

LaTonya J. Trotter, *More than medicine: Nurse practitioners and the problems they solve for patients, health care organizations, and the state*, Cornell University Press, 2020

The book sets out to discuss and analyse issues around professional identities for nursing practitioners (NP) in the context of their interchangeability to physicians and other nurse categories. The book delves into who the nurse practitioners believe themselves to be and how they come to that understanding as they navigate the Forest Grove Elder Services Organisation and the expectations of federal state financing the organization. Additionally, the book explores issues of social work, gerontology, race, vulnerabilities and class at the intersection of social and clinical work. It highlights issues around health disparities related to class and race and how the needs of the ageing population can easily be obscured within the domain of medicine; how these needs through the process of medicalization can be obscured.

Theoretically, the author engages Talcott Parsons' functionalist theory approach and, to some extent, a Marxist perspective on analysing how the nurses enact power at Grove through medicine and their clinic work; together with a structural pluralist approach looking at how the nursing practitioners secure influence within the organization.

Despite the book's focus on nursing toward gerontological patients, the NPs and RNs (registered nurses) at Grove are general practitioners rather than certified gerontology specialists. The author has presented the needs of the people accessing services from the Grove having multiple health and social needs; which is in line with the expectations of geriatric patients globally (see Gray-Micelli et al 2014; Wold 2012; Negrin et al 2022). The book examines both on the NPs' responsibilities towards the Grove organization; whether they meet the bottom-line of the organizational expectations and how they manage the needs of the Grove's patients. As Wilmoth and Ferraro (2007) point out in their book on gerontology perspectives, no single discipline can answer the core questions that gerontology entails, and therefore by extension, it can be argued that model of the RPs and NPs attempting to address the entire need system of the patients at Grove is not sustainable and shows the limits of the nursing profession as practiced within the organization.

By explaining how the NPs at Grove increasingly are forced to address non-medical needs of the patients by redefining them to medical needs to make it easier for organizational purposes, the author conforms to the ideas of interactional medicalization in which case a physician or in this case nurses in interaction with patients redefine social problems into medical ones to meet the patients' needs (Conrad 2007). The function of the nurses translating social needs of the patients into medical needs in order to organise and plan their work accordingly, further strengthens the position of nursing practiced through medical paternalism as espoused by Freidson (1986) in his conceptualisation of how medicine has professional dominance in defining and conceptualising problems and solutions to those problems in a complex setting. Freidson (1986) also notes that knowledge is often transformed as it moves from textbook to concrete application. To him, a profession can be transformed when it

is institutionalized as a set of administrative rules; the administrative rules become transformed again by those who must carry them out; something that the book shows on the expanding field of work for the NPs at Grove.

The author employs ethnographic methodology in analysing and discussing the actions and interactions of nurse practitioners and other healthcare related staff within Grove and in essence presents the socio-cultural effects of nursing practitioners as a profession. The book discusses in detail the interchangeability, or the lack thereof, between nurse practitioners and physicians. Indeed, the author states

Nurse practitioners were, in fact, intentionally created to deal with the growing scarcity of primary care physicians. ... That NPs are cheaper to train and less costly to employ than physicians have led to their being championed by policy makers and economists alike...The NP as policy solution rests on a logic of substitution: when physicians cannot be found or afforded, the NP is a reasonable facsimile.

The book engages in understanding the functionality of nurse practitioners' profession from nursing and medicine and indeed reinforces how much nursing and medicine are intertwined and their boundaries blurred. The book highlights nursing model of care as separate and distinct from the medical model and yet does not adequately engage with the contradictions within nursing care itself and on how it addresses the patients' needs; medicalizing patients' needs to meet the organizational goals.

The nurse practitioners tend to limit their problem solving and service provision within the limits of what the organization stipulates. The focus is on whether the patients' problems can be defined within the confines of the organizational needs as opposed to what the patients need. In so doing, the book indeed contributes a vital understanding of the conflicts within professional identities and organizational structures and limitations of organizations in addressing diverse and complex social issues. The discussion is much more on policy and policy areas of funding rather than on the profession itself. The NPs at Grove seem to work at a functional level to address the issues of the health care organization they are working at as well as meet the medical needs of the people accessing services at the facility. They do not seem to be addressing the overall needs of patient care especially the needs that can be seen to fall outside of medicine. As the author points out,

The contraction of social work was not just a matter of dollars and cents; it was embedded in the organizing logic of a health care organization. The Grove's organizational logics remained explicitly medical, despite its mission of comprehensive care. This logic made nursing's location of expertise more compelling than that of social work.

In attempting to analyse and discuss the expanding field of work for the nurses at Grove the author fails to delve deeply into discussing the complexities of multidisciplinary work. By the NPs and RNs taking over the work previously done by social

workers, they fail to consider or acknowledge the complex nature of social work and the barriers that individuals and families with complex needs face when trying to access services (Blomberg et al 2015).

At Grove, the NPs use medicalization of patient issues to cement their scope of work. Being critical of medicine and how medicine does not see the whole patient; and yet use the same techniques of medicalizing the patients' needs within the organization. There is a lack of analysis on whether the work that the NPs do at Grove's can be considered primary care. In the beginning of the book, it is stated that the NP's sole responsibility is to provide primary care. When dealing with a population as the author puts it

NPs address issues arising from ageing, illness, poverty, people living with poor health and limited economic resources', does this fall within primary care?

In two different sections in the book, the author states that

At the Grove, clinical work transformed local, organizational understandings of what kinds of problems counted as medical problems... The responses of the NPs reshaped their expectations about what kinds of problem could be solved in the medical encounter... The contraction of social work was not just a matter of dollars and cents; it was embedded in the organizing logic of a health care organization. The Grove's organizational logics remained explicitly medical, despite its mission of comprehensive care. This logic made nursing's location of expertise more compelling than that of social work.

And yet the book does not engage adequately on the discussion and analysis of the Grove's organizational influence and limitations on what the NPs are and become.

To the author, for patients as well as staff, the logic of medical necessity created geographies of urgency. As long as patients appeared in the clinic, a wide range of problems were triaged and treated as potential emergencies. The author mentions the varied and wide range of problems the NPs grapple with at Grove's but does not delve into detail on the functional needs, *vis a vis* care/professional needs of both the patients and the NPs.

When NPs reconstitute a broad array of problems as clinic problems, they are pressed into the service of performing invisible work for their employer, but they are also part of a set of processes that render invisible the inaction of the state. The individualized interventions that come out of the clinic cannot address the systemic features of social inequalities. These clearly defines the complexity and contradictions of organizational work and further points to the limitations of the author in employing critical lenses using ethnographic perspectives in adequately addressing complex issues of analysis.

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