

# Registered Nurse

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**SUMMER  
BOOK  
REVIEW  
SPECIAL**



**FIGHTING SWINE FLU**

**Is your hospital prepared?  
Probably not**

CALIFORNIA  
NURSES  
ASSOCIATION





## On Duty: Power, Politics, and the History of Nursing in New Jersey By Frances Ward; Rutgers University Press

**I**N HER MONOGRAPH, *On Duty: Power, Politics and the History of Nursing in New Jersey*, Frances Ward examines the progression and professionalization of nursing from the rise of hospitalists, or physicians and nurses who first cared for the sick in hospitals in the 1880s, through the present day. Ward finds, ultimately, that “the history of nursing in New Jersey is a women’s story—a story framed by culture, context, and courage.” Ward argues that a well-organized, politically savvy class of nurses was forged through legislative efforts against the antagonizing forces of nursing’s own monastic roots as well as American culture’s perception of women’s gender roles, each perpetuating the chaste, impoverished, subservient nurse. This study, as Ward points out in the introduction, is not teleological. In fact, modern nursing is the product of various cultural events and shifts since its inception. Ward traces the influences of urbanization and industrialization, the Progressive Movement, World Wars I and II, the Cold War, the civil rights movement, the women’s movement, as well as the impact of the ever-shifting economy on the place of nurses in the medical profession as well as the popular imagination.

Ward structures the rise of organized nursing around the stories of its female pioneers. An early leader was Irene Fallon who, Ward argues, cultivated a political environment among fellow nurses, ensuring the passage of the New Jersey Nursing Practice Act of 1903. This was the first law to license graduate nurses in New Jersey. The subsequent amending and application of the New Jersey Practice Act was significant because it solidified legislation as the primary means for nurses’ advancement in New Jersey. Next Ward focuses on Arabella Creech, a significant Depression-era figure, who aided nurses in gaining negotiation skills by organizing private duty nurses and highlighting the marketability of their expertise. Wilhelmine Twidale further realized the value of negotiation and compromise during the nursing shortage of World War II, successfully pressuring legislators into amending the Nursing Practice Act to differentiate between practical and professional registered nurses (amended again in 1991 to include nurse practitioners). In the post-WWII period Ward considers Hildegard Peplau’s battle to propel nursing into higher education. Peplau often worked against other nurses who supported hospital-based education. In the latter half of the twentieth century, Ward chronicles the eventual melding of nursing and higher education as well as the move of nurses into primary care due to escalating health care costs.

Despite the significant gains made in nursing, including the development of mas-

ter’s and doctoral programs, Ward finds that the “deep wedge” driven between nurses and higher education has not fully dissolved. Ward observes that nursing still fails to signify “the intellectual rigor, science, and humanistic underpinnings of the profession.” Modern-day adversaries now include external shareholders, concerned with the financial viability of their institutions. Ward believes the common perception that “a nurse is a nurse is a nurse” can be mitigated by a clear delineation of position descriptions. Ward concludes with an optimistic example of how New Jersey nurses, again through legislation, have garnered such clarification on the role of the advanced practice nurse.

In her book, Ward highlights organized nurses’ role in aligning their political forces with other national and local women’s movements in their struggle for equality. Her account of the legislative battles and their successes, as well as the individual risks taken, provides today’s nurse activists insight and hope for the future of healthcare. I found the book energizing as it suggests that nurses have the political power to make a difference. The public believes in nursing as it places us number one on the list of most trusted professions in America. With the public trust and our professional power, I believe nursing can and will continue to make great improvements in healthcare and its delivery. I would recommend Wards’ work to any nurse who is on the “front lines” and believes in the power of nursing. —MAUREEN MAY, RN

## Saving Lives: Why The Media’s Portrayal of Nurses Puts Us All At Risk By Sandy Summers, RN, and Harry Jacobs Summers; Kaplan Publishing

**T**HE MEDICAL WORLD makes for good TV. The success of the long-running series *ER* spawned a whole host of other medical dramas. Some of the current ones include *Grey’s Anatomy*, *House*, *Private Practice*, and *Mental*, not counting new shows such as *Nurse Jackie*, *Hawthorne*, and *Mercy*.

Off screen, the American healthcare crisis makes good material for news stories. The pervasive problem in all these forms of media, however, is that they almost never accurately portray the important, science-based work that registered nurses do and instead reinforce damaging stereotypes of RNs, argue Sandy and Harry Summers in their persuasive book, *Saving Lives*.

As an RN, you may not be interested in these shows when you can see the real thing at work. Or you may watch them with suspended disbelief just to enjoy following the romantic plot lines. But millions of Americans form popular perceptions of nurses, doctors, hospitals, and medical care through these shows—and through news and advertising. The authors contend that media depictions of nursing matter because they heavily influence how seriously the public takes nursing. How seriously the wider public takes nursing in turn determines what kind of attention and resources get devoted to promoting and improving nursing and nursing education.

When television programs never show registered nurses providing any critical medical care, the public does not understand, for example, that RN staffing levels often determine whether patients live or die.

on duty



Power, Politics,  
and the History  
of Nursing in New Jersey



Won't the cute resident just rush over and defibrillate me if I crash?

After establishing that, yes, media portrayals of registered nurses and nursing do matter, the authors next devote a chapter to examining each of the various stereotypes of RNs, tracing the origins of the stereotype and showing how the media perpetuates these negative images. These stereotypes include the nurse as random, unskilled helper, as handmaiden to the doctor, as sex object, as someone feminism left behind, as angel, and as bitter battle axe.

While the authors dissect depictions of nurses in all forms of media, they focus on the popular TV shows *ER*, *Grey's Anatomy*, *House*, and *Private Practice*. In these programs, physicians are routinely shown performing all the assessments and treatments of patients that in reality are actually handled by registered nurses. The authors call this "physician nursing." Even worse, when Hollywood does show nurses at work, it makes it appear as if RNs report to doctors, though we know that RNs are autonomous and legally have their own scope of practice, professional duties, and ethics.

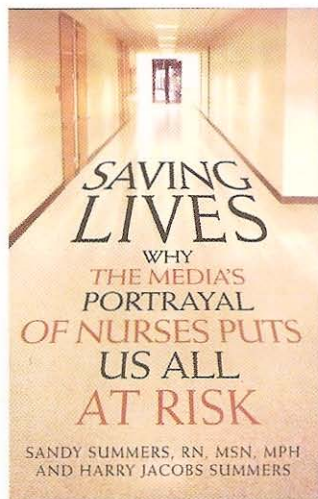
To combat these stereotypes, registered nurses need to be vigilant about promoting and protecting the right public image of themselves, argue the authors. Their suggestions include everything from encouraging RNs to call out bad actors in the media, to taking credit for life-saving work, to creating their own media. Some of the ideas are questionable, such as exhorting RNs to stop wearing scrubs with cartoon characters to project a more professional image. But their intention is in the right place.

The authors do mention CNA/NNOC in a couple of places as an organization that has bucked these conventional images of RNs through its campaigns, notably the 1995 effort to fight back California Governor Arnold Schwarzenegger's roll back of safe staffing ratios.

The book is organized well and flows easily, though it might help if readers were familiar with some of the television shows to which the authors often refer. Overall, *Saving Lives* is a nice addition to the available literature documenting depictions of registered nurses. —LUCIA HWANG

## **The Scalpel and the Soul: Encounters With Surgery, the Supernatural, and the Healing Power of Hope** By Allan J. Hamilton, MD; Tarcher

**T**HIS BOOK IS A fascinating account of stories collected by a neurosurgeon throughout his career about his most striking experiences with patients, healing, medicine, and death. Dr. Hamilton came to realize that there are aspects of life and medicine that cannot be explained



through simple science. Consequently, he felt that his role as a physician was to apply his medical skills while acknowledging and respecting the realm of the soul as an integral part of his medical practice. Hamilton's book provides captivating stories that push us to question what we know and believe about life and the process of death.

Hamilton applied and appreciated the scientific knowledge that is so critical to neurosurgery, but he had experiences early in his career that were too remarkable to ignore which led him to develop an understanding and respect for the non-physical components of medicine, healing, and death. Such experiences, ranging from the mundane to the paranormal, convinced the Harvard-educated neurosurgeon of the reality of a spiritual aspect to human life and healing. Whether by encounters with spirituality directly or through his patients, Hamilton came to adapt his practice to respect the unique needs and lives of his patients as they dealt with issues such as serious brain trauma and malignant brain tumors.

Hamilton did not start out as a follower of the spiritual or mystical world and was shocked to discover that he could perceive when a person was approaching death. Other experiences that led Hamilton to expand his understanding of consciousness were instances of patients who recounted specific events that occurred while under anesthesia and were completely lacking in measurable brain activity and patients who told of communications with deceased loved ones.

Hamilton was ultimately faced with a decision of whether or not to ignore this information and conform to the norms in his hospital and medical community or to attempt to understand how things could be possible and helpful to his practice. For example, how could Dr. Hamilton respect the needs of a patient to have candlelight while dying though the hospital prohibited open flames? In such circumstances, Hamilton finds solutions that support the needs of patients that would not otherwise be easily accommodated with an objective application of Western medicine and standard hospital policies.

Each patient's story brought to us by Hamilton reminds us that

healing involves more than the objective application of scientific rules and that medicine must be adapted to the individual patient. Although Western medicine rests on a foundation of scientific knowledge, Hamilton realizes through his patients that his obligation as a healer requires a respect of the non-physical experiences of healing, life, and death. *The Scalpel and the Soul* leaves us with a renewed vision for modern medicine that does not reject, but instead embraces the spiritual lives of patients. —LISA TOSE

