

Competence and caring : a contradiction in contemporary health care?

**Caring competence and collaboration
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Aims of the paper

- define caring & competence values inherent within paper
- examine issues that impede and promote caring in contemporary health care
- examine notions of salience, agency and self efficacy in light of management technologies



caring

alleviating suffering from reducing the stress and burden of disease

enabling patients to reach physical and psychological point where they can self manage this illness

engaging with patients therapeutically to comfort & heal

caring **interventions** based on knowledgeable, salient decision making

Corbin 2008; Rolfe 2008; Frank 2004; Kirkevold 1993; Benner & Wrubel, 1989



competence

“Within a professional context as the broad ability with which a **professional person** is able to practise to the **required standards** in a **pre-determined range** of clinical fields and across a range of situations. .. This includes attributes that can be applied to **clinical performance**(Stuart, 2003) and the use of **professional judgement** (Carr,1993)”.

(The National Education and Competence Framework for Advanced Critical Care Practitioners, DH, 2008)



contemporary caring discourse

competence can not be viewed in isolation:

conscience

commitment

competence

confidence

compassion

comportment

Roach, 1987

complexity & chaos



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values clarified

competence can only be **assured** at the point of assessment

competence is not a plateau onto which one can climb, then sit back and relax to enjoy the view. It is a constantly evolving process that inspires and energises further acquisition of competences

one can be **functionally competent** but **professionally inadequate** i.e. lack caring attributes



Frank: generosity, the grace to welcome those who suffer

the renewal of generosity (2004)

one to one: all knowledge compassion and care

3rd party: Justice same rights, privileges & obligations



systems - fairness and equity

absolved personal responsibility: remote 'systems'



demise of generosity: volume, pace, business culture

not being able to be the practitioner you want to be



factors that **impede** generosity and caring

management technologies and systems

transformed care through **textual practises**

organisational **complexity** and transitional turbulence

toxic climates

competing **priorities** of care & targets



dissonance for generous carer



management technologies:

information generation to inform health care management and give an account of provision

targets

pathways

payment by results

audit

protocols

check lists

bed bureau

evidence based medicine

root cause analysis

clinical management systems

discharge systems

reporting documentation



Rankin & Campbell: textual practices

burdensome paperwork (RCN, 2008; Allen 2001)



capacity to change care provided

path
targets
audit
payment
by
rewards
bed
bureau
root
cause
analysis
clinical
evidence
based
management
charge
reporting
terms
systems
documentatio
n

virtual reality



priority of paperwork

what we record: simple, recordable!

invisibility of nursing

undermines complexity



the emergence of diminished care:

inability to be the carer one would like to be

intentionality & will toward pt consumed by attention to MT

recreating the caring moment into **virtual account**

sanitised version of events

reduced to **procedural tasks** that can be reported

renders **invisible**

complex decision making bound by the context & moment
e.g. Crocker, 2006 'weaning protocols & disinterest'

healing and caring intricacies e.g. Barrett



the emergence of diminished care:

care becomes **transformed** by textual account

determines **priorities**

care conflated to the recorded elements

competing pressures **minimise interaction**

we stop giving generously to patients

humanity & preparedness to reach out to those who suffer diminishes



burn out

exhausted bitter, perspective of adversity 'battle ground' (Norris, 2000) disassociation, alienation, withdrawn (Frank, 2004)

change fatigue (Lindsay et al, 1992) inability to self actualise

deadened conscience (Skovholt et al, 2001) depleted caring (Skovholt et al, 2001)

rote practice - rule bound (Rubin, 1996) focus on professional losses (Nelson & Gordon, 2006)

deferential position - damaged identity (Nelson & Gordon, 2006) dependence on systems (Rankin & Campbell, 2006)

absolved or transferred professional responsibility

inability to be the carer one would aspire to be



Restoration: renewal of generosity

the resilient practitioner

reconfigure **realistic expectations**

give up virtue script? (Gordon and Nelson, 2004)

stimulate a sense of **professional self worth**

seeing **importance** of what one does **matters**

recognition of one's **contribution & achievements**

realistic confidence in decisions & actions

personal professional responsibility



facilitating resilient practitioners

emotion focused strategies that focus of personal & prof growth
teams - to reduce isolation and loss

stress management that opens individual to be **transformed by experience** rather than experience depletion

groups - learning from one another's narratives

facilitated by expert in **transitional supervision**

critical companionship

re-kindling **'right attitude'**



'right attitude':

sustaining humanity & preparedness to reach out to those who suffer

saliency noticing relevance, importance of data
identity saliency: effort into role

agency enacting one's skills competently

self efficacy strong belief that one will be
successful in recognising and
responding to illness & suffering



the transition to self efficacy:

confronting **contradiction**

high intellectual disturbance



awakening personal sense of responsibility

recognition of professional accountability

disturbing, uncomfortable - but facilitated

(**high challenge- high support**)



high intellectual interference

simulation - assessment

higher order Q & A of 'hot' event

critical reflection of 'cool' event

review, update and evaluation

understanding contribution

direct obs with real time Q & A

amnesty: revisiting skills

office / simulated clinical

clinical

skills teaching - simulated

assignments:essays

book learning – non applied

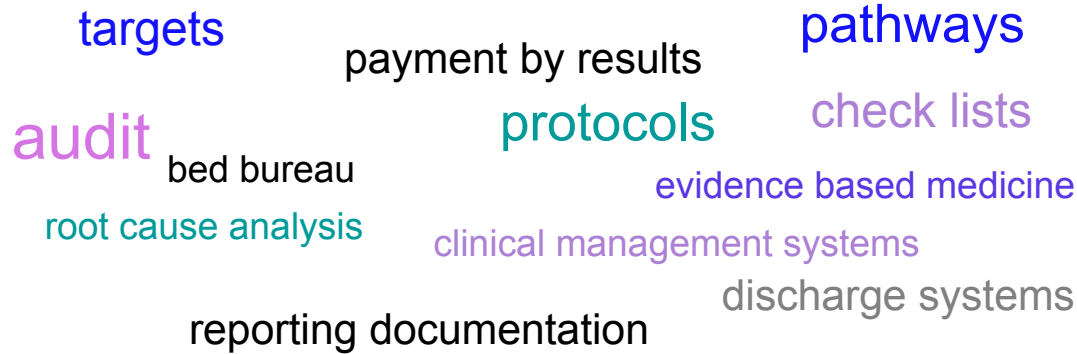
management technologies

working alone

low intellectual interference



competent caring



operationalised *thoughtfully* supporting rather than driving action

not more systems to redress shortfall in existing systems



resilient practitioner

energy demanding

engaged, empathic, generous

'uncluttered self'

attentiveness and will

focus on care not systems

common sense restored

values & rewards intrinsic

professional vitality

reinforcing cycle

hope in professional future



can we do this

is competent caring a contradiction

resilient staff **to challenge** nonsensical systems

restore balance in rationalisation by systems to generous caring health provision

valuing staff: valuing their contribution

restore **art of healing and comfort** in context of high technology & increasing complexity of knowledge and therapies



our gift to address the contradiction

competence, caring and collaboration

watch your

thoughts – they become your words

words they become your actions

actions they become your habits

habits they become your characteristics

characteristics – they become your destiny

Chris Smith BACCN
Conference, 2005)



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our destiny

full engagement in clinical encounters taking responsibility

professional deportment: confidence, assertiveness, persistence
delegation/substitution/ complement

recognition of **personal limitations**, referral when unable to make judgement,

willingness to engage in and be a **critical companion**

to become a **resilient practitioner**

so we may be the carer we want to be



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