

Industrial & Labor Relations Review

Volume 60, Issue 4

2007

Article 81

Nursing against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care

Suzanne Gordon*

*

BOOK REVIEWS

Labor-Management Relations

Nursing against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care. By Suzanne Gordon. Ithaca, N.Y.: ILR Press (an imprint of Cornell University Press), 2005. 489 pp. ISBN 0-8014-3976-0, \$29.95 (cloth).

It is hard not to be aware of the deep-rooted problems that beset U.S. health care, but the same cannot be said of the difficulties that confront nurses on a daily basis. Suzanne Gordon, an award-winning journalist, breaks this silence. She uses a wealth of stories and vignettes from nurses, physicians, patients, and nurse academics to survey the dilemmas nurses face. Although the book focuses on the United States, some reference is made to developments in other countries, including Australia, Canada, Denmark, France, and the United Kingdom. The book charts the negative consequences for nurses of the shift toward managed care, as well as ways in which, the author argues, those problems have been exacerbated by the media's failure to understand nursing. Gordon expresses some frustration at the reluctance of many nurses to be outspoken advocates for nursing and raises questions about their professionalization strategies. Altogether, the result is a bleak assessment of the state of U.S. nursing. This assessment is especially noteworthy because the writer is herself a powerful advocate for nursing who consistently highlights nurses' contribution to effective patient care and emphasizes the research evidence linking high standards of care to the employment of higher proportions of registered nursing staff.

Three questions that are the book's main focus also provide the basis for its organization. Part 1 examines the relationship between nursing and medicine and considers how doctors behave toward nurses. The author suggests that despite various changes in medical practice and setting, including a gradual increase in the proportion of female physicians, nurses' traditional subordination to doctors has changed little. Nurses abet the continuation of their demeaning treatment by playing along with it: they constantly disguise their own knowledge and understanding of patient care in the presence of doctors and patients, and they allow medical staff to take credit for diagnostic and other expertise that they themselves

have provided. They do so because they are wary of challenging the status of medical staff within a system that is unresponsive to their concerns. Graphically illustrating this relative indifference to them is the persistence of verbal and physical abuse against nursing staff. One nurse cited by Gordon (p. 82), for example, stated, "Physicians would come in and just start screaming at you.... if a physician came in and you weren't right in there because you were working with another patient or talking with another physician, they would get right up next to you and be physically threatening with their stance." Reinforcing such anecdotal evidence is a survey undertaken by the Nurses' Federation of Quebec, which noted that 15% of respondents reported that doctors had thrown an object at them and 7% said that they were grabbed, shoved, or pushed back. What is most shocking about what the author terms "bad behavior" is how fatalistic nurses and other healthcare staff seem to be when such behavior occurs. The author memorably underscores the detrimental effects on patient care of poor doctor-nurse relations through close examination of a few vivid cases, including the high-profile pediatric surgical failures at Bristol (in the United Kingdom) and Winnipeg. Both cases show the degree to which nurses were aware of serious shortcomings. In Winnipeg, they explicitly raised concerns about the situation, but their warnings were ignored.

Part 2 considers the image of nurses in the media and the accuracy of that image. Gordon concludes that real-life nurses seldom appear in the media and are rarely called upon to comment on health care policy, except when specific problems such as nurse shortages are discussed. She is not surprised by this absence, because her analysis of popular culture leads her to conclude that nurses continue to be presented as subservient to doctors. Moreover, nursing organizations continue to reinforce gender stereotypes with their portrayal of nurses as angels, with connotations of caring, duty, and servitude. Once again, nurses themselves do not escape Gordon's criticism; their reluctance to make themselves available to the media, she argues, and their failure to develop a more positive image for nursing that highlights the technical knowledge and competencies of nurses, make them complicit in the persistence of such depictions.

In Part 3 the wider context in which nurses work is considered—in particular, how nurses have fared

within hospitals in the era of managed care. The pressure to control healthcare expenditure within a marketized healthcare system has led to layoffs of nurses and work intensification, jeopardizing patient care. Because of nurses' historically weak bargaining position, they have been particularly vulnerable to employers' strategy of diluting their ranks by replacing permanent staff with agency staff or nurses recruited from overseas.

Can this situation be rectified? Gordon looks at a number of HR and regulatory initiatives. She is an advocate of safe staffing ratios, notably the schemes mandated in Victoria, Australia, and California. Although such schemes are not without detractors, Gordon argues that mandating the ratio of nurses to patients provides better nursing care by ensuring a manageable patient load and more predictable work scheduling. Given the profession's increased complexity, she also advocates better pay for nurses and supports a four-year degree for nursing. One solution she is more critical of is the emphasis on hospitals gaining "magnet status," because she challenges the assumption that a hospital's achievement of this status means it has a good working environment. Some of the most interesting material in the book is presented to explain why Gordon is skeptical that the shift to an all-graduate nursing work force is necessarily a good thing. This trend, she fears, is partly to blame for increasing disdain for nurses who undertake basic care. This discussion echoes debate in the United Kingdom, where university-educated nurses have been criticized for being "too posh to wash." Gordon also criticizes the discourse of holistic care, arguing that if nurses, in their anxiety not to be seen as "mini-doctors," too strongly emphasize their emotional labor and caring attributes, they risk underplaying their technical skills. The result could be further reinforcement of traditional gender stereotypes of nursing.

While Gordon is an advocate of nurse unionization, for an industrial relations audience the discussion is under-developed and leaves many questions unanswered. Although nursing has gained a higher profile within the labor movement as an occupation to be organized, I see no real attempt in this book to differentiate among the different strands of nurse unionism in the United States, or to identify the organizing strategies that have proved most effective. In particular, how can professional and union concerns be effectively linked so that professionalism is used to advance unionization and not used as an ideological tool to limit nurse organization? Although it is mentioned that some countries have stronger nurse unions than the United States does, their

experience is not drawn upon to shed light on such questions.

I have two other reservations about the study. First, its concentration on the relations between doctors and nurses reproduces the bias toward medicine that Gordon criticizes. I would like to have seen more discussion of relations between nurses and other members of the healthcare team. In particular, although the author touches on skill mix changes and the growth of nursing aides, there is no systematic discussion of how nurses should respond to these developments, which are an important global trend. Assistants may relieve nurses of routine work, but they also represent a considerable threat to the status and identity of registered nurses. Nurses are also engaged in a series of boundary disputes with a variety of other adjacent occupations, and those occupations go unmentioned in the book. Moreover, although the author notes the tensions within nursing, she does not sufficiently distinguish between the work of registered nurses and the work of nursing. This is a crucial distinction, because some of the uncertainties about the status of nursing reflect the difficulties that registered nurses have in differentiating their own contribution from nursing work undertaken by nursing aides and other caregivers.

Second, it is hard in places to gauge the status of the evidence used to advance the argument. Gordon's stories are compelling and she does cite a substantial amount of literature to make her case for the contribution of nurses, but the evidence is not presented systematically. It is therefore hard to tell whether there are alternative perspectives on the state of U.S. nursing that are not present in this study. (If nursing in the United States is such an unattractive career, why do nurses recruited from other countries view the United States as their preferred destination for employment, rather than, for example, Canada or the United Kingdom?)

Caveats aside, this book is an informative, sober account of the state of U.S. nursing in an era of managed care. For anyone who wants insight into the challenges confronting nurses, this accessible and highly readable volume is a valuable source of information and analysis. It confronts head-on difficult issues about the way forward for nursing, but also raises bigger questions about why hospitals in the United States and elsewhere have often become toxic workplaces with deep-seated problems of bullying and violence against staff.

Stephen Bach

Reader in Employment Relations and
Management
King's College, London