

# [From silence to voice, a book report](https://assignbuster.com/from-silence-to-voice-a-book-report/)

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From Silence to Voice, a Book Report Michael Hager, RN, NREMT-P Nevada State College NU 408 Transitions in Professional Nursing Linda Jacobson, MSN, RN, PHN, COI Abstract Bernice Buresh and Suzanne Gordon have written a sentinel work for nursing that addresses the misrepresentation or absence of nursing in the media and the public consciousness. This book is more than a call to arms for nurse activism. From Silence to Voice is an instructional aid for shaping dialogue to disseminate an effective message.

With the current state of healthcare, nursing needs this manual more than ever to shape the direction of nursing policy and perception. Keywords: nursing, media, healthcare policy, public opinion, communication in nursing From Silence to Voice, A Book Report Bernice Buresh and Suzanne Gordon are renowned journalists, lecturers, and authors. The book details how the two women became involved with nursing advocacy in 1989 through a project sponsored by the Pew Charitable Trust. The program sought to investigate public perception of nursing and to cultivate a positive nursing image with the use of the news media. Buresh & Gordon found that despite nursing being the largest healthcare profession, they are also grossly underrepresented and misunderstood (Buresh & Gordon, 2006). Their pivotal co-authored book, From Silence to Voice: What Nurses Know and Must Communicate to the Public, explains the lack of public representation concerning professional presence.

The book further outlines how to make nursing’s voice heard through effective communication. The problem begins with public perception. Buresh & Gordon point out a fundamental disconnect. The public trusts and respects nurses as caregivers but does not understand the professional standard or practice of nursing (Buresh & Gordon, 2006). Buresh & Gordon movingly quote Joan Lynaugh, nurse historian, “ Most people know they can’t get into a hospital without a doctor.

What they don’t know is that they won’t get out of one–at least not alive–without a nurse. ” (Buresh & Gordon, 2006). The public gets its information from sensationalized news media and television. The public sees a nurse as someone who holds hands and helps people to the bathroom. While this is an important part of nursing, the public does not realize the assessments, technical expertise, and knowledge base required to make nursing care happen.

The “ silence” that Buresh & Gordon write of, refers to the absence of nurse representation in molding public perception of nursing and nursing agenda. The authors support a strong and legitimate “ voice” by nurses, to impart positive change for patients using clinical knowledge (Buresh & Gordon, 2006). Nurses can best advance public knowledge by effective use of the news media. A dialogue must be created with media sources keeping in mind a reporters agenda and interests. As Buresh & Gordon explain, information must be presented to the media as currently relevant, credible, with easy to use source information (2006).

The information must be personally appealing yet emphasize the knowledge of nursing. When a certain knowledge and expertise is relayed to the public a common sign of nursing depreciation is the age old question, “ Why did someone as smart as you become a nurse instead of a doctor? ” Buresh & Gordon term this phenomenon “ devaluation of nursing” (p. 8). I’m always reminded of a physician that tried to talk me into going to medical school. He said, “ You don’t even have to be smart to go to medical school. You just have to read a lot and pass some tests.

” When I am asked this question, I remind patients there are smart doctors and there are smart nurses while the opposite is also true of both. We are two separate, demanding professions with the same goal of taking care of patients. This is also an opportunity to educate the patient as to my role as educator, clinician, and holistic care facilitator. As Buresh & Gordon stress in their book the “ silence” or the invisible nurse media portrayal of the nurse may be the most damaging but media sensationalism is another harmful media spotlight that seems to be popular. As mentioned, relevancy and catchy headlines are a reporters priorities. The Las Vegas Sun has made a habit of attacking healthcare in Las Vegas, Nevada with little attention to the professional challenges of nurses.

The ongoing “ expose” entitled, “ Do No Harm: Hospital Care in Las Vegas” often portrays nurses as non-caring and negligent tools of doctors. One article speaks to the reasons why nurses quit nursing in Nevada but this is never correlated to the horror stories attributed to nursing care in subsequent articles. There is no nursing “ voice” in this long running expose. This is probably as much the fault of as an unwilling and overworked staff nurse population as it is a disinterested media. My letter to this editor would be an appeal: Dear Mr Editor, I would like to give you some insight as to the daily operation of a major Emergency Department in this city.

Not unlike many other “ ER’s” the nursing staff is tasked with the triage or assessment of patients in order to sort by priority. The nurse is then tasked with maintaining flow of the department and ensuring the timely care and physician evaluation of patients. This requires clinical nursing judgement and expertise which is tested constantly. To explain this plainly, nurses are faced with a meat grinder which cannot stop. There may be twenty patients in the lobby with ambulances lining up.

The room nurses are trying to stabilize critical patients with medication drips and breathing tubes while moving patients upstairs and educating patients with discharge instructions. Everyone is trying to move patients or hold patients safely while giving the best care. When stories are published exhorting the faults of nurses I would only ask that you take into account the context of such cases. I wish not to make excuses for negligence. However, nurses are clinically knowledgable, technically capable professionals in a daunting healthcare landscape. Nurses need public support not scorn.

Nurses need increased staff whether that be additional nurses or support staff. Hospitals are trying but they need reinforcement from a public that insists on safety through increased care not just increased speed. Only together can we improve healthcare. Your Nurse, Anonymous, R. N. Nursing staff numbers have always been a challenge.

There have always been “ nursing shortages. ” Even in today’s economic downturn when new grad nurses are having trouble finding jobs there are thousands of nursing jobs posted. Current economics have only made hospitals hesitant to invest in new grads. The nursing need is present and will continue to grow. The resounding problem internationally seems to be nursing ratios (Members Back Nurse Ratios, 2010).

The immediate answer unfortunately is not more nurses. Nurses are expensive and time consuming to produce. While we must continue to push for more highly qualified registered nurses, we must insist on increased support staff. A mixed skill set of ancillary staff can be delegated or protocol driven to support nurses. This staff should include Certified Nursing Assistants(CNA’s) and paramedics.

CNA’s are invaluable assistants to basic nursing needs freeing nurses to complete advanced nursing tasks and alerting R. N. ‘ s to patient needs. Paramedics should be allowed to practice their technical competencies to allow R. N.

the time to attend to bedside care rather than technical tasks. This is not an original idea but it never seems to be used to it’s full potential. Budgetary concerns usually limit use and full fruition is rarely realized. Administrators must be made to appreciate that speed does not correlate to care. Nursing must also be recognized as a billable commodity in order to receive proper attention (Buerhaus, P.

, Donelan, K. , DesRoches, C. , & Hess, R. , 2009). Donelan, Buerhaus, & DesRoches support the fear that future demand for nurses will overwhelm the healthcare system (2008). In their article, Public Perceptions of Nursing Careers, a bleak picture of projected R.

N. deficit is presented. It is suggested that by 2025 the shortage may be as much as 500, 000 R. N. ‘ s. The article goes on to describe media influence nursng perception and shortage.

The researchers conclude that despite the virtuous portrayal that has been mentioned before, nurse recruitment has not increased. The article discussion promotes a cohesive national strategy to expand nursing faculty and student recruitment. Bringing Nursing to the Public (2009), is an article which highlights an effort to communicate nursing agenda to the public. The authors, Kazis & Schwendimann, cite From Silence to Voice in their explanation of a Nursing Science master’s program designed to teach public communication skills from a media professionals perspective. The initial results were positive but researchers admit only time will tell if results are widespread.

The learning significance is summed up however by a students response. The student found the importance of waging an “ advertising campaign for Nursing Science. ” In closing, From Silence to Voice: What Nurses Know and Must Communicate to the Public, is everything that it has been presented to be. It has changed my perception of nursing and my role in public communication. It has erased my ignorance which has been my silence. I realize why the public misunderstands the importance of nursing as a science.

My hope is that it may continue to serve as a guide to continued activism and change in nursing. Nursing will continue to need a strong independent voice to face future challenges. Buerhaus, P. , Donelan, K. , DesRoches, C.

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