

project (pp. 143–44). However, I was unconvinced by his argument that the low probability of obtaining tenure at HBS actually provided him with relative freedom (p. 159). Rather, the vulnerability he expresses in his postscript (describing his eventual promotion to untenured associate) does more to reveal his grudging dependence on this elite institution and the power dynamics at play. The danger is that those who are looking to wash their “hired hands” clean of capitalist sin and elite excess could point to this book and, through a misreading, claim morality without making the distinction between a local moral order and broader rights and wrongs. I’m eager to learn what Anteby would say about these larger moral concerns off the record.

This is a small book; the main text is a mere 165 pages, but it has a large audience. I recommend it to anyone transitioning into a faculty position, in the same way that I recommend *Boys in White* (Howard S. Becker et al. [University of Chicago Press, 1961]) to anyone transitioning into any graduate educational experience. It is a welcome addition to recent scholarship on higher education, such as Neil Gross’s *Why Are Professors Liberal and Why Do Conservatives Care* (Harvard University Press, 2013) and Amy J. Binder and Kate Wood’s *Becoming Right: How Campuses Shape Young Conservatives* (Princeton University Press, 2013). Scholars interested in organizations and culture will also find value in turning its pages.

Paging God: Religion in the Halls of Medicine. By Wendy Cadge. Chicago: University of Chicago Press, 2012. Pp. xii+293. \$25.00.

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Research on the relationship between religion and health is rapidly becoming a core area in the sociology of religion. Much of this research is quantitative, focusing on associations between indicators of religiosity and both physical and mental health. Little research, however, explores the treatment of religion and spirituality in existing medical institutions. With urbanization, longer life spans, the decline of dangerous jobs, and other social changes, we are spending far more time in hospitals than we used to; as Wendy Cadge notes, we are considerably more likely to die in hospitals than we used to be. The growing prevalence and length of hospital stays combined with increasing religious diversity force us to ask how medical professionals address religion in contemporary, secular hospitals. This question is the focus of Cadge’s *Paging God*.

Drawing on historical records, in-depth interviews, and ethnographic work in 17 large, academic hospitals, Cadge explores the ways that medical professionals deal with religion in their daily work. The narrative includes stories highlighting key points, such as an account of a dying Buddhist monk in the opening pages. Most of her data, however, come from her time shadowing a chaplain in one hospital, interviews with chaplains, administrators, physicians, and nurses in several hospitals, and time spent

with the staff of two intensive care units (ICUs). While there is no formal division, the book has two relatively distinct parts.

The first half of the book focuses on the institutionalization of religion in hospitals, principally through chapels and chaplains. After devoting a chapter to the history of religion and spirituality in U.S. hospitals, Cadge presents an informative account of the different ways hospitals allocate, decorate, and sometimes marginalize chapels. The next two chapters focus on hospital chaplains. The reader learns about the ways that chaplains come to the occupation as well as the fact that they are disproportionately liberal Protestants, which provides them with flexibility in dealing with people from various religious backgrounds. The key findings are that there is considerable variety in the ways chaplains are utilized, that chaplains are regularly marginalized, and that other hospital staff are often unclear about the role of chaplains in contemporary, secular hospitals. Cadge develops a typology of chaplaincy departments that appears to explain some of the variation in the ways chaplains are utilized. Mirroring changes in U.S. society more generally, there is a movement to reframe chaplains' work in terms of "spirituality" rather than "religion," which is intended to be "more inclusive and broadly welcoming" (p. 88).

The second half of the books deals predominantly with religion and death in hospitals, though Cadge is somewhat critical of the connection many people make between religion and death in the context of medical institutions. There are two chapters focusing on religion and spirituality in ICUs. On one hand, physicians and especially nurses in ICUs appear to understand the importance of religion and spirituality to many of their patients and patients' families. On the other hand, ICU staff, especially physicians, may be dismissive of religion when there are potential conflicts between the mandates of medical and religious institutions. This problem is particularly acute with end-of-life decisions. Cadge also addresses staff religiosity and spirituality, both through discussions of staff participation in religious rituals with patients, which make some staff uncomfortable, and through discussions of how doctors and nurses make sense out of their constant exposure to illness and death.

Cadge returns to the work of chaplains in the penultimate chapter, focusing on how chaplains deal with death in hospitals. Chaplains, as she notes, are responsible for much of the "dirty work," such as "naming death," facilitating conversations about death, and interacting with the families of deceased patients. The different ways that hospitals institutionalize chaplaincy are evident in the various ways chaplains are incorporated into the routines surrounding death. In some hospitals, chaplains are part of palliative care teams, and they are called to all deaths, while in other hospitals chaplains are rarely called to deal with deaths. Cadge points out that this variation is associated with the type of chaplaincy department, ranging from "professionally oriented departments" to "traditional departments." As Cadge concludes, the connection between chaplains and death serves to further reinforce the view that religion is most relevant to end-of-life issues in hospitals and to marginalize chaplains from other hospital staff.

Overall, *Paging God* is an informative account of religion and spirituality in contemporary hospitals. The book addresses key sociological issues as they play out in the hospital context, such as problems with communication between patients and staff and between chaplains and other hospital staff or stratification in hospitals in terms of the role of chaplains, as well as the allocation of religious and spiritual issues to nurses rather than doctors, the movement to broader understandings of spirituality rather than more narrow conceptions of religion, and, relatedly, problems with diversity in contemporary secular institutions. The book extends Cadge's already influential work on religion and spirituality in secular contexts, and places the findings within the broader literature on religion and health, particularly in the concluding chapter. Readers interested in patients' views of religion and spirituality in medical institutions will be disappointed, as the book focuses on hospitals and staff. In addition, those interested in physicians in particular may find the book lacking, since Cadge gives far more attention to chaplains and nurses than to physicians. Nonetheless, *Paging God* is an important contribution to the religion and health literature. The book moves beyond the more common focus on the association between religion and health to examine the ways that medical institutions address religion, how staff in these institutions respond to religion and spirituality in the hospital context, and how their work in hospitals influence their own religion and spirituality.

Global Rivalries: Standards Wars and the Transnational Cotton Trade. By Amy A. Quark. Chicago: University of Chicago Press, 2013. Pp. xviii + 282. \$66.50 (cloth); \$24.50 (paper).

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In *Global Rivalries*, Amy Quark uses the global cotton industry as a case with which to build a theory of institutional change capable of explaining how or why institutions change and also the direction of change. In any historical moment, the rules of the game embody the interests of the dominant actors who created them. However, these rules—along with a perhaps infinite list of exogenous forces—give rise to both rival and marginalized actors. Invariably, institutions change as rivals seek to redirect the rules in concordance with their own political-economic interests, marginalized actors seek protection from the vicissitudes of the established order, and dominant actors try to preserve the status quo in the face of these challenges. To predict the particular claims these actors make in any given moment, one must identify their position in the organizational system these rules govern. Inequalities in bargaining power underlie the particular form that new institutions take in disputes over existing institutional regimes. Because existing rules limit possibilities of change and no actor wields complete power, institutions change incrementally and reflect hybrid solutions to redirection, protection, and preservation efforts.