"....a tapestry of care, knowledge, r

Selections from *LIFE SUPPORT, Three Nurses on The Front Lines*, by Suzanne Gordon

When we hear the words "hospital," "medicine," "healthcare," images of technology and scientific invention often spring to mind. Mechanical ventilators, dialysis machines, intravenous pumps, biomedical research, surgery, medication. These, many believe, are the life supports in our healthcare system. It is this science and technology that keeps people alive, that helps them cure and heal.

In fact, there are other equally important life supports in our healthcare system. These are the 2.1 million nurses in America who make up the largest profession in healthcare, the largest female profession in America, and the second-largest profession. These women — and men — weave a tapestry of care, knowledge, relationship, and thus that is critical to patients' survival.

As you watch these nurses work with patients, it might be easy to conclude that the knowledge, skill and empathy they display are extraordinary. In fact, there are hundreds of thousands of expert nurses like them working in hospitals, nursing homes, rehabilitation centers, and mental health clinics, rural and urban health clinics, public health, home care and hospice care all across the nation. Without their care of the soul, patients would be unable to withstand the arduous high-tech treatments upon which our modern medical system depends. Without their acceptance of death, our death-defying medical system would exact even more suffering from patients and their families.

Although nurses are some of the most cost-effective professionals, the for-profit, market-driven healthcare that is sweeping this nation — and many others — is threatening this valuable resource.

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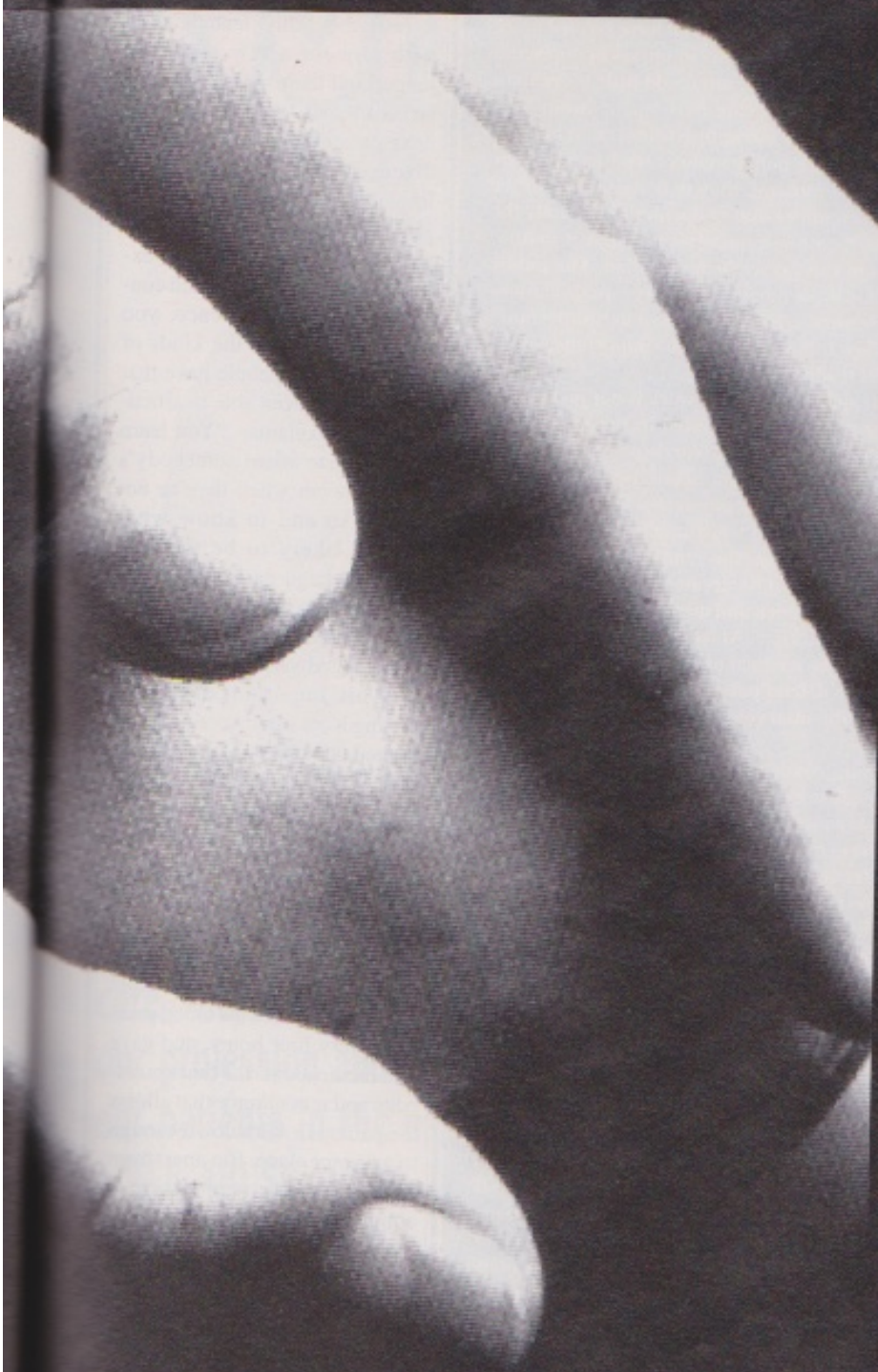

Reducing the number of expert nurses in the hospital, community and home needlessly endangers patients' lives and wastes scarce resources.

Nurses have also helped to increase access to our healthcare system. Many provide services to some of the 41 million Americans who have no health insurance or to Americans who live in areas that physicians tend to avoid. It is Ellen Kitchen and her colleagues who give healthcare to poor minority women and their newborns, who staff rural health clinics in which few doctors choose to practice, or who go into homes of the elderly and homebound, allowing them to live on their own for as long as possible. Again, by helping elderly citizens to live at home, rather than in a nursing home, this kind of care saves billions. Choosing to save money by reducing nursing care aggravates the impersonality and inhumanity of a medical system that tends to turn human beings into their diseases and the doctors who care for them into sophisticated clinical machines. When they're sick, patients do not only ask what pills they should take or what operations they should have. They are preoccupied with questions like, Why me? Why now? How can I deal with this? How can we, as a family, cope? Where is hope? Is there meaning? Is there a God?

Because of their history, and their daily work, nurses live through this day-by-day, minute-by-minute attack on the soul. They know that, for the patient, there is not only a sick or infirm body, but a life, a family, a community, a society that has been disrupted and that needs to heal.

The idea that doctors - and, of course, health plans or insurers- are the only major players in that debate is so pervasive that it even suffuses the work of some of the most articulate critics of the medical status quo. Health policy experts, even some of the more humanistic physicians who have tried to convince their colleagues to be more attentive to patient needs and caregiver issues, tend to forget the power and importance of nursing. Focusing on the problems or promise of physician care, they neglect contributions of those nurses who have refined more relational models of patient care. The almost total invisibility of nurses in the media and policy debates reinforces the public perception that nurses do little more than dispense pills, empty bedpans, and distribute comforting pats on the head. This picture must change. It has changed somewhat for nurse practitioners. While patients, members of the media, and the healthcare policy makers tend to ignore or fail to understand the importance of bedside nursing, they may readily embrace nurse practitioners because their work so resembles that of doctors'- especially the old fashioned kind, fondly remembered for their home nurse visits. Nurse practitioners take histories, use diagnostic tests, and can prescribe medication. The public increasingly supports greater autonomy for these nurses and more equal relationships with doctors because, unlike bedside nurses, RNs are viewed as "important" healthcare providers. The danger of this view is that it ignores the importance of the far greater number of nurses who work in traditional settings.

The struggle for an accurate public depiction of nurses' work is not just a public health issue, it is also a women's issue. Everyone interested in the progress of women has a stake in the successful defense of the largest female profession in the country. When hospitals insist that nurses be seen but not heard, care for the sick day in and out but get no public recognition for it; when physicians feel they are too busy to systematically communicate with nurses; and when medical students continue to be taught that nurses are their handmaidens, the gender implications are unmistakable. These problems will not be remedied by greater numbers of female doctors. They will only be remedied when those women and men interested in greater equality between the sexes value care as much as cure. At least some of the feminist energy devoted to helping women succeed in the medical professions should thus be channeled into the fight nurses are waging to defend patient care, to maintain their professional integrity and to play a more influential role in healthcare policy deliberations.

The gender implications facing nursing continues to be both fascinating and troubling. Consider, for example, the significance of asking nurses not to identify themselves as RNs and, along with other so-called lower-level hospital staff, to refer to themselves as some version of "patient care technician." The kind of women's caregiving work that our society has traditionally undervalued is once again trivialized as all those who work in direct patient care are turned into generic healthcare workers. Only those in the elite "male" profession of medicine are allowed to retain a separate identity and display their distinct professional qualifications. We are returning here to the kind of precious stereotypes of a woman is a woman is a woman, a nurse is a nurse is a nurse. Similarly, there is a fundamental connection between the future of nursing and women's ability to comfortably navigate the passage between workplace and home. Professional nursing has helped to make it possible for many women who work outside of the home to continue to do so. Professional nurses are the ones who take care of sick children, spouses and relatives. Since someone has to care for the acutely ill patients sent home inappropriately, dehospitalization of patients in our society inevitably targets women who will be asked to perform the lion's share of "nursing" in the home or to take time off from work to watch over hospitalized patients who do not get adequate nursing care. The same women who now have to care for young children, care for older relatives, and care for the chronically ill are now being asked to care for the acutely ill and the dying in the home and sometimes in the hospital. Healthcare has always been a women's issue. Women are the largest percentage of healthcare workers. The largest profession in healthcare is nursing. Women are the main family caregivers of the sick. To attack nursing is to attack all women.

Lingering...

Mr. Wilson seems reassured to hear about this. Jeannie talks with him for a few moments longer and then tells him she'll be back soon. Waiting to see her next patient, Jeannie analyzes this exchange. She deliberately lingered in Mr. Wilson's room after his physician left because she sensed that he had not expressed all his anxieties and concerns. "With experience, you learn to anticipate the kinds of questions that people have that they haven't been able to articulate," she explains. "You learn to recognize when somebody's worried even when they're not saying so and to know what they're likely to be worried about. A large part of what we do is calming the fears that a patient hasn't expressed or even acknowledged yet."

This important aspect of nursing work often goes undocumented and unrecorded, Jeannie says. "We don't write down in the chart, `Well I thought the patient was possibly worried and so I sat and talked with him for half an hour.' But in fact, to the patient, that talk might be more important than what we do write down, which is `I took an EKG this morning, checked his blood pressure every four hours, and gave him medication.' It's that knowledge and reassurance that allows the patient to calm down enough to get some sleep. But apart from some cryptic comment about coping, it's never going to be in the chart."

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A Tapestry Care, Knowledge, Relationship and Trust
By -Suzanne Gordon
Synopsis- Although Nurses are some of the most cost - effective professionals, the for-profit, market-driven healthcare that is sweeping this nation-and many others- is threatening this valuable resources. Selections from Life Support, Three Nurses on the Front Lines.