Hardly a day goes by without nurses being put in the line of fire for their lack of care and compassion. The release of the Francis report will inevitably intensify the focus.

The first signs that nurses’ caring image was beginning to crack came over a decade ago when the new-style university education was accused of producing students who were “too clever to care”. This view is a far cry from Ann Oakley’s 1984 classic paper *On the Importance of Being a Nurse*, which showed how the qualities of the “good woman” were closely associated with those of the “good nurse”.

Oakley’s paper coincided with the start of my research to explore the relationship between student nurse learning and the quality of patient care. At the time, students undertook a three-year apprenticeship and the emotional style of ward management was key to the quality of learning and standards of care. A ward ran smoothly when “sister had rules and she let you know what they were”. Students also valued sisters “who went that extra mile” for patients and their relatives.

Revisiting my research in the 2000s, I found a very different educational system, an NHS that had undergone major changes and an older patient population with complex conditions. The NHS had become increasingly target driven, with rapid patient throughput, requiring nurses to be educated for new roles and tasks.

It is clear that nurses still care passionately about what they do, and systems should allow them to care both competently and compassionately. The ward sister – so key to the caring and learning environment of the 1980s – has all but disappeared.

Reflecting on the Mid Staffordshire Foundation Trust inquiry and the consequences of policy, it appears that nurses and nursing care have become the scapegoats and the lens through which difficult issues are viewed. This inquiry is a defining moment in the history of the NHS and reveals the pressure to meet targets and financial imperatives and how these affect the quality of care. The quality of nursing care came under intense scrutiny at Mid Staffs where, for a variety of reasons, nurses appeared to be unable to provide care that met patients’ physical and emotional needs. Staff, relatives and patients lived in an atmosphere where they were afraid to speak out about failures in care.

There are resonances here with the emotional labour analysis of my 1980s research, which showed high-quality care required both patients and staff to feel safe and cared for. The difference in the 21st century is that the effects of emotions on individuals, groups and organisations are more likely to be recognised and talked about, and nurses need critical, emotional and intellectual skills to care effectively.

The profession needs to brace itself to address and go beyond the Francis report and counter the scapegoating of nursing by drawing on the wisdom and experience of generations of nurses to show once again to the public how nurses still care.