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Reciprocity in Caring Labor: Nurses' Work in Residential Aged Care in Australia

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Feminist economists argue that the work of providing care to the young, old, sick, and disabled differs from other types of labor. Caring labor is distinguished by the two-way relationship that develops between the caregiver and the care recipient. There are two aspects of care activities – the instrumental tasks (giving medications or feeding the care recipient) and the care recipient's feeling of being cared for. This paper examines reciprocity as a motivation for nurses providing eldercare and draws on nursing literature and two qualitative studies in Australian residential aged-care facilities, conducted in 2002–3 and 2009, to identify a new form defined as "professional reciprocity."

In general, "reciprocity" describes people responding to each other in similar ways, either benevolently or harmfully. The quality of care potentially increases when care relationships are motivated by positive and generalized forms of reciprocity and decreases with negative forms of reciprocity, such as patients lashing out physically or rough handling by caregivers in response to another's action. This investigation of reciprocity emerged from listening to nurses talk about building relationships with elderly residents of care facilities. The trust and cooperation the nurses gained enabled them to provide professional care. This reciprocity, actively instigated by paid care staff for the purpose of therapeutic benefits, constitutes "professional reciprocity" and is part of a deliberate relationship-building strategy. The concept of professional reciprocity in paid care work thus extends theories of caring labor beyond simply providing an explanation for workers' motivation for engaging in caring labor.

The empirical data of residential eldercare nurses' work in Australia shows that reciprocity exists in paid care work even when the care recipient is dependent and cognitively impaired. The communicative dimension of care activities illustrated by professional reciprocity involves skill that is not innate: it is something that paid caregivers can develop and that is important for promoting quality care and workers' job satisfaction.

Nurses who work in time-starved industrialized work environments, in which care degrades to a series of coldly executed, standardized tasks, find their capacity to facilitate reciprocity severely limited. Thus, for professional reciprocity to become a routine part of nursing care, as nurses themselves wish, not just appropriate education but also supportive working environments are needed. Skills that directly contribute to good-quality care should be remunerated appropriately.

Further research is needed to identify how training and working conditions either develop and enhance or undermine professional reciprocity. However, the concept of professional reciprocity can contribute to current policy debates on pay, since the intentional development of professional reciprocity by nurses adds value in improved therapeutic outcomes for patients who receive instrumental care. It can also contribute to policy debates on health care funding, since providing nurses the training and time to develop professional reciprocity depends on adequate funding for nursing education and for the necessary number of care hours.

Read the article in full at
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