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## **International Nurses' Day Oration, Canberra,**

**6<sup>th</sup> May 2008**

**Professor Philip Darbyshire**

**"How can you bear to be a nurse?"**

Ladies and gentlemen, friends and colleagues, distinguished guests, today is not only International Nurses Day but also a special birthday as you may know – Miss Florence Nightingale's birthday. Many of you will have read Florence Nightingale's work but perhaps you may not have actually heard her speak. As part of the Edison Project which made the world's first sound recordings on old wax rollers, Florence Nightingale was

persuaded to record a message for the world in 1890. It is the only record of her voice in existence. In her message, she says:

“At Florence Nightingale’s house, London, July 30th 1890.

“When I am no longer even a memory, I hope my voice may perpetuate the great work of my life - Florence Nightingale.”

“God bless my dear old comrades of Balaclava and bring them safe to shore.” (Listen to audio on [philipdarbyshire.com.au](http://philipdarbyshire.com.au))

118 years later, I ask you today, “How can you bear to be a nurse”.

“It was the best of times, it was the worst of times”.....

Charles Dickens’ famous opening line from ‘A tale of two Cities’ could be the coda for our world of health care in the year 2008. These are difficult times which challenge nurses and nursing as never before. As nurses we have an awesome responsibility, (and I mean ‘awesome’ in the true sense of the word, not in the way that every airhead and their dog uses it; as in ‘My new mobile phone ringtone is awesome’ or ‘Meeting the latest reject

from the Big Brother House was really awesome'). We have an awesome responsibility to guard against our hospitals and care facilities becoming temples of technocure, or people processing plants, where the only Gods fit to worship are those of ever greater efficiency, cost-saving and throughput. When nursing and health care are perverted and distorted into a primarily commercial or economic relationship then patients are no longer people coming to our facilities, ill, in pain, confused, vulnerable and seeking, above all to be cared for and healed. Rather, they become casemix ratios, units of cost or Diagnostic Related Groups, there to be more effectively and efficiently 'throughputted' by a system which sees nursing as just another customer-pleasing strategy to be promised or assured in the new most holy of scriptures - the corporate mission and vision statements.

In the UK in the 1980's we used to joke that if you don't like the health care system - just hang on - there will be another one along in five minutes. What at that time seemed merely glib, now seems positively understated.

Earlier this year, I wrote that:

“Constant, capricious change is endemic in all of our public services.

Reorganizing, restructuring or re-engineering hospitals, departments,

schools or faculties is the Obsessive-Compulsive Disorder of many of

today’s managers. As Michael Loughlin has observed:

*‘The culture of change for the sake of change, with its attendant confusion and insecurity for the workforce (...) makes sense only from the perspective of those who control the direction of change’.*<sup>1</sup>

For example, I could never understand why organisations such as hospitals

and universities seemed almost genetically incapable of co-coordinating

and collating information so that staff only needed to submit such

‘performance’ or ‘achievement’ details once to a central database from

where it could be subsequently extracted and used for several different

purposes. Such naivety is touching for it assumes that organisations want

to spare their staff the time wasting tedium of submitting the same

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<sup>1</sup> Loughlin, M. (2004). Quality, Control and Complicity The Effortless Conquest of the Academy by Bureaucrats. *International Journal of the Humanities*, 2(1), 717-724.

dubious information again and again for a plethora of spurious 'audit' or 'reporting requirements'. However, in an audit culture the purpose of such 'reporting requirements' is emphatically not to collect important information efficiently. It is a performativity discipline designed to keep staff 'on their toes' and under control and to continue the inexorable process of trying to make everything in the world countable and measurable."<sup>2</sup>

I realise that I may seem to be in danger here of being 'resistant to change', a fate worse than death in the bizarre world of today's organisational climate, for who, being of sound mind, would want to occupy such a dinosaur stance? In George Orwell's Oceania Hospital or University all change is good, as long as it is mandated from above in the name of 'quality improvement' and all resistance is futile. The suggestion that some changes may **not** be 'a good thing' is as welcome as a migraine.

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<sup>2</sup> Darbyshire, P (2008) Never mind the quality, feel the width. The nonsense of 'quality', 'excellence' and 'audit' in education, health and research. *Collegian* 15, 35-41.

The rise of managerialism and the audit culture are phenomena that nurses absolutely need to understand. As Rankin and Campbell note in their essential book about Canada's nursing and health care system reforms called 'Managing to Nurse':

*"If nurses are to maintain their caring commitments, they must get a firm analytic grasp on how they are hooked into an accelerating wheel of so-called efficiency".<sup>3</sup>*

In the other of the two books that I recommend to you today, called: "Code Green: Money-driven hospitals and the dismantling of nursing" by Dana Weinberg, she notes of American hospital reorganizations that:

*"It is no accident that that the worst nursing shortage in our nation's history follows on the heels of unprecedented restructuring in the health care industry"<sup>4</sup>*

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<sup>3</sup> *Managing to nurse: inside Canada's health care reform.* Janet Rankin and Marie L. Campbell. Toronto: University of Toronto Press, 2006. p.22

The modus operandi of many senior executives is to descend into an organisation, wreak as much re-engineered havoc as possible and then disappear a year or two later with a suitably golden handshake before the words 'excrement' and 'fan' begin to coalesce too firmly in the minds of the workforce. This is not management, it is occupational therapy for failed bureaucrats and transient politicians the world over with a pathological need to be seen to 'do something'.<sup>5</sup>

In a further irony which will not be lost on nurses in this 'evidence-based' age, organisational reorganizations, policy changes and procedural revisions will be excused from any such evidentiary obligation. The clinicians who are now expected, under the demands of 'Evidence-Based Practice', to produce 'evidence' and possibly a few dozen references to justify their every micropractice will wonder why wholesale organisational

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<sup>4</sup> Weinberg, D. (2003). Code Green: Money-driven hospitals and the dismantling of nursing. Ithaca, Cornell University Press. p.89

<sup>5</sup> Darbyshire, P (2008) Never mind the quality, feel the width. The nonsense of 'quality', 'excellence' and 'audit' in education, health and research. *Collegian* 15, 35-41.

and departmental changes can be imposed on little more than an executive whim.

Truly, there are two things in this world that you should never, ever see being made – sausages and health policy. Evidence-based reorganization of a hospital or university? 'I'd like to see that!'<sup>6</sup>

In clinical practice, the days of nurses being merely followers of doctors' orders are long gone. However, I suggest that one form of subservience has been supplanted by another. Instead of "The nurse follows doctors" orders, read "The nurse operationalises the organisation's strategic plan and lives the values implicit in its vision and mission statements". As Pete Townshend of the Who might have sung, "Meet the new boss, same as the old boss". If only nurses could reply that; "We won't get fooled again".

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<sup>6</sup> Darbyshire, P (2008) Never mind the quality, feel the width. The nonsense of 'quality', 'excellence' and 'audit' in education, health and research. *Collegian* 15, 35-41.

My colleague in the UK, Prof Bernie Carter has described this phenomena of the wholesale co-opting of nursing into the discourses and activities of managerialism as the 'reformatting' of nursing. Just as you would erase all of traces of data and memory from your computer disc, so our understandings of what is elemental and fundamental about nursing are being erased and rewritten with the data of the new, managerially mandated face of nursing. As Bernie notes:

*"Our collective memory of nursing is being overwritten by a new programme of managerialism. Nursing is subtly and insidiously being reformatted, re-engineered, processed to become something which may be efficient and effective in a managerial, commercial and business sense but which is unrecognisable as something nurses or patients wish to engage with".<sup>7</sup>*

In today's Brave New World of nursing and health care, there is only one game in town, only one view with a place on the agenda and only one language that will be seriously listened to.

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<sup>7</sup> Carter, B (2007). 'Reformatting nursing: the invidious effects of the growth of managerialism' in: "Review Symposium on Managing to nurse: inside Canada's health care reform." [Health \(London\)](#) 11(2): 265-272.

In Rankin and Campbell's Canadian research in "Managing to Nurse" they found that:

*"We have come to recognise that nurses' consciousness is being reorganised away from their traditional standpoint in the expression of caring. The domination of the ruling practices accomplishes this. Socialised and trained to care for people, nurses are now being taught, coached and persuaded that it is their professional duty to nurse the organisation".<sup>8</sup>*

And there is no more difficult and demanding patient than this.

The double tragedy here is of course that nurses become cynical and distrust *all* attempts to improve services, develop new initiatives, create exciting research agendas and enhance professional development because they have 'seen it all before'. And so, at a time when we need creative, passionate, inquiring, challenging, and knowledgeable nurses the most, we may have enabled them the least. The hope for the future must be that health managers and policy makers begin to take evidence-based

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<sup>8</sup> *Managing to nurse: inside Canada's health care reform.* Janet Rankin and Marie L. Campbell. Toronto: University of Toronto Press, 2006. P.172

management<sup>9</sup> as seriously as they expect clinicians to take evidence-based practice and service provision.

Nursing has largely stood back and watched while managerialism and the money men have set out to systematically dismantle it, tiny piece by tiny piece. How did they do it?

Let's relieve nurses of all of those mundane and trivial tasks called 'basic nursing care' that could be done just as well and far more cheaply by minimally trained assistants. Then, let's demand that our staff nurses train their own replacements. Let's not have a division of nursing at our hospital, let's call it 'patient services'. Let's not call the person in charge of a ward a 'Charge Nurse', let's call them a Unit Manager or Customer Service Facilitator. Let's not have a Director of Nursing in charge of Nursing with a seat at the highest executive level of our organisation. Let's call them a Director of Clinical Services and dilute their focus and power by putting them in charge of everything that is not medicine. Let's assume

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<sup>9</sup> The best place to start is with the exemplary work of Pfeffer and Sutton. See eg, Jeffrey Pfeffer and Robert Sutton, 'Hard Facts, Dangerous Half-Truths and Total Nonsense: Profiting From Evidence-Based Management. Harvard Business School Press, 2006

that nurses have so little pride and self-respect left that they are actually embarrassed by the words NURSE or NURSING and won't really miss them. Let's push the idea that any professional group that wants to retain its name and sense of being a discipline or a profession is a 'silo' and let's make sure that people think that a silo is a bad, bad thing. Let's keep demanding that nurses do more and more with less and less. And if they challenge this, we'll tell them that this is about "working smarter, not harder" (Let me translate that for you; *"You will work harder"*). Let's insist that nurses understand the new meaning of teamwork – lots of people doing what I say. Let's dangle a few carrots about Nurse Practitioners and Advanced Practice nursing roles. Nurses are basically simple. They like bright shiny objects and the promise of these 'advances' will divert their attention from the corrosion of bedside nursing. Let's make sure that any opposition to this destruction is called 'professional self-interest', personal selfishness, lack of understanding of the 'real-world' of health care, or 'resistance to change'. Let's make sure that we reinforce this personal flaw and fault approach by "performance managing" any nurses who oppose our plans. Let's make sure that when nurses ask questions or

show signs of resistance that these expressions are construed by everyone to be issues about the individual nurse's competence, commitment and interpersonal skills only. Let's create plenty of "Stamp-me-smart" courses like "Clinical Leadership Programmes" and "Advanced Practice Courses" where they can go to be re-programmed and re-educated so that they will be "on message" with all of the "new values" that form part of our "transformational agenda" to "modernise" nursing and health care. Let's make sure that these courses have 'critical thinking' as a major component, but let's also make sure that it is only ever nursing and nursing practice itself that are to be criticised and never, ever, managerialism or the current organisational policies and directions. If the nurses are just too bolshie and persistent in their opposition let's find a nice "Conflict Resolution" or "Change Management" course that we can send them on where they will learn how to "manage their problem" and hopefully come to realise that such negative behaviour is incompatible with the organisation's values and that it is possibly even, unprofessional.

And in the end, you too, like Winston Smith, will come to love Big Brother.  
Truly, nursing is in danger of sleepwalking into oblivion.

What is to be done when we are confronted by such powerful forces? For a start, let us as nurses start to shout out loud about what we know to be elemental and foundational about nursing. Listen to Ellen Baer, retired Professor of Nursing from Pennsylvania University in the US:

*“Nursing is a tapestry woven from countless threads into an intricate whole. At one moment a nurse may be involved in a sophisticated clinical procedure that demands advanced scientific and technological education and judgement. The next moment, or even concurrently, the nurse may perform what many people would consider a trivial or menial task, such as making a bed, giving a bedbath, handling a bedpan or feeding a patient.*

*(...)*

*Our society looks at such ‘interrupted labour’ and the so-called menial tasks included in it, and finds its diffuseness frustrating rather than*

*fascinating, an invitation to demean and devalue nurses' work rather than to examine its richness and texture. What society fails to understand is that the seemingly menial tasks give nurses the opportunity to explore the mundane details of a patient's daily life, which often make the difference between safety and danger, illness and health, even life and death. The fact that many of these tasks don't demand nurses' total attention allows them to spend time checking monitors and IV lines, assessing skin colour and pulses, talking to patients, providing comfort or teaching self-care activities.*

*Nurses use these exchanges to develop a subtle baseline sense of the patient that allows them to know intuitively, often at a glance, when an important change has occurred. That is precisely nursing's beauty and uniqueness. Yet it is also what makes nursing so opaque and vulnerable to market-driven consultants and administrators.*

*When management consultants, hired to save money, arrive at the hospital, they see what we call the tapestry of nursing and are distressed by its intricacy. They are unable to grasp that nursing interweaves simple*

*skills with complex judgements, 'people sense' with intellectual prowess, fact-finding with patient teaching. Instead of seeing the tapestry as an invaluable whole, these money managers try to unravel it thread by thread. 'Let's see now', the consultant asks, "What does a nurse do that someone else could do cheaper?" Once these fragments are assigned to less costly workers, administrators feel free to lay off RNs, maintaining only a few as supervisors."*<sup>10</sup>

If you think Ellen Baer's analysis applies only to the USA, think again.

Consider the average care of the elderly facility, think about who provides the everyday care and wonder, 'How on earth did we reach such a situation?'

If a hospital or health authority does not understand the difference between nursing as a Silo and nursing as a sentinel, they are in more trouble than they can possibly imagine. Nurses are not only vital because of our numbers or because **we are** patient care, safety and quality where

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<sup>10</sup> Baer, Ellen D., Gordon, Suzanne Money Managers Are Unraveling The Tapestry of Nursing. [Editorial.] AJN, American Journal of Nursing. 94(10):38-40, October 1994.

the rubber hits the runway, but because we are like the canaries down the mine or the frogs in the ecosystem. If nurses are metaphorically falling off the perch or disappearing from the ponds, then ‘Huston – we have a problem’!

But what a joy to read Ellen Baer’s passion! What articulacy! What a poet of the polemic! When was the last time you were inspired as a nurse, rather than managed? When was the last time that you worked with a leader who imparted real vision as opposed to mouthing a vision statement, When was the last time that passion and fun played a legitimate part in your organisation? Can there be any place in today’s corporate, quality assured, outcomes driven, policy governed, human resourced, best practice accredited, customer focused world for passion and inspiration in leadership? Somehow, the very notions of passion, or inspiration being legitimate elements of grey, jargon-ridden, economic rationalist, 21<sup>st</sup> century health care seems as anachronistic as Florence Nightingale checking her schedule for the day on her Blackberry.

In the current climate of 'The McDonaldization' of nursing, or nursing as 'Crowd Control': ever faster, ever more standardised and formulaic and ever more monitored, maybe what we need is the antidote to fast food nursing. Maybe what we need is a new TV series: "Gordon Ramsay's Hospital Nightmares". Now there's quality assurance with a vengeance. Gordon Ramsay tells you more about real quality in 10 'F-words' than some hospitals' entire Quality Assurance Departments could manage in a week and all without the aid of a 100 page manual. Can you imagine Gordon sitting through yet another 'values clarification' meeting or a further attempt to define the 'ward philosophy'?

"What do you actually mean by quality'? What the \*\*\*\*\* does all of this \*\*\*\*\* mean? You don't understand a \*\*\*\*\* word of this do you?

Heaven help the sloppy ward when 'Sister Ramsay' does his rounds. *"I've been walking around this ward for 20 \*\*\*\*\* minutes and I have no idea who's in \*\*\*\*\* charge". Who the \*\*\*\*\* is running this place? My \*\*\*\*\* head chef is my most \*\*\* experienced and capable chef and he \*\*\*\*\* cooks!*

*What the \*\*\*\*\* does a 'quality resource facilitator' do? Nurse, there's a*

*patient in that \*\*\*\* bed over there who has just been \*\*\*\* sick all over himself and you walked right \*\*\*\* past him. What the \*\*\*\* do you mean 'He's not your patient'? This place is un- \*\*\*\* believable."*

What a delicious prospect!!!!

But all is not bleak, for these can also be the best of times for nursing.

Nursing's advances in recent years have been massive. We are no longer the least well educated members of the health care team and the path is there for us to follow, from our initial registration through to PhD and beyond. Nurses don't just make the tea and coffee, they make decisions and they make a difference. As Karleen Kerfoot writes,

"We are not in the business of only performing technical tasks for our patients. Instead, we transform! We transform a frightened 4-year-old girl in the emergency room into a little person who now feels she has some measure of control and can stop crying. We transform a 50 year-old father with out-

of-control diabetes into a person who has the confidence to manage his condition. And we transform the frightening and painful experience of childbirth into a beautiful memory of ecstasy for a family that has created a new person. When life ends, we transform those final moments of life into sacred, beautiful transitions of passage for families to complete the circle of life.”<sup>11</sup>

When the politicians have moved on and the latest crackpot fad in management or economic theory has burned itself out, we will need, more than ever, nurses who have kept alive and vibrant, the skilled, knowledgeable, caring practices that can transform lives. We will need nurses who understand the importance of holding hands as well as meetings and budgets.

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<sup>11</sup> Kerfoot, K. (2001) It's Transformation, Not Patient Care! Pediatric Nursing. Available at: [http://findarticles.com/p/articles/mi\\_m0FSZ/is\\_/ai\\_n18612276](http://findarticles.com/p/articles/mi_m0FSZ/is_/ai_n18612276)

The best of times for nursing must be NOW, because we have no other time to live in. The past is gone and the future is forever no more than a set of possibilities. As John Lennon wrote: "Life is what happens to you while you're busy making other plans".

And in the demanding NOW of nursing and health care, in the thousand and one ordinary, everyday encounters that you will have with people, patients, relatives, families, communities and colleagues, you have the chance and the privilege that few others have, to make a profound impact on people's lives - and these people are *real*. *Frighteningly real*. They are your father, your mother, your sister, your brother, your husband, your wife, your best friend, your partner, your child.

They may be polite in their deference and uncertainty. They may be compliant in their lack of confidence. They may be furious in their fear. They may be drunk, stoned and abusive in their despair. But still they come to you - not to be throughputted or processed but to be welcomed

and cared for with thought, skill and compassion. To be received - with your head, your hands and your heart.

Sounds tough? Damned right it is, but no one ever promised you that great Nursing was easy. Even in 1884, Miss Eva Lückes, Matron of St George's hospital in London was writing that:

“Nurses must think very seriously of the work itself.

It is not easy or insignificant. If any are tempted to think so, they will aim at merely technical qualifications, contenting themselves with sacrificing the substance for the shadow.”<sup>12</sup>

As health care becomes increasingly technological, and complex, it is very easy to mistake shadow for substance and to imagine that the ordinary, everyday worlds of practice and ‘basic nursing care’ are shadow, when in fact there is nothing quite so substantial in people's lives. Truly, in nursing practice and in the lives of patients and clients, ‘There are no such things as little things’.

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<sup>12</sup> Lückes, ECE. General Nursing (8<sup>th</sup> Edn) Kegan Paul, Trench, Trübner & Co, London 1910, p.7

What, for example, could be more 'basic' and simple than cleaning a patient who has soiled themselves? How could you possibly need thoughtful, intelligent, educated, creative, empowered nurses for such 'low level' work? Let's look at what some particularly knowledgeable patients think. Ask Tony Moore, an Orthopaedic Surgeon who wrote of his major RTA and subsequent recovery in the book; 'Cry of the Damaged Man'. After he had soiled himself:

*"Two other nurses joined her and one whispered, 'Time for a wash'. They worked like a ballet corps in slow motion, softly moving me forwards, to the side, sponging, touching, towelling with clean tenderness, and when one gently washed my genitals, I felt nothing but the compassion of her care in knowing what a humiliating ordeal this whole mess was for me"*<sup>13</sup>

Richard Selzer was Professor of Surgery at Yale University and found himself in respiratory ICU for 13 weeks after contracting Legionnaire's Disease. In his memoir 'Raising the Dead' he describes the transformative power of so-called 'basic nursing care':

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<sup>13</sup> Moore, T. (1991). Cry of the Damaged Man: A Personal Journey of Recovery. Sydney, Picador Australia.

*“Now and then it happens that even before they have finished, he soils the clean linen and they must do it all again. This they do without the least murmur, although he is in an agony of shame and self-disgust.”*

*“He awakens to the smell of lilac and rubbing alcohol. The lilacs sit in a urine specimen jar on the sink; the rubbing alcohol is being spilled onto the small of his back, then spread by a hand with the consistency of pumice. A man speaks with an Irish brogue.*

*“I’m Patrick, your nurse. I’ll be lookin’ after ye from three o’clock to midnight every day.”*

*“I’ve messed the bed. I’m sorry.”*

*“We don’t care about that here,” Patrick replies...*

*... Besides, you don’t have diarrhoea, it’s just incontinence. When you get stronger, it will take care of itself.”*

*So that is Patrick, with his talent for **forgiveness of the flesh**. He is the sort of nurse who can draw the pus out of a carbuncle with his gaze alone and turn it into a jewel.” (...)*

*“At last the sick man is lifted forth from the tub, clean, calm and sane. Rubbed dry, he is carried back to his room. The hands of the nurse have the physical kindness of big hands, the way they form themselves into a nest. Settled into it, he could laugh out loud.*

*Perhaps he will. He thinks of how 60 years before, his father had carried him about in his arms. ... ..*

*... .. "Now how do you feel?" asks Patrick.*

*"Euphoric," he tells the nurse.*

*"You what?"*

*"Phoric. That means being carried. The eu stands for contented. I am happy to be carried."*

*And he feels the heat and the strength of the solid man infusing him, entering his veins; his breathing lightens, his brain clears into a kind of bright amazement. ... .. It seems to him that his molecules, which had been in chaotic disarray, have rearranged themselves, fallen into place. **It is the true moment of cure.***

*As for the rest? Well, that's just medical data. The part that can be read from a computer. That doesn't make you well Arrayed in clean linen, he lies upon the bed. "I turned the monster off," says Patrick, tapping the ripple mattress. "Go to sleep."<sup>14</sup>*

At the end of her classic novel 'Middlemarch', George Eliot writes an epitaph for her heroine Dorothea, saying that:

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<sup>14</sup> Richard Selzer, (1993) 'Raising the Dead: A Doctor's Encounter with His Own Mortality. New York. Penguin, pp.56, 92-93

*“... the effect of her being on those around her was incalculably diffusive: for the growing good of the world is partly dependent on unhistoric acts”.*

So too, the lives and wellbeing of patients and clients are dependent upon the often invisible and overlooked caring practices of nurses.

I want to draw to a close by asking you cultivate, celebrate and retain a sense of AWE and reverence for your work. As nurses we are given an awesome privilege - to stand beside others and share with them some of life's most profound moments and darkest crises. We join new parents at the joy of birth, we bear witness to and often alleviate anguish, pain and suffering; we accompany people towards new understandings of illness and disability, we mobilise hope where a bleak diagnosis gives none, we help patients face the most traumatic injury, the most gaping wound, or the deepest psychic distress and say with confidence that **we can do something to help** here, we share the relief and help celebrate at times of

healing and recovery and we stand with those on their final journey in this life towards death.

So think on! Think about this special place that you occupy in people's lives - pause for just a moment - and let the wonder in.

Sadly, the price paid for losing this sense of awe is high, and there are few more disheartening sights than the nurse whose humility has been replaced by arrogance and cynicism, whose desire to care is now an indifferent wish to get the work done and whose enthusiasm has turned into scorn and ridicule directed towards those who still possess such a thing.

Preventing such 'Burn Out' is not easy, but please do not make the mistake of trying to avoid burnout by never catching fire in the first place!

Let me suggest two things. First, promise yourself here today, in front of this august gathering, on Miss Nightingale's birthday, that you will never,

ever, talk of 'basic nursing care' or 'just caring' as if these were of only slight importance. I also suggest that you keep an occasional diary or journal of the events and the moments with patients that make you realise that THIS is why I am a nurse. To help you here, I am going to conclude this oration by reading what I think is the finest editorial ever written in Nursing. It is by Mary Mallinson and was published to celebrate Nurses' Day in the American Journal of Nursing over 20 years ago in 1987. It asks simply, "How Can You Bear to be a Nurse?"<sup>15</sup>

To commemorate International Nurses Day 2008 and to 'perpetuate the great work of Miss Nightingale's life', leave here and think of how you can add to the list.

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<sup>15</sup> Mallison, Mary. How can you bear to be a nurse? AJN. American Journal of Nursing April 1987;87(4):419-420. Reprinted again as 'An AJN Classic' AJN. American Journal of Nursing October 2000;100(10):39.

The editorial is also reprinted in Patricia Benner and Judith Wrubel's book 'The Primacy of Caring' (1989) pp370-371.

(The editorial is also available at:

<http://friendsofepicaricacy.blogspot.com/2008/07/how-can-you-bear-to-be-nurse.html>)