Nursing failures are the topic for this interesting and thought-provoking discussion paper. Professor Michael Traynor opens with the statement that nursing failures are possibly an inevitable consequence of work in healthcare systems, particularly when they are under sustained pressure. He states that nurses are not always prepared to resist the pressures and that pressures have an effect on cultures. Instead of uncritically accepting the notion of a nursing crisis, he discusses how far this is a crisis primarily of representation (of course, no less real), explainable in terms of government policy-making and the media selections of nursing stories. Although the context for the paper is England, Traynor states that theoretical and professional issues cut across national boundaries and often across time. I certainly agree with him. He argues that nursing has primarily been viewed as character-based moral work and that it recruits persons with a ‘caring’ orientation without developing support to understand an inadequate practice, thereby hindering what he calls ‘critical resilience’.

Traynor shows, by using the final (of three) reports written by Francis about the events at Stafford Hospital and the polarized media treatment of nursing stories, how these approaches took part in reinforcing a morally based discussion of nursing work and nursing failures. Nursing failure was understood either as a result of individual deficit or as a result of workplace pressure and staffing levels. Francis advocates for an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. However, there is more to be said about this important topic. By introducing two researchers, Daniel Chambliss within sociology and nursing researcher John Paley within social psychology, Traynor presents a convincing critique of the tendency to understand and discuss nursing failures in moral terms. He argues that the assumption that it is personal ethical characteristics that predict subsequent behavior is naive and unsupported. Nursing failures have to do with systemic problems.

It becomes problematic, therefore, if and when nursing is understood and represented as primarily character-based moral work, thus encouraging explanations of failures and their
solutions in individualistic terms, such as, for instance, ‘compassion deficit’. Compassionate people can and will also behave in non-helping ways, establishing what Paley calls ‘inattentional blindness’. Interestingly Traynor argues that nurses themselves continue to explore and promote nursing as a morally loaded activity both in practice and in research. This understanding of nursing fails, he states, to take into account the complex bureaucratic and possibly dysfunctional services within which nurses have to work. Although Traynor intends to deconstruct moral understandings of nursing failures, he also makes it clear that nursing work is moral work. He argues that contextual factors provide a far more powerful explanation of nursing failures than notions of character traits. By using his own on-going research, Traynor shows how nurse training features a strong focus on personal character traits, without focusing on developing a sophisticated understanding of work as a nurse or of the range of causes for nursing failures.

In the conclusion of the paper, Traynor comes back to his notion of ‘critical resilience’, arguing that if nursing training and professional organizations, in particular, created the space for critical examination of the forces impacting on nursing and healthcare, the profession might develop the critical resilience required to act in public services and public life. I suggest that the next paper written by Traynor will focus exclusively on the concept of critical resilience. It is a highly relevant concept for understanding contemporary challenges within nurse work and nursing failures in England and abroad. It is my opinion that there are parallels between the state of nursing in England and in Denmark. Nursing failures have been reported in Danish social media, for instance by the Danish Council of Nurses and by individual nurses. To my knowledge, the newspapers, the nurses’ journal, and the television have focused on problems such as an increase in the workload and a shortage of staff, but not – and this is a difference in relation to Traynor’s paper about England – on nurses’ personal traits. What I see is a beginning of a critical resilience in Denmark among some of the nurses. Our Master’s program in Health Science at the University of Southern Denmark is directed towards nurses, occupational therapists, physiotherapists, midwives, etc. One of its aims is to empower the students through theoretical understandings of their complex bureaucratic work situations and about how power and discipline (in a Foucauldian sense) have to be continually challenged. I would say that we are trying to start a process of critical resilience. Nurses with a Master’s degree in Health Sciences often take jobs as educators at university colleges, where the nurse students undertake the theoretical part of their education. Nursing is – as Traynor states – moral work. Therefore, it is extremely important that the educators continue to encourage themselves and their students to achieve critical resilience.

Helle Ploug Hansen (PhD and MA (extended) in anthropology RN) is professor within the humanities in rehabilitation research, University of Southern Denmark. Since 1989 she has conducted ethnographic fieldwork in Denmark addressing psycho-social-cultural and rehabilitative aspects related to women and men with cancer. She has published books and many articles. She is visiting professor in nursing at a rehabilitation hospital in Oslo, Norway. Furthermore, she is head of a Master’s Program in Health Sciences, Denmark, for healthcare professionals.