Removing Cultural Stereotypes to Find Real Differences Between Doctors and Nurses

by Jon Laor

In literature that notes the differences between nurses and doctors, many parallels are drawn to domestic and societal differences between males and females, comparing the historical roles of nurses to the roles of nineteenth century families' wives. With these metaphors of nursing as female servitude, certain images arise that seem to characterize and limit the potential of nurses. How does the prevalent use of imagery that compares nurses to female servants affect the nature of the controversy about the roles of nurses and doctors and how do these constrictions play into effectiveness of patient care? This imagery is an example of a "sleeping metaphor" that Emily Martin warned about, in her article "The Egg and the Sperm" (Martin 104). She explains how biological scientific literature misrepresents the facts of reproduction by adding imagery that evokes cultural stereotypes of males and females and "have an almost dogged insistence on casting female processes in a negative light" (Martin 91). The description of these scientific phenomena uses language specific to the intent or effect of representing social and cultural biases as based in fact thereby perpetuating these beliefs. In a two page sweeping generalization of history, Shirley A. Smoyak notes in her essay "Problems in Interprofessional Relations", found in Issues in Collaborative Practice edited by Jean E. Steel, that the

original role of women in hunter-gatherer societies was to care for the children, the old, and the sick. Later in her writing, she skips to the discussion of nurses and physicians without any adequate connection between the two topics, though the analogy is implied. The sleeping metaphor in Smoyak's essay endangers the future of medical care by setting limits on nurses and female doctors. If, however, the roles of nurses were not to be shown as analogous to female servitude, then what does gender contribute to the division between nurses and doctors? In order to understand this, it is important not to generalize doctors as male and nurses as female but instead to explore the relationships of workers who do not fit the stereotypical gender description. An article by Raj Persuad in "A Doctor's Health Clinic" reveals the stress felt by a female doctor as a result of her relationships with nurses that she works with. It deals factually with the difficulties women face as doctors. Conversly, Eileen Willis' essay "Time and the Labor Process: Construction of Masculinities in Nursing" approaches the nursing from the perspective of male nurses. Eileen Willis' essay seeks to show that previous literature on the subject of male nurses does not adequately deal with the way male nurses do the actual work to which they are assigned, but rather that older literature, sticking to the concept that nurses and doctors are analogous to the wife and husband in a 19th century family, mostly deals with the migration of male nurses away from bedside positions to positions of more authority or emotional detachment. These two essays effectively show that the difference between doctors and nurses cannot be simply attributed to the difference between the genders that dominate each respective occupation. What then, draws the

line between nursing and biomedicine? Is it, as Smoyak says, "physicians are concerned primarily with identification of disease and strategies for treatment and cure, while, in general, nurses are concerned primarily with nurturing, caring, helping to cope, comforting, counseling, and life-supporting activities of the care of patients" (Smoyak 83)? There seem to be more ideological differences between the two professions rather than a difference in goals that Smoyak asserts. In the end, the goal of each is to treat the patient. How they approach this problem differs in ways discussed in Vivien Woodward's "Professional caring: a contradiction in terms?" and Carl May's and Christine Fleming's "The professional imagination: narrative and the symbolic boundaries between medicine and nursing." To sum up the difference between nurses and doctors as a simple difference between womanly and manly behavior, as Smoyak and many others have done, damages the respect that nurses deserve, prevents medical progress in terms of collaborative practice (Steel 6), and medical understanding (Woodward), and allows for the continuance of cultural imposition on scientific terrain, as Martin warns against. How patients are treated relates to the institutional ideologies, which are developed through discourse and power. The way to give patients the best care, therefore, is to filter out ideologies based on gender bias and allow distinct ideologies to collaborate and learn from each other to further their unified goals.

Smoyak's essay begins with a brief history of medical care. She points to the fact that women were delegated the job of caring for the weak and says that as a result they were treated worse. "Those who do demeaning work- who clean up the messes of others- are treated with little respect"

(Smoyak 78). She then describes how agriculture allowed society to develop more humane qualities, and she ends her history lesson remarking:

> How ironic that this women's work, once the lowliest kind of labor, now is accorded such high value and high status- when men perform it. Obstetricians rank higher than midwives on our social scale. This historical perspective lends understanding to problems in interprofessional relations. Women and men, physicians and nurses, find it useful to consider their present in the light of their past. (Smoyak 78)

The "lowliest kind of labor" is a culturally charged and unsupported description of the female's position in history. Even if this were true, it does not reflect the views of today's society. In any case, the fact that the modern nursing profession is mostly female does not justify the belittling of the nursing profession. Though she inverts the order, the way the author connects her sentence "women and men, physicians and nurses" shows that she has labeled one profession masculine and the other inextricably feminine. While she could be conceived as sympathizing with women and nurses for their long, oppressed histories, her connection between the profession of nursing and the female predicament harms both and helps neither. It is an excellent example of what Martin refers to as "reimportation" of cultural stereotypes inaccurately infused into scientific literature (Martin 103). Giving nursing the imagery of domestic servant, we will soon see, is a dangerous "sleeping metaphor" (Martin 104).

Martin's main emphasis in "The Egg and the Sperm" was to show the differences in the depiction of the male

and female reproductive organs in different scientific representations; it should be noted that this is very similar to assigning nurses and doctors the traits that the culture believes to be feminine or masculine. The inequitable representations Martin described unfairly gave the male and female parts characteristics that the culture and society considered appropriate for males and females, when in fact the sperm is not as aggressive and powerful and the egg is not as passive and wasteful as depicted. Keep in mind that these biases apply to the description of nurses as much as they do the description of gametes because they both show society's disdain for women. Often times, no effort is made to give the "sense that both the egg and the sperm initiate action" (Martin 100). The false depictions are still used, as in past examples.

> Once the *Origin* stood as a description of the natural world, complete with competition and market struggles, it could be reimported into social science as social Darwinism, in order to justify the social order of the time. What we are seeing now is similar: the importation of cultural ideas about passive females and heroic males into the 'personalities' of gametes. This amounts to the 'Planting of social imagery on representations of nature so as to lay a firm basis for reimporting exactly that same imagery as natural explanations of social phenomena.' (Martin 103)

Martin's use of these examples is a tool to show a general trend that although the biological facts do not support these descriptions, they are used anyway in scientific literature; this is followed by the "reimportation" of these misconceptions into social discourse. The use of the word "reimportation" speaks against the illogic of the situation.

“The firm basis” she speaks of is the hard to shake bias and prejudice that affect our society. Obviously, Martin does not agree that you should use examples from nature to justify social situations, especially when these examples have been skewed by scientific myths. The myths that connect nursing to the idea of feminine subservience, as Smoyak does (Smoyak 78), are parallel to the myths Martin opposes in her essay.

In order to justifiably argue that gender dominance, despite Smoyak’s assertions, is not the core difference between the two professions, it must be shown that females can contribute to the physician profession while males can contribute to the nursing profession despite the overt biased exhibited towards them. How these out of place professionals deal with their coworkers’ attitudes in terms of gender stereotype, shows what possibilities the profession has for them and what they can contribute. While there is no doubt that male and female entrants into the socially “wrong” profession face prejudiced reactions, many persevere and adapt in ways that the opposite sex would not. This shows that there are fundamental differences in ideology between the two professions but that the dominance of certain genders does not need to be the defining line between the two. The way female doctors are treated by their co-workers certainly adds stress and changes their way of working. The preferential treatment for male doctors influences the outlook of all medical personnel on the matter. Much of Persuad’s article is based on the findings of a scholarly Norwegian survey. One of its findings is that “sixty per cent of female doctors in the Norwegian survey - as opposed to only eight per cent of their male colleagues - thought female doctors asked for less

assistance than male counterparts" (Persuad). This is only an example of the types of strategies that female doctors must often use to function in the social environment of their work place. Since male doctors receive better treatment from nurses, female doctors must use the following strategies to cope: Making friends with nurses or helping them with personal problems, relying less on nurses by becoming more independent of them, and becoming more respectful of nurses by cleaning up after procedures the way men tend not to, being efficient in doing what nurses ask of them, and asking the advice and following the suggestion of nurses (Persuad). The obvious result of this trend is an increased level of respect between the two professions, a decreased level of chauvinism and air of superiority by physicians, and a better level of cooperation that, through increased two-way communication, allows the sharing of ideas and a growth from collaboration. As shown, by challenging social conventions and becoming physicians, women can help shatter the "sleeping metaphors" put together by writers like Smoyak, that doctors must be patriarchs, and consequently change the face of doctor-nurse relations for the better.

While the relationships of female doctors should be studied, so then, should the situation of male nurses. Throughout most of the essay, Willis, by concentrating on male nurses, addresses the many faulty theories on gender and nursing. She explains the problems with literature on men in nursing as follows.

> The literature on men in nursing tends towards a biological essentialism whereby all men are constructed as dominating at the expense of leaving the domestic private, intimate and dirty work to

women (Ryan and Porter, 1993). Such a construction over-looks the reality of the workplace, particularly the recent decline in opportunities for men to achieve promotions away from the bed-side. (Willis 301)

Willis uses the term "biological essentialism" to show the limited, unwavering point of view of certain literature, showing that they view the lines between men and women as distinct and inflexible and that they explain everything in terms of men dominating women. She then refutes this outlook, stating, "Such a construction over-looks the reality of the workplace." To assert that some literature "over-looks the reality" is a serious accusation, and depends on the writers of this literature to be preoccupied with using ideas that do not come from scientific observation as a basis for scientific papers. This ties in very closely with Martin's idea of reimportation of biological theories. Instead of creating personalities for gametes, this literature creates images of male dominance in all sectors when this is just not the case with nursing, according to Willis. This "biological essentialism" Willis observes is closely related to that of Smoyak's characterization of nursing. In some theories, Willis notes, "the classic doctor-nurse relationship is seen to mirror that of the 19th century family and allows for the expressive-instrumental split in functional roles whereby the nurses were the maids; the matron the wife; the young sons the early career doctors; and the consultant the patriarchal father (Wicks, 1993)" (Willis 299). Is this metaphor a fair description of the way responsibilities are delegated? The weaknesses of these types of theories, based on cultural and social imagery, are explored in Willis' essay. The idea that men and women agree on stereotypical roles,

as is implied by Smoyak, seems to be failing as men and women are agreeing on an ideological level to share work. "While there is considerable agreement amongst men and women about sharing this work at the ideological level, serious gaps still exist in practice" (Willis 299). The change in family perspective has shown that males no longer wish to be stuck in their previous patriarchal position, but are still dealing with the changes that they must go through. While it is true that "from the beginning of its modern history nursing was seen to be a caring profession, not just suitable for women but suitable, for the most part, only for women (Okrainec, 1990)" (Willis 299), that only shows that males have something to contribute to this profession as women have been shown to contribute for the doctor profession in Persuad's article. The stereotypes that "care is the action of the subordinate (woman/nurse)" and that " justice is the action of those who have control over their situation (man/doctor) (Tronto, 1987)" (Willis 300) are shown to be as incompatible as the family structure versus labor structures model by the observations of male nurses doing work supposedly reserved for females. The problem with all these articles is that they do not take into account the growing number of male nurses that are doing bedside services for patients. "The literature on male nurses says little about their emotional labour although, by default, it suggests they shy away from this work, moving up the promotional ladder to enjoy (with medicine) control over the work of their female colleagues (Auster, Issacs and Poole, 1996)" (Willis 302). In these articles, male nurses are usually assumed to move into administrative or other non-emotional sectors of nursing. That is not always possible anymore, and the results of having male nurses

doing "emotional labor" can be as helpful to ending the divide as having women doctors. Looking at these facts should dispel the stereotype from the science, but unfortunately, it is not so simple. As Martin commented about the effect of new evidence on biological literature, "Clearly, this evidence shows that the egg and sperm *do* interact on more mutual terms, making biology's refusal to portray them that way all the more disturbing" (Martin 102), so it is disturbing that nursing and doctoring are not treated more equally. If the problem of inequality is to be solved, not only, then, must the facts be brought out, but scientists must be conscious of and avoid cultural importation into science. It is the scientific community, then, that must challenge the assumptions prevalent in scientific literature especially in specific cases, as Willis has done in her article and as I have done of Smoyak.

In the later part of her article, Willis shows how males behave as nurses doing "emotional work", how they view themselves, and how their unique perspective complicates and challenges Smoyak's ideas of gender roles. She states:

> Emotional work involves learning the appropriate emotions for our culture; emotional labour is learning and using emotions in the service of others. Hochschild makes the point, in her study of air flight attendants, that women are ideally employed for this emotional labour because of their socialisation. (Willis 300)

The comparison of nurses with flight attendants shows that female dominated professions can, on a surface level, be grouped together, as Smoyak has done. It would be wrong to define these professions as female, because there are males in each profession. It is important to separate and

understand the idea of "emotional labor" apart from the idea of what a feminine profession such as flight attendant or nurse is, so that "emotional labor" as a positive force can be used in other professions. "Socialization," meaning training for preparation for social environments, does often make women more likely to enter these professions, but only by instilling in women the values deemed important for these professions. Like the unfounded ideas Martin points to that falsely portray the roles of gametes, it remains unproven that women actually are suited biologically for these professions. Socialization involves a process of dividing the labor of society between men and women, but that process is completely cultural and social, and involves no scientific consideration; this is the process described by Smoyak and certain authors cited in Willis' essay. Understanding what qualities society socializes women to have to be adept at emotional labor may bring out the values important to nursing as distinct from sexual category. In addition, understanding their contributions as physicians, as in Raj Persuad's article, and the contributions of males as nurses, as in Willis' article, can further elucidate what qualities define and differentiate nurses and doctors. According to male nurses in Willis' study:

> Male nurses engage in emotional work more readily because they are excluded from women's cultural pursuits on the ward such as gossiping about family, children and husbands, and sex and, secondly, men bring to nursing a male sense of 'paternal responsibility for the household' particularly to patients under their care on the shift. This means that they hone in on the psycho-social issues in order to get to the heart of the matter. (Willis 304)

Willis gives us a new perspective from the point of view of male nurses doing emotional labor. They view themselves as more focused in the emotional work because "they are excluded from women's cultural pursuits on the ward…" This shows that under professional settings, males and females may act different than in their social and domestic settings. The idea of "paternal responsibility for the household" contradicts the view that females alone pay attention to social issues within the work place, and further allows the conclusion that some men may "hone in on psycho-social issues." These ideas may give ammunition to fight previously mentioned stereotypes, but like the idea of cybernetic models in Martin's essay, it merely puts in place another culturally infused method for "the imposition of social control" (Martin 102). This new perspective, while not a scientific truth, shows that nursing should not be limited to women, and the limitations placed on the profession by cultural norms in fact damage the ability to progress and concentrate efforts. "Paternal responsibility" of males, "cultural pursuits" of females, and the ability of males to "hone in on the psycho-social issues" include three ideas rarely discussed on the topic of nursing, but they are credible views from the perspective of male nurses and should thus open the eyes of those stuck in traditional views of nursing. Willis further points out that the addition of technology need not take away from caring but can help it by giving the nurses more time and ability to concentrate on "psycho-social" aspects while still giving the best treatments available.

If nurses and doctors are not separately defined by their gender histories, as Smoyak asserts, what differentiates them? What can unify the two effectively towards

successful collaboration? To answer these questions, an exploration of the differences between doctors and nurses must transcend gender stereotypes and find deeper, more meaningful divergences. In Vivien Woodward's "Professional caring: a contradiction in terms?" the changing conception of the roles of nurses and midwives from caregiver to technician are shown to play a large role in the kind of care patients receive. Woodward's apprehension about this transformation displays a marked difference between doctors and nurses. Doctors are already the technicians of the body, and are increasingly narrowing and specializing their work. In her essay, Woodward argues that, now, nurses no longer provide the same emotionally based care to patients and this affects the quality of care.

> Radical changes within health care provision and the growing potential of nursing and midwifery practice (Department of Health 1994) have coincided with the reduction in religious values which previously guided caring (Bradshaw 1994) Bradshaw (1996) asserts that this move from covenant to contractual obligation has produced a practitioner rather than patient-centered ideology. (Woodward)

These "radical changes" referring to technological advances have reduced the religious values associated with caring and replaced them with potential of advancement of high tech. These "religious values" are unique to nursing and do not exist in the doctors' profession. The "contractual obligation" is cold sounding, hinting at the business aspect, in comparison to the covenant, a mutual pact with religious connotations. People often fear that doctors work in order to earn money rather than care for patients, but it is

generally agreed that nurses do not choose that profession for the money. These traditional views, Smoyak says, constituted the ideological differences between nursing and doctoring, but the roles of nurses are changing according to Woodward. The actions of the "practitioner", a word contrasting with caregiver, emphasizes the technical paradigm rather than the patient's actions, allowing the patient to become a replaceable, interchangeable entity. Woodward shows these "radical changes... from covenant to contractual obligation" to be unfounded, and the trend towards "instrumental care" away from "expressive care" seems to take away from the important caring relationship, but that these changes occur shows that nursing cannot be limited to non-technical activities because evidently nurses can and do use technology to help them in patient care.

Instrumental activities alone may objectify the individual (Bradshaw 1996) Compared with this, expressive caring makes a qualitative difference to the way in which activities are undertaken. It includes an emotional element, which reflects a commitment to values such as respect for the unique identity and specific needs of the individual (Morrison 1992) [45]. Griffin (1980) [29] asserts that it is the moral emotion of respecting the dignity and autonomy of another human being which motivates and transforms nursing action into caring. (Woodward)

Woodward still hopes for respect for the unique individual patients. "Expressive caring," the care given from a nurse who feels empathy for the patient, can make a "qualitative difference," or improvement, but the trend still heads in the wrong direction away from expressive caring towards "instrumental activities." "Instrumental activities" seem to be reserved for doctors, according to Woodward, but this

attitude may be a dangerous one, since an educated nurse can use "instrumental activities" to increase efficiency and leave more time for "psychosocial" considerations, which the male nurses in Willis' case study agreed was important. "Seamless care demands attention to the psycho-social aspects of the patient's chronic conditions. The ideology of efficiency supports this as does the ideology informing 'care' in nursing" (Willis 305). However, with increased instrumental activities, more time must be devoted to actions not determined by interaction with the patient, and this could lead to predetermined "nursing action." Predetermined "nursing action" hurts the patients by treating them as objects rather than attending to their psychosocial needs (Woodward). Woodward fears that the technical aspects and loss in religious values decreases expressive caring and "many examples of less than optimum care (Kelly & May 1982)" (Woodward) result, while "contemporary, egoistic pre-occupations (May 1990) provide evidence to support her notion" (Woodward).

A well-rounded nurse would better understand the effects of "nursing actions" on the individual, holistic, psychosocial patient thereby giving the patient improved care without sacrificing the "expressive caring" aspect of nursing.

Woodward explores differences in ideology between nurses and doctors without too much reference to gender, but she does not specify ways of reaching new conclusions about changing ideology or solving the problem of the shift in nurses' ideology and patient care away from optimum care. Woodward, then, against Martin's warning, leaves in place many of the assumptions Smoyak has used by not offering a way to understand nurses' perspectives and instead importing cultural perceptions of nursing as a basis

for scientific understanding. Carl May and Christine Fleming, who wrote "The professional imagination: narrative and the symbolic boundaries between medicine and nursing" take an opposing stance to Woodward, stating that the ideology of nursing has not changed, but only the action of nurses as they are oppressed by the institutions they belong to. In addition, they state ways of studying the relationship between doctors and nurses, as well as proposing their own method, the study of the different types of professional literature. Clues about the motivation for different types of care could be found in the assumptions made in different types of professional literature. Their solution resembles Martin's study of biological literature, in its search for the importation of culture and societal bias into scientific knowledge. Rather than revealing social and cultural stereotypes about gender, as in Martin's essay, studies of professional literature in the medicines could display the opposing assumptions about how care should be given and perhaps open the door to giving more power to nurses whose ideology of emotional involvement is being overshadowed by the institutions they work for (May and Fleming 1095). May and Fleming deal with the changing relationship of nurses and patients, stressing that while nurses are becoming more technically skilled, they still have a unique perspective reflected in their writing which differentiates them from the biomedicine to which their ideology is subjected and doctors to which they are subjected. Nurses concentrate on the human aspect of medicine and prevent it from becoming a mechanical operation where the practitioners are isolated from the patients.

In place of scientific reductionism there have been attempts to restate the importance of the experience of illness, and to try to apprehend the patient not simply as the object of clinical procedures and practices, but as a psychosocial self- disaggregated by biomedical knowledge and practices. (May and Fleming 1096)

The misconception that "scientific reductionism," the idea that one can find a single isolatable source for every illness, can trace the cause of every illness and then destroy that illness, prevalent in the literature of doctors, seeks to "disaggregate" the patients or treat the patients as merely an aggregate of physical parts, and it considers them "simply as the object of clinical procedures and practices." This approach is now being challenged by a holistic approach that appreciates the "psychosocial self," which requires, beyond medicine, psychological and social support. Beyond looking at the legal aspects and at individual cases of how decisions are made between nurses and doctors, one can approach the understanding of patient care through reading the different types of analysis created from each pole.

Discourses or grand narratives are also suggestive of the professional imagination. Here, they reflect the creative impulse that must lie at the intellectual core of any occupational group. While medicine is able to focus on scientific understanding and technical advances as the site on which its imaginative impetus is exercised, nurses represent themselves as being in a different business altogether. They care about-and get attached to the patient-while doctors stay detached and seek a cure. (May and Fleming 1097)

The "professional imagination" represented in the discourses of professionals is very similar to Martin's idea

of scientific myths. Both bring to light social ideas imposed on scientific literature. May and Fleming say that this imagination is not only necessary, but it "must lie at the intellectual core of any occupational group." Martin would probably disagree, and would indicate that the main purpose should be to aid the patient and ignore the social ideology. As will shortly be shown, however, the "institutional ideology" that Woodward writes of has a direct affect on the patient, and therefore the science and social aspects of medicine are too closely intertwined to differentiate and to expel the culture. Rather than expel the culture, it is important to open dialogue, study cases that do not fit the stereotype as in Persuad's article and Willis' essay, and explore the constraints culture places on the institutions that unite doctors and nurses. By doing this, it would be possible to awaken "sleeping metaphors," which are especially prevalent in defining gender roles (Martin 104).

This difference in approach, according to May and Fleming allows for a better understanding of the power structure of medical facilities and how they affect patient care. Power structures of medical facilities determine patient care by determining doctors as leaders and nurses as submissive thus favoring the dominance of one ideology over another rather than creating a mutual collaboration. The changing focus of medicine now, though, can influence the coming of a new moral focus that will shape the way medical systems run.

Commitment to moral agency (Blum 1980, Oakley 1992), could evolve and become established like any other institutional ideology, through legitimation and internalization of the relevant values

(Berger & Luckman 1966). This process becomes functional if the existing ethos fails to support a profession's ideals and creates disillusionment. (Woodward)

What does Woodward mean by the "legitimation and internalization" of medical practitioners' values? She uses these words as means of optimistically enforcing the fact that the ways of the future will evolve by "commitment to moral agency", but they probably will be decided by the work of certain manipulative forces until the failure to "support a profession's ideals" becomes unbearable causing disillusionment. It seems the clash of two cultures into one institution followed by the domination of one of the other has caused nurses to become disillusioned with medical care. The "moral agency" to which Woodward says nurses should be committed can be compared to the complication of Martin's idea of cultural stereotypes stated earlier, meaning that culture is so intertwined in the administration of medical care that it cannot be expelled, but still must be looked at in terms of how societal bias affects the care of patients. In Woodward's essay there are many social factors at play, and they surely have an effect on the health of the patients! Whether the nurses become "'techno-academic'... with equal standing to doctors" or "expressive specialists in psychosocial dynamics and therapeutic relationships" (Woodward) plays a large role in deciding who will be spending time with the patients, trained professionals like doctors and nurses or less-trained people not consumed by paperwork and utilitarianism. The caring attitude pitted against the practitioner-centered ideology of the nurse and doctor also plays a part. "Caring is described by Benner and Wrubel (1988) as a moral art and motivating

force which facilitates concern, involvement, attachment and connection with the recipient and transforms mere techniques and knowledge into caring. It is ethically desirable as it enables the practitioner to identify subtle changes in the patients, discern problems, find and implement solutions" (Woodward). Presently, the close human relations between nurses and patients are at risk, and this, for Woodward, translates as worse patient care. Because the two ideologies were born of different cultures, one male dominated and one female dominated, Martin might say that the entire discussion is slanted from either side- one saying that patients should be given high tech treatment with little human affection while the other says that the relationship between caregiver and patient is sacred and natural, but the "institutional ideology" (Woodward) has a direct effect on patients and the struggle for power between doctors and nurses is skewed in favor of the doctors following "scientific reductionism" (May and Fleming 1096). If doctors and nurses fuse their ideologies when collaborating on health care, the patient will receive the acute skill of doctors combined with the well trained and sensitive care of nurses.

The struggle between nurses and doctors produces similar results in various health institutions for a variety of reasons, including gender, socio-economic, and socio-political influences, and nurses are forced to behave certain ways because of the "normative pressures" of institutions (May and Fleming 1097). Literature often gives in to what Martin describes as "sleeping metaphors", like that of comparing medical systems to 19th century families (Willis 299) or comparing nursing to female servitude (Smoyak 77-78), and so scholars and administrators must be aware to

avoid these social and cultural intrusions into the realm of science. Despite losses in the power struggle, the nurses are not conforming ideologically; it is important then, to analyze their distinction from doctors in the variety of ways, including how they approach professional discourse (May and Fleming 1094), how they approach patient care (Willis 305), how they see themselves whether they be male or female (Willis 305), their ideological beliefs (Woodward), and other carefully planned, scientific approaches. The biomedical approach of most doctors centers more on the practitioner's instrumental care while the holistic approach of most nurses deals with human aspects and trying to relieve the pain and suffering through cooperation rather than manipulation. Institutions attempt to enforce conformity of action, but a study of professional discourse will show the tension between assumptions on proper care (May and Fleming 1094). It is important to understand through observation of scientific literature the differences in culture between nurses and doctors. These cultural assumptions have an effect on ideology thereby affecting the behavior of the medical professionals and consequently influencing patient care. From either standpoint, gender issues, socio-economic issues, and religious issues enter into the field and try to influence their science by their unique variations on "professional discourse," but all of these are not science; they are tools of cultural imposition of which Martin has warned us. Understanding this, it may be possible to take valuable ideas from both sides in forming institutional ideologies, thereby creating a more effective collaborative environment.

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