



Television Takes on Nursing

BUT NEEDS A DOSE OF REALITY



BY GENEVIÈVE M. CLAVREUL, RN, PH.D.

WE ALL HAVE THEM: OUR GUILTY PLEASURES. WHETHER IT'S reading that decadent romance novel; eating that whole pint of our favorite ice cream; or watching that medical television drama even though the show is way more fiction than fact. We give our guilty pleasures a lot of latitude, often allowing them to play fast and loose with the rules simply because something in the story strikes a chord with us, our passion, or even our most deeply held secret. Two of the newest temptations hail from Showtime and TNT: "Nurse Jackie" and "HawthoRNe." And nurses from all over are weighing in on blogs, lists and forums about how much they like or dislike the shows, with equal passion being displayed by both sides.

A nurse I know that lives in Texas shared her opinion of both shows with me, and what she said mirrors much of the feedback I've read on several nursing sites: that Jackie, as a person and nurse, was a rather unredeemable character, but the show's scripts were well written and provided challenging mental fodder for the viewer. Her opinion of "HawthoRNe" was much less kind, making it clear that she found it painful to watch and thought it a poor representation of our profession.

"NURSE JACKIE"

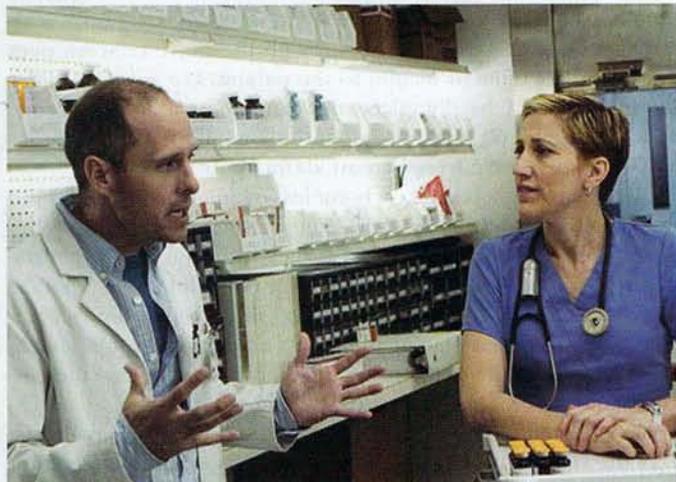
As for me, I've long been a fan of the television show "House," even though it's nearly devoid of nursing staff. House's actions often border on malpractice and have complete disregard for any sound management principles. But the medically challenging diagnoses, and his incredible ability to solve them, force me to set aside my aversion to its lack of authenticity and draw me back each week. "Nurse Jackie" is in some ways the same show with a female lead, but I think it's Jackie's disdain of physicians that causes so many nurses to respond to her character.

In "Nurse Jackie," the lead character is a senior RN who, after many years of work experience, has become jaded toward the human condition and feels unconstrained by societal and professional norms, causing her to pursue her personal goals with wanton abandon. Further complicating her character is addiction. She uses Aderall to help get her through the day, and years of lifting patients have given her (as it has with so many nurses) chronic pain from a back injury. It's never really disclosed if she sought treatment for it, but we do learn that she has become addicted to Vicodin due to the relentless pain.

Feeding this addiction (and her sex habit) is the pharmacist, who is hopelessly in love with her, and thus provides her with the painkiller. Unbeknownst to him, he is having an affair with a married woman, and from what I can infer from the episodes I've watched, Jackie has chosen to perpetuate the lie, going so far as to take off her wedding band before she goes to work each day. Neither the husband nor the pharmacist knows of this deception, and as Jackie continues this sex-for-drugs routine, I have yet to see any signs from her co-workers that they're aware of Jackie's drug use. But perhaps they are remaining silent on the issue since we all know how efficiently the hospital grapevine works.

Jackie's addictions have led to at least one unfortunate mishap, where she hides her crushed Vicodin in packages of artificial sweetener, and an administrator, who has been scouring the floor for sweetener to add to her coffee, takes some. Jackie does little to aid the unwitting victim because her need to protect her addiction outweighs her RN code of ethics.

Addiction in the nursing profession is a very real concern and every Board of Nursing has some type of diversion program to address it. In most cases the BON does this through counseling, providing access to addiction treatment programs, and monitoring. License revocation, at least in California, is rare and RNs have limitations placed on their license before being faced with the loss of it altogether.



At a recent BON meeting, I learned that 10 percent of active California RNs have an addiction, which is in line with other professions. I found the number interesting because of the ease of access health care professionals have to medication. Thus it's not completely surprising that "Nurse Jackie" focuses on the life of a nurse living with an addiction, but I think it's unfortunate that they would choose to represent a problem that is not reflected in 90 percent of the RN population.

Jackie is also portrayed as a voracious patient advocate, and yet in a recent episode she disregards the evidence that a patient did not wish to donate organs and lies about the doctor signing the death certificate so that the organs can be procured.

All in all, "Nurse Jackie" has the skills, but she lacks ethics, which are the core of our practice.

"HAWTHORNE"

"HawthoRNe" is, in my opinion, far worse. "Nurse Jackie" may be devious and a negative portrayal of a nurse, but the show strives to provide factual aspects of nursing. I can't say the same for "HawthoRNe," which seems to prefer melodrama and overacting to factual representation.

In the very first episode an RN receives an order to give a diabetic patient six units of insulin, which he questions. He attempts to reach the physician to clarify the order, but when he can't he seeks the counsel of a senior RN, who also attempts to contact the physician. Once contacted, the physician orders the RN to give the six units of insulin. The RN administers it and the patient quickly falls into a hypoglycemic coma. Later, Hawthorne, the chief nursing officer, reprimands the physician and makes a good show at standing up for the RN. However, I cannot begin to enumerate the problems with the above storyline.

The first and most glaring one was the failure of either of the RNs to use their nursing chain of command to address the

issue. As the patient advocate, if the RN felt that six units was too much to administer given all the facts about his patient, he should have contacted the unit's head nurse to address the physician's order. Since the physician was being derelict in responding to a page, it was well within the purview of the CNO to have the physician give the insulin herself. Taking such steps is well within the nurse's responsibility as the patient's advocate, and the CNO is in the position to ensure that both the nursing staff and the patient are being protected.

As a diabetic I also took issue with the grave concern over giving the six units of insulin to the patient. For most diabetics six units would hardly place the patient in a hypoglycemic coma (although 60 units most assuredly would have) and probably shouldn't have triggered an alarm about dosage.

In that same episode, a homeless woman gives birth and the infant is admitted to NICU. The mother wants to give her son a dollar bill, so Hawthorne places it on the outside of the isolette. Can we say possible source of contamination? I realize that the objective of the scene was to show Hawthorne's compassionate side, but placing the bill in a clean baggy and attaching it to the outside of the isolette would have achieved the outcome and saved a poor showing of technique.

Don't even get me started on the episode where Hawthorne rips the defibrillator paddles from the physician's hands after orders have been given to stop defibrillation, and after the third or fourth attempt she saves the patient. This action was not within her scope of practice, and neither was her insubordination to the attending physician.



Then there's an episode where Hawthorne decides to convert a storage room into a patient room so the patient wouldn't have to be transferred out of the hospital. This decision is meant to show the viewing audience what an unrelenting advocate for the patient she is, that she's willing to buck the system at all costs. However the reality of this scenario is that she not only placed the patient in jeopardy, but also the licenses of the hospital and all the RNs who helped her. As a patient advocate she had other options, including refusing to allow the patient to be discharged. As CNO she has some power, and it would have been better to show how her knowledge of the system can be used to protect both the patient and the nursing staff rather than flaunt health and safety codes and the law.

IN LIGHT OF THE DRAMA...

No wonder my friend from Dallas shook her head in dismay when speaking about "HawthoRNe." It is hard to visualize the lead character as a CNO. The show emphasizes her performance of bedside nursing, and though CNOs must have an active RN license, it is because the Nurse Practice Act does not allow a non-RN to supervise RNs; and it also allows the CNO to help out in case of an emergency or other medically necessary situation. However, where Jackie is the ultimate damaged nurse, Hawthorne is the super nurse who is able to swoop in at a moment's notice to solve all problems that confront and confound both nursing and physician staff alike.

Where "Nurse Jackie" provides tightly written and evocative scripts, "HawthoRNe" seems to rely solely on one dramatic, heart-wrenching moment after another. But neither show places nurses or the nursing profession in a good light.

In "Nurse Jackie" we see a gravely flawed nurse icon: she's the nurse the other nurses look up to, so we're left to wonder if any of them will confront her about her addiction and report her — which would be appropriate and realistic — or will she be allowed to continue as she is now?

"Hawthorne" is even more unrealistic, and if the show has a nurse advisor it appears to me that he or she doesn't know what's going on since drama seems to trump common nursing practice and sense. I understand that Jada Pinkett-Smith's mother is an RN, and it was as a nurse that she sustained her family. So I can imagine the somewhat idealized picture of nursing Pinkett-Smith might have. But it doesn't serve our profession very well if there's no realism presented in nursing-oriented dramas. Of course we must keep in mind that script writers and actors are afforded some creative license, but does that mean we have to accept the portrayal of nursing as offered in these two shows as realistic and thus worthy of being showered with gratitude from the nursing community?

What they do provide real-world nurses with is an opportunity to educate the viewing public about what we do and provide balance to the fictional world of nursing by explaining how well or poorly our chosen profession is portrayed in shows like "Nurse Jackie" and "HawthoRNe" (and "Mercy" when it makes its debut in late September).

These shows serve us well as guilty pleasures, yet it's important that we take them with a grain of salt and recognize that sacrifices to reality are often made in the name of script continuity and creative license. We can rail at the nursing mistakes and incongruous scenarios, but they also allow us to revel in revenge scenarios that we only dream about doing, thus giving us the perfect opportunity to relish the actions of the fictional characters. And, luckily, with "Nurse Jackie" and "HawthoRNe," there are no calories from such decadent indulgences. **WIN**



Genevieve M. Claveul RN, Ph.D., is a healthcare management consultant who has experience as a director of nursing and as a lecturer of hospital and nursing management. She can be reached at: Solutions Outside the Box; PO Box 867, Pasadena, CA. 91102-2867; (626) 844-7812; gmc@solutionsoutsidethebox.net.



See WorkingNurse.com for a more inspiring job