The social construction of caring: An inside look at nurses' work

I WOULD LIKE TO EXTEND A heartfelt thank you for your many congratulatory messages on completing my PhD. You are my inspiration.

As promised, this column focuses on my research. It looks at the everyday practices of registered nurses and exposes the opportunities, challenges and contradictions they encounter in their work. Over a six-month period, I engaged with 24 staff nurses who volunteered to share their lives with me. I conducted 32 one-hour interviews and 408 hours of participatory observation during all shifts and days of the week, on four different units within the same hospital. I wanted to learn: What is the social construction of caring in the day-to-day work of nurses in a tertiary care hospital in Ontario? To answer this complex question I needed to capture: how nurses speak about and practice caring with patients; how nurses engage with others to carry out caring work; and how organizational structures and managerial practices shape (and are shaped by) nurses' caring work.

Three major themes emerged from my findings:

Caring is thinking, doing and being: This first theme touches on how nurses practice caring work in real life. It highlights the disconnect between the way nurses speak about caring during one-on-one interviews and their actual practice as observed in the workplace. When talking, nurses focus mostly on relational activities (listening, being present). By contrast, their practice is heavily anchored in cognitive caring (thinking), followed by physical caring (doing), and relational caring (being). Many aspects of this theme are intriguing. For example, participants rarely mention clinical knowledge and work as a part of caring, even though they repeatedly demonstrate rich clinical expertise in their actions. Nurses describe relational caring as occurring in isolation of cognitive or physical practices. However, in their daily work, relational caring occurs mostly in conjunction with cognitive and/or physical caring. I refer to the three pillars of caring – cognitive, physical and relational – as the nurses' "comprehensive caring work."

> "MY RESEARCH EXPOSES THE OPPORTUNITIES, CHALLENGES AND CONTRADICTIONS NURSES ENCOUNTER IN THEIR WORK."

Managing relationships and silencing knowledge: This theme addresses the tacit and explicit rules that shape nurses' relationships and their ability to express knowledge. Strong power differentials tied to gender, ethnicity, seniority, education and class play an important role in shaping nurses' relationships among themselves and with other health professionals. Nowhere is this power imbalance more acute than in the nurse-physician relationship. During my research, nurses spoke at length about managing their relationships with physicians, especially when they were advocating for their patients. I observed a nurse justifying three times to a physician why a patient, who wanted to have a catheter pulled out, was ready for it. I also witnessed one patient praising the physician for his expertise in pain management, even though it was the nurse who assessed and reported the need for a higher dose of pain killer. Central to this challenge is the interplay between work environment and nurses' voices. For too long healthcare organizations have perpetuated hierarchy to the detriment of genuine teamwork, which includes joint clinical decision making.

Shaping and being shaped by structures and practices: This third and final theme looks at the workplace environment and how it influences nurses' caring work. Nurses in my study see their work environment as both a facilitator and barrier to caring practice. They describe employment status, nursing models of care delivery, skill mix, and time as having the most impact on their caring practices. It is noteworthy that the physical condition of a workplace is seldom mentioned. Instead, organizational structures significantly influence nurses' day-to-day practice. Management practices that focus on full-time employment, nursing care delivery models that advance care and caregiver continuity, the application of skill mix based on patient acuity and complexity, as well as support for uninterrupted time with patients are identified by staff nurses as practices that optimize comprehensive caring work. They also advance positive relationships among nurses, and between them and other team members, especially physicians.

There are important policy implications emanating from my research and on this I will ask your indulgence in my next column. Meanwhile, should you want to view the entire study, visit tinyurl.com/3xcvlqy. And, of course, it goes without saying that any and all feedback is most welcome. **RN**

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