

Nursing's professional character: A chimera?

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Abstract

Does nursing possess a character? The idea that professions have characters is hard to sustain, and the possibility that nursing as a collectively or occupation lacks a character is worth considering. To this end it is argued that absent robust theoretical and/or evidential scaffolding it is implausible to suppose that nursing has an objectively real (reality describing) character, and if 'nursing's character' is chimeric or illusory, aspects of our conception of professionalism require reappraisal. Specifically, traits and values that attach to nursing and are implicated in the concept of character are, shorn of their moorings, untethered. This may be significant.

KEYWORDS

nursing profession, nursing traits and values, nursing values, nursing's character

1 | INTRODUCTION—COLLECTIVITIES AND CHARACTER

Only the crass say people from this or that nation are by character inscrutable, untrustworthy, promiscuous, or lazy. Only racists associate skin colour with character. It is ridiculous to assert that men and women are by character differentially gentle or bold. Homosexuals are not by character degenerate. And while vilified faith communities still find themselves accused of possessing undesirable group character traits, this form of defamation could be waning. These statements do not hold uniformly. Ugly behaviour and language continue. Panglossian optimism is foolish, and immanent differentiation is an inescapable potential. Nevertheless, mindful of the problems that attend narratives of progress (see e.g., Geuss, 2013; or Eiland & Jennings, 2014, on Walter Benjamin), over recent decades hitherto marginalised groups may have become less rather than more likely to be tarred by sweeping negative character generalisations, and if this summary is correct, good!

Character descriptors continue, however, to attach to professions. Realtors (estate agents) are, for example, caricatured as greedy. Bankers are greedy and venal. Politicians are greedy, venal, and

absurd. No one supposes every member of these occupations individually and necessarily has these qualities. Yet while character labels are not now linked with nations, races, sexes, homosexuals and/or religious communities in many parts of the world in a serious or uncontested sense (because there is no good evidence to sustain these associations in the way they were historically used, and also, such associations are nowadays deemed offensive by many if not all people), it remains acceptable to assert that professions have or possess characters.

Regarding nursing, ostensibly noncontroversial statements alluding to the existence/reality of a collective character rest on the fact that those who take it upon themselves to speak about and for nursing (as an occupation) claim nurses (members of that occupation) instantiate positive character traits and values (e.g., being caring, compassionate, etc.) whereas, by contrast, the realtor-banker-politician illustrations are negative/pejorative. Thus, attributing traits and values to nursing as a collectivity in a manner suggestive of character is palatable when what is ascribed is complimentary and therefore welcomed—but—possibly, this ascription would be unacceptable, it would be rejected (deemed belligerent) if the associations made were derisory.

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Where positive character attributions meet or support what might be termed nursing's professionalising agenda then, following Olson (1974 [1965]), unless it is in someone's interest to dispute such claims (and it rarely is), whatever their logical status or legitimacy, these attributions are likely to pass without comment. That said, first, seemingly positive character traits/values attached to nursing (e.g., being empathetic or tolerant), reference concepts that have been witheringly critiqued in nursing and non-nursing literatures (see e.g., Bloom, 2016; Brown, 2008; Traynor, 2023), and even banalities such as 'niceness' are problematised (Jackson, 2022). Not every positive attribution is uncontentious. Second, some positive associations ought to be refused. For example, although jolliness is a positive attribute, it is rude and inane to associate those who are overweight with jolliness (see Dolezal & Spratt, 2023, on 'fat shaming'). This is not an acceptable group level character attribute for overweight people, and regards nursing, self-sacrifice might similarly be declined. Third, just as not all realtors, bankers, and politicians are reprehensible, no one thinks every nurse individually carries or embodies each of the positive traits and values that find themselves tacked to the profession, that is, to the profession's character. Indeed, dismissing 'no true Scotsmen' arguments, recurrent scandals as well as common sense attest to the fancifulness of any such notion. Why then think groups (professions/occupations) have characters? Why think nursing has a character?

2 | REALITY DESCRIBING?

Talk referencing nursing's collective character tends to assume that what is discussed is reality describing in some objective sense whereas, by contrast, what is discussed more credibly and reasonably simply records, often, hope and opinion. Thus, although we might desire that nurses (as individuals) evidence in their practice behaviours that are colloquially describable as 'being caring' or 'being compassionate'; the leap to 'therefore nursing is a caring and compassionate profession—it is by character caring and compassionate' (a group claim) is, without bridging supports (e.g., evidence), unwarranted.

If this is doubted, what at a minimum is required to support statements purporting to establish collective character claims? Theory may supply assurance. Or, as noted, evidence might be produced. However, this does not happen. Robust theory is not referenced when character and character-like claims are made for nursing, and evidence/data is likewise noticeably absent.

By response it could be objected that people (professionals and laities) believe that such and such a group has this or that character, and belief can be surveyed. Yet belief here evidences only belief. Belief merely corroborates itself. We would not accept polled opinion as evidence for the inferiority of an oppressed or othered/minority group, and if a majority of those surveyed thought/believed this the case, we actually only have evidence for the (nasty) beliefs of the investigated group. Opinion cannot then sensibly or meaningfully ground claims regards the reality of professional or group characters

or characteristics (traits and values) if by reality we intend anything outside of or beyond opinion.

Again, in rebuttal it might be proposed that groups co-opt or recruit members who share imagined traits/values, and in this way group character transitions from doxastic fantasy to reality. There might be something in this. This is feasible. However, the connection postulated includes assumptions about the nature of the relationship inherent in individual-group character formation that are not unanimously accepted (discussed below), and further, we should not perhaps take it as given that individual nurse recruits are primarily or only driven by normative traits/values (e.g., being caring, compassionate, etc). Rather, it is just as plausible and it may be more fruitful to consider the possibility that behaviour, including an individual's choice of employment, is heavily influenced by socio-contextual (environmental) factors including those that feed what some consider baser instincts.

Thus, when an occupation offers better financial compensation, job security and cultural kudos than other available options, individuals find this attractive. There is nothing controversial here. Increasing wages is, for example, a reasonably sure-fire way of boosting job applicant numbers. And while nursing is not well paid or rewarded in any absolute sense (we tend not to be troubled by overly extravagant wage hikes), at an aggregate level, and for at least part of the demographic involved, nursing offers relatively better/more advantageous prospects than available alternatives. Applicants naturally come from a diverse range of backgrounds, incentives to join any profession/group vary enormously, and without question some percentage of nurse recruits are motivated by values corresponding to those accompanying professionalising claims and agendas (features of espoused character). Nonetheless, for many applicants nursing represents the best career option available. That is, 'best' regards pecuniary reward, job security, and status. And if anyone thinks financial and kindred incentives do not influence recruitment, they need to explain why school leavers with high grades and commensurably elevated future income potentials tend not to find nursing attractive. Across the sector comparatively few applicants (adjusted as a percentage) come from this stratum of school leavers, we presumably do not think intelligence is inversely correlated with being caring, compassionate, and so forth; and the majority of people enrolled have not turned down more remunerative opportunities to become nurses. Hence, while students need not be and almost certainly are not averse to the character trait and value claims that wrap around nursing, it is nonetheless unwise to jump too quickly from a recruit's willingness to accept or acquiesce in positive character trait/value claims associated with nursing, to assumptions that such claims designate primary or sole recruiting drivers. They almost certainly do not.

Alternatively, if for argument's sake we allow that collectivities have characters we must ask: What is the relationship between the character (singular) of a group and the characters (plural) of that group's constituent members? Do member characters generate group character? Is group character an epiphenomenon of member characters? Or might group character develop and exist

independently of individual member characters/behaviours? Thus, do group characters emerge from, supervene on, represent in some other way, or float free of expressed summed/aggregated individual group member characters? Further, is it permissible to suppose that groups can have multiple characters, and if so, how? These questions and the distinctions they draw out are important. Each theorised relationship allows and blocks from consideration causally implicative argumentative claims regards individual-group interactions, and choices here therefore matter. Choices determine what is and is not allowed to enter discussion.

In addition, if we say someone (an individual) has a particular character trait, we acknowledge features of their behaviour that point back in some way to agency, personhood, and psychology. Each of these terms (and one might also add selfhood, consciousness, individuality, etc.) is unsettled. Whatever these words mean that meaning remains open. Nonetheless, focusing on psychology, if an individual acts in a generous manner this behaviour presumably signals, in part, aspects of their psychology (i.e., having a generous disposition). Given this, if groups have characters that reference traits and values; as well as agency, and on top of some instantiation of group personhood, are we supposing that groups have psychologies? Is this necessary if groups are to hold or take up evaluatively affective positions? After all, if as an individual I value something, I want or desire it, and want and desire are evaluatively affective psychological concepts. Valuing necessitates entities that can value. Entities that have, arguably, psychologies.

Mindful of the work of Archer, (1995, 1996), List and Pettit (2011), and Epstein (2015); if we allow that groups can be agents and actors, are we also saying group agent/actors sometimes if not always possess and display something akin to psychological traits or states? Do non-agent/actor groupings (i.e., mere assemblies) have this ability? How stable across time and geography must these potentialities be for them to be operative? And how much, and in what ways, do individual and group agent/actors differ from each other regards the manner in which psychological potentialities contribute to character formation?

These are tough questions and they in no way conclude those that can be asked. However, anyone who believes nursing as a collectivity has a reality describing character ought to be ready and willing to address them. Failing this, if these questions are refused or side-stepped, it might be concluded that beliefs are not seriously held, and 'talk' regarding nursing's character remains indeterminate and (dare one say?) vacuous.

On the other hand, it is not unreasonable to reject profession-character linkages almost in their entirety. Thus, Infantino (2014 [1998]) can be read as proposing that, for individualists, while it makes sense in everyday discourse or chitchat to allow that groups have characters, indeed, that groups have characters that include what look like psychological components, we should not confuse forms of speaking and linguistic devices that facilitate or ease communication with the existence of what is postulated. That is, we must not conflate communicative conventions with genuine entities or relations. And if this reading is correct, Infantino (ibid) proposes

that, for individualists, while it is a useful fiction to allow that groups have characters, that character supposes psychology, and this in turn permits or enables normative group evaluation—this is, to repeat, a fiction. Indeed, for strong individualists, groups have no substantive reality. (Infantino is metaphysically conservative or sparing.)

By contrast, and from a radically different perspective, Weil (2005 [1986]) sketched ideas that reinforce the notion that language and the objects of language ought not to be elided. Thus, for Weil, 'Truth, beauty, justice, compassion are always and everywhere good' (ibid, p.86), and these words, *as words*, highlight obligations that demand acknowledgement/fulfilment. However, language of this sort requires judicious handling and referencing among other concepts justice, Weil suggests 'It is dangerous to use words of this kind. To use them legitimately one must avoid referring them to anything humanly conceivable' (ibid, p.97). Moreover, although 'ideas and actions' (ibid, p.97) informed by these perilous words require language bearers to concretely meet their promises if they are not to reveal themselves as dishonest; truth, beauty, justice, and compassion are necessarily impersonal. They or rather the things signalled through or by such language are impersonal because, whatever it is that is referenced, reference is to something beyond language/culture. And significantly, what is signalled can only be grasped or attended to by individuals who connect with what is impersonal. Groups (i.e., nursing as a collectivity or profession) cannot do this. Indeed, for Weil:

Idolatry is the name of the error which attributes a sacred character to the collectivity... (Weil, 2005, p.76)

The human being can only escape from the collective by raising himself above the personal and entering into the impersonal. The moment he does this, there is something in him, a small portion of his soul, upon which nothing of the collective can get a hold. (Weil, 2005, p.77)

Impersonality is, here, otherworldly and mystical, and Weil's spiritual-religious insights (if such they be) as well as her unconservative wider metaphysics can be rejected. However, the point being stressed, it is perfectly reasonable—it is academically respectable—to refuse the idea that collectivities (i.e., nursing) can form and hold traits and values associated with or supporting the notion of a group-professional character. And, likewise, the idea that members of a collectivity must or should accept asserted group character trait/value claims is equally refutable (Lipscomb, 2024).

3 | WHAT CAN BE SAID?

Scholarship and research involves-necessitates recognising the pertinent thought of others, and it is therefore incumbent on anyone who holds that nursing has a reality describing collective character to explain and defend their reasoning. This defence should acknowledge

alternative perspectives, and as stated, any defence will presumably make use of some combination of theory and evidence. That is, data as well as argument needs to be provided before we recognise that nursing as a collectivity or profession has a reality describing character. Emotion and emoting are not enough.

when a group starts having opinions, it inevitably tends to impose them on its members. Sooner or later, these individuals find themselves debarred... from expressing opinions opposed to those of the group. (Weil, 2005, p.128)

Challenges from strong individualists (Infantino, 2014) and philosopher-theologians such as Weil (2005) are useful because they alert us to the possible misuse of group descriptors in, for example, foreclosing on discussion. Thus, it might be suggested that nursing, that is the group of all or presumably almost all nurses, holds or should hold certain values, nursing values; these values allegedly guide or steer action, and as such they supposedly represent or articulate key features of nursing's character, features of character that cannot easily be refused or questioned. However, many nursing value claims lack solid foundations. These claims presuppose that which needs explanation, and they can only hold, if they hold at all, so long as they remain at or are abstracted from real-world activity/politics, at which point they run into or collide with at least some of the issues and problems surrounding moral universals and universalism. Nursing value claims tell us about the personal priorities and allegiances of claimants, but presented as global claims (i.e., claims upon nursing as a collectivity), and while made with good intention, value-character assertions run the risk of muffling debate, argument, and thought.

'As soon as you present something as a value... you are putting things beyond debate.' (Reisz, 2016, np)

What then can be said about nursing's professional character? First, while nursing scholars/researchers appear largely oblivious to their existence, theorists from varied backgrounds dispute the idea that groups have characters in any 'real' sense; and potentially individual group members can, referencing these disputants, reject claims made in their name as well as in the name of the group.

Second, although insufficient attention is devoted to them here, arguments in favour of group agency exist, and it may be possible to countenance the idea that groups enact behaviours and produce effects that are suggestive of character. For example, among other options transcendental critical realism, a philosophy/sociology with Marxist roots, might be recruited to support this proposition (see e.g., Archer, 2000; Bhaskar, 1997, 1998). Critical realism offers one of several ways in which the relations between the constituent parts of the collectivity-group-profession elision presented here might be disaggregated and conceptualised. However, this does not mean the version of character thus theorised will match or satisfy anyone who wants to use the concept in a reality describing sense—that is, as a 'real' descriptor. Alternatively, Bazargan-Forward (2022) explores

normative questions pertaining to collective 'distributed' responsibility in a manner that nurses who wish to keep the notion of group character alive might find useful. Yet, to repeat, these theories tend not to conceive of character as reality describing in any straightforward fashion, and this needs to be borne in mind.

Third, almost every allusion in nursing's literature to the profession's character is unsupported by evidence or detailed (sufficient) exegesis. These allusions hint at but do not adequately argue for what is supposed. Therefore, since serious discussion about group character is largely ignored, fourth, while it may or may not be the case that some collectivity character associations are defensible in theory/principle, it is not unreasonable to conclude that since the case is not made, the jury remains out. (Arguments for and against versions of the conjecture exist.) Hence, unless and until these issues are engaged more deeply and profoundly than has hitherto occurred (until theory and evidence is forthcoming), fifth, we should resist making declarative statements and/or advancing assumptions/comments regarding nursing's *real* group/professional character.

If this is granted, in a knowingly reduced or diminished sense we can use the term 'character' in relation to nursing as a profession. Thus, like all words, not only is the descriptor 'character' woolly, but in light of what has been said—that is, in the absence of solid evidence and detailed theoretical argument—it is probably wise to refer to nursing's character only when such references explicitly signal a nonreality describing colloquialism or linguistic device. Therefore, while it is sensible to proceed on the basis that nursing as a collectivity does not possess a real character, we only need to bracket (pyrrhonic epoché) rather than jettison the idea. This compromise position allows that (to reiterate) while it may be that arguments for more substantive ontological and/or theoretically defensible versions of nursing's professional character could be mounted, these arguments have not been made, and therefore, to oil the wheels of communication we ought merely to talk 'as if' nursing has a character when or if such use helps convey a point/argument that would otherwise not be made, or would be made more clumsily. Nonetheless, compromise aside, group and professional character claims remain, as Geuss (1999) notes, highly problematic.

the set of desires and preferences we attribute to the group is a theoretical construct which fills out the fragmentary evidence, removes some of the contradictions between avowals and behavior, and may end up ascribing to the group on the basis of its actual behavior, wants and desires of which no individual member is aware. (Geuss, 1999, p.45)

4 | LAST WORDS

Character claims are difficult to square with statements made by individual group affiliates who disavow claims made in their name. Mindful of this, it might be productive to think about group character

claims as signalling or designating an analytic category, and analytic categories are not normally considered real in an objective-empirical sense. Given this, if we need to be cautious about attributing professional character claims to nursing, we also need to think carefully about trait and value claims that, in their articulation, presuppose the reality of nursing's character. Alternatively, linking the concepts 'character' and 'profession' may represent a form of objectification error.

Agents who take their own (subjective) activity or the results of that activity to be a 'foreign,' independently existing, natural or 'objective' phenomenon are making a, 'objectification mistake'. (Geuss, 1999, p.71).

To conclude, not only must the term 'reality' be handled gingerly, overly simplistic binary distinctions between objectivity and subjectivity ought to be rejected. The interplay between these ideas/perspectives is more subtle and interesting than the formulation presented in this paper allows (see e.g., Bernstein, 1983; Murdoch, 2001 [1970]). However, to the extent that collective character claims lack support from evidence and theory, these claims remain undefended, and the supposition that nursing as a profession possesses a reality describing character resting on shared group traits and values is unproven. In response, a compromise position on the terminological use of 'character' is proposed. Yet, intriguingly, the possibility that nursing does not have a professional character is worth considering. The implications of this possibility may be thought important.

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The author declares no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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