

Book Review

Nursing Wounds: Nurse Practitioners, Doctors, Women Patients, and the Negotiation of Meaning

Sue Fisher

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As nurse practitioners assume their legitimate place in the health-care system, it is critical that they be able to articulate the distinctiveness and potential effectiveness of their practices, in order to cogently argue their value. Furthermore, although the work they do may sometimes overlap with that in the domain of medicine, the new nurse practitioners perceive their role as independent, not as secondary to that of the physician. Sue Fisher's book *Nursing Wounds: Nurse Practitioners, Doctors, Women Patients, and the Negotiation of Meaning* offers nurse practitioners the opportunity to read about how their unique approach to the health care of women patients differs from the approach of physicians.

Fisher is a medical sociologist interested in the health care of women. Her disillusionment with the care women receive from physicians inspired her to study the approach of nurse practitioners. Her contention is that, because of their social/psychological skills, nurses accomplish more: "They nursed wounds better, they cured the physical body and cared for more socioemotional concerns as well" (p. 6). *Nursing Wounds* thus focuses on comparisons of how physicians and nurse practitioners provide care to women.

In Chapters 1 and 2 the author outlines the study rationale and its multiple theoretical underpinnings, and outlines the perspectives of other medical sociologists (such as Mishler, Silverman, and Waitzkin) who have analyzed the physician-patient relationship, as well as ideas from feminist and critical theory. Yet Fisher is unclear about how these various viewpoints guided her analyses. Moreover, nurses unfamiliar with these points of view will find her discussion obscure and her use of jargon bothersome.

In Chapters 3 to 6 she offers verbatim accounts of four consultations that she observed in clinic examining rooms, two with family-

practice doctors and two with nurse practitioners. In her ongoing analysis, Fisher compares the two ways of communicating. One of her major conclusions is that the consultations with nurse practitioners are "more complex and more fluid than those with doctors.... The social/biographical context of patients' lives is rendered as connected to, rather than separated from, the medical process of making a diagnosis and a treatment recommendation" (p. 180). As such, nurse practitioners render patients competent and "in charge of their lives and their health care" (p. 180). Nurse practitioners thus care for social wounds differently — they merge care with cure, the medical with the social/psychological. Nevertheless, her analysis is not convincing. The patterns guiding the interpretations, which Fisher claims to have identified in her analyses of the transcripts (p. 19), are never clearly delineated. Furthermore, in drawing out the different ways that physicians and nurse practitioners assign meaning to women's symptoms, she stresses the notion of dominant cultural assumptions about women and their complaints over other theoretical concepts, despite having stated earlier that multiple perspectives would be used in the analyses. Additionally, she fails to address how her own biases (noted on p. 15) could influence her portrayal of the negotiation of meaning in physician-patient and nurse practitioner-patient interactions. Consequently, her interpretations are questionable.

In Chapters 7 and 8 Fisher sets out to examine how the institutions of medicine and nursing, as well as historical and cultural contexts, affect the contrasting communication practices of physicians and nurse practitioners. However, her treatment is superficial. Mostly she restates prior interpretations instead of enlightening the reader about the interface between institutional structures and the different behaviours of physicians and nurse practitioners. The language she uses in these analyses, as in prior ones, is obscure, and the terms are often ill-defined (e.g., "social/ideological work," p. 66; "oppositional discourse," p. 166).

Fisher's intent in the Epilogue is to link her findings to health-care policy, yet her general denunciation of the health system, in her letter to the Clinton administration, fails to contribute to her argument that the approach of nurse practitioners offers an alternative to that of physicians.

Despite the shortcomings of Fisher's methods, and despite the book's outdated bibliography, *Nursing Wounds* contributes to the literature on nurse practitioners, by capturing the style of health care they provide. "By initiating topics, asking open-ended questions, probing for additional information and legitimating feelings," Fisher states, the

nurse practitioner "provides the space for the patient to display her competence and even to diagnose herself" (p. 84). Women can thereby be directly involved in determining or negotiating the meaning of their symptoms, which, Fisher argues, could lead to a better medical/health outcome.

Nurse practitioners seem to be going further than physicians in their interactions with patients. However, the precise styles, and their outcomes, vis-à-vis the actual health care of women patients must be evaluated before the true value of nurse practitioners can be known and reasonable adjustments made to the health-care system.

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