The double differentiation process of the nursing profession
A structural analysis

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Context
The nursing profession undergoes a double process of differentiation in all Western countries: horizontal, with the unprecedented development of out-of-hospital care, and vertical, with an increasingly academic focus in training.

Objective
The objective of this research is to analyse the nursing profession through the Fields theory of Pierre Bourdieu.

Research questions
- What is the structure of the positions that are shaping the nursing space?
- What are the representations and practices associated with these positions?

Methods
A questionnaire was distributed to a representative sample of nurses in Western Switzerland (n=2923). A multiple correspondence analysis (MCA) was conducted, along with a classification analysis.

Results
Two types of capital are efficient within the profession: the medical capital and the nursing capital. The results of an MCA shows that the volume and structure of both types of capital determine a professional space (fig. 1). The volume and structure of capital also distribute nursing specialities among this space (fig. 2). A classification analysis shows that there are four fractions in what we call the nursing space (figure 3).

Figure 1

Each of these fractions is characterized by specific strategies regarding the legitimate practices and professional autonomy.

The medically dominant nurses (n=654, 23%)
The nurses of this fraction typically work in intensive care, the operating theatre or emergency units. They distinguish themselves by what we call a “pragmatic conservatism”: they mobilise frequently their knowledge on physiopathology and have more than the other nurses the feeling of being the physician’s right arm.

The dominated medical nurses (n=922, 32%)
These nurses are overrepresented in specialties like pediatric care, surgery or general medicine. They possess a rather weak general amount of capital. They have a low feeling of autonomy and of employability, and don’t present a specific professional strategy.

The heterodox (n=680, 24%)
Overrepresented in the function of school nursing, in socio-educational institutions or in psychiatry, these nurses have what we call an “heterodox” autonomy. Despite their weak volume of capital, they are frequently endowed with tertiary educational credentials. They are also the ones who rely on non-conventional care methods, such as advising patients to do things disapproved by their hierarchies.

The nursing elite (n=667, 21%)
These nurses typically work in teaching and research or in psychiatry. They have what we call a “scientific-managerial” autonomy. They mobilise research skills, in particular the theoretical models of nursing sciences. They have a strong feeling of autonomy, and reject the idea of being the physician’s right arm.

Conclusion
In a context of major changes, these results help enlighten how the nursing profession, by far the largest profession in the field of health, is currently reshaping and redesigning itself.

Bibliography