Exploring Popular Images and Representations of Nurses and Nursing

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LEARNING OBJECTIVES

After reading this chapter, students will be able to:

• Explain the importance of nursing’s image for contemporary nursing
• Describe the prevalent stereotypes of nurses and nursing, and try to explain the persistence of these stereotypes
• Debate the issue of whether nurses really should abandon the “overworked angel” image
• Explain the difficulties involved in proposing a “realistic” portrayal of nurses and nursing
• Propose a strategy or small-scale project that could help promote alternative media representations of nurses and nursing

KEY WORDS

Images, iconography, media, stereotypes, portrayal, mythical, realism

INTRODUCTION

Since the mid-1970s, there has been a burgeoning interest in the study of popular images of nurses and nursing, and it seems that every conceiv-
able aspect of those images has been scrutinized. Writers have focused on images of nurses and nursing on television, in cinema, in novels and short stories, in news coverage, and elsewhere. This fascination with the image of nurses is interesting. With the possible exception of doctors, there is no comparable body of inquiry regarding the image of teachers, social workers, physiotherapists, accountants, occupational therapists or other professional groups. Since most examinations of nursing’s image have been produced by nurses and have been largely promoted within nursing itself, this may demonstrate the profession’s discomfort with persistently stereotyped images of nurses’ work—stereotypes that continue to shape public expectations of nurses and public decisions about the allocation of societal resources to nursing. In this chapter, we will explore some of the early history and iconography of nurses and nursing in order to clarify the origins of many of the issues and images which are so hotly contested and debated today. The question of relevance is important here. Why, when so many other pressing issues preoccupy nurses and the health care systems in which they work, should we worry about nursing’s image? To answer this question, Delacour (1991) argues that:

Certainly it is important that we analyse the process through which dysfunctional images and discourses are maintained. Moreover, it is useful to regard reading media as a politically situated and critical activity for the nursing profession. (p. 413)

The unfortunate fact is that public beliefs of the importance of nursing are shaped by the images people see—as patients, family members, members of a community, and consumers of the media—from the journalistic to the entertainment. If nurses are silent—or visible only in particular ways—in public debates about the status and future of health care systems, the running of their institutions, and the journalistic depiction of health care work, they risk being marginalized and neglected when it comes to decisions about everything from the allocation of resources to how health care is portrayed in the morning newspaper. This will have an impact on nurses’ salaries, working conditions, relationships with other members of the health care team and—most important—on their ability to protect their patients and deliver high-quality nursing care.

Developing a critical and questioning view of our historical and contemporary representations of nurses’ work is thus important for
every nurse’s personal and professional development. Indeed, if nurses are to advocate for their patients effectively, it is a critical part of their ethical mandate. Nurses, however, should strive to move beyond the kind of “knee-jerk” or simplistic response that lauds good images of the profession while excoriating any bad coverage. They need to develop the capacity to analyze and criticize a broad range of issues and to understand both the production, meaning(s) and possible effects of popular images of the nurse and nursing.

NURSING’S EARLY ICONOGRAPHY

Representations and images of nursing are as old as nursing and healing themselves. By tracing the origins of modern nursing back to antiquity and to the earliest accounts of babies, pregnant women, family, and other members of early communities being cared for, usually by women, we can see that, “The nurse as saintly domestic is no modern invention” (Kampen, 1988, p. 36). The earliest Greco-Roman depictions were almost entirely of “baby nurses” and the image of the “modern” nurse as tender of the sick or wounded was not to appear until the fourteenth century (Kampen, 1988, p. 16).

With the emergence of religious orders and associated charitable services came a new iconography of nursing which showed women extending their care practices from the immediate household and family arena to the care of strangers. This was not always welcomed, however, and the Middle Ages in Europe especially saw the slaughter of many “wise women” who were burnt as witches (Darbyshire, 1985). Commenting on fifteenth century depictions of nurses working with the sick, Kampen (1988) makes the significant observation that:

Several features common to scenes of nursing sisters help to define the nature of their role: they nurse patients who are most often men lying in bed; they work in a distinctive location that does not look like a house; they wear distinctive costumes; their activities are domestic and religious rather than specifically medical; and most important, they are never subordinated to patients and doctors. (p. 23)

It is salutary to think that, with the exception of the last phrase, this description would have fit any typical Victorian infirmary almost 500 years later. This depiction of nurses as tenders of the prostrate sick has been a powerful one. It was reinforced by the iconographic imagery of
Florence Nightingale wending her way through the wards of Scutari Hospital during the Crimean War. Indeed, to many members of the public, nursing is erroneously viewed as taking place in only one particular setting and centering around one particular activity. That setting is of course the hospital, and that activity is taking care of acutely ill patients. McCoppin and Gardner (1994, p. 156) noted how this one-dimensional view of nursing and nurses can occlude the view of all other forms and areas of nursing, which can somehow be deemed to be “less than or other than real nursing,” which of course was deemed to be practiced exclusively at the bedsides of sick people.

The stereotypical view of nurses as working only in acute-care, high-technology areas often portrayed in the media makes it very difficult to provide the alternative view of nurses working within the community, which is more difficult to make “attention grabbing.”

It is not only the various forms of community nursing which may be seen as less than “real nursing” but also the myriad of other forms of nursings, such as working in mental health, health promotion, school nursing, working with people with learning or intellectual disabilities, and many others.

In fact, stereotypical views of nursing have a negative impact even on nurses who practice in acute care hospitals. Too few members of the public understand that the nurse is there to save patients’ lives and to be what Linda Aiken and her colleagues at the University of Pennsylvania School of Nursing refer to as the “early detection and prompt intervention” system in the hospital (Aiken, Clark, Sloane, Sochalski, & Silber, 2002, p. 1992) Most members of the public view nurses as sweet, kind, honest, ethical, attentive and willing to talk, but not particularly critical to the effort to rescue them from medical errors and injuries and to make sure their treatments do not kill them. As one 65-year-old female California patient recently said (Gordon interview), “Oh, when I was in the hospital, the nurses were so nice and cheerful.” Or as another 50-year-old woman commented, “When my mother was in the hospital for brain surgery, the nurses were always there; they always explained things to us.” She contrasted this with the behavior of doctors who would whip in and out of the room and explain little or nothing. When Gordon pointed out that the nurse also made sure her mother did not die from the surgery and elaborated the medical and technical skill and knowledge she possessed, the woman was stunned. “I didn’t know nurses did all that,” she said.

This masking of what, even in 1985, was more than half of the nursing workforce (Dunn, 1985), is significant because it can help narrow and
restrict students’ and other nurses’ perceptions of what nursing fundamentally is. For example, in Kiger’s study of student nurses in Scotland, she found that, “The picture of adult medical-surgical nursing as typical of real nursing persisted throughout (the students’ concept of) ‘working with people’” (Kiger, 1993). Similarly, the failure to understand the complexity of basic nursing work also pushes students away from bedside nursing and into fields like advanced practice nursing and nurse practitioner work. In the U.S., many students in four-year nursing schools say that they only want to work in hospitals for one or two years because they think bedside nursing is unchallenging and do not want to be perceived as “just a nurse” (i.e., just a physician’s handmaiden or bedpan emptier).

Why nursing should be such a fertile ground for image construction and manipulation is a hugely complex issue and one that has been discussed and argued over many years. One way of beginning to understand the heady brew of images, social constructions, myths, contradictions, and realities which form the image(s) of nurses and nursing is to look more carefully at the persistence and power of the major stereotypes of nurses which still exist in either blatant or more subtle forms even today.

**NURSING STEREOTYPES**

Stereotypes of a profession are not necessarily deleterious to the profession in question. Physicians, for example, are considered to be the major players on the health care stage and are viewed as totally responsible for all the good things that happen to the patient, when in fact, it may be the nurse, nurses’ aide, or another clinician who was also responsible for an excellent outcome. If the sole problem with nursing stereotypes was just that some get-well cards, tabloid newspaper stories, or X-rated films portrayed nurses as oversexualized bimbos, then perhaps we could laugh it off, but when the effects of stereotyping are more serious, then there is more at stake than nursing’s collective need to lighten up.

The problem for nursing is that its major stereotypes are so unrelentingly negative in their connotations and so wholly untenable in their relationship to the reality of nursing. (The notion of a single nursing reality is itself contentious and we shall return to this later.)

As Delacour (1991) observes:

> even stereotypes regarded as dubious may, after a measure of exposure, become internalized and naturalized; they are thereby metamor-
posed into categories of the normal, the real, and the healthy and desirable. (p. 413)

The images and perceptions of nursing, both within the profession, and in society in general, are important for several reasons. We live in an era where image and the marketing of image has never been more important. While nurses can certainly maintain that the core business of nursing is caring for the sick and assuring the health and well being of people, nurses would be foolish to ignore the importance of nursing’s image.

If the public does not understand the breadth and complexity of nursing work, it cannot fight for the social and financial resources that allow nurses to do that work. If nurses do not, as Buresh and Gordon (2000) have argued, obtain the “Three Rs for RNs,” that is, respect, recognition, and rewards, they will burn out and the shortage we have today will persist indefinitely. If we are to attract creative, committed, intelligent, and passionate people into nursing, then nursing needs to be seen as every bit as worthwhile, challenging, and dynamic a career as any other in the fields of health care or social service. The persistence of old, hackneyed stereotypes does nothing to enhance the attractiveness of nursing as an occupational option and hampers nurses’ ability to make nursing a long-term satisfying career.

Muff (1982, p. 211) has suggested six major nursing stereotypes: angel of mercy, handmaiden to the physician, oman in white, sex symbol/idiot, battleaxe, and torturer, while Dunn (1985, p. 2) credits the average tabloid newspaper with even less imagination, being interested in only three types of nurse: angel, battleaxe, and nymphomaniac. We also have, of course, the additional image of the empty-headed nurse who is kind but dumb. This reinforces the idea that if you are a woman with a brain and want to use it in health care then your only legitimate avenue is medicine.

**ANGELS WITH PRETTY FACES AND EMPTY HEADS**

If nursing iconography has an enduring stereotypic image, it must surely be the nurse as angel. While much of the earliest artwork and imagery of nurses showed nurses ministering to the sick in various quasi-religious ways and settings, nurses in Australia, even in the late 1800s, were “redefining the image of nurses as motivated primarily by self-sacrifice”
(Bashford, 1997). However, it was Florence Nightingale’s story that captured the public imagination and stimulated a swathe of hagiographic accounts, which critic Leslie Fiedler (1988, p. 103) called “shameless schlock.” The “saccharinizing” of Nightingale’s image began almost as soon as she moved into public view. Nightingale was, to say the least, a difficult woman who drove her colleagues and used whatever means she felt necessary to pursue her goals. Yet, the public and media quickly sugarcoated her image. She became—and has remained—the “angel of the Crimea,” and the “lady with the lamp.” Not just a courageous heroine, she became a secular saint (a reputation that was certainly reinforced by her more than fifty-year retreat from the world, although not from public life). For example, in 1857 the American poet Henry Wadsworth Longfellow wrote an ode to Nightingale entitled Santa Filomena that morphed Nightingale into the image so persistent to this day:

The wounded from the battle-plain,
In dreary hospitals of pain,
The cheerless corridors,
The cold and stony floors.
Lo! In that house of misery
A lady with a lamp I see
Pass through the glimmering gloom,
And flit from room to room.
And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
Her shadow, as it falls,
Upon the darkening walls.
(Donahue & Donahue, 1996, pp. 203–204)

Twentieth century movies such as The White Angel and The Lady with the Lamp (Jones, 1988; Kalisch & Kalisch, 1983b) did not update Nightingale’s image but simply repackaged it. So powerful were these images of the angelic presence which lit up the wards of Scutari with her lamp, that Florence Nightingale has become easily identified as the soul or spirit of nursing and as the embodiment of selfless, devoted, compassionate care which borders on the saintly. In some cases, Nightingale’s very name has come to symbolize the precise opposite of what she actually was, and is used to suggest that a person is a naive, do-gooder. Thus people may say to you, if they believe you are misguided altruistic, “Oh don’t be such a Florence Nightingale.”
Despite some of the more recent, critical, and balanced scholarship concerning the life and work of Florence Nightingale (e.g., Hektor, 1994), the stereotype of the nurse as selfless angel is still prevalent, especially in the public imagination. At first glance, some nurses may believe that the angel image actually gives them credit, credence, and legitimacy. “What’s so bad about people thinking we’re angels?” a fourth-year nursing student in a prestigious Northeastern nursing school recently asked. Perhaps she had seen too many episodes of the American television show *Touched by an Angel.* If angels accomplish miracles, who would not like to be thought of in such a positive light? Which nurse would not like to think that she was capable of such profound caring that could earn such adoration? Is this not just being held in high regard by society? Don’t we feel good when opinion polls put nurses near the top of the list for perceived honesty, trustworthiness, and hard work?

But consider for a moment what an angel really is. In Catholic theology, for example, angels are said to be “pure, bodiless spirits” created by God to uncritically help Him execute his divine plan (www.catholic.org/saints/angel.shtml). Like saints, they uncritically accept religious dogma and do what they are told. Jane Salvage (1983) perceptively pointed out that nurses often collude in sustaining the selfless angel stereotype while professing to scorn it. As she noted, “The trouble is we are secretly flattered by the myths, especially those emphasizing dedication and high-minded self-sacrifice” (p. 14).

However, buying into the “angel” stereotype may be a Faustian bargain, for there is a price to pay. Angels may be saintly, but such perfection is impossible for mere mortal nurses to achieve or maintain; nurses are, after all, only human. Because they were created by God, angels do not require any education or experience. Their sanctity is a divine gift and entails self-sacrifice and devotion. Angels do not, therefore, get paid for their work. Virtue is, after all, its own reward, and for the angel nurse, there can be no such person as the patient from Hell.

Real people may be born with particular dispositions and talents (although some would dispute even this), but they cannot be born nurses. Real nurses are educated, not born, and the path to becoming skilled and competent is a long and hard one that requires not divine, but human, intervention. Real nurses are educated in school, through on the job experience, and by continuing education throughout their career. Whatever shafts of grace real nurses achieve are often hard won through their sustained engagement in the lives of those people who place their trust in them.
DOCTORS’ HANDMAIDENS

If the “angel” myth is a remnant of nursing’s religious order origins, then the unquestioning obedience of the doctor’s handmaiden owes much to nursing’s military origins and to its origins in Christian religion (Nelson, 2001). This stereotype is grounded in the image of the nurse as a kind of lady in waiting or doctor’s right-hand woman. This image was born in the nineteenth century, when medicine insisted that nursing have no other purpose than to serve the physician, not the patient. As one English physician put it in the late 1800s:

In fact, there is no proper duty which the nurse has to perform, even to the placing of a pillow, which does not or may not involve a principle, and a principle which can only properly be met by one who has had the advantage of medical instruction. It is a fundamental and dangerous error to maintain that any system of nursing has sources of knowledge not derived from the profession. (Gull, cited in Peterson, 1978, p. 183)

The view of the nurse as someone with no knowledge and judgment of her own has shaped the media view of nursing. In this handmaiden role, the nurse is essentially an empty head who borrows the doctor’s knowledge, skill, and judgment, and acts as his agent, or “eyes and ears” (a medicalized version of the angel nurse who is God’s agent).

We see this image in many television shows and other media depictions of nursing. In the recent TV prime-time show Chicago Hope, the main nursing character did little but service the doctor inside and outside of the examining room. The ex-wife of one of the physician characters, she made her rounds with patients reluctantly because she was so busy charting her ex-husband’s love life. In countless media reports of health care, doctors are presented as the main players on the stage, while nurses appear in the background mainly to provide color and set the scene. In some movies, nurses are utterly ditzy. Neil La Buté’s 2000 movie Nurse Betty is a case in point. The main character, played by Renee Zellweger, is a frustrated housewife who once wanted to be a nurse. Traumatized by seeing her husband’s murder, she believes that she has become the nurse heroine in a TV soap opera. Madly in love with the physician character in the show, she goes to find him in Los Angeles and actually gets a job as a nursing assistant in a hospital. Why? Because, after seeing so many episodes of the show, she was able
to perform a life saving procedure on a patient in an ambulance. The message? Nursing is so simple, you can learn to do it by watching the afternoon soaps.

The flip side of this empty-headed image is the idea that the nurse with brains and ambition can prove herself only by becoming a doctor. In the 1998 movie *Living Out Loud*, Holly Hunter plays a nurse who has been deserted by her cad husband, a doctor. After falling to pieces alone in her apartment, seeking the services of a male prostitute (if guys can do it, why shouldn’t women?), she finally pulls herself together and goes back to school—not to get an advanced degree in nursing, but to become a pediatrician.

Like the “angel” myth, this view has often been sustained by nurses themselves. One sometimes hears nurses today who refer to themselves as the doctor’s eyes and ears. We hear far fewer nurses who believe that they are the doctor’s brains as well (Gordon, 1999). Some seem to be flattered by the idea that their doctor or their specialist says that he/she could not manage without them. Conveying the image of handmaiden to patients, they will introduce themselves as “doctor so and so’s nurse.”

In her analysis of nurses’ image in post-war Britain, Hallam (1998, p. 37) noted also that “Within the broadcasting environment, nursing’s professional discourse of ‘service’ was interpreted as service to medicine; nurses themselves did little to challenge the picture.” In this sense, the handmaiden stereotype may be less mythical than nursing would like to acknowledge. While nationally and internationally particular nurses and nursing projects/initiatives have led health care advances (often in collaboration with medical colleagues), there are still many nurses who work with doctors who seem not to recognize nurses’ ability and responsibility to make an equal contribution to care. They have accepted the medical view that the nurse’s role is to make coffee, or change the bedpan, not make decisions. Despite claims of teamwork and multidisciplinary cooperation, some nurses do not protest the definition of a team in which a lot of people are doing what one person says—that one person being the doctor.

**THE BATTLEAXE OR MONSTROUS FIGURE**

For images to be powerful and long lasting, they must be capable of being both sustained and subverted. The battleaxe figure is in many
ways a magnificent subversion of other stereotypes of the nurse, what Hunter (1988) calls in a slightly different context the “translocated ideal.” Whereas the angel is often portrayed as pretty, feminine, Caucasian, slim, caring, white-clad for purity, fun, deferential, and loved by patients, the battleaxe or matron figure was almost the exact opposite—tyrannical, fearsome, asexual, cruel, monstrously large, dark-clad, and set on crushing all fun and individuality. On a BBC radio program that Darbyshire compiled several years ago, he listened to a recording of a 1960s radio quiz show where one of the male panelists joked that the tragedy of nurses is that they were one day destined to become matrons or managers. Nurse managers, like other nurses who refuse to fit the accepted stereotype of the pretty, kind, compliant nurse, are banished to the moral margins of societal acceptance where they become objects of fear or ridicule. Think here of “bad” nurses like Charles Dickens’ Sairey Gamp (Summers, 1997), Ken Kesey’s “Big Nurse/Nurse Ratched” from One Flew Over the Cuckoo’s Nest (Darbyshire, 1995), Annie Wilkes from Stephen King’s Misery, and the more comic figures of Hattie Jacques from the Carry On film series, or Matron Dorothy from Australia’s 1990 television series, Let the Blood Run Free (Delacour, 1991).

The battleaxe stereotype cries out for a feminist analysis which would reveal the fate of any nurse who does not comply with the mythical norms of the ideal nurse and who challenges male power (usually patients and doctors). Worse than this, perhaps, is that the battleaxe figure is a powerful woman who is not attracted to men or medicine (Darbyshire, 1995). This proves that she cannot be a real nurse, as one of the most prevalent and damaging stereotypes is the nurse as an easily available sex bomb.

Like the angel nurse and physician handmaiden, this image is also perpetuated by nursing. In their book Silence to Voice, Gordon and Buresh argue that American nurses should introduce themselves as “Nurse Smith” rather than with “Hi, I’m Joanie.” Although nurses often reject the suggestion that they use the term “nurse” coupled with their last name as a form of introduction because it is too formal, hundreds insist that to do so would remind patients of “Nurse Ratched.” When Gordon interviewed dozens of patients to ask them how they would respond to a nurse who attached the word nurse to her or his surname, not a single one thought of the monster nurse. Most liked the idea—“Thank God, we know who we’re dealing with; most of the time we can’t figure out who’s the nurse.” one former patient recapitulated the majority opinion. Few people under fifty—or not in the upper middle class—had ever
heard of Nurse Ratched. Very few students in nursing school had heard of her, until that is, their nursing professors told them. Like the angel, it seems that some nurses are determined to keep Nurse Ratched alive and to wield her image as a shield to justify what could be positive changes in their own personal self-presentation.

### NAUGHTY NURSES AND NYMPHOMANIACS

When Darbyshire was a lecturer in Scotland, he would discuss the question of nurses’ image with the first-year students who had just begun their course. He asked them what a common reaction would be at a party if they happened to mention that they were nurses. After the laughter and ribaldry had settled, it was clear that a common, if not thankfully universal, reaction from some men was a “knowing grin” and some suggestion that a night of unbridled sexual abandon might lie ahead. For this reason, many of the students said that they would make up an occupation rather than “admit” to being a nurse.

Why is the naughty nurse stereotype so prevalent? Why are there no naughty lawyer sexual stereotypes? Why are there no pornographic films made about the adventures of a group of occupational therapy students? Why do sex shops not sell physiotherapist uniforms? What is it about nurses that makes them such a target? This is a deep and complex issue but consider the following points in relation to Hunter’s (1988) notion of a “translocated ideal.” Nursing is utterly implicated in social power relations, between nurses and doctors, nurses and other nurses, nurses and patients, nurses and relatives, and more. When patients enter a hospital, the traditional power relations are reversed and they find themselves vulnerable and dependent rather than strong and in control. At a societal level (for not every male patient will see his situation in this way), one way of redressing this balance is to metaphorically (or perhaps even practically) sexualize the encounters between nurses and patients. This gives men power over women who have power over them. The man in question may not be able to walk, or pee, or feed himself. He may be frightened, anxious and vulnerable. But he can pat butt or dream about it and turn the nurse who has power over him into someone he can dominate, if not in reality, then in his fantasy.

We also know that nurses’ practices in relation to patients’ bodies is part of this process. Nurses are exceptionally privileged in that we are intimate body workers. Nurses have access to people’s most private body
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areas and bodily functions (Lawler, 1991). One of the most important practices that a nurse develops is the ability to work with patients’ intimate body parts without sexualizing the encounter. (Gordon, 1996) If the nurse transgresses this boundary, it would be both embarrassing and dangerous. In an almost-too-painful-to-watch scene in Dennis Potter’s television play, *The Singing Detective*, a nurse has to anoint with cream the genital areas of hero Philip Marlowe, as he has extremely debilitating psoriasis and cannot do this for himself. As the nurse applies his cream, he becomes sexually aroused and, despite trying desperately to divert his thoughts, he develops an erection. The nurse, however, wants to get the procedure done and continues creaming, causing him to ejaculate and suffer an agony of humiliation.

If the patient does it in his fantasies, it may make him feel less vulnerable. In the 1989 movie *War of the Roses*, Michael Douglas and Kathleen Turner play a couple going through a vicious divorce. Danny DeVito plays Douglas’ friend. In one of the movie’s more memorable scenes—from the point of view of nursing that is—Douglas sits alone in a darkened hospital room with a suspected heart attack that turns out to be esophagitis. A nurse comes in to speak with him. As she walks out the door, De Vito walks in. He takes a seat and, after asking Douglas how he is, says crudely, “Think we can get that nurse to come back here with a bottle of musk oil?” It is a perfect example of this kind of power dynamic.

Fagin and Diers (1983) are clear on the damaging implications of conflating equalization and intimate body work, “Thanks to the worst of this kind of thinking, nursing is a metaphor for sex. Having seen and touched the bodies of strangers, nurses are perceived as willing and able sexual partners” (p. 117). The naughty nurse stereotype also encourages the subversion of another ideal, that of the saintly purity of the nurse as angel. Beneath the pristine white uniform, tightly bunched and restrained hair, and sheepish obedience to authority lies the pornographer’s win-win scenario. Either the nurse is really a sex-bomb being barely held in check by the rules and regulations of the institution and awaiting the slightest excuse to release all of this pent-up passion, or she really is completely subservient to (male) authority, in which case she will willingly agree to every sexual demand.

If you think that these scenarios are farfetched, consider a feature that ran several years ago in the U.K. tabloid newspaper, *The Sun*, which aroused furious opposition, and not only from nurses and their organizations. The feature had the headline, “Calling All You Naughty Nurses” and read:
Yes, we know you’re out there. Lots and lots of people tell stories about those saucy times when temperatures soared in the wards. Who hasn’t heard about the time the young nurse turned a bed bath into a saucy romp? And delighted male patients are always revealing how they got some very special medicine from the attractive sister when the screens were drawn. So come on folks. Let’s hear from the naughty night nurses—and their happy patients—about the fun times in Britain’s hospitals. We’re opening our own special phone line between 10 am and 6 pm today. Ring the number below and tell us your stories.

Such was the wave of protest from nursing organizations and others that the feature was withdrawn within days.

In the United States, a TV prime-time show, Nightingales, provoked similar outrage. The show—about student nurses—aired its pilot episode in June of 1988. It ran from January 1989 till April of 1989, when it was cancelled. Portraying nurses as sexpots who spent more time in exercise class or dating than cracking books or in school, it received similar protests from nurses and nursing organizations who tried first to work with the producers to change the focus and when that did not succeed, managed to get the show cancelled.

NURSING’S IMAGE: BLAME THE MEDIA?

Many nurses blame the media for everything that is wrong with nursing’s image. The media is an easy target of scorn. In fact, the issue of nursing’s image is very complex. According to a 1997 study cosponsored by the National Health Council and PBS’s Health Week, most Americans get most of their information about health care from the media. “More people turn to television (40 percent) as their primary source of health care information than they do to physicians (36 percent)” (Starch, 1997, cited in Buresh & Gordon, 2000).

A study conducted last year by the Kaiser Family Foundation found that regular ER viewers learn about health-related subjects from the show and some consult their doctors because of what they have seen. An earlier study found that children’s strongest impressions of various medical professions were primarily derived from ER and other television dramas (Boodman, 2003, p. HE01).

Delacour (1991) makes the important point that often it is not only the ways in which nursing is portrayed but, more than that, it is that nursing is “symbolically annihilated by the mass media” (p. 418) and
virtually ignored. To test this claim, it would be interesting to keep a local and a national newspaper for a month or two with a view to checking how many health stories included authoritative comments from nurses as compared with doctors. Many nurses would say that they could confidently predict the results of such a survey well in advance. When Buresh, Gordon, and Bell conducted such a survey in 1990, they found that nurses were used less as sources of health care news than any other group in the industry. Considerable research has been undertaken into the role of the media in constructing and shaping nursing’s image. In the U.S. in particular, Philip and Beatrice Kalisch in the 1980s produced numerous books and papers on many different aspects of this question (Kalisch, Kalisch, & McHugh, 1982; Kalisch & Kalisch, 1983a, 1983b, 1984, 1987; Kalisch, Kalisch, & Scoby, 1983). Criticism of the media in general continues to this day. Holmes (1997), for example, advises that we should (perhaps) give up watching medical soap operas on television as they are “anodyne and legitimating rather than transformative and critical” (p. 137). While soaps may well be anodyne, there are probably few viewers of *ER* or other shows of this genre, who complain that the show is no longer as “transformative and critical” as it used to be. Blaming genres for not being what we would wish them to be is surely tilting at windmills. To simply stop watching soaps because we disagree with aspects of their portrayal of nurses and nursing is scarcely a mode of engagement. Nor is it particularly astute to imagine that the media exist to accurately (or should we say positively/flatteringly?) depict nurses and their work. Much as we may dislike the notion, the mass media exists primarily as a profit-making business. It is not nursing’s public relations machine.

The authors disagree on an interesting point here regarding genre and representation. Philip suggests that criticisms of the portrayals of nurses often seem to misunderstand the different genres of representation, especially comedy. Philip argues that criticizing a film like *Carry On Nurse* for giving a false image of nurses and nursing makes little sense as these are not documentaries and their purpose was never to represent the reality of nursing. They are comedies, and they work by upsetting—and yes, even ridiculing—our understandings and expectations of nursing. Condemning a film like *Carry On Nurse* for not being a true-to-life account of nursing is like criticizing Thursday for not being the Rocky Mountains. Suzanne takes a different view and argues that nurses should criticize these shows regardless of their genre or intention. She advocates that nurses should criticize blatantly incorrect portrayals
of nursing wherever they appear, but only if they are willing to work with the media to achieve a more accurate picture of their work.

Working with the media in order to help create more realistic portrayals of nursing’s work can help create a more balanced view of health care (Buresh & Gordon, 1995). In the early days of the filming of the medical soap ER, there was virtually no consultation with nurses or ER departments. U.S. emergency room nurses, however, did more than complain or stop watching—they became active and contacted the producers regularly with comments and criticisms, but also with offers of help, story line ideas, and the names of subspecialty ER nurses who were willing to help the show “get it right.” Unfortunately, ER’s producers and writers keep slipping back into negative nursing images. In the fall of 2003, the show painted nursing in a negative light. Doctors were routinely doing nursing work and the show’s main nursing character abandoned nursing to go to medical school. Nurses, however, did not just stand by and watch this happen without comment. The two-year-old Center for Nursing Advocacy, started by nurse Sandy Summers, launched a protest campaign that attracted the attention of the Washington Post. If nurses remain vigilant, ER may have to change or go the way of Nightingales.

NURSING’S IMAGE: DEPICTING REALITY?

Joanne Rule, former head of the RCN (UK) Public Relations office, once commented that “if nursing were to succeed finally in shaking off the ‘angel’ image it so professes to hate, it might be replaced by an image that it hated even more” (Rule, 1995). In challenging potentially damaging images of nursing, what seems to be the most difficult thing for nurses is to agree upon an account of what a “good portrayal” of the profession would be. As Bashford (1997) noted in her study of how early Australian nurses challenged their systems:

resistance was never straightforward. Often, rather than new discourses offering empowering new subject positions, they produced confusion, contradiction and insecurity. Women were asked to think about their work in religious terms in one moment and in one context, in scientific terms in another, and as a type of professionalism in another. (p. 74)

This historical dilemma will seem blindingly contemporary to today’s nurses who are struggling with very similar issues. Everyone wants a new
image. But who is the new nurse one should promote? Is she a staff nurse who, studies now confirm, is critical in preventing complications, tragedies, medical errors and injuries? Is she the advanced practice nurse, or the nurse practitioner? Is she a researcher or so-called nurse leader. Is she a he?

Similarly, in looking for a realistic image of nurses, many nurses seem to believe that only the most positive images are acceptable. But acceptable to whom? To me personally? To nurses at my hospital? To nursing in general? Medicine certainly does not ask for bad publicity. But doctors understand that media coverage of medicine’s problems is a sign that the public takes medicine so seriously that even its flaws must be examined. Gordon and Buresh argue that “bad coverage implies that what doctors do matters. They are indispensable. They are so important that their mistakes, as well as their successes, are a public issue deserving the most serious scrutiny (Buresh & Gordon, 2000). Doctors all can rest assured that coverage of these flaws will be balanced by coverage of medical innovations and accomplishments. Thus they do not run for cover from journalists because newspapers and TV misquote them, get it wrong, or sensationalize medical missteps.

Nursing and nurses tend to be extremely thin skinned about the slightest hint of critical coverage. Nurses tend not to respond expeditiously to journalists’ inquiries and often flee even positive depictions of their work. If a nurse is misquoted, quoted out of context, or a story is not positive, nurses tend to want to avoid the media altogether. This puts nurses in the paradoxical position of seeking a better media image while failing to take advantages of the opportunities that might rectify public misinformation about the profession.

Hallam (1998) questioned this quest for a ‘positive’ portrayal of nursing by arguing that

This search for a positive image of nursing identity poses two crucial problems. On the one hand, it tends to presume a professional consensus in terms of what this image is or could be . . . the positive image approach can also be critiqued from the viewpoint of media reception; it conceptualizes readers and viewers as uncritical receivers of messages who unquestioningly digest the authority of the image. (p. 33)

Similarly, Cheek (1995) has observed that “the task is not to look for real and authentic representations of nursing, but rather to look for the speaking and representation that is done about nursing” (p. 239).

Perhaps nurses would be more emboldened if they focused on some of the truly positive images and accounts of nurses and nursing that
can be found. For example, in his account of his serious injury and recovery, surgeon and rehabilitation specialist Tony Moore (1991) describes the artistic and technical expertise of the intensive care nurses who gave him a blanket bath:

They worked like a ballet corps in slow motion, softly moving me forwards, to the side, sponging, touching, toweling with clean tenderness, and when one gently washed my genitals I felt nothing but the compassion of her care. (p. 11)

Richard Selzer (1993) was another surgeon who found himself a patient in intensive care following Legionnaire’s Disease. He is hugely embarrassed by his dependency and incontinence, but again, his nurses were memorably skilled in what he calls “the forgiveness of the flesh” (p. 56). Unlike the unfortunate Philip Marlowe in *The Singing Detective*, nurses spare Selzer the embarrassment and pain that could so easily become part of his intimate body care. One nurse who makes such a profound difference to Selzer’s care and recovery is Patrick, whom Selzer describes as being “the sort of nurse who can draw the pus out of a carbuncle with his gaze alone, and turn it into a jewel” (p. 56). Selzer is quite emphatic that the power of skilled nursing care is not merely “nice to get” but that it is actually transformative. He describes his being carried back to bed by Patrick following a tub bath as the moment when his “molecules rearranged themselves.” “It is the true moment of cure,” he says (p. 93).

Read these authors’ accounts of their care and then consider that some patients deem bathing patients to be “basic” nursing care. By this they do not mean trivial activities that anyone could perform, but important actions that require skill and experience. There are many other positive accounts in literature and popular culture of nurses and nursing in which nurses are valued, appreciated, and have a markedly beneficial effect on the recipient. However, we should be careful not to fall into the trap of collecting these accounts as a kind of trophy for nursing. If we are to cultivate and develop our questioning and critical powers, then the positive accounts also need to be questioned and discussed.

**CONCLUSION: FROM AFFRONT TO ACTION**

During the past two decades, there has been a plethora of research and discussion regarding nursing’s image and the portrayals of nursing.
We are now much more aware of the forces that shape and maintain many of popular culture’s images of nurses and nursing. Perhaps the next two decades will see nurses moving from a position of greater awareness to one of more positive action. By this we mean that nurses will move beyond their outrage at the negative stereotypes that they encounter, that they will talk more with the media and the political community—as well as friends, neighbors, and family members—and that they will encourage their hospitals to promote their work.

Indignation and refusing to watch are not strategies for change. Nor will it be enough to merely call for negative images of nurses to be withdrawn or banned. The most difficult task ahead is for nurses and nursing to use the media in a much more streetwise way than they have in the past. If nurses do not like the images that are being presented, then they have a responsibility to make their criticisms clear and provide alternative accounts of their own work that move beyond the stereotypes we have analyzed. If nurses think that media reports and stories about nursing are inaccurate or inadequate, then they need to interest the media in alternatives. If they feel that the media completely ignore a particularly important program, service, or aspect of nursing, then why not alert them to this and highlight the importance of what it is that they are missing? None of the media like to feel that they are missing something interesting or important, especially in their local area. Nurses, like women and minorities, also have to be willing to persist in the face of rejection. Today, too many nurses retreat when the media give them the cold shoulder. This is an ineffective way to change their image and gain the legitimacy they desire.

Delacour (1991) lists excellent questions that we should ask about the images and representations of nurses and nursing:

Who has speaking rights? Who says what? Which position? On behalf of whom? Who is silenced? What are the assumptions? What is privileged in the text? What is ignored, glossed over or marginalised? What is the target audience and how is the reading/viewing position constructed to promote a ‘preferred’ reading? Which genre and its codes and effects? What type of publication/program and resultant status of discourse? How are power and knowledge articulated? How are gender, sexuality, roles and relationship, race, class, deviance and normality constructed? Which rhetorical devices? Which linguistic features? (p. 419)

These are questions which do not naively assume that there is a right or wrong image, but that begin the task of unpacking and exploring
this complex yet highly revealing area wherein nurses can learn so much about both themselves, their society and those whom they care for. To these questions we should add some others that will help nurses be more active in redressing the profession’s image. Questions such as: What images would nurses want to see in the media? How can nurses show the positive power of nursing to local and national media? Why would/should the media be interested in this program/innovation/nursing development? How can nurses present this idea or story to them in such a way that they cannot ignore it? Whose expertise and support could nurses call upon to help them do this? (Clarke, 1989; Monahan, 1996; Strasen, 1992).

We now know a great deal about representations of nurses and nursing in the various media and popular culture. As nurses, our task now is not simply to adapt to, or merely observe and comment on, future changes, but to get out there and make the changes happen.

REFLECTIVE QUESTIONS

1. Discuss with a group of your peers the reactions that you have encountered, both favorable and unfavorable, when you have told people that you are a nurse/student nurse and how you feel about such reactions.
2. Use Delacour’s list of questions to assess and question some selected images of nurses/nursing, e.g., a film, documentary, novel, soap opera, etc.
3. Plan how you would go about creating your own media story about nurses or nursing? What would you choose as the issue? Would it be a nurse-led clinical initiative, an ethical dilemma, a particularly successful patient outcome, an exciting new approach in nursing education, or a particular nurse who is doing something really special in a particular area? How would you go about get the media interested in the story and how would you present it?

RECOMMENDED READINGS


Mason, D. J. (2002). Invisible nurses: Media neglect is one cause of the nursing shortage. *American Journal of Nursing, 102*(8), 7.


REFERENCES


