

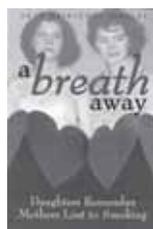
KNOWLEDGE CENTRAL

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B O O K S

A Breath Away: Daughters Remember Mothers Lost to Smoking. Anne Wainscott-Sargent. Phoenix, AZ: Acacia Publishing, Inc., 2005, 226 pages, \$16.95.

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A Breath Away portrays daughters' poignant stories of the emotional devastation and grief experienced after losing their mothers to tobacco-related death. The author, who lost her mother to lung cancer in 2004, interviewed girls and young women who shared similar experiences of losing their mothers prematurely to smoking-related diseases, the majority attributed to cigarette smoking. The purpose of the sentimental book was to pay tribute to the irreplaceable role of mothers and their legacy in their daughters' lives and to examine the common thread of loss experienced after a mother's death. The author hoped that, by telling stories of love, joy, and inevitable heartbreak, she would inspire girls and young women to choose a healthy, tobacco-free lifestyle not only for themselves but for all those whom they love.

The book is easy to read and provides a life history for each of the women who struggled with, and inevitably lost, the fight of tobacco addiction. The profound losses of the daughters interviewed and the loved ones each mother left behind are relayed through the memories and unfulfilled desires of what could have been shared: marriages, the birth of grandchildren, personal successes, etc. In the book's foreword, Cheryl Heaton, president and chief executive officer of the American Legacy Foundation, states that the stories describe "all the seasons of life and hallmarks of living—marred by the loss

of loved ones gone too soon" (p. 2). Nearly 43,000 children and teenagers lose a parent to tobacco each year, and an estimated 20 million women continue to smoke today; as a result, Heaton asks what each daughter searches for when discussing her relationship with her mother: How many years might we have had together? What did we miss in our lives together by your premature death? Ultimately, Heaton asks the underlying and painful question, "Why?"

A Breath Away is intended for all audiences who love and care for people addicted to tobacco and especially for smokers who need to find a motivating trigger to help them quit. The book may be especially relevant for nurses because they serve as patient advocates and role models. Further, it may motivate the 15% of nurses who are current smokers to quit.

Oncology nurses at all levels of clinical practice can benefit from reading the stories in *A Breath Away* because they relate the painful emotions of daughters looking back on their mothers' lives and wondering how they, or others, could have helped to prevent premature illness and death from tobacco addiction. Anger was palpable for some daughters who did not understand addiction and would ask, "Why couldn't my mother just quit?" Commonalities existed throughout many of the stories: mothers who came from households with parents who smoked, mothers who began smoking in their teens, mothers whose husbands also smoked, and mothers who used smoking as a form of weight control. Many stories also dealt with the psychological manifestations of smoking and lung cancer—denial, guilt, remorse, and the individual struggle to understand the addictive qualities of the habit. Common threads were woven together to portray a complicated national healthcare issue—tobacco addiction and tobacco-related death. Most profound were the stories of the daughters, some of whom are nurses, who found themselves unable to quit smoking even after living through the death of their mothers.

Although *A Breath Away* is not groundbreaking, its strengths lie in each daughter's story and legacy to her mother and its recognition of the real people and lives that are behind smoking-related statistics and deaths reported in textbooks, in research journals, and by the media. The individuals depicted in the stories could be anyone's relatives. After completing the book, some readers may develop the spirit to become advocates against tobacco and lung cancer and smokers may develop the courage to meet the addiction head on and quit.

Valuable resources for tobacco cessation are provided in the book's appendix. One very valuable resource for oncology nurses, advocates, and role models for patients and laypeople who may smoke is missing: the Web site for the Tobacco-Free Nurses Initiative at www.tobaccofreenurses.org.

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Nursing Against the Odds: How Health Care Cost Cutting, Media Stereotypes, and Medical Hubris Undermine Nurses and Patient Care. Suzanne Gordon. Ithaca, NY: Cornell University Press, 2005, 512 pages, \$29.95.

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The author of *Nursing Against the Odds* is a journalist who specializes in nursing issues, and although she presents a gloomy assessment of American nursing, she describes nursing as a career that offers truly meaningful and challenging work. However, she encourages nurses to speak up on their own behalf as well as on behalf of everyone who needs decent and affordable health care.

The first chapters of the book discuss dysfunctional relationships in hospitals and the media's poor portrayal of nurses. The author suggests that nurses who do not speak up

Ease of Reference and Usability	Content Level	Media Size
🕒 Quick, on-the-spot resource	✓ Basic	📖 Pocket size
🕒🕒 Moderate time requirement	✓ ✓ Intermediate	📖📖 Intermediate
🕒🕒🕒 In-depth study	✓ ✓ ✓ Advanced and complex, prerequisite reading required	📖📖📖 Desk reference

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about the issues are partly to blame for the negative depiction. The next section describes cost-cutting hospital reforms in which nurses are not valued economically in healthcare systems. In the final section, recommendations are offered to reverse the issues that nurses face, such as legislating safe staffing ratios and requiring a four-year degree as educational preparation. In addition, shorter, more predictable hours, combined with better pay and a more powerful voice in the workplace, are suggested. The author also argues for a single-payer healthcare system.

Nursing Against the Odds is not just for nurses; it is for everyone involved in the healthcare industry. Most doctors spend only a few minutes with their patients and depend on nurses to assess and update them on patients' conditions; this fact supports the invaluable role of nurses.

Strengths of the book include its accurate portrayal of the need for skilled nurses at the bedside; nurses may find themselves and their family members depending on that care for survival. The emphasis on dysfunctional relationships in hospitals was excessive because scant advice was offered regarding how nurses can gain respect; this was the only real limitation of the book. *Nursing Against the Odds* provides readers with an updated analysis of nursing and its place in the current healthcare system, what has gone wrong, and the ways in which nurses can help their patients and their profession.

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Be a Survivor: Your Guide to Breast Cancer Treatment (3rd ed.). Vladimir Lange. Los Angeles: Lange Productions, 2005, 180 pages, \$24.95.

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The book *Be a Survivor* is accompanied by a companion DVD; together, the products guide patients with breast cancer and their loved ones through an oftentimes fearful and confusing journey. The scope of the book is comprehensive, encompassing the physical and psychosocial aspects of breast cancer diagnosis, its treatment, and survivorship.

The text has 15 well-developed chapters that first explain basic terminology and then explore more complicated concepts. Each chapter contains appropriate detail and explanation. Because of the well-developed

approach, readers are not overwhelmed with unnecessary information.

The first chapter begins with succinct and sensitive coping suggestions for newly diagnosed patients and their loved ones. Chapters 2, 3, and 11 include exceptional illustrations to explain breast anatomy and function, how breasts change and grow, definitions and types of breast cancer, how cancer spreads, diagnosis and staging, and all aspects of ductal carcinoma in situ. Chapters 4–10 discuss treatment information such as surgery, reconstruction, radiation therapy, chemotherapy, hormones, immunotherapy, and complementary and alternative therapy. Chapters 12–15 address clinical trials, survivorship, partner guidance, and advanced breast cancer. Additional information, such as an international resource listing with a description of each resource; a library listing of books, pamphlets, videos, and CD-ROMS; and a glossary of terms and treatment-specific questions to ask each specialist, also is provided.

A unique strength of *Be a Survivor* is its inclusion of an easy-to-follow DVD. The book and DVD can be used independently, increasing portability. The DVD footage of survivors, equipment, and procedures is educational and instrumental in allaying fears of the treatment process. The book and DVD also could be useful educational tools for healthcare providers who lack cancer knowledge. According to the author, he and his spouse, both physicians at the time of her diagnosis, felt overwhelmed and confused by the unfamiliar language associated with cancer. The author's acknowledgment and acceptance of his naivete regarding cancer are disarming.

The book's up-to-date information is presented with comprehensive, easy-to-follow text, graphics, and photography. Personal stories, such as a school essay written by an 11-year-old girl whose mother was facing breast cancer, are educational and inspiring. The essay is heartfelt and honest and brought tears to the eyes of this experienced oncology nurse.

The book has minimal limitations, and few suggestions for improvement are needed. Although terms and concepts are explained, readers without a high school education may find some of the language overwhelming. The library listing contains many of the author's own works and could be expanded to include additional resources. Availability of the publication in languages other than English and Spanish could increase its overall effect.

Be a Survivor provides invaluable information, presenting experiences throughout the journey from initial diagnosis to long-term survivorship and using a unique and well-developed format.

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Assessing Quality of Life in Clinical Trials: Methods and Practice (2nd ed.). Peter Fayers and Ron Hays (Eds.). New York: Oxford University Press, 2005, hardcover, 488 pages, \$75.

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Assessing Quality of Life in Clinical Trials provides valuable information and insight into the measurement of a construct—quality of life (QOL)—that is used frequently but often with differing interpretations and meanings. Although

the authors retain the phrase “quality of life,” they are quick to point out that “health-related quality of life” is more accurate.

The text is divided into six main sections, each with its own subsections. The main sections are (a) developing and evaluating questionnaires, (b) adapting and using questionnaires, (c) analysis, (d) interpreting QOL in individuals and groups, (e) measures for clinical trials, and (f) beyond clinical trials. The content is thorough and easy to follow. For example, the first two sections begin by discussing some of the generic measures of QOL such as the Short Form-36, which is part of the Medical Outcomes Study (MOS), and move to more disease-targeted instruments such as the MOS-HIV questionnaire, which targets QOL in patients with HIV. A detailed table provides examples of the questionnaires; however, it could be strengthened by providing the full names of the measures and not just the acronyms. A brief section on the pros and cons of the measures also would be helpful for readers, given the similarities and differences in the definitions of QOL.

Section three focuses on the analysis of QOL data. The author deals primarily with analyzing longitudinal data and includes discussions on missing data and missing questionnaires. The theme is continued in sections five and six but is approached from different perspectives, including measures of QOL in children versus adults and combining clinical trials' meta-analyses.

Overall, *Assessing Quality of Life in Clinical Trials* is a valuable resource that is more geared toward those with experience in QOL research. Novice QOL researchers may need more basic references to enhance the text's utility. In addition, some areas could be strengthened. For example, the first section should provide a global definition of QOL. Although the authors acknowledge the need to use the term QOL, they used several terms interchangeably throughout the text without any explanation, which may be confusing to readers. Also, the title focuses on QOL in clinical trials, but the book does not always

stay true to that theme; in fact, much of its information can be used to assess QOL regardless of the setting.

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V I D E O S

The Culture of Emotions. Harriet Koskoff (producer and director). Boston: Fanlight Productions, 2002, 58 minutes, VHS \$249, DVD \$299.



Video



The Culture of Emotions introduces the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV), Outline for Cultural Formulation*, which is a diagnostic tool used by clinicians to interpret symptoms as pathologic or normal in the context of an individual's culture. The first item in the outline discusses identifying the culture of an individual. Multiple specific examples of

cultural issues in different ethnic and social groups are discussed. The second item in the outline addresses the cultural explanation of an individual's illness and encourages clinicians to determine the norms for that individual's culture. Different cultures express or interpret illness in different ways. Although the video discusses many different cultures, clinicians are warned to avoid overgeneralizing and should concentrate on the individual patient, using a cultural consultant if necessary.

The third part of the outline describes cultural factors related to the psychosocial environment of an individual and his or her levels of functioning. Clinicians are encouraged to identify social stressors as well as sources of support within an individual's culture. The fourth section of the outline discusses cultural elements in the relationship between an individual and a clinician. Clinicians are urged to identify differences between themselves and patients and anticipate how the differences may interfere with a therapeutic relationship. The last section of the outline covers the overall cultural assessment for diagnosis and care, which uses information from the previous sections to formulate a diagnosis and treatment plan for patients under their care.

The presenters in the video all are well-educated professionals who represent the cultures about which they speak. African American, Puerto Rican, Hispanic, Chinese, East Indian, and Native American cultures

are described in the video. Gender differences also are discussed, which makes the presentation informative and interesting while adding to its credibility. The pace is quick, with each professional speaking briefly.

The Culture of Emotions is designed to help mental and behavioral healthcare professionals learn about the ways that individuals in different cultures in America express distress. Psychiatric advanced practice nurses who use the DSM IV might find the video helpful. Other nurses could use the video to heighten their awareness of cultural differences; however, a working knowledge of the DSM IV system would make the video easier to follow.

Some shortcomings of *The Culture of Emotions* are that it was not produced for nurses caring for medical or surgical patients and that it is 58 minutes long. Although oncology nurses working with patients of different cultures should have an understanding of the cultures, they may not need the in-depth review of the DSM IV diagnostic system discussed in the video. Additional materials are available for non-psychiatric nurses to learn about cultural competence.

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