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Sandy Summers & Harry Jacobs Summers

NURSING OUR BEER BACK TO HEALTH

Should we bury the word "nurse?"

In July 2007, the National Association for the Advancement of Colored People held a highly publicized "funeral" for the "n-word." The NAACP argued that the ceremony furthered its ongoing mission. But is language really that important in the resolution of social problems? And even if it is, can a society simply decide to change course about linguistic practices that are so deeply embedded in its culture?

Those who care about health should think about it. Discussion of the deadly nursing shortage rarely addresses the role language plays. But the terms we use have a real effect on how people think and act. This is true in every field in which public speech matters, including advertising, politics, journalism, and the arts, including poetry. But nursing is in the midst of an unprecedented global crisis, in significant part because it is undervalued. That undervaluation is bound up in the language that expresses it.

To take just one key example, the term "nurse" itself has very broad application. It has long been used to describe unskilled care or tending, especially by females, e.g., "his wife nursed him back to health," "the baby nursed herself to sleep," or "he was nursing a grudge." This signals a linguistic environment in which "nursing" often requires no great health care expertise.

Accordingly, a wide range of people--including some physicians--refer to any female they come across in a health care setting who is not a physician as a "nurse." Such supposed "nurses" may include hospital technicians, medical assistants, nurses' aides, and clerks. For instance, in a 2005 episode of the popular "Dr. Phil" television show, the host--a psychologist--repeatedly referred to a nurse's aide as a "nurse." Even in-home day care providers who may have no more than a few days of CPR training often market themselves as "baby nurses."

Of course, nursing remains a predominantly female profession. And to a significant extent, its problems flow from the continuing failure to value what is seen as "women's work." This failure persists even though nursing is in fact an autonomous scientific field with its own legal and ethical responsibilities. It continues even though legislation in some jurisdictions makes "nurse" a restricted title, in order to protect the public from unlicensed practitioners. It goes on even as nurses, with years of college-level training, use their skills to save countless lives.

Most people have received little accurate information about what nursing is. But they have grown up surrounded by nursing stereotypes such as the physician's handmaiden, an image the entertainment media continues to reinforce. So many people may see no great difference between nurses and others they view as assistive health personnel. If you regard nursing as synonymous with menial help, and physicians as the providers of all important care, it may seem natural to refer to any non-physician at the bedside as a "nurse." Moreover, today a variety of caregivers wear similar scrubs, which may further blur the lines between nurses and others.

At the same time, some who do have understanding may lack strong incentives to define clearly who nurses are. A minimally trained caregiver may not feel a strong urge to correct someone who refers to him as a nurse. Some "baby nurses" seem to actively encourage the confusion.

Hospitals and other health facilities may see no reason to clarify matters. In the managed care era, some facilities have placed unlicensed assistive personnel in what were nursing roles. Some facilities have impeded RNs' efforts to identify themselves, presumably in order to obscure such cost-driven staffing decisions. In addition to harming patients, such practices undermine nursing: When a patient asks an apparent "nurse"

with only a few weeks training to explain his condition, and the "nurse" has no clue, the patient may conclude that nurses as a group have no clue.

Sadly, nurses often fail to clearly identify themselves as nursing professionals. Many introduce themselves to visitors by saying something like, "Hello, I'm Bill." Nurses have been socialized to minimize their role in care,



to be unsung heroes with busy hands and closed mouths. Identifying yourself also means taking risks, including legal ones, that some would rather avoid. Another internal issue is that the term "nurse" can accurately be applied to professionals with an unusually wide range of educational backgrounds, from licensed practical nurses with about one year of college to prominent scholars and clinical leaders with doctorates in nursing.

What can be done about "nurses?" Of course we don't think language--or the deeply held beliefs it expresses and reinforces--can turn on a dime. But we do think it is influenced by countless individual actions. Some of these are within our conscious control.

We urge nurses to make clear, either through their attire (such as an "RN" patch) or their words, that they are nurses.

We urge other health workers to learn the differences between nurses and non-nurses. And health workers who are mistaken for nurses should make clear that they are not.

We hope that hospitals and other health facilities will not only allow, but encourage nurses to identify themselves as nurses to patients and colleagues. These facilities should avoid giving the impression the personnel are nurses if they are not nurses. A stronger nursing profession would benefit such institutions in the long run, in part through the cost savings of improved patient care.

We urge legislators in jurisdictions in which "nurse" is not yet a protected title to consider making it one.

We believe the media has a special responsibility to learn and make clear who nurses are and what they do.

And we hope that the public will consider what nurses do, and what distinguishes them from other health care workers. And yes, part of that is asking whether it's really in our long-term interest to use the word "nursing" to refer to breastfeeding or unskilled tending.

Of course, the simplest potential measure is the most radical: that nurses simply declare the word "nurse" beyond rescue, and adopt a new name. (We would at least suggest a jazz funeral.) But the practical difficulties of that course would be so great that we do not advocate it now.

We do suggest that much depends on what the meaning of the word "nurse" is.



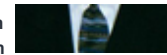
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