying gendered and sentimental clichés — such as those that refer to nurses as caring angels, or the heart and soul of health care. One possible explanation that we explore is that the holistic rhetoric which dominates so much of nursing discourse means that it is almost impossible for nurses to talk about their work in any other way. Through what Gordon and I term ‘the virtue script’, we argue that the historical tropes which a century ago effectively advanced a professionalising and gendered agenda now provide a series of templates that both nurses and the public always adopt when discussing nursing. These templates revolve around hearts, hand-holding and angels and consistently overshadow the knowledge and skill of nurses and their importance to patient care. A further problem discussed in the Complexity of Care is the significant problem the focus on virtue creates for nursing curricula and nursing education. As a result of the virtue script, emphasis is almost entirely placed on the interpersonal and relational aspects of the nursing role and the skill and scientific knowledge of nurses has become almost nursing’s best kept secret.

A significant consequence of a constant focus on the interpersonal and psychosocial aspects of
nursing work is the way in which this works to erase the skills and complexity of body work. This is particularly important due to the constant pressure that exists in the health care sector to replace higher skilled —and thus more expensive nurses— with less skilled and cheaper workers. If nurses are unable to really articulate what highly educated nurses bring to patient care they are paving the way for the offloading of patient care to unskilled workers and family members. All of which place patients at significant risk.

Of even more concern is the increasingly prevalent view that coordinating roles, as opposed to direct care roles are considered of higher status in nursing. One of the clear appeals of these new roles is the so-called ‘autonomy’ that distance from the patient is thought to bring. Several contributors to the book (notably Sanchia Aranda and Rosie Brown) report on a study that observed some of the consequences of this distancing of expert nurses from patient care. They found a worrying erosion of clinical skill in nurses once they left direct care and argue a compelling case for a strong foundation and continuing commitment to basic nursing at all levels of practice - for nursing students, for new graduates and for experienced nurses. They raise the important point that without mentors and role models how will it be possible for tomorrow’s nurses to develop a level of comfort and confidence with intimate physical care and the accompanying physical assessment that is essential for good patient management?

However if we consider direct clinical care as encompassing knowledge and skills that at times require the exercise of judgment and the application of knowledge, one can argue that the appropriate application of knowledge and skill is less an issue of autonomy and more one of accountability. This latter term, accountability, encapsulates a responsibility to understand the limits of one’s knowledge and experience and to ensure patient safety.

Finally Complexity of Care challenges the profession to embrace and own the scientific and technical ability of the skilled nurse. It does so, not in the name of autonomy, but in the name of patient care. Above all it urges nurses to communicate the importance of health care system’s best patient safety device – the registered nurse; and to appreciate the critical value of all working nurses – advanced practice or new graduate, diploma prepared or member of the global workforce to this critical project of care of the sick.

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