

**BEYOND GOD'S WORK: A THEMATIC ANALYSIS OF NURSE IMAGE DURING
THE COVID-19 PANDEMIC**

By

France L. Reed

A dissertation submitted to the faculty of

Drew University

In partial fulfillment of the requirements for the degree of

Doctor of Medical Humanities

Caspersen School of Graduate Studies

Drew University

2021 March

Dedication

As I reflect upon my dissertation journey, the culmination of my Doctoral studies, I am filled with appreciation. I suppose this dedication page should list all, or many of my loved ones who have supported me every step of the way. I compiled a list of key players: the individuals who motivated me, encouraged me, and challenged me; but the list is long and to omit any of them would be unsuitable. So, I am limiting it to naming three people who have inspired me to be the best version of myself, and making some blanket statements otherwise.

First and foremost, I am extending my sincerest gratitude to the faculty of the Medical Humanities department at Drew University. Throughout the years, I have gained immeasurable knowledge that not only enhanced my communication and critical thinking skills, but also enriched my relationships with patients. I am indebted to Dr. Gaetana Kopchinsky for her guidance, as I completed my course requirements and tirelessly wrote my dissertation; and to Dr. Paul Kadetz for imparting his vast knowledge of the research process on to me.

Of course, family and friends have played an important role in my development as a scholar, medical professional, and an evolving sentient being. You know who you are. My love is boundless. Of this motley crew, Dr. Richard Katz deserves recognition. As a physician, mentor, and friend, he has influenced me more than he will ever allow himself to believe.

Finally, and most importantly, this labor of love is dedicated to nurses. Nursing is often an exhausting, thankless job. We pour our hearts and souls into our work even on the most challenging days. We find refuge in caring for others when our worlds are crumbling. We sometimes risk our health because we have an overwhelming sense of duty to be present for our patients. This dissertation is for you.

Table of Contents

PART ONE

Chapter One: Background and History	8
1. Introduction: The Year of the Nurse	8
2. Image, Representation and Stereotypes...Oh My!	11
3. Mass Media: Friend or Foe to Nurses?	13
4. Grow Where You Are Planted: A Brief History of Nursing	14
4.1 Nursing in Antiquity	15
4.2 The Middle Ages	16
4.3 Renaissance and Reformation	16
4.4 The Victorian Period	17
4.5 The Lady With the Lamp: Florence Nightingale	18
4.5.1 The Crimean War	20
4.5.2 Scutari Hospital	20
4.5.3 Controversy at Scutari	21
4.5.4 Advancement of Nursing	22
4.5.5 Did Florence Nightingale Undermine the Nursing Profession?	23
4.6 The United States Civil War	23
4.7 The Spanish-American War	25
4.8 World War I	26
4.9 The Spanish Influenza Pandemic	26
4.10 The Great Depression	28
4.11 World War II	28
4.12 War Time 1950s- Present Day	29
 Chapter Two: Images, Stereotypes and the Media	 31
5. Professional Nursing Culture	31
6. Classical Nursing Images: The Not-so-Fabulous Four	32
6.1 Nurse as Angel/Saint	33
6.1.1 The Paradox of Florence Nightingale	33
6.1.2 War Nurses	35
6.1.3 Are Nurses Feeding the Saint Machine?	35
6.2 Nurse as Battle-Axe/Shrew	36
6.2.1 Nurse Ratched is Born...then Reborn?	37
6.3 Nurse as Handmaiden/Servant	38
6.3.1 "I Am Just a Nurse."	39
6.4 Nurse as Whore/Strumpet	39
6.4.1 The Boob Tube	40
6.4.2 Rock'n'Roll Nurse?	40

7. The Male Mystique	41
7.1 Gaylord Focker	42
7.2 What's in a Name?	42
8. Media Ambiguity Towards Nursing	43
8.1 Show Me Your Stethoscope!	44
9. The Obscurity of Nurses in the Media	45
9.1 No Nurse Heroes?	47
9.2 Nurse Response in Times of Disaster	47
10. Implications of Nurse Image: All Roads Lead to Patient Care	48
10.1 Recruitment and Retention	48
10.2 The Endless Nursing Shortage	49
10.3 Professional Identity and Nurse Self-Concept	50
10.4 Public Expectations and Treatment	51
10.4.1 Sexualization	52
10.4.2 Alex Wubbels, R.N., B.S.N.	52
10.5 Politics, Policy and Pay	53
10.5.1 A Game of Cards	54
11. The World Wide Web	55
11.1 Social Media: The Power of the Hashtag	55
11.2 Katie Duke, M.S.N., ACNP-BC	56
11.3 Nurses Need the Internet?	58
12. The Covid 19 Pandemic	58
13. What Does It All Mean?	61

PART TWO

Chapter Three: Literature Review	64
14. Research Questions	64
14.1 Background to Research	64
14.2 Methodology of Literature Review	65
14.3 Comparisons and Contrasts of Research Articles	66
14.3.1 Study Design	66
14.3.2 Methodology	68
Sample Size	68
Research Site	69
Data Collection and Analysis	70
14.3.3 Results of Literature Review	71
14.4 Interpretation of Literature Review Results	75
14.5 Literature Review Conclusions and Recommendations	76
14.6 Conclusions of Literature Review	78

Chapter Four: Original Research	83
15. Methodology	83
15.1 Study Design	83
15.2 Sample	83
15.3 Site	83
15.4 Data Collection	83
15.5 Research Instruments	84
15.5.1 Keyword Check List	84
15.5.2 Visual Cue (Emotion, Object and Activity) Check List	85
15.6 Data Analysis	85
15.7 Bias	85
15.8 Ethical Considerations	86
16. Results	87
16.1 Video Characteristic Analysis	87
16.1.1 Video Date	87
16.1.2 Video Duration	88
16.1.3 Video Popularity	89
16.1.4 Video Location	89
16.1.5 Representation of Nurses	90
16.1.6 Male Representation	91
16.1.7 You Tube Channel Category	92
16.1.8 Social Media Content	92
16.2 Content Analysis	93
16.2.1 Keyword Analysis	93
16.2.2 Visual Cue Analysis	97
16.3 Thematic Analysis	101
16.3.1 Coding	101
16.3.2 Nursing Image	102
A. The Saint	102
B. The Rise of the Super Hero	106
C. The Inward Battle of the Stressed Soldier	108
16.3.3 Nurse Characteristics	110
A. Flexibility	110
• PPE	111
• Environment	114
• Equipment	116
• Pace	117

B. Professional	118
• Educator	119
• Ethical Dilemmas	120
• Clinically Skilled	121
C. Dedication	122
• Patients	123
• Team	123
D. Distressed	124
• Fear of Illness	125
• Death and Illness	126
• Burnout	129
• Questioning Job Choice	131
E. Optimistic	132
• Hopeful	132
• New Found Wisdom	134
17. Discussion	134
17.1 Interpretation of Results	134
17.1.1 Video Characteristics	134
17.1.2 Paradox of Nursing Images	137
A. Appreciated vs. Abandoned	138
B. Dedicated vs. Disregarded	139
C. Glorified vs. Horrified	140
D. Comfort vs. Combat	142
E. End of Life vs. Saving Lives	143
F. Harried vs. Hopeful	144
17.2 Comparisons to Literature Review	144
17.3 Answers to Research Questions	148
18. Conclusion	156
18.1 Summary of Answers to Research Questions	156
18.2 Contributions to Research	157
18.3 Study Limitations	158
18.4 Recommendations for Future Research	159
References	160
Video List	173

PART ONE

Chapter One: Background and History

1. Introduction: The Year of the Nurse

The World Health Organization designated the year 2020, the 200th year anniversary of Florence Nightingale's birth, as the Year of the Nurse and Midwife. The Year of the Nurse campaign was created to highlight the need for nurses to evolve as an influential, essential and authoritative force for the provision of global health in the 21st century; and to promote the recruitment of students to nursing programs. Little did the public know that within the first quarter of 2020, the world would be thrust into the most serious public health crisis in our lifetime. A novel Coronavirus swept its way across the planet; a pandemic of global proportion ensued, and at the time of this writing, continues to bear down upon the citizens of the world. Nurses, once a group of historically quiet, passive caretakers, were propelled into the spotlight. Nurses on the frontline displayed unwavering dedication, bravery, and competency as hospitals became overwhelmed with infected patients; and they continue to do so at the time of this writing, nine months into the Covid-19 pandemic. The contributions of nurses, who had once quietly reported to their shifts without fanfare, are being recognized at last and praised by the public and the media.

Nursing's professional image has represented a colossal challenge to the viability of the profession itself (Cabaniss, 2011). Nursing today is a theory-based, scholarly profession, with protocols and guidelines developed from evidence-based research (de Hoeve, Jansen & Roodbol, 2013). The nursing profession contributes significant value to the healthcare industry in a manner that distinguishes it from other allied health professions: Nurses are educated to consider social factors that influence health, such as income, gender, race, employment and education. They provide healthcare from a holistic perspective, which focuses on healing the whole person (mind,

body and spirit) in addition to the disease process. Nurses are indispensable advocates for patients, often connecting patients to community resources and caring for patients where they work and live (Godsey, Houghton & Hayes, 2020).

Rezaei-Adaryani, Salsali and Mohammadi (2012) found that nursing image is a multi-dimensional concept, encompassing four dimensions: the public perception of nursing; nurses' (students and practicing) individual and collective image of their profession (often referred to as self-image or professional identity); nurses' perception of public image of nursing; and the image of nursing in the media. It is also all-inclusive and dynamic. Nurse image envelopes concepts such as positive and negative stereotypical images and professional image, and as time passes, nursing image may change.

A study performed by Godsey, Houghton and Hayes (2020) examined the responses of 286 Registered Nurses who described factors influencing the inconsistent brand image of the nursing profession. Media portrayals of nursing that fictionalize the reality of nursing in the name of entertainment were a contributing factor. Other influences included the lack of support from nursing organizations to present the profession in a positive light; the constantly shifting roles that nurses fill, making it more difficult for nursing to define itself; and the failure of nurses to articulate a consistent image of their own profession, thus clearing a path for others to develop imagery that is unrealistic, but entertaining (Godsey, Houghton & Hayes, 2020).

There is an expansive body of research by nursing, medical and public health scholars that have documented the link between nursing care and patient outcomes, such as lower rates of hospital acquired infections, falls, bedsores, deep venous thrombosis (DVT), pulmonary embolism (PE) and deaths. This data, however, and its importance in the provision of patient care, remains glossed over by the media (Gordon & Nelson, 2006). This year, a Gallup poll

named Registered Nurses (RN) as the most trusted profession in the United States for the twentieth year in a row (Reinhart, 2020). RNs graduate from two-year (Diploma, Associates Degree) or four-year (Baccalaureate Degree) nursing programs, that focus on pathophysiology of disease and critical thinking in addition to the psychomotor skills required for completion of nursing tasks. Despite these achievements, nurses have often been reduced to negative stereotypes by the media, or ignored completely.

According to the American Association of Colleges of Nursing (2019), Registered Nurses comprise more than 50% of the global healthcare workforce and the largest sector of the healthcare workforce in the United States. Nurses also make up the largest segment of hospital and long-term health care professionals and remain in high demand across most health care settings, including public health, primary care, home care, outpatient centers, schools, academics and research. Until the year 2020, nurses had not found their voice. It can be argued that the nursing profession has passively allowed the media to craft and display an unfavorable image. One may ask, since nursing is such a large group of capable, educated and trusted professionals, why has the profession struggled with its image? The answers lie in the history of nursing; its professional culture; and the origins of the images and stereotypes that have pervaded the profession.

This section will examine how these images affect every aspect of healthcare, and trickle down to the daily patient care that nurses perform in hospitals across the country and the world. In our modern digital era, images of nurses are often at our fingertips, and set against the backdrop of the Covid-19 pandemic, with nurses illuminated in the media, there is an overabundance of media coverage to explore.

2. Image, Representation and Stereotypes...Oh My!

According to Merriam-Webster, the most rudimentary definition of an image is “a visual representation of something.” They further define image as “a popular conception (as of a person, institution or nation) projected especially through the mass media.” An image is described as a “personally believed-in mental picture that is descriptive, evaluative and pre-disposing in relation to some direct object or group” (Crable & Vilbert, 1986, p.58). Scientists believe that the human brain has an intricate sort of computer system within its processes. This computing mechanism uses a system, much like a camera, to capture representations, or pictures of the world, which are stored in various files within the brain, and can be accessed whenever the brain makes a connection with the subject of these images (Cunningham, 1999). To represent with images is to symbolize, and symbolization is basic to communication.

Representation plays a crucial role in how we create meaning through images, language, and sound, in relation to our surroundings. The media influences how popular culture creates meaning through narratives and images that portray people, events, and actions (McHugh, 2012). There is an expansive body of research that leads to the conclusion that the mass media have a great impact on the individual’s conceptions of the world; influences the formation of images, largely on the unconscious level; and the attitudes molded by these images can shape behavior (Kalisch & Kalisch, 1985).

Representation also has important political and legal implications, concerning social standing, visibility, and voice, and power (McHugh, 2012). These mental representations influence how individuals see all aspects of life, including health care. In fact, nursing image in media has interested scholars for decades. Representation re-presents the real world through media platforms, but since reality is too complex for accurate portrayal, the media constructs a

version of reality that is easier to engage with, but is fraught with imperfections. It is a simplistic portrayal of reality that is partial, selective, incomplete, and one-sided, yet it is extremely influential in reinforcing social norms and values (Dyer, 2013). In the case of nursing, these images influence how individuals view health care in general and the providers of health care services (Kalisch & Kalisch, 1987).

A stereotype is formed when the images are sorted into categories to make judgments about an entire group of people, places or events. Stereotypes are subject to biased interpretations, skewed towards the mental picture in our minds; they are also linked to prejudice because negative stereotypes may be applied when what may be true of a group, is not true for individual members within that group (Niven & Robinson, 1994).

In his literature review of nurse image and nursing in the media, Bridges (1990) identified thirty four different stereotypes of nurses, most of which have negative connotations. They also found that the media often presented a one-dimensional view of nursing, depicting nurses as exclusively caring for patients at the bedside, rather than engaging in other types of nursing such as research and education. Nurses were also often portrayed as performing repetitive and routine tasks, under the direct supervision of a physician, rather than the more accurate presentation of a constantly changing environment that demands not only flexibility, but a certain amount of autonomy.

The image of the nurse is believed to be a significant problem in the United States, as well as other countries, such as Australia, Britain, Canada, Ireland, Poland, Hong Kong, and Thailand (LaSala, 2005). What individuals hear, read, and sees in the media influences the image that they develop of nursing, and that image is still widely inaccurate and negative. Mass media portrayals of health care often under-represent nurses and often nurses are virtually invisible

(Kalisch, Begeny & Neumann, 2007). Furthermore, there is a disconnect between the public images of nursing as a profession and the realities of nursing practice (Kelly, Fealy & Watson, 2011). A study of eighty nurses conducted by Takase, Kershaw and Burt (2001) revealed that nurses perceive their public image more negatively than the way they see themselves; while possessing a more positive image of themselves compared with their perception of the public image. This discrepancy between professional identity and stereotypical public images of nurses may affect nursing practice and patient care, as it can lead to job dissatisfaction, which is associated with a low level of job performance.

3. Mass Media: Friend or Foe to Nurses?

Mass media stereotyping of nurses can have an adverse impact on nurse recruitment and retention; and on policy decisions when allocating resources for research and education (Summers & Summers, 2015). Nursing imagery creates a public discourse that has power over the current challenges that the nursing profession faces, such as the global nursing shortage and the relationship the profession has with society and with other professions (Kelly, Fealy & Watson, 2011). There are implications of the nursing image in the media, such as the politics of allocation, development and utilization of resources (Kalisch & Kalisch, 1987). This, in turn, will have an impact on nurses' salaries; working conditions; relationships with other health care professionals; and most important, the ability to protect their patients and deliver high quality nursing care (Darbyshire & Gordon, 2005).

Nursing image in mass media can also contribute to nurse self-concept, as these images may give rise to internalization of a particular identity, leading to actions that may impact clinical practice (Kelly, Fealy & Watson, 2011). Negatively stereotyped portrayals of nurses create images that can affect nurses' lives, aspirations, and the scope of their practice, therefore

limiting the potential contributions nurses can make in the health care system. Furthermore, these stereotypes influence how patients view nurses and the extent to which they may utilize services nurses offer (Kalisch & Kalisch, 1985).

Nurses have been depicted in every type of mass communication, including novels, film, print media, television, and on the internet. Media narratives have often misrepresented the nursing profession as a spiritualized calling rather than a profession. Nurses have been sentimentalized, demonized and sexualized in all forms of media, as well as in advertising campaigns and cartoons (McHugh, 2012). To begin a discussion about nursing image and stereotypes in the modern era, an understanding of the roots of nursing practice is necessary.

4. Grow Where You Are Planted: A Brief History of Nursing

The benefits of studying the history of nursing go beyond learning the sequence of chronological events, and extend to the impact and influence on the nursing profession that those events continued to have over time. As events unfolded, trends emerged, and these trends contributed to shaping future generations of nurses. The word, “nurse” is derived from the Latin *nutrire*, meaning “nourish” (Wyatt, 2019). In Turkish and Greek languages, “nurse” means “sister.” Informal nursing can be traced as far back as Ancient Greece (700-480 BC), when nursing care was mainly provided by women in every household to extended family and acquaintances (Theofanidis & Sapountzi-Krepla, 2015).

There was a close connection between the nurses of ancient times and religion. Early nursing has been associated with the Buddhist religion in India, where a monastic system developed institutionalized health care facilities as early as the 5th century BC (Retief & Cilliers, 2006). The earliest known written text related to nursing was the *Charaka Samhita*, a Sanskrit text compiled in India, that emphasized that nurses should be sympathetic to all (Watson, 2018).

In Islam, faithful Muslims became nurses. The first professional nurse in the history of Islam, Rufaidah bint Sa'ad, was known as the ideal nurse, due to her displays of compassion and empathy during the early 7th century (Watson, 2018). However, the origins of nursing in antiquity lie within the Roman Period (27 BC-476 AD) and the early years of the spread of Christianity.

4.1 Nursing in Antiquity

During the Roman Period, the ill, usually the elderly and the poor were cared for by monks and women. A woman who cared for the ailing was called a “deaconess.” These caretakers are considered to be the predecessors of nursing because they tended to destitute patients in their homes, or prisoners in their cells. The first deaconess mentioned in the earliest written records was Phoebe, a wealthy, kind, and respected apostle of Paul (Wyatt, 2019). Deaconesses very well may be considered the first visiting nurses, and they were in demand. There were forty deaconesses serving as parish nurses in Constantinople by 400 AD (Theofanidis & Sapountzi-Krepla, 2015). Deaconesses learned to care for the sick not through formal education, but through oral traditions passed from generation to generation; observations of others tending to the infirm; and trial and error (Egenes, 2017).

During the Early Christian Era (30-325 AD) the role of deaconess gave women a meaningful way to participate in the work of the church, as the nursing ideals of charity; service to others; and self-sacrifice, were aligned with the teachings of Christianity. Deaconesses were matrons or widows with some education, who were chosen by the church bishop to visit and care for the sick in their homes (Egenes, 2017). However, a new environment in which nursing duties could be performed was on the horizon. The earliest hospitals, ecclesiastical institutions that provided care based upon faith and love, not skill or science, were established in the 4th century.

Basil of Caesarea (Saint Basil the Great) built a *xenodochium*, a “hospital city” with building for the poor and sick, as well as housing for physicians and nurses, who cared for patients with leprosy and other illnesses due to famine (Wyatt, 2019). Saint Fabiola, a nurse and physician, erected a house for the care of the sick, now considered to be the first Christian public hospital (Theofanidis & Sapountzi-Krepla, 2015). The Hôtel-Dieu in Paris, France was established in 651 AD, and is the oldest hospital in the city and the oldest still operating worldwide (Wyatt, 2019).

4.2 The Middle Ages

Monasteries started housing hospitals on their premises during the 10th and 11th centuries, and the role of nursing began to broaden. This was not met with a warm welcome, as nurses were expected to provide patients with any type of service they requested or required, even those outside the realm of general health care. Although additional responsibilities were expected from nurses, there was virtually no growth or learning related to patient care. This model of nursing became increasingly popular in Germany and France, providing a precedent for how nurses are expected to treat their patients in modern times (Darbyshire & Gordon, 2005). This stagnation persisted into the 12th and 13th centuries, when the practice of medicine and surgery advanced, but nursing remained limited to fundamental caring duties. Still, nurses were treated as commodities and by the 13th century approximately 200,000 nuns and commoners provided organized care services under the guidance of churches throughout Europe (Theofanidis & Sapountzi-Krepla, 2015).

4.3 Renaissance and Reformation

The Renaissance and Reformation (14th to 17th century), marked the beginning of a dark period in the history of nursing. The Renaissance was a fervent period of “rebirth” in the arts and sciences in Europe, and since nursing fell under the auspices of Christianity, not science, there

were no new discoveries pertaining to nursing care during the time period (Wyatt, 2019). As monasteries and convents dissolved, their lands were seized. Hospitals were established by municipalities and voluntary non-profit organizations, rather than religious orders, and nurses were displaced. Nursing, originally considered a religious vocation, fell in popularity, with the shift to a secular mindset that followed the Reformation. Deaconesses were replaced by poor, illiterate women whose only experience was raising their children and caring for sick family members (Abel-Smith, 1982). These workers were poor, “common women” who were too old or too ill to find any other type of work. They were prostitutes who were given nursing jobs in lieu of prison sentences, slovenly servants, and elderly drunk widows. Nurses were frowned upon, disregarded, and considered insubordinates (Wyatt, 2019). Hospital records of the time documented nurses that were sanctioned for transgressions including fighting; use of obscenities; petty theft; and extortion of money from patients (Egenes, 2017).

4.4 The Victorian Period

The first half of the 19th century marked another shift for nurses, with the widespread formation of nurse training programs. In 1833 Pastor Theodore Fliedner founded the Protestant Institute of Deaconesses at Kaiserswerth in Germany. Originally a home for discharged female convicts, it had grown to include a hospital, lunatic asylum, orphanage, and two schools. The hospital was staffed by deaconesses who were not bound by religious views and were dedicated to serving others. The Deaconess Training Program was established to provide instruction in nursing (Abel-Smith, 1960). In 1840, in response to British social reformers advocating for the formation of religious groups of women to staff existing hospitals, Elizabeth Fry, a Quaker and Christian philanthropist, founded the English protestant Sisters of Charity. Members of the sisterhood received rudimentary education in nursing (Egenes, 2017). A few years later, in

1848, St. John's House was founded in England as a training institution for nurses. The nurses lived together under the direction of a clergyman and lady superintendent, and received minimal nursing instruction for a few hours per day. The remainder of the time was dedicated to religious instruction and prayer (Egenes, 2017). Unfortunately, the nurse training programs fell short of the needs of hospitals at the time.

Hospitals were places where the poor went to die, not to be cured, during the Victorian Period (1837-1901). Beds were dirty, wards were overcrowded, nursing was inadequate, and the importance of hygiene was not understood (Egenes, 2017). Aside from the appalling working conditions, nurses were overworked, underpaid and underfed (Abel-Smith, 1960). Those who could afford a doctor or nurse avoided hospitals altogether and were treated in their homes (Egenes, 2017). Nurses were portrayed as drunken prostitutes and amoral petty criminals. There was a dire need to elevate nursing to a respected profession, but a loss as to where to begin the process. Little did the reformers know, an ambitious, intelligent, regimented woman known as the "Lady with the Lamp" would soon revolutionize nursing and lay the foundation for nursing to be cemented as a profession.

4.5 The Lady With the Lamp: Florence Nightingale

Florence Nightingale was born in 1820 in Florence, Italy to a wealthy, cultured and politically connected British family that was known for its progressive liberalism and radicalism. She had one sister, Parthenope, who was one year her senior. Her father educated his daughters in Greek, Latin, German, French and Italian; ancient and modern literature; philosophy; mathematics; and natural science (Nutting & Dock, 1907). From the time she was a little girl, Florence Nightingale believed she was "called by God" to achieve a higher purpose, although she was unaware what that purpose was. Florence was a clever and rebellious child and her

unhappiness as a child extended into her adulthood, where she had episodic suicidal ideations, breakdowns, and would deprive herself of food. Her frustration and rage derived from the lack of opportunities available for women during the Victorian Period, making the “calling” she received from God to help others impossible (Beavan, 2001).

It was at the age of seventeen, while caring for her family members during an influenza epidemic, that she realized God was calling her to be a nurse. This was a shocking idea at the time, as nursing was a vocation meant for the working class, not for an intelligent, well-bred woman. Nevertheless, she became obsessed with the idea of becoming a nurse and at the age of twenty-five, shared this desire with her family. Her parents, having expectations of their eldest daughter continuing her life of privilege by following the traditional path of marrying and having a family, were mortified and would not allow her to train at a hospital (Florence Nightingale Museum, 2019). Florence did not allow this to waiver from her path. She traveled extensively and educated herself on arts and sciences.

She had many suitors during that time, the most persistent of which was Richard Monckton Milnes, a politician and poet, who proposed to her numerous times throughout their nine year relationship. When Florence ultimately ended the courtship upon his final proposal, havoc was wreaked in the Nightingale household. Her sister was particularly outraged at the rejection of a long-time suitor, and had a nervous breakdown. Her parents felt, at this time, it was best to remove Florence from the family home and finally consented to send her to away to pursue nursing study (Beavan, 2001). Florence was thirty one years old when she traveled to Germany to study at Pastor Fliedner’s Deaconess Training program for two weeks, followed by a three month stay at Kaiserswerth. She worked with deaconesses and learned basic patient care and observed methods of nursing instruction while there. She was appointed superintendent of

the Upper Harley Street Hospital, upon her return to England, a small facility for sick and elderly members of the upper-class who had fallen into financial hardship (Egenes, 2017).

4.5.1 The Crimean War

Russia waged war against England, France, and Turkey and the Crimean War erupted in 1853. The French prepared for injuries with nursing nuns; however, believing that the conflict would resolve swiftly, the British did not plan for medical needs for the soldiers. As the war raged on, their unpreparedness became deadly, and the inadequacy of medical supplies, hospitals, nurses and surgeons began to have devastating effects (Beavan, 2001). The mortality rate of the British troops was 41% and most died from disease such as cholera, pneumonia, and dysentery; rather than from injuries received on the battlefield. A journalist, familiar with the prominent social status of the Nightingale family, alerted Florence to the filthy conditions of the hospitals in Scutari, Turkey, with the hopes that she would investigate the matter. She used her political influence to seek permission for her and a group of thirty eight nurses to travel to Scutari, and her request was granted (Egenes, 2017).

4.5.2 Scutari Hospital

Florence Nightingale, inexperienced and apprehensive, arrived at Scutari with her band of nurses on November 4, 1854. The hospital at Scutari was a vast, cold, and stinking labyrinth of four miles of corridor (Florence Nightingale Museum, 2019). There were vermin in the hallways, rotting corpses on the floor, and no running water (Beavan, 2001). Florence implemented drastic changes straight away. She secured medical and cleaning supplies and the nurses worked long hours filled with physical labor, cleaning the barracks, hospital wards and kitchen area. Floors were scrubbed and windows were opened to allow sunlight and fresh air in,

replacing the dark, dismal hospital environment. Experienced nurses dressed wounds and changed bandages (Florence Nightingale Museum, 2019).

Florence wanted her nurses to be respected by the male physicians and medics. She ran Scutari with tyrannical passion and maintained military style discipline over her nurses, demanding that she comply with her commands on all occasions, or risk being sent home for insubordination. The nurses were forbidden to flirt with doctors and soldiers, and disobedience and drunkenness were not tolerated (Beavan, 2001). She required the nurses to wear a uniform that was, by all accounts, uncomfortable and ugly; however, she believed it was a necessary means to add credibility to the nurses' work (Florence Nightingale Museum, 2019). Her excellent organizational skills were a valuable asset as she continued to make changes and document results of her care, and used statistical principles as a basis for developing new interventions (Egenes, 2017). She was undoubtedly ahead of her time and laid the foundation for the evidence-based nursing practice of today.

4.5.3 Controversy at Scutari

Although it is now argued by historians that Florence Nightingale was motivated more by ambition than compassion, during the Crimean War she was adored by the soldiers under her care and lauded as a maternal goddess. Word spread throughout England that Florence Nightingale was dedicated to the troops and committed to their health and safety. In what would be considered a public relations campaign today, her mother and sister distributed her photograph far and wide (Bevan, 2001). History books of today praise her for saving lives and credit her for decreasing the death rate at Scutari. Despite her efforts and determination, however, the death rate actually increased after her arrival. Soldiers were six times more likely to die in her Scutari hospital than if they were kept in a hospital tent in the frontline. Visiting

commissioners identified that the hospital had an inadequate sanitation system; and soldiers were drinking their own sewage. Once the sewer was flushed, the vermin were removed and the overcrowding resolved, soldiers began to recover. Florence Nightingale had been focused on personal hygiene as a means to cure the sick, but the actual problem was environmental sanitation (Bevan, 2001). She was then sent to a frontline hospital in Crimea, but developed an infectious disease and unrelenting fever soon after her arrival, necessitating her return to England.

She was hailed as a heroine when she returned to England in 1856, but she was consumed with anger over the loss of thousands of soldiers' lives. The death toll in her hospital was higher than any other hospital on the warfront. Her pride in her work shattered as she realized that she was wrong about personal hygiene being the underlying cause of mortality at Scutari. She became bitter and blamed the government for not acting upon the sanitation issues earlier. Coupled with her ailing health, the stress proved to be too much to bear and she had a nervous breakdown. She took to her bed for years and had limited contact with the outside world (Bevan, 2001).

4.5.4 Advancement of Nursing

Despite her wavering physical and psychological health, Florence Nightingale continued to advance nursing from a vocation to a profession and made significant contributions to the world of nursing that continue to endure in present times. She established the Nightingale School of Nursing at St. Thomas Hospital in London and developed a program that combined theory with clinical experiences (Egenes, 2017). Students were educated by surgeons who gave lectures and administered exams (Florence Nightingale Museum, 2019). Her training system was groundbreaking and laid the foundation for non-sectarian training of women of all backgrounds,

recognizing science as the premier influence in nursing care (Wyatt, 2019). The Nightingale School became famous worldwide and is still in existence and fully functioning to this day, and graduates of its program are referred to as “Nightingales.” Her model for education of professional nurses continues to be in use in the 21st century, more than 150 years later.

4.5.5 Did Florence Nightingale Undermine the Nursing Profession?

Large gains often come with some sacrifice, and it is argued that Florence Nightingale not only paved the way for the formalized educational programs for aspiring nurses, but that she is responsible for some of the negative aspects of the profession that are deeply embedded in nursing culture today. Nurses were expected to be devout and chaste; and to practice poverty and obedience (Nelson, 2003). They were required to have excellent personal qualities, implying that a pleasant personality was more important than intelligence. She met with her students on a regular basis and often reminded them that any breach of these standards undermined the selfless nature of nursing and was not feminine. She employed matrons to oversee the activities of her nurses to protect them from moral corruption (Abel-Smith, 1960). One student from Sweden remarked that in eight months of nurse training she only learned ‘how to obedient and humble and not think so much of herself’ (Florence Nightingale Museum, 2019). Although the implementation of appointing surgeons as educators for aspiring nurses was innovative, it reinforced the imbalance of power in the masculine-dominated health care profession. This inequity still exists in many aspects of modern day nursing (Jinks & Bradley, 2004).

4.6 The United States Civil War

Within a matter of a few years after Florence Nightingale’s return from Crimea, the Civil War broke out in the United States. Caring for wounded and ill soldiers in the United States and British armies had always been the responsibility of military orderlies, men with some formal

training but many years of experience, until the end of the 19th century (D'Antonio, 2002). Neither the Union nor the Confederacy made any provision for military nurses. The United States did not have nursing schools at the time, and the term “nurse” was vague, often referring to an officer’s wife who accompanied him on the battlefield; a woman who came to care for a wounded son or husband and then stayed to care for others; a member of a Catholic religious community in a hospital that cared for military personnel; or a volunteer (Goodnow, 1953).

Nurses tended to fall into stereotyped categories, loving wives; asexual nuns; or “camp followers,” women whose willingness to accept pay for nursing duties turned them into objects of ridicule and contempt. In fact, Dorothea Dix, the superintendent of nurses for the Union Army only permitted white, plain-looking women over the age of thirty to care for the troops (D'Antonio, 2002). Nevertheless, it is estimated that over 3,000 women served as nurses during the Civil War, caring for sick and wounded soldiers on battlefields; in field hospitals; hospitals removed from the frontline; or in their own homes. They learned about battle-related injuries through their own experiences during the war (Goodnow, 1953).

The work of Civil War nurses changed the public opinion about women’s work in health care and brought about a better understanding of the need for nurses, laying the foundation for professional nursing in the United States. In turn, the nurses who had volunteered during wartime came to realize the value of formal education in caring for the sick and wounded; and some were instrumental in the formation of the first schools of nursing in the United States. Through the efforts of nurses seeking new opportunities, challenges, and independence, the Training School Movement emerged in the late 19th century, and persisted through the early 20th century (D'Antonio, 2002). Despite the opposition of a number of prominent physicians to the formal initiation of early nurse training skills (Goodnow, 1953), in 1872, the Women’s Hospital of

Philadelphia established the first permanent school of nursing in the United States. A training school for nurses was founded at the New England Hospital for Women and Children in Boston the same year (Egenes, 2017). Despite the continued lack of support from physicians that persisted for many years, three more nurse training schools were established in the northeast in 1873: the Boston Training School in Massachusetts General Hospital; the Connecticut Training School in New Haven Hospital; and the Bellevue Hospital Training School in New York (Wyatt, 2019).

The newly instituted training programs for nurses solidified the professional path that nursing would follow. An inspection of Bellevue Hospital, founded in 1658, found deplorable conditions, and inadequate patient care. Nursing staff was comprised of foul-mouthed female ex-convicts, who would often report to work inebriated. Hospital reform, led by a group of prominent women, resulted in Bellevue Hospital soon leading the forefront of nursing training. They were first in the United States to introduce the standard nursing uniform, created to distinguish nursing as a serious profession (Wyatt, 20189).

4.7 The Spanish-American War

The onset of the Spanish-American War in 1898 saw the first educated nurses serving as army nurses (Egenes, 2017). Poor sanitary conditions in military camps led to typhoid epidemics and the medical military system and its orderlies became overwhelmed. To provide assistance with patient care, the Surgeon General set criteria for a reserve group of nurses, and 1500 nurses were approved and entered the army during the war to provide patient care (Bolvin, 2010). Initially not accepted and then barely tolerated by medical officers, these trained nurses quickly proved their worth and came to be depended upon by the physicians they served beside. The need for soldiers to receive the same care in battle that they would receive at home became

apparent (D'Antonio, 2002). The essential work of nurses during the war, and the success of the Training School Movement, gave rise to the American Nurses Association, an organization dedicated to advancing the nursing profession, and the first state nurse associations, with New York, New Jersey, Illinois and Virginia leading the way in 1901 (Egenes, 2017). The same year, Congress established the Army Nurse Corps, followed by the Navy Nurse Corps in 1908 (Bolvin, 2010).

4.8 World War I

Countless women showed an increased interest in serving as nurses at the onset of World War I in 1914. Many believed it to be their patriotic right and demanded to do so. (D'Antonio, 2002). Although these "Nursing Sisters," received little training, they were an integral part of the medical team, caring for the physical and mental health of the soldiers who passed through their hospitals. At the beginning of the war, there were less than 500 nurses in the Army Nurse Corps. This number increased by over forty fold to 21,000 army nurses and 1400 navy nurses who had served overseas by the end of the war (Egenes, 2017). Many of these nurses also served in the next world war.

4.9 The Spanish Influenza Pandemic

The world was devastated by the onset of the Spanish Influenza Pandemic in 1918. Also referred to as the "Black Flu" or the "Spanish Lady," the virus resulted in the death of five percent of the global community (Robinson, 1990). There were three waves of the pandemic over a course of less than one year. The first wave, in the spring of 1918 was mild and had a relatively low mortality rate. During the second wave, the virus spread across Europe, from France to England to Spain, where it killed 8 million people. It then made its way to the United States in the fall of 1918, where 380,996 deaths were reported within the first four months alone.

The third wave came in early 1919, and was less severe. All totaled, more than 22 million people worldwide died in less than twelve months due to the pandemic, at least twice as many as had died during World War I. More than 500,000 perished in the United States alone (Schoch-Spana, 2001).

The strain of World War I, led to a nursing shortage, as most skilled nurses had left their native countries to support the armed forces. Hospitals were overwhelmed and had inadequate staffing. Hospital wards that normally held twenty patients, were over-capacity with forty to fifty patients; patients who were recovering were discharged quickly; cots were lined up in hallways and offices; tents were erected on lawns of hospitals and gymnasiums were converted to makeshift hospitals (Schoch-Spana, 2001). There was a demand for 40,000 nurses to care for patients who fell ill from the Spanish Flu. To meet this requirement, the Red Cross created an Emergency Council, led by Lillian Wald, calling for nurses to come out of retirement and for volunteers to advise the public on health precautions and safety measures (Robinson, 1990).

During the pandemic, necessity demanded that nurses multi-task. As more and more fell ill with symptoms of influenza, such as fever, cough, fatigue, muscle aches, abdominal pain and headache, there was a need for visiting nurses to care for the ill in their homes. In addition to tending to their health needs, they would often perform other duties such as housekeeping; cooking; farming; melting snow to bathe patients; and making long trips for drinking water. The shortage of medical supplies required nurses to use their ingenuity and substitute household items for medical equipment, such as using hot bricks, salt and sandbags in lieu of hot water bottles. Since there was no cure for the Spanish Flu, nurses provided supportive care in implementing home remedies such as administering tiny doses of strychnine and kerosene to patients; and encouraging the use of foods that were readily available to ward off the flu. The

practices of eating red pepper sandwiches; tying cucumber slices to ankles; and carrying a potato in each pocket were encouraged Robinson, 1990).

Many nurses became ill while caring for others and the number of nurses who died during the Spanish Influenza pandemic remains unknown. However, history has revealed that this was a pivotal era for nursing. As Geister (1957) remarked, “nurses carried the ball selflessly, tirelessly, gallantly,” (p.583) and the “story of their quiet heroism is an epic in itself” (p.584).

4.10 The Great Depression

The Great Depression began with the stock market crash of 1929 and marked a challenging time for the nursing profession. Most nurses, at the time, were independent practitioners, self-employed, and caring for patients in their own homes. Patients were suddenly unable to pay for their service and nurses were without work. Hospitals with training schools were hesitant to hire nurses, since students were mainly used for bedside care. Hospitals without training schools were usually staffed with uneducated attendants. Once the Depression ended, graduate nurses were looked down upon if they worked in hospitals as it was assumed that they could not succeed in private duty care (Egenes, 2017). However, in 1939, another world war loomed and once again, nurses were thrust into the spotlight as the demand for their expertise exceeded the supply.

4.11 World War II

In 1940, during World War II, the first rank was filled with World War I veterans, and nurses were finally given the authority of formal rank (D’Antonio, 2002). Understanding the need for more help, the American Nurses Association established the Nursing Council of National Defense to recruit more nurses and prepare them quickly. The Bolton Act of 1942 created the United States Cadet Nurse Corps, a program to rapidly prepare nurses to meet the

needs of the armed forces; civilian and government hospitals; and war industries (Egenes, 2017). They cared for an estimated total of 90,000 wounded soldiers in tents with dirt floors converted into makeshift hospitals. Surrounded by sandbags as protection from shrapnel, these hospitals, filled with vermin, were filled with constant motion, as nurses worked twelve hour shifts caring for soldiers who had been gassed; had amputated limbs; and frozen extremities (Bregman & Jeans, 1994). The 1940s also saw mandatory licensure laws, which made a valid nursing license necessary for any person to practice nursing (Egenes, 2017).

After World War II, there was a drastic shortage of nurses in the United States. Many women returned from war with no intention of continuing their nursing career; rather, they preferred the role of wife and mother. Furthermore, hospital staff nurses were paid only slightly more than hotel maids and seamstresses; and were expected to resign when they married (Egenes, 2017). The ongoing need for nurses would become apparent, as the United States would be engaging in war again and again well into the next century.

4.12 War Time 1950s- Present Day

The Korean War (1950-1953); United States involvement in the Vietnam War (1965-1975); the Gulf War (1990-1991); and the Iraq War (2003-2011) brought attention to the nation's need for nurses and public recognition of their work. War nursing demanded what was believed to be the best of masculine characteristics- courage and strength during times of hardship, and stoicism when faced with immeasurable pain and suffering (D'Antonio, 2002). War nurses endured high levels of stress as they provided care for maladies ranging from minor acute illness such as snake bites and heat stroke to traumatic injuries such as open abdominal wounds, and head trauma ("Army Nurse," 2015). They simultaneously tended to the psychological and emotional needs of the soldiers under their care with traditionally feminine eloquence, often with

a soft voice and a gentle touch. Nurses in the Vietnam War frequently kept a bottle of perfume and a tube of lipstick easily accessible, and applied both when they heard the chopper carrying the wounded arrive. As one Vietnam nurse remarked, “If they’re going to die, let them see an American woman that smells good” (“Experiencing War,” 2005).

The military importance of trained nurses was a catalyst for the public to celebrate female heroism, but there was little glamour at war or upon return stateside. The price military nurses paid came in the long-lasting effects of experiencing war. Combat nurses are at risk for post-traumatic stress disorder (PTSD), a condition in which one has difficulty recovering from traumatic events. PTSD developed in nurses as they returned from home, and presented in the same ways that it would in soldiers seeing combat: anger, irritation, hypervigilance, and sleep disturbances. Some nurses developed alcoholism. Many reported avoiding triggers that can bring back memories of trauma and lead to panic attacks (Bolvin, 2010). Upon returning from the Vietnam War, nurses, as well as soldiers, were advised not to wear their uniforms in public, and were often met with derision from war protestors (Frey & Atkins, 2005). The challenges of combat nursing highlighted the skills, initiative, and autonomy of the profession, and the fortitude of our nurse predecessors contributed to the advancement of the profession.

Chapter Two: Images, Stereotypes and the Media

5. Professional Nursing Culture

The concept of culture is related to the values upheld by a community. It is a complex structure that is expressed through the knowledge, beliefs, convictions, morals and laws of a group of people; and guides their processes of thinking, decision-making and action. Past events and the anticipation of the future are both reflected in culture (Leininger, 1988). The structures of nursing culture have remained unknown and are seldom discussed, both in practice and research. Nursing culture can be viewed as part of the environment of nursing, which has distinctive characteristics. According to Suominen, Kovasin and Ketola (1997), nursing culture encompasses all forms and structures of professional nursing care. Some are permanent, some evolve with the passage of time, and all are affected by tradition and society. They further went on to identify three components of nursing culture: routines and rituals; gender; and power.

Routines and rituals serve to secure order within a broader social structure. They serve the purpose of maintaining harmony in the workplace; establishing expectations for nurses within the larger medical community; and standardizing nursing care (Holland, 1993). Repeated actions, such as donning a uniform and giving or taking report at change of shift, are typical in the nursing profession. The gender aspect of nursing cannot be overlooked, particularly in Western cultures, where discussion of nursing is virtually restricted to women. Nursing is a heavily female-dominated profession, which lends itself to stereotypical conceptions, myths and images that affect the way in which nursing culture has developed and will continue to evolve. Even the terminology used to describe the people who care for the ill is feminine, such as “sister” or “nursemaid” (Suominen, Kovasin & Ketola, 1997).

The stereotypical view that nursing is based on a caring instinct that is exclusive to women fuels the professional culture. According to Gordon and Nelson (2005), the “virtue script” continues to have power over the nursing profession. This concept bases the presentation of nurses on attributes associated with women, such as kindness, caring, compassion, honesty and trustworthiness. Arguably, these characteristics are positive, not destructive connotations of nursing, so how could they possibly be detrimental? The virtue script sentimentalizes and trivializes the complex clinical, interpersonal and leadership skills that nurses acquire through years of education and experience, not simply as a result of a born instinct. Only when nursing is freed from the virtue script can nursing declare its identity as a knowledge-based profession that is of critical importance to patient care.

There is a pervasive power structure within the nursing profession, as power is present within every circumstance. The relationship between the patient, their family members and the nurse is the most notable with respect to direct patient care. There are also hierarchies between different professional groups: physician and nurse; management and nurse; and other staff and nurse (Suominen, Kovasin & Ketola, 1997).

6. Classical Nursing Images: The Not-so-Fabulous Four

There are four classical nurse images from which the stereotypes of today have evolved. The image of nurse as an angel (saint) emerged in the Early Christian Era. The origins of the nurse as a battle-axe (shrew), handmaiden (servant), and whore (strumpet) can be traced back to the latter half of the 19th century (Savage, 1985). Literature seeks to explain various contributing factors to the stereotypical view of nursing, including the hierarchical structure between doctor and nurses that arose from their educational backgrounds; the history and role of nursing; sex role stereotyping; and media reinforcement of the nurses’ traditional image (Takase, et al, 2001).

An examination of all of these potential influences gives us a better understanding of how nurse stereotypes persisted despite the growth of nursing as a profession and evolved to images that are widespread in media in the 21st century.

6.1 Nurse as Angel/Saint

The image of the angel has its origin in antiquity, when early nursing was carried out by religious orders. During the early Christian Era, nuns served as nurses and their work was based upon teachings of the church, such as service to others, charity, and selflessness (Abel-Smith, 1960). The Catholic Church defines angel as a “pure spirit created by God...employed by God as the ministers of his will,” accepting religious dogma and doing as they are directed. This image has been reinforced over time. In 15th century art, nurses are portrayed as tenders of the incapacitated (Darbyshire & Gordon, 2005).

6.1.1 The Paradox of Florence Nightingale

Florence Nightingale, the historic figure whose name has become synonymous with the nursing profession, has been described as “nun-like” in her approach to caring, as her work was based on tenderness and compassion, actions guided by her Christian beliefs. Nursing was a “calling from God” and she rejected the idea that it could become a profession. (Jinks & Bradley, 2004). The image of Florence Nightingale as the “lady with the lamp,” walking the wards of Scutari Hospital during the Crimean War became an enduring symbol of care, comfort, and kindness for the infirm. She was revered by the soldiers and viewed as a maternal goddess, a gentle female presence for those who were injured in battle or taken ill due to poor conditions at Scutari (D’Antonio, 2002), further advancing the image of nurse as angel. Despite some of the more critical and balanced scholarship concerning her life and work, this image still persists, especially in the public imagination (Darbyshire, 2014).

The enduring stereotype of angel creates an unattainable expectation for nurses. Angels are saintly; however, nurses are human beings with imperfections. Furthermore, because angels are assumed to be created by God, they do not require experience or education to perform and fulfill their duties. Nurses are not born with inherent skill and compassion; they are developed over time through clinical experiences; education on pharmacology and pathophysiology; and interpersonal relationships that require constant communication. It takes years for a novice nurse to become an expert in the profession. The idea of nursing as a calling undercuts the hard work and determination that is required to enter the profession. The mere desire to be a nurse does not qualify one as a nurse. The path to becoming a nurse is long and requires discipline; education; and critical thinking skills. Nurses are developed with knowledge and skill, not created by an overwhelming urge to care for the ill.

Nursing history textbooks have sugarcoated the image of Florence Nightingale, who only spent three of her ninety years as a nurse, as a pure angel or saint; courageous heroine; and the role model to which fledgling nurses should aspire. On the contrary, she was a difficult woman to those who knew her well. She controlled her friends, overworked her colleagues and relentlessly pursued her goals by any means necessary. Towards the end of her career, she campaigned against registering professional nurses, a cause which ultimately undermined nurses and counteracted the advancement of nursing; and voted against women's suffrage despite publicly supporting it (Beavan, 2001).

Later generations of nurses have come to question her role in the nursing profession of today. In 1999, delegates at the annual conference of Unison, Britain's largest trade union representing nurses and other public health professionals unanimously announced that nursing was overdue for a more contemporary idol such as a nurse practitioner. The nurses further

requested that International Nurses Day, which takes place on Florence Nightingale's birthday (May 12th), be moved to another date (Nelson, 2003). It appears that this initiative brought by nurses was swiftly defeated; however, awareness has been raised in the nursing profession with the suggestion that as the profession continues to advance, so too should the role model.

6.1.2 War Nurses

Actions of military nurses during war time supported the angel image. War nurses were considered heroes to soldiers. They were symbols of caring and femininity for the sick and wounded, and served as a reminder that there was still beauty and hope in a world fraught with trauma and death. Armed with a tube of lipstick and a bottle of perfume, military nurses brought a glimmer of elegance to their patients while they listened, provided reassurance, and cared for them. Make no mistake, these objects were not utilized in a sexual manner; rather, they were used with intention. They represented the life that many of the soldiers left behind, and with good fortune, the life that would be waiting for them upon their return home.

6.1.3 Are Nurses Feeding the Saint Machine?

The stereotype of nurse as a selfless angel persists in modern day, especially in the public imagination. Nurses are often romanticized into other-worldly beings who selflessly give of themselves without thinking of their own needs. This stereotype is still perpetuated by some members of the nurse population both purposefully or inadvertently. Nurses may enjoy the angelic comparison and believe that the angel image lends credence and legitimacy to their nursing practice. They may bolster the selfless angel stereotype, while being secretly flattered by the myths emphasizing dedication and sacrifice, and believe that this aura of profound caring is a determinant to holding nurses in high regard in society (Darbyshire & Gordon, 2005).

The angel image is so pervasive in nursing that it creates a social feedback loop that reinforces the romanticized view that nurses are agents of a higher power. Nursing executives perpetuate the selfless angel stereotype by using traditional images in marketing campaigns. This virtue script is then spread to the public through media, and patients may project this image back to the nurse, with the expectation that they live up to this ideal (Gordon & Nelson, 2005). Unfortunately, there is a price to pay for such an association. Angels may be saintly, but perfection is unattainable for mortal human beings to achieve. There is an unspoken concern in the nursing profession that if the angel image dissolves, it may be replaced by an image that is even more harmful (Darbyshire, 2014).

6.2 Nurse as Battle-Axe/Shrew

For images to be powerful and enduring, they must be capable of being both sustained and subverted (Darbyshire, 2014). The opposite of the angel, the nurse stereotype of battle-axe, or shrew, is one of the most prevalent in popular culture. The image of an overweight, authoritarian, head nurse who evokes fear in her patients also originated in the early days of nursing. Florence Nightingale appointed single, middle class women as staff nurses, with the expectation that they would remain single in order to fulfill their duties as a nurse. Florence Nightingale herself was, by historical accounts, matronly in her appearance (Abel-Smith, 1960). During the Civil War, Dorothea Dix followed suit by only appointing nurses who were matronly and 'willing to give up curls, jewelry, and above all, hoop skirts' (D'Antonio, 2002, p. 57).

A research study conducted by Stanley (2008) examined how nurses were depicted in cinema throughout the 20th century and found a shift from the angel stereotype to a darker character. As the nursing profession, largely comprised of women, continued to grow in the 1960s-1970s, and as nurses began to gain more power as women and as professionals, the battle-

axe stereotype took hold in Hollywood. Nurses became sinister, authoritarian characters, the embodiment of power and evil.

6.2.1 Nurse Ratched is Born...then Reborn?

The battle-axe image has become associated with one of the most enduring characters in modern film, the sadistic Nurse Ratched in the 1975 feature film, *One Flew Over the Cuckoo's Nest* (Kalisch, Kalisch & McHugh, 1982). The American actress, Louise Fletcher, portrayed a cruel, amoral nurse in a position of power that dehumanizes her patients at every opportunity and exhibits robotic behavior, without compassion. The moniker “Nurse Ratched” continues to be used almost a half a century later, to describe a nurse who does not meet the popular expectations of a gentle caregiver with a soft demeanor. The shrew is the subversion of the angel nurse stereotype, usually portrayed as monstrously large with severe features, and clad in dark, drab colors. This representation of nursing is the exact opposite of the angel stereotype and is often perpetuated by the profession. Nurses avoid using the prefix “Nurse,” in the same manner physicians use the prefix “Doctor,” in order to circumvent any similarities to the movie character (Darbyshire & Gordon, 2005).

According to Fiedler (1983), television is also notorious for portraying nurse leaders as classical battle-axe characters. Often head nurses, or what the medical community refers to as “charge nurses” in a hospital setting are cast as older, paunchy and asexual. They are often depicted as the villain and have a penchant for bullying and patronizing patients and younger nurses. The pervasiveness of the battle-axe stereotype was recently demonstrated with the Netflix series, *Ratched*, which premiered in September of 2020. This psychological thriller revisits the Nurse Ratched character and follows her journey from young, disillusioned nurse to sadist. Having received both critical acclaim and viewer popularity, the success of this series is

proof positive that almost sixty years after the introduction of this battle-axe character to the world, audiences remain captivated by her.

6.3 Nurse as Handmaiden/Servant

The handmaiden stereotype promotes an image of nurses as a lady in waiting or physician's right hand woman; unquestioning obedience and subservience; and having no other purpose but to serve the physician, not the patient. It portrays nurses as mindless scatterbrains, needing to borrow the knowledge, skill and judgment of a doctor to act as his agent. In modern times, nurses are often referred to the eyes and ears of physicians, devoid of their own clinical judgment, a medicalized version of the angel nurse (Darbyshire, 2014). It supports a public view of nurses that they are less intelligent than doctors, dependent upon them, powerless and underpaid (Takase et al, 2006). In reality, nothing could be further than the truth in this day and age of health care. Physicians are not responsible for managing nurses nor are they responsible for the daily operations of medical facilities. Nursing is a self-governing profession and a distinct scientific discipline; however, the public at large is relatively unaware of this (Summers & Summers, 2015).

The most widely accepted origin of this stereotype is found in Florence Nightingale's influence over her nurses. She constructed an environment in which nurses were responsible to the doctor for all aspects of patient care; nurses were trained in obedience, not assertiveness (Bridges, 1990). Some believe that the handmaiden stereotype was reinforced by nursing's military origins (Darbyshire, 2014).

6.3.1 “I Am Just a Nurse.”

Nurses often unwittingly sustain the servant stereotype. Often, nurses will proclaim that “their” physician “cannot live without me” and are flattered by and take pride in this dynamic. It is also perpetuated by the phrase “I am just a nurse,” which undermines the years of work that others have done to forge the profession ahead and make known that nurses are knowledgeable, skilled and competent to provide safe and effective nursing care (Cope, 2017). Further, it undermines nurse self-esteem (Gordon, 2005). When nurses refer to themselves as the eyes and ears of a physician, the implication is that the nurse functions as an extension of the physician, rather than a professional in his or her own right. What can follow is the public view that nurses simply do not have the intelligence, stamina, ambition or patience to withstand and complete medical school, leaving nursing as the default profession (Gordon, 2005). This stereotype will persist as long as individual nurses continue to downplay their importance within the health care team.

6.4 Nurse as Whore/Strumpet

The whore, the naughty nurse, or the strumpet, is a prominent image of the nurse that associates the female nurse with the womanly quality as the object of sexual desire. This image, the sexual plaything, constructs an identity that counters the skilled professional nurse (Kelly et al, 2011) and is a subversion of the saintly purity of the angel nurse (Darbyshire & Gordon, 2005). Much like the battle-axe stereotype, the whore image sustains the belief that nurses should remain submissive; therefore, those who have any power or authority certainly must be threatening, sexually frustrated or unpleasant (Summers & Summers, 2015). The root of this stereotype can be explored in the implication of nursing in social power relations. When patients seek care from health care professionals, whether it be in a hospital or outpatient setting,

traditional power relations are reversed, and they find themselves vulnerable and dependent, rather than strong and in control. At a societal level, one way to compensate for this imbalance is to sexualize the encounter with the nurse. Another theory of the development of this popular nursing image derives from the intimate knowledge that nurses have of the human body, specifically private body parts (such as genitals) and bodily functions. Nurses are trained to work with the body in a caring fashion while remaining professional and clinical, without sexualizing the encounter. Nevertheless, there is a sense that having seen and touched the bodies of strangers, nurses are perceived as eager sexual partners (Darbyshire & Gordon, 2005).

6.4.1 The Boob Tube

Examples of the naughty nurse strumpet can be found in pop culture, such as in television programs and music. The infamous soap opera, *General Hospital*, features many nurse characters, however, they are represented as subordinates who spend the majority of their time flirting or engaging in sexual encounters with doctors or wealthy patients. The short-lived television series, *Nightingales*, which ran from January to April of 1989 portrayed student nurses as sexpots who spent their time exercising and philandering rather than studying. An overwhelming number of complaints and protests from nurses and nurses organizations led to its cancellation. Both of these examples feed into the naughty nurse stereotype and do absolutely no justice to informing the public of the back-breaking, emotionally and intellectually taxing work that nurses actually do. Staff nurses who work in a hospital setting barely have time to take a bathroom break, let alone conspire to snag a rich partner; and nursing school is not for the weak of heart and demands hours upon hours of independent study outside of the classroom.

6.4.2 Rock'n'Roll Nurse?

In 1999, the punk rock band, Blink-182 released an album cleverly entitled, “Enema of the State,” whose cover featured a red-lipped, red-bra, cleavage-bearing woman in a nurse’s uniform and cap. The model donned a blue exam glove, with her right hand poised to give a prostate exam to an unwitting patient. Clearly, nurses do not report to work dressed in this manner, and would be sent home if one did. Also, nurses do not perform prostate or rectal exams. Only nurse practitioners are trained to do so. While on the topic of attire, nurse Halloween costumes ordinarily do not consist of scrubs and sneakers; rather, this basic and universal nursing uniform is replaced by low cut, tight fitting blouses, mini-skirts and fishnet stockings. The only aspect of this costume that is slightly grounded in reality is that it is almost exclusively white; however, nurses often do not wear white in the clinical area in modern times. There is a question of equity regarding the sexualization of nurses with the manufacturing and selling of sexy nurse attire (Ferns & Chojnacka, 2005). Why are there no sexy lawyer, doctor or physical therapist costumes? Why are nurses targeted? Is it sex that sells? Or only certain types of sex that sells?

7. The Male Mystique

No discussion of the naughty nurse stereotype would be complete without mentioning the fact that nurses are overwhelmingly female; nursing has historically been described as women’s work; and within this ideology that ascribes gender appropriate roles, men entering nursing do not conform to expectations of masculinity (Harding, 2007). According to Holleran (1988), nursing suffers from an inherent sexism, which deters men from entering the profession. An anonymously penned report in 2001 indicated that the main reason men were not entering nursing was not low salary, erratic work schedule or lack of career advancement, but because they feared being labeled as effeminate or gay by their peers or families. Retention of male

nurses also appears to be at risk. Sochalski (2002) found that young men were leaving the nursing profession at twice the rate of their female colleagues.

7.1 Gaylord Focker

Burton and Misener (2007) identified several major ways of stereotyping men in nursing, including wannabe doctor/medical school applicant; gay/effeminate; misfit; and womanizer. Men in nursing were also perceived as deviant or odd (Bartfay & Bartfay, 2007) or as having failed at becoming doctors (Bradley, 2011). One popular example is the character, Gaylord “Greg” Focker, portrayed by actor Ben Stiller, in the feature film, *Meet the Parents*, released in 2000. Greg Focker is an accomplished Emergency Room nurse who plans to ask his girlfriend’s father, Jack, a retired CIA agent, for her hand in marriage while visiting her parents over a long weekend. His repeated attempts to win over his potential future father-in-law are repeatedly thwarted and dismissed as it becomes increasingly obvious that Jack regards Greg with suspicion. Throughout the trials and tribulations that unfold over the weekend, Jack repeatedly refers to Greg as a “male nurse;” assumes that he became a nurse as a result of his failure to gain admission into medical school; and questions his heterosexuality. Greg Focker is the embodiment of multiple stereotypes; a fusion of the effeminate medical school failure.

7.2 What’s in a Name?

Holleran (1988) proposed that the actual name of the profession, “nursing” should be changed due to its strong female association. However, this is a very superficial perspective that serves to oversimplify a complex and deeply rooted issue, and it doubtful that a name change would be a sufficient stimulus for change. Men are either portrayed as the second sex in nursing or as nurses with different lifestyles and work patterns. The inclination to designate a health professional as a “male nurse” draws attention to gender that is unusual and unwarranted. The

nursing profession would be better served to gain an understanding of the tacit forces at work, such as media stereotypes of male nurses.

8. Media Ambiguity Towards Nursing

What does a nurse do? Nurses have often bemoaned that the public generally do not know what the phenomenon of nursing encompasses (Cope, 2017). There is a one-dimensional view of nursing that can obscure the other forms and areas of nursing, which is often deemed as failing to live up to “real nursing.” This widely held view that the only credible position that a nurse can aspire to is one that exclusively practices at the bedside, caring for the ill, is one of many distortions and misrepresentations of the profession (Darbyshire, 2014). This ambiguity is not limited to the public, however. Even some hospital employees, such as staff nurses, nurse managers and nurse educators experience difficulty explaining the scope of nursing (Cabaniss, 2011). This is problematic because hospital administrators, insurers, health care policymakers, politicians and journalists often ask nurses to justify their existence and describe their importance to the delivery of quality health care (Gordon & Nelson, 2006).

The public holds the nursing profession in high esteem, yet there is little interest in the reality of the work that nurses do (Donelan, Biuerhaus, DesRoches, Dittus & Dutwin, 2008). When the members of the general public and nurses were asked to name the first words that came to mind when they heard the word “registered nurse,” there were striking differences between the responses of both groups. Nurses (23%) were more likely to use the word “professional” than the public (8%). The public was more inclined to use words such as “overworked” and to describe nurses using the word “help” or “helper” (Donelan et al, 2008).

Cope (2017) asked a group of post-graduate Master’s degree students to write critical reflections of the role of a nurse in contemporary health care and found that seven major themes

emerged: advocate; comforter/provider of care; scientific knowledge; skills and research-based practice; life-saver; critical thinker; and problem solver, educator and communicator. Themes such as leadership; safety; ethical practice and comments on professionalism were either entirely absent or low in prevalence.

8.1 Show Me Your Stethoscope!

The public's lack of understanding the role of the nurse in health care was recently illuminated on the television show, *The View*. In September 2015, the hosts of the daytime talk show were discussing the Miss America pageant, which had recently taken place. One of the contestants, Kelley Johnson, R.N., B.S.N., Miss Colorado, chose to perform a monologue about one of her experiences as a nurse for the talent portion of the competition. Donned in her scrubs and with her stethoscope draped around her shoulders, she recounted her memory of Joe, an Alzheimer's patient. She ended her speech with, "I am a life-saver. I am never going to be just a nurse." Her speech was only two minutes long, but it was poignant and realistic and was met with a round of applause and praise from the nurse community.

Surprisingly, instead of praising Ms. Johnson's innovation and bravery, the hosts mocked her. Michelle Collins disparaged her monologue by erroneously stating she "basically read her e-mails out loud." This was followed up with Joy Behar asking the rhetorical question, "Why does she have a doctor's stethoscope on?" This comment struck a nerve in the nursing community. A stethoscope is not used exclusively by doctors; it is an essential piece of equipment for nurses as well. In actuality, when rounding on their patients, physicians commonly ask nurses to borrow their stethoscopes to assess their patients. The question, "Can I borrow your ears?" can be heard on any given day in a hospital setting. Nurses were furious that public figures were making a mockery of one of the most esteemed professions. In an attempt to protest the show, demand an

apology, and shed some light on the reality of nursing, they took to social media. The hashtags #nursesunite and #notjustanurse started trending on Twitter. Images of nurses with their stethoscopes flooded social media, accompanied by the hashtag “#showmeyourstethoscope. A Facebook page of the same name was developed and gained 640,000 followers. Physicians jumped on the wagon to support nurses. There was general public outcry, with patients and family members posting stories of nurses who saved their lives or the life of a loved one.

The View lost two national advertisers, one of which was Johnson and Johnson, the pharmaceutical powerhouse, who, in 2002, devoted millions of dollars to launch the Campaign for Nursing’s Future, a public awareness campaign designed to attract recruits to the nursing profession and retain seasoned nurses. Pressured by the uproar, the hosts of *The View* begrudgingly offered a lackluster public apology, which scoffed at the commotion caused by offended nurses. The response to Kelley Johnson’s monologue re-ignited a fire that had been smoldering in nursing community. Nurses are educated life-saving professionals and skilled communicators who have a history of not being able to express the reality of nursing practice to the public. The collective response of nurses to *The View* is a shining example of how the power of social media can be harnessed by nurses to help shape an image that is worthy of the profession.

9. The Obscurity of Nurses in the Media

Despite the long history of fabricated images of nurses that have given rise to unrealistic stereotypes, nursing is relatively invisible in the media. Paradoxically, nurses are heavily romanticized, mythologized, sexualized, trivialized, demonized and ‘symbolically annihilated by the mass media,’ (Delacour, 1991, p.418), but the reality of nursing practice remains obscured. Perhaps these persistent inaccuracies may relate to how non-entertaining the reality of nursing is,

thereby requiring it to be fictionalized by the media (Godsey, Houghton & Hayes, 2020). If the voice and visibility of nursing were commensurate with the size and importance of the profession, the public would understand the critical role nursing plays in health care. An educated public would advocate for acceptable nurse-patient ratios; support guaranteed, uninterrupted break time; discourage mandatory overtime; campaign for salaries that reflect expertise, predictable schedules, and decent benefits; and join nurses in raising their voices to advocate for their patients (Buresh & Gordon, 2013).

An extensive review of the United States media coverage on health care revealed that nurses were cited only 4% of the time in over 2000 health-related articles from sixteen news publications (Sigma Theta Tau International, 1998). This further reinforced that despite the pervasiveness of popular images that fictionalize and romanticize nurses, the life-saving work that nurses perform every day is trivialized, and the nursing profession is largely invisible in health care print coverage.

Even more respected news media sources belittle nursing, so readers do not perceive that nurses are educated, life-saving professionals (de Hoeve, Jansen & Roodbol, 2013). In the first quarter of 1990, Buresh, Gordon and Bell (1991) analyzed 423 articles that appeared in *The New York Times*, *The Washington Post*, and *The Los Angeles Times* for representation of women in news. Out of the 908 sources that were directly quoted, 32% were from doctors and 1% was from nurses (ten quotes). More recently, Ferns and Chojnacka (2005) scoured newspapers in the United Kingdom to quantify which phrases are frequently used by the media when comparing sexual stereotyping and common traits associated with nursing with other professions. Nurses came second only to “sexy actress” in relation to newspapers linking professions with the words naughty, sexy, kinky or saucy. They also found a difference between local and national

newspapers in their presentation of nursing. While local newspapers focused on stories centered on human interest such as fund-raising and recognition of achievements, national newspapers ran stories that were dominated by sexual innuendo.

9.1 No Nurse Heroes?

Historically, achievements of physicians and other health care providers have outshined accomplishments of nurses. Physicians and surgeons have often been revered by the media, rightfully so in most cases; however, nurses have been overlooked time and again. In July 2004 the Discovery Health Channel aired the program, *Discovery Health Channel Medical Honors*, which saluted thirteen “medical heroes” for “bringing awareness to many challenging health and medical issues of our time.” No nurses were honored, nor were they represented in any way during the program. The only nod given to the entire nursing profession was the appearance of actress Yvette Freeman, an actress who played nurse Haleh Adems on the television drama, *ER*, to present an award. In November 2015, Time magazine published an article on global health, of which half was devoted to eighteen “heroes” whose “energy and passion are making a difference in fight against disease worldwide.” Again, no nurses were recognized (Summers & Summers, 2015). Even the charitable organization, Doctors without Borders, does not include nurses in their publicity despite the fact that the majority of volunteers are not physicians, but nurses, statisticians and other professionals (Buresh & Gordon, 2013).

9.2 Nurse Response in Times of Disaster

Historically, nursing has been remarkably absent from news stories about health care responses to mass casualty events, despite the indispensable role that nurses actually play. Coverage of the Boston Marathon bombing focused on physicians and surgeons. In April 2013, *The New York Times* published a 1500 word piece that aimed to describe the wide range of care

provided during that day; however, the word “nurses” appeared only twice. When Hurricane Katrina devastated portions of the Gulf Coast, *The Associated Press* ran a piece in September 2005 that focused on hospital care; although they played a central role in keeping patients alive, not one nurse was mentioned (Summers & Summer, 2015). Donelan et al (2008) found that news stories that focused on nurses working in disaster situations, and addressing patient safety concerns generated public respect for nurses. It appears that exploring the public’s image of nurses during disasters may help resolve any ambiguity related to the work that they do (Rezaei-Adaryani et al, 2012).

10. Implications of Nurse Image: All Roads Lead to Patient Care

The question may be posed, why is nursing image so important? With all of the other pressing issues and concerns facing nursing and health care, why should we worry about stereotypes? Surely the public knows that nurses are trained to take care of the ill. Perhaps nurses need to develop a sense of humor! Stereotypical depictions of nurses are all in good fun, right? In reality, the answer is complicated. Nursing image affects various aspects of health care delivery as well as recruitment and retention, all of which, in turn, affect patient care. It is not until we explore the many consequences that nursing stereotypes and romanticized nursing images that we understand the relevance of these images in society and the challenge they present for the profession to overcome.

10.1 Recruitment and Retention

Nursing image is a significant concept because it is associated with the decision to enter the nursing profession, remain in it, and suggest it to others as a career choice (Zarea, Negarandeh, Dehghan-Nayeri & Rezaei-Adaryani, 2009). The fictionalized stereotypes and unfavorable images of the nursing profession that persist in the media may deter those

considering nursing careers (Brodie, Andrews, Andrews, Thomas, Wong & Rixon, 2004); specifically deter men from entering the profession (Kalisch & Kalisch, 1987); and contribute to low recruitment into nursing programs (Takase, Maude & Manias, 2006; Zarea et al, 2009). Furthermore, according to Emeghebo (2006), negative portrayals of nurses are associated with high turnover of nursing students and a higher intention to leave the profession. The media tends to focus on nurses' problems or shortcomings rather than the accomplishments (Gordon, 2005). The tendency for the media to present nursing issues to the public in the form of problems, such as the nursing shortage, staffing ratios, or workplace concerns, virtually ignores any discussion about what nurses actually do (Cabaniss, 2011). The presentation of nursing as a profession fraught with seemingly endless difficulties may dissuade people from applying to nursing programs. Therefore, the negative images of nursing are one of the contributing factors to the nursing shortage.

10.2 The Endless Nursing Shortage

Nursing shortages in the United States have been a phenomenon that has occurred intermittently for years. The shortage of Registered Nurses in the United States is expected to continue and grow through 2030, with the southern and western states most impacted. 1.09 million nursing job openings are projected by 2024 (Juraschek, Zhang, Ranganathan & Lin, 2011). In fact, the American Nurses Association (ANA) reported in 2018 that there will be more RN jobs available through 2022 than any other profession in the U.S. The U.S. Bureau of Labor Statistics projects that RNs will be the fastest growing of all professions in the U.S., with a projected need for 371,500 new RNs by 2028. However, despite the growing need for nurses, the profession continues to battle a shortage that continues to grow, largely due to retirement of an

aging workforce (more than half are over the age of fifty); lack of nursing faculty which results in limited potential for nursing school enrollment; high job stress; and turnover (AACN, 2019)

There is an increased need for health services for the aging population, as the majority of older Americans have more than one chronic condition or co-morbidity. Diseases that were once considered incurable are now classified as chronic conditions; therefore, the population is surviving longer (Haddad & Toney-Butler, 2018). Nursing needs a contemporary image that reinforces the truth about the profession: nursing is grounded in science, technology and knowledge (Gordon & Nelson, 2005). Only when nursing is seen as a worthwhile and challenging career, will it attract new recruits who are creative, committed, intelligent and passionate (Darbyshire, 2014).

10.3 Professional Identity and Nurse Self-Concept

The National League for Nursing defines professional identity as the internalization of the core values recognized as integral to the art and science of nursing. It is a sense of oneself that is influenced by the characteristics, norms and values of the nursing resulting in the individual thinking, acting and feeling like a nurse. Professional identity is important, as it leads to a sense of pride in one's work, and attachment to the nursing profession. The development of professional identity is a continuous process that begins in nursing school and evolves throughout a nurse's professional career. It is a fluid process where interacting relationships of education and practice lead to self-reflection and growth. Nurses with a strong professional identity flourish in their profession (National League for Nursing, 2010, p. 68). According to de Hoeve, Jansen & Roodbol (2013), professional identity can be reflected in the nurses' professional self-concept, which is in part based upon the general public opinion on nurses, and affected by working conditions, professional experience, and their personal characteristics.

Nurses who perceive their public opinion to be negative are likely to develop low self-concept. In turn, this negative self-concept and presentation can affect public opinion.

It is through historical nursing images and popular stereotypes that the public forms its expectations for how nurses should treat their patients (Summers & Summers, 2015) as well as the formation of nurses' self-concept (Gill & Baker, 2019). In turn, the excellent patient care that nurses pride themselves on delivering may be in jeopardy. The public has a stereotypical view of nursing, in which nurses may be regarded as less intelligent than doctors, passive and underpaid; this poor image may affect nurses' attitudes toward work. Nurses' perception of themselves as not meeting public expectations may lead to poor professional self-concept, defined as information and beliefs that nurses have about their roles, values and behaviors. Negative public images of nurses may result in feelings of inferiority, powerlessness, frustration and hopelessness (Nikbakht-Nasrabadi, Lipson & Emami, 2004), which may have an adverse effect on nurses' self-concept, self-esteem, job performance and patient outcomes (Takase, Kershaw & Burt, 2001). Further, de Hoeve, Jansen & Roodbol (2013) assert that insufficient nurse self-concept can lead to burnout and resignation. Derogatory stereotypes of nurses have undermined public confidence and respect for nurses. Poor public knowledge about nursing and distrust of nurses may also affect patient satisfaction, job performance (Gordon, 2004) and job satisfaction (Zarea et al, 2009).

10.4 Public Expectations and Treatment

The images and stereotypes that represent the nursing profession images are vital in terms of not only how nurses are viewed as a whole, but also how they are treated by the public (Dyer, 2013). Inaccurate representation can potentially give way to poor treatment of nurses by patients, other professionals, and society in general (Summers & Summers, 2015). Anger leads people to

rely on stereotypes which are processed more easily than making conclusions based upon personal experiences occurring in real-time. According to Gill and Baker (2019), nursing is a female-dominated profession that is often represented by a male-dominated media industry that is historically slow to shift the nurses' image in line with reality. Ferns and Chojnacka (2005) referred to media coverage of nurses as often patronizing and ridiculing.

10.4.1 Sexualization

The sexualization of the nursing profession is embedded in the fabric of society and nursing; even the earliest examples of nursing uniforms were designed like a maid's apron, tight at the waist and accentuating an hour glass figure. The majority of the population may have minimal contact with health care workers in the real world, yet may be bombarded by sexual imagery, thus leading to the temptation to merge fantasy with reality, resulting in inappropriate behavior or, in some cases, sexual harassment. This could be one of the contributors to nursing staff experiencing unparalleled verbal and physical abuse at the workplace (Ferns & Chojnacka, 2005).

10.4.2 Alex Wubbels, R.N., B.S.N.

The poor treatment that nurses contend with was exemplified by a video of Alex Wubbels, a Registered Nurse on duty at the University of Utah Hospital in Salt Lake City, that went viral in July of 2017. The video was actual bodycam footage from one of the police officers assigned to an automobile accident case. The victim of the motor vehicle accident was unconscious; however, the police officers insisted on collecting a blood specimen to check for the presence of illegal substances. The Health Insurance Portability and Accountability Act (HIPAA) guides hospital policy in such situations.

According to hospital policy, there are three criteria that must be met in order for laboratory work to be collected: the patient must be under arrest, the police must have a warrant, and the patient must give consent. In this case, the patient was not under arrest, the police did not obtain a warrant, and the patient was unconscious and therefore, unable to give consent. Mrs. Wubbels explained to the officers the hospital policy numerous times, and called a hospital administrator to confirm the policy with the officers. However, an officer at the scene, Jeff Payne, forcibly handcuffed and arrested her for “obstructing justice.” After twenty hours, no charges were filed and she was released. The incident resulted in the termination of Jeff Payne, the demotion of his supervisor, and Mrs. Wubbels, a seasoned nurse, was placed on the prestigious Medscape list of best physicians for the year.

10.5 Politics, Policy and Pay

Nursing image also affects policy making, funding and allocation of resources. Media representation is a political tool affecting policy makers and distribution of finances (Darbyshire, 2014; Hallam, 2000; Summers & Summer, 2015). Nurses are conspicuously absent from leadership roles on a global scale. The World Health Organization (WHO) publicly praises nurses, but currently employs fewer nurses than in previous years. In some countries, the government chief nurse role has been abolished; downgraded, as is the case in the United Kingdom; or simply never existed, as in the United States (Salvage, 2018). Nurses are frequently excluded from speaking with media outlets and conversations with politicians and policymakers about health care policies and issues in which nurses play a critical role. For example, nurses are key to achieving universal health care in the United States, but are not considered as essential when discussing policies or plans (Salvage, 2018).

Hospital administrators are notorious for denying nurses a voice on issues relevant to patient care, and regard nurses as not having legitimate input in scientific or medical management of patients (Gordon & Nelson, 2005). Public image of the nurse also affects the decisions of policymakers who enact legislation that defines the scope and financing of nursing services and allocates the already scarce resources of nursing practice (Kalisch & Kalisch, 1987). Nurses (not just physicians and policy scholars) should be vital participants in all health care forums, whether they occurred in communities, before state and national legislatures, at economic conferences, or at international assemblies (Buresh & Gordon, 2013).

10.5.1 A Game of Cards

A recent example of the absence of nurses' voices and misinformed opinions that pervade the profession and have an effect on health care policy can be seen in the actions of Washington State Senator Maureen Walsh (R), who, in April of 2019, debated a bill that would give nurses uninterrupted meals and breaks at work. While railing against a bill that sought to ensure that all nurses had enough uninterrupted time to take a sufficient break from work, Senator Walsh argued that smaller, rural hospitals should be excluded from the mandate, while claiming, "...they probably play cards for a considerable amount of the day." Her statement sparked a national outrage, not limited to nursing professionals. Her office received 10,000 emails; more than 35,000 phone calls; and thousands of playing cards (1700 full decks) in protest of her comments. An online petition calling for her to shadow a nurse for a twelve hour shift in a hospital had almost 800,000 signatures within a week. National Nurses United, a nursing leadership organization tweeted that her statement was "laughable" and "an insult to the most trusted profession." In the end, she offered a mediocre apology, followed through with shadowing a nurse, and the bill met a dead end.

An ill-informed understanding of nurses' roles within the health care system has jeopardized resource allocation to nursing, shifting it away from the profession (Kazis & Schwendimann, 2009). Health care resources are more likely to be allocated to professionals who are viewed as saving patients, not tending to them, thus affecting nursing recruitment, as many individuals entering a career may prefer being a "saver" (Gordon, 2005). An antiquated image of nursing also affects salary ranges, reinforcing the notion that nurses are "angels" fulfilling a calling and should not be expected to be appropriately paid for the work that they do (Rezai- Adaryani et al, 2013).

11. The World Wide Web

Advances in technology have transformed the way we live, how we work, and how we interact with others. Internet use has become a central component of everyday life. Almost 4.57 billion people were active internet users as of July 2020, encompassing 59% of the global population. Mobile has become the most important platform for internet access worldwide, as mobile internet users account for 91% of total internet users (www.statista.com). Social media technologies continue to grow at a rapid rate and are now the mainstream communication method for much of the global population (www.worldinternetstats.com/stats/htm).

11.1 Social Media: The Power of the Hashtag

Social media include web and mobile-based technology platforms providing an opportunity for information exchange, dialogue, and communication (Kaplan & Haenlein, 2010). Social media are also used for scholarly communication and as a method of gathering, sharing and disseminating information (Java, Song, Finn & Tseng, 2007). It is now relatively quick and easy for most people to upload, download, share, cut, paste, tag and comment on anything and everything in digitalized format on social media (Cope, 2017). A recent study of 3000 students in

the United States identified that 90% were engaged with Facebook and 37% used Twitter (Dahlstrom, de Boor, Grunwald & Vockley, 2011). Travers (2012) found that students spend thirty hours per month on the internet, of which eight are spent on Facebook.

Web 2.0 allows internet users to create and publish content to a wide audience and receive almost instantaneous feedback and commentary (Ferguson, 2013). According to Silva and Freischlag (2017), the power of social media, when harnessed, has the potential to challenge sociocultural constructs, evolve historical concepts and influence change. Discourse in social media is an engaging process that allows for feedback, criticism and conversation (Ferguson, 2013); can remain accessible to a wide audience; and can endure for years (Kaczmarczyk, Chuang, Dugoff, Abbott, Cullimore, Dalrymple, Davi, Hueppchen, Katz, Nuthalapaty, Pradham, Wolf & Case, 2013).

Social media is highly accessible and entrenched in many aspects of our modern world, including health care. There are support group pages for individuals suffering from a range of diseases; educational offerings for both the public and clinicians; and medical news stories focusing on everything from scientific breakthroughs with medications to human interest stories. Despite these technological advances and what some refer to as the “social media revolution,” nurses have been lackadaisical in realizing its potential and the need to harness this technology to educate the public on what nurses do and create their own image of the modern nurse. One of the primary concerns that cause this hesitancy is fear of breaching patient confidentiality and privacy (Lambert, Barry & Stokes, 2012) and fear of reprimand or retribution from employers (Ferguson, 2013).

11.2 Katie Duke, M.S.N., ACNP-BC

It is not uncommon for nurses to be terminated from their jobs or reprimanded due to their use of social media. One of the most infamous situations within the nursing world occurred in 2014, when a nurse was fired for sharing an image on her Instagram (IG) account. Katie Duke was a seasoned nurse working in a busy New York City (NYC) emergency room while starring in the ABC reality series, *New York Med*. One of her physician colleagues posted an uncaptioned photo of an empty, messy trauma room that had been used to treat a man who was hit by a NYC subway to his personal IG account. Katie Duke re-posted the photo, but added a caption: “Man vs. 6 Train...The After” and included the hashtags, “#lifesaving #EMS #NYC #ER #nurses #doctors #nymed #trauma #reallife.” Hospital administrators at New York Presbyterian Hospital did not fire her for violating patient privacy or hospital policy; rather, they let her go because they deemed her post “insensitive.” Ms. Duke maintained that she did nothing wrong and that she was simply giving the public a glimpse into the life and death situations that transpire in hospitals across the country; however, she did concede that the post may have been upsetting to someone unfamiliar with the happenings in an emergency room.

Her tearful reaction to her job termination was captured on film and included in one of the episodes. In the end, Katie Duke went on to graduate with her Master’s Degree in Nursing; became certified as an Acute Care Nurse Practitioner; secured various endorsement deals; and currently appears as keynote speaker at conferences across the country. She still maintains social media accounts and has more than 200,000 followers across her social media platforms. She is regarded as a role model for many nurses and nursing students. She also serves on the Advisory Board for the Association for Healthcare Social Media. Although her story is intriguing, and ultimately propelled her to a level of fame in the nursing world, most nurses do not have a

similar experience upon being terminated. What became of the physician who originally posted the photo? He was able to remain anonymous, and was neither reprimanded nor terminated from his position.

11.3 Nurses Need the Internet?

It is reasonable that hospital server administrators block social media websites on many desktop computers in nurses' stations; however, Google, the most used search engine on the World Wide Web, across all platforms, remains blocked on many computers as well. Often select web pages are unlocked for hospital administrators during traditional working hours, but bedside nurses use hard copies of outdated drug handbooks in an attempt to provide the most up-to-date, evidence-based care for their patients. Rather than blocking this communication tool, nurse leaders should promote ways to manage it; mitigate its risks; and more importantly, utilize its potential benefits for communication and dissemination of information (Ferguson, 2013). The fact that nurses are depended upon to administer controlled drugs; operate complicated medical equipment; monitor their patients in every aspect of care; and respond to life-threatening emergencies yet are not trusted to have access to the internet while delivering care, speaks to the culture of the nursing profession itself.

E-professionalism is a relatively new form of professionalism and is defined as the attitudes and behaviors that reflect traditional professionalism, but are showcased through social media (Kaczmarczyk et al, 2013). Social media may be a valuable change agent for combating stereotype for the nursing profession, as it enables nurses and nursing organizations to improve the outdated public perception of nursing rooted in sentimentality, fantasy, and fiction (Girvin, 2015); counteract inaccurate media depictions; and represent themselves and their work more accurately (Gill & Baker, 2019).

12. The Covid 19 Pandemic

On December 31, 2019, the government in Wuhan China confirmed that health authorities were treating dozens of cases of pneumonia of an unknown cause. This illness was later determined to be caused by a novel Coronavirus, a new strain of Coronavirus, which is responsible for the common cold. It is believed that the origin of this virus, later named Covid-19 by the World Health Organization (WHO), was a wet market, a live animal market in Wuhan. One month later, The WHO declared a global health emergency, and the Covid-19 Pandemic, a public health crisis the likes of which had not been experienced in the past century, was well underway.

Although the first confirmed case in the United States had originally believed to be on January 20, 2020, a report published on November 30, 2020 found evidence that Covid-19 was present in the U.S. weeks earlier (Basavaraju et al, 2020). The first confirmed case in the U.S was on January 20, 2020 and the first confirmed death was on February 6, 2020. As early as March 26, 2020, the United States led the world in confirmed cases, with 81,321 confirmed infections and more than 1000 deaths.

Governors were charged with creating public health plans to mitigate exposure to the virus in an effort the “flatten the curve” and circumvent hospitals becoming overwhelmed with the sick and dying. Terms such as “social distancing,” “lockdown,” and “quarantine” became household terms. Businesses that provided essential services, such as supermarkets and pharmacies were permitted to remain open, on a modified schedule. Necessities such as cleaning supplies, hand sanitizer and toilet tissue were soon in high demand and quickly, the supply dwindled, with shelves that were once overstocked with these items, standing empty. Retail shops were ordered closed. Children and teachers were sent home and traditional schooling was

replaced by distance learning. Life as we knew it had transformed as more time was spent at home; social functions were canceled; public gatherings such as concerts and festivals were postponed; and a level of fear gripped a once fairly comfortable population in the United States and beyond. Small business and large retail chains closed their doors temporarily, some permanently, and the number of unemployed workers rose to historical heights. Of those who were fortunate enough to remain employed, many worked from home.

Essential businesses, those who provide necessary products or services, were permitted to stay in operation. While the majority of the population stayed at home, essential workers, such as grocery store employees, truckers, and energy workers, continued to report to their place of employment. Health care professionals fell under the essential workers umbrella, many of which were focused on caring for Covid-19 patients in hospitals across the country. For the first time in my lifetime, nurses were thrust into the spotlight, as front-line workers caring for individuals who contracted the virus. Nursing, a profession that has been widely misunderstood; often ignored; and frequently misrepresented, was front and center.

On any given day, nurses dominated the news media. Photos of nurses caring for Covid patients went viral, many of which wore an exhausted expression and had significant facial rashes and bruising created by the pressure of wearing masks and goggles for twelve to sixteen hours at a time; others were simply slumped over on a desk sleeping, physically and emotionally drained from endless amounts of work. In an effort to encourage people across the globe to stay home, nurses and other healthcare workers started a makeshift campaign using the hashtag #stayathome. Photos of frontline nurses wearing full personalized protective equipment (PPE) holding signs that read a simple request: "I stay at work for you. You stay at home for us." Worldwide, nurses working on Covid units would stay quarantined in hotel rooms or hospital

facilities to circumvent bringing the virus home to loved ones. The heart and soul of nursing was on display. When New York State Governor Andrew Cuomo put out a call for volunteers to staff hospitals in New York City, the epicenter during the first few months of the pandemic, more than 90,000 retired and active healthcare workers signed up online, 25,000 of which were from other states.

The front line nurses knowingly risked their lives with every shift. As of this writing, according to The New York Times, the number of cases worldwide was 63.6 million, with 1.47 deaths; in the U.S., there have been 13.6 million cases and 269,000 deaths. In October of 2020, The International Council of Nurses confirmed that 1700 health care workers, including 1500 nurses, have died from Covid-19 in forty four countries. This figure is equal to the death toll of nurses serving in World War I. It is also estimated that health care worker fatalities worldwide could be more than 20,000 by the end of the pandemic.

The Covid-19 pandemic has spanned the better part of 2020, extending into 2021, and although there are now some vaccine options, there is barely an end in sight. Despite health care workers being one of the first groups to receive the Covid-19 vaccine, 400 health care workers have died in the United States alone (McCormick, 2021). According to the World Health Organization, there have been 113,467,303 Covid-19 cases worldwide, and 2,250,550 deaths at the time of this writing. The CDC has recorded 28,355,420 cases in the United States with 510,777 deaths to date, in the United States alone. The number of cases and deaths varies greatly depending upon the geographic region within the United States. In my region, the Northeast, after a short respite over the summer, a second wave of Covid-19 began in October of 2020. As of this writing, according to the CDC, the Midwest Region (Minnesota, South Dakota, North Dakota and Nebraska) have the highest number of cases per 100,000 people.

13. What Does It All Mean?

In this section, the history of nursing and the evolution of its imagery and stereotypes was explored in detail. The role of mass media takes in preserving traditional images of nursing and publicizing unsavory nurse stereotypes has long been documented. In our modern, digital world, the internet, and social media, has become a popular source of information and entertainment. The images of nursing that are projected onto the public have implications that trickle down to the core of nursing: patient care. In the context of the current Covid-19 pandemic, where nurses are taking center stage, nurse imagery abounds. As a nurse myself, I became curious if nurse portrayals on the world wide web uphold the classical images of nursing; foster the negative nursing stereotypes; or present nurses in an innovative, but accurate way. Part two details my research.

PART TWO

Chapter Three: Literature Review

14. Research Questions

1. Primary Research Question: How are nurses portrayed in the Web 2.0 site YouTube during the Covid-19 global pandemic of 2020?
2. Secondary Research Questions:
 1. Has the nursing profession changed during the Covid-19 global pandemic?
 2. Are video portrayals of nurses congruent with historical images and traditional nurse stereotypes?
 3. How can these images affect the public perception of nurses?
 4. How can these images affect the professional identity and self-concept of nurses?
 5. How can these images affect patient care?

14.1 Background to Research

The creation of nurse image is largely influenced by traditional media such as television, radio, and print; and the different forms of communication they employ: television programs, commercials, and advertisements (Pawlowski et al, 2019). Although traditional media such as movies, television and novels have long since portrayed nurses, these images tend to be negative (Kalisch & Kalisch, 1986). A negative image of nursing can negatively impact the quantity and quality of prospective nursing students; affect decisions of policymakers who enact legislation that defines the scope and financing of nursing services; affects patient expectations of nursing care; and can create problems with nurse self-image (Kalisch & Kalisch, 1987).

Over the past three decades, new technologies such as the internet, and smartphone applications; and their main mode of communication, social media, have played an increasingly

important role (Pawlowski et al, 2019). The internet, and within it, the World Wide Web, is a vast network of computer servers that house information at specific addresses known as websites. Websites have units of electronic memory, where files and programs of various types are stored (Muller, 1999). The Web 2.0 site, YouTube, was founded in 2005. It enables interactivity, which permits users to post video content for free; view videos posted by others; search for content by keywords or categories; post comments; and participate in discussion groups.

The internet is a powerful tool that can shape nurse image. YouTube is a platform that is widely used throughout the world. Since it has long been established that traditional forms of entertainment and mass media frame the nursing profession in a negative light, the exploration of nurse image on the internet, specifically on YouTube, is vital to understanding some of the challenges nurses may face as they care for patients, as well as with regard to their self-concept and professional identity.

14.2 Methodology of Literature Review

An extensive review of the literature for all books, articles and research studies began with a comprehensive literature search within each of the following databases from 1979 to 2019: Google Scholar, Ebscohost Web database, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, and ProQuest, PubMed, Drew Scholar Search and ILLIAD (the interlibrary loan), were utilized for multiple publications. Reference lists of research studies and articles were hand-searched to identify articles that were not captured in the electronic database search. Search terms included: “nurse” + “image” + “internet;” “nurse image” + “internet;” and “nursing image” + “internet.” Inclusion criteria were studies found in peer-reviewed journals only, within the past twenty years, and research studies that were

available in the English language. Four research studies that were performed outside of the United States (three in South Korea and one in Brazil) were excluded, although they were relevant to the topic of this dissertation; as only the research abstract was translated to the English language. The term “nursing” was used in the professional sense, not as a synonym for breast feeding. Research that examined the use of social media platforms for patient education provided by nurses was excluded. A total of eight research studies met inclusion and exclusion criteria to be included in this literature review.

14.3 Comparisons and Contrasts of Research Articles

14.3.1 Study Design

A qualitative research design was used for all eight of the articles included in this review. Seven of the research studies employed a descriptive, content analysis methodology and one used a case study method. All research studies focused on utilizing the internet, more specifically, the World Wide Web, however, the studies differed in their use of social media platforms and search engines. Three studies examine actual nurse images on the internet; two studies utilized social media platforms such as Facebook and Twitter; two studies focused on search engine results; and one study focused solely on YouTube.

Three studies focused on photographic and pictorial representation of nurses on the internet. An analysis of the image of the nurse on Internet greeting cards (Pierce, Grodal, Smith, Tyvoll, Miller & Tallman, 2000) was the earliest research study that was found during this literature review, which is understandable, given that the internet had substantial growth in the latter half of the 1990s. Koo and Lin (2015) explored how the nursing profession is portrayed in photographic images found on the Internet by using the search term “nurse” on two image-searching websites, Google Images and Shutterstock. A research study performed by Sarna and

Bialous (2012) focused exclusively on images of nursing and smoking on the Internet. These research studies explored a variety of pictorial images and their influence on public perception of nursing as a profession; nurse self-concept and identity; and implications for policy and education.

Two comparative studies examined content on websites related to nursing and potential influence on nurse image. Chen and Liu (2010) examined the presence of nursing information on fifty hospital websites across five countries (the top ten hospitals in each country), focusing on the accessibility, range and depth of nursing information provided. Taking a broader approach, Kalisch, Begeny & Neumann (2007), examined content of the most popular websites that resulted from searching the term “nursing” in 2001 and 2004, as it related to the image of nursing as a profession.

Three research studies utilized data collected from social media platforms to analyze nursing image on the internet. The possible influence of social media on creating the image of nurses on the internet was explored by analyzing nursing website fan pages on the social networking service, Face Book (Pawlowski, Makuch, Mazurek, Bartoszek, Artych & Dobrowolska, 2019). Conversely, Johns Hopkins School of Nursing created a multi-media nursing campaign in an attempt to break through nursing stereotypes and feature the diversity of job scopes within the profession, then used digital analytics of Facebook, Instagram, Twitter, and YouTube to evaluate its response from the public (Kress, Godack, Berwanger & Davidson, 2018). This literature review yielded only one research study that focused on the image of nursing on the Web 2.0 site YouTube. Kelly, Fealy & Watson (2012) analyzed the ten most-viewed videos when the terms “nurse” and “nursing” were searched on YouTube to describe how nurse identity was constructed.

14.3.2 Methodology

Sample Size

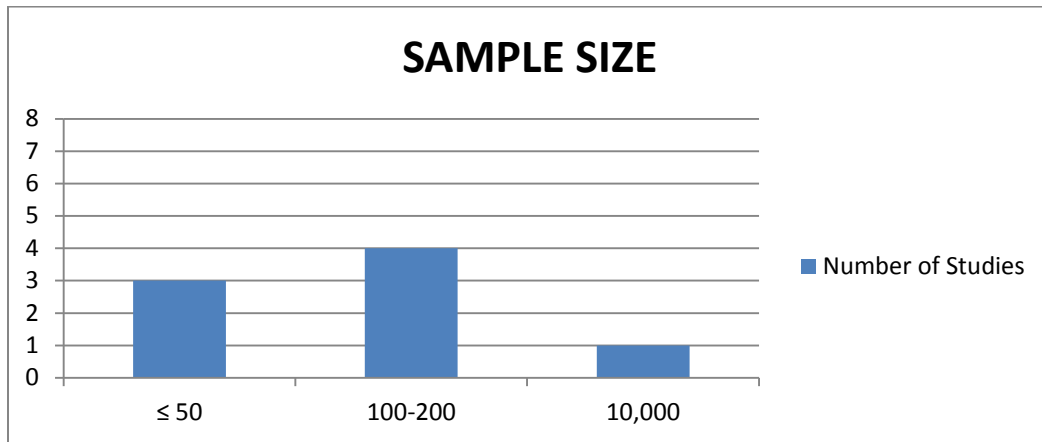


Figure 1. Sample Size

Save for the case study (Kress et al, 2018) included in this literature review, all research studies used a purposive sample. Samples varied in size from $n=10$ to $n=10,000$. Three of the studies included a sample size equal to or less than 50: $n=10$ (Kelly, Fealy & Watson, 2011 and Pawlowski, et al, 2019) and $n=50$ (Chen & Liu, 2010). Three studies included a sample size between 100 and 200: $n=101$ (Pierce, et al, 2000); $n=144$ and $n=152$ (Kalisch, Begeny & Neumann, 2007); and $n=171$ (Koo & Lin, 2015). One research study had a sample size of approximately $n=10,000$ (Sarna & Bialous, 2012). (Fig.1)

Research Site

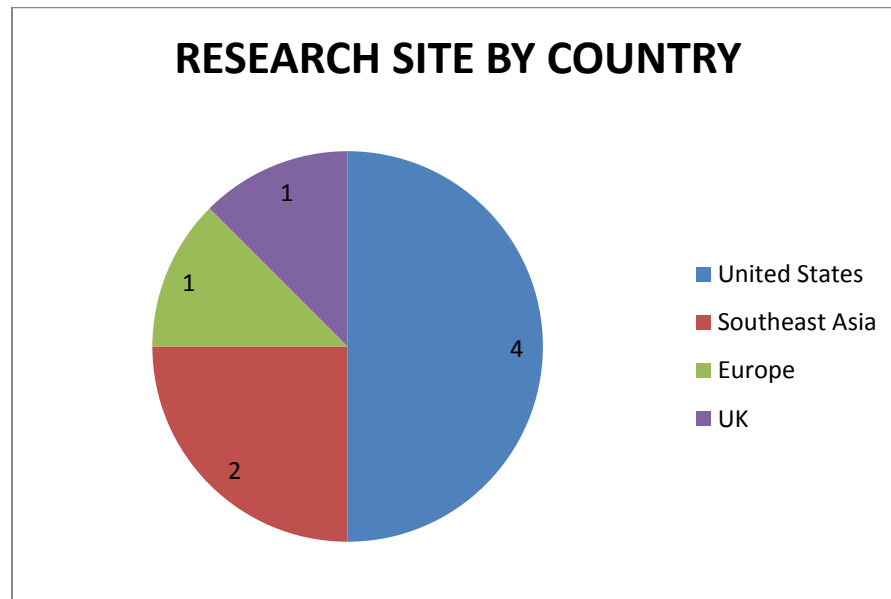


Fig. 2 Research Site by Country

Although all research studies in this review were grounded in the World Wide Web, those conducting the research spanned the globe. Four of the studies (four out of eight) were conducted by researchers in North America, namely, in the United States. Of these four, two were based in the West coast states of California and Oregon (Sarna & Bialous, 2012 and Pierce et al, 2000); one in the East coast state of Maryland (Kress et al, 2018); and one in the Midwest state of Michigan (Kalisch, Begeny & Neumann, 2007). The remaining half were conducted by researchers based outside of the United States: two from the European countries Poland (Pawlowski, et al, 2019) and the United Kingdom (Kelly, Fealy & Watson, 2011); and two from the Asian countries China (Chen & Liu, 2010) and Taiwan (Koo & Lin, 2015). (Fig. 2)

Data Collection and Analysis

Data collection and analysis methods varied across the eight research studies in this review. Two studies used researcher-developed tools. Pierce, et al (2000) developed the Greeting

Card Analysis Tool (GCAT) to explore nurse image on greeting cards found on the internet and descriptive and Chi square statistical analyses were applied to the categories identified on the GCAT. Kalisch, Begeny & Neumann (2007) created the Internet Nursing Image Tool which was applied to the top twenty websites that emerged from searching the term, “nursing” and employed SPSS software to analyze the resulting data.

Three studies did not develop a formal tool or instrument for data collection, but did set criteria or attributes to focus on while performing their content analyses. Pawlowski et al (2019) examined subject matter, website activity and promotion of professional image on nursing website fan pages on Face Book and did not employ software for data analysis. Koo & Lin (2015) retrieved the first one hundred images by searching the term, “nurse” and then analyzed the visual content for a specific set of attributes. Chen & Liu (2010) compiled a checklist of items relating to presence of nursing information and accessibility of that information as a means to analyze and compare fifty websites of hospitals across five countries. SPSS software was employed for data analysis in both of these studies.

Two research studies involved data collection solely through internet searches and data analysis performed by manual thematic analysis. Kelly, Fealy & Watson (2011) used the search terms “nurse” and “nursing” to find the top ten videos on the Web 2.0 site, YouTube, and then analyzed each video, identifying patterns, or themes, that repeatedly presented themselves. On a broader scale, Sarna & Bialous (2012) conducted a thematic analysis of approximately 10,000 pictorial images of nurses smoking on the internet. The case study included in this review used digital analytics of multiple social media platforms to evaluate a staged multi-media nursing campaign that aimed to educate the public on the wide variety of job opportunities within the nursing field.

14.3.3 Results of Literature Review

Literature Review Results by Internet and Website Category		
Broad Internet Search	Nursing-Related Websites	Social Media
Female, Caucasian	Wide Age Range	Dressed in White/Uniform
Wearing a Stethoscope	Responsible/Accountable	Touching Patients
Smiling	Committed/Trustworthy	Comforting Patients
Expressing Fear/Anxiety	Skilled/Educated	Brainless
Expressing Hostility	Professional Advancement	Incompetent
Pronounced Secondary Sex Characteristics	Professional Challenges: Patient Rights and Expectations	Unable to Make Clinical Decisions
Provocative, Naughty	Work Conditions/Legal Issues	Unconcerned with Patient Needs
Sexual Promiscuity	Under-Represented	Object of Sexual Fantasy

Table 1 Literature Review Results

Two studies included in this literature review included demographic information in their raw data. In their analysis of the representation of nurses on internet greeting cards, Pierce et al (2000) found that 92.1% of images were female and 82.8% were Caucasian. Koo & Lin (2015) yielded similar results, finding that 90% of photographic nursing images on the internet were female and two-thirds of their sample was Caucasian. The remaining research studies did not make mention of gender or race. With regard to age, only one study included this demographic. Kalisch, Begeny & Neumann (2007) compared nursing image on the internet during two nonconsecutive years and noted that a wide age range was depicted, but did not categorize any age brackets to determine if one age group was represented more frequently than another.

The sexualization of nurses on the internet was a common recurrence in half of the research studies included in this review. Three research studies that analyzed photographic or pictorial representation of nurses on the internet included this aspect of nurse image in their raw data. In their exploration of nurse images on internet greeting cards, Pierce et al (2000) found that 59.4% of the sample contained images of nurses with pronounced secondary sex

characteristics. Kalish, Begeny & Neumann (2007) found that one of the negative characteristics of nursing image online that increased over time was the depiction of sexual promiscuity, which rose from 3.5% of images in 2001 to 5.9% in 2004. In their examination of images of nurses and smoking, Sarna & Bialous (2012) found that some of the depictions of nurses fell under the category of “naughty nurse,” noting the presence of sexual innuendo in advertisements for cigarettes; smoking accessories, such as cigarette cases; and movie posters featuring nurses smoking in a provocative manner. In their analysis of the portrayal of nurses in popular videos on the website YouTube, Kelly, Fealy & Watson (2011) found that four out of ten (40%) of videos depicted nurses as an object of sexual fantasy, juggling job responsibilities with dodging sexual advances of male patients. In two advertisements, one American sit com clip, and one news clip, nurses were sexualized and objectified.

The presence of professional imagery and portrayal of nursing on the internet was explored in six studies included in this review. In their study of nursing website internet fan pages on the social media platform, Facebook, Pawlowski et al (2019) found that most pages focused on daily working conditions, potential legal issues and professional advancement within the nursing profession. The majority of the fan pages concentrated on nurse-centered goals: to generate discussion regarding working conditions and professional challenges; patient rights; and expectations of patients. In their analysis of nursing image in YouTube videos, Kelly, Fealy & Watson (2011) determined that four out of ten (40%) of their video sample depicted nurses as skilled, educated, intelligent, and technologically savvy. Kalisch, Begeny & Neumann (2007) found an overall positive image of nursing on the internet, with 70% of web sites portraying nurses as intelligent and educated and 60% of as responsible, accountable, committed, competent, and trustworthy. However, they also determined that over a period of three years,

there was a decrease in some positive nursing attributes: scientifically oriented decreased from 56% to 34%; powerful and authoritative decreased from 56% to 34% and 41% respectively; creative plummeted from 51% to 23%; and being involved in or influential in politics and policy significantly declined from 41% to 20%.

Chen & Liu (2010) discovered that within their sample of fifty hospital web sites, all thirty (100%) of the websites based in the U.S., U.K., and Australia contained nursing related information; 70% of web sites based in China contained nursing information; and only 30% of web sites based in South Africa consisted of nursing information, which was sparse and difficult to access. The most frequently presented information were employment opportunities; nursing education; and nursing news and events. However, they concluded that overall, there was limited presence of nursing information across all fifty websites; and biographies, accomplishments and achievements of nursing leaders were totally absent in all countries.

Kress et al (2018), researchers at Johns Hopkins School of Nursing, determined that their self-produced on-line nursing campaign, which aimed to break through stereotypical images of nursing and highlight the wide scope of opportunity the nursing profession offers, successfully traveled across the World Wide Web, receiving more than 7,000 visitors from the U.S., U.K., Canada, Australia, South Africa, Portugal, Lebanon, and Hong Kong. Koo & Lin (2015) determined that across the nursing images they analyzed on the internet, the scope of nursing was not widely represented. The nurses in 39% of their sample were shown recording data; and 29% were touching or comforting patients; but only 7% were portrayed as using medical devices. Nurses serving in the capacity of researcher or educator were completely absent in their sample.

The presence of professional attire and frequently used medical equipment was assessed in two of the research studies included in this literature review. Pierce et al (2000) noted that in

his sample, the nurses depicted on internet greeting cards were wearing uniforms 95% of the time, wearing a cap 90.1% of the time, and 66.7% of the nurses wore white. In another study, 68% of nurses in photographic images on the internet had a stethoscope on their person (Koo & Lin, 2015).

Two studies that focused on still images found on the internet analyzed the facial expression of nurses and patients. Koo & Lin (2015) found that 85% of photographs of nurses on the internet portrayed the nurse with a smile upon her face. Pierce et al (2000) found that the majority of nurses shown on internet greeting cards had a benevolent expression (63.4%), however, 10.9% displayed blatant hostility. Further, although 36.4% of patients in their greeting card sample were smiling, 29.5% showed fear or anxiety; 4.5% were frowning; and 29.5% had an undetermined expression.

Two studies found images that undermined the professional representation of nurses. Sarna & Bialous (2012) scoured the internet for a sample of approximately 10,000 images containing nurses and smoking and resulted in only a “few” anti-tobacco images containing nurses. In their study of ten YouTube videos containing nurses, Kelly, Fealy & Watson (2011) found two cuttngly satirical videos that depicted nurses as brainless and incompetent. Nurses in these videos (one cartoon and one television clip) were portrayed as unable to make clinical decisions and unconcerned with patient needs. (Table 1).

14.4. Interpretation of Literature Review Results

Three main commonalities emerged from the results of the research studies included in this review. First, nurses were more likely to be represented in a positive and professional manner when content was created by nursing institutions or organizations. Kelly, Fealy &

Watson (2011) determined that across their sample of YouTube videos in their study, the four clips that portrayed nurses as educated professionals with an integral role in delivering care were created by nursing professionals at universities and hospital systems. In a like manner, Kress et al (2018) found that by generating a multi-media nurse-driven campaign, there was potential to impress upon the public the wide spectrum of job positions that nurses are qualified for, aside from traditional bedside nursing.

Information about employment opportunities, educational events and newsworthy stories is available on hospital web sites, but in a limited capacity; the presence of this information varied across five different countries; and was proportionate to the economic strength, level of nursing, and nursing education in a country (Chen & Liu, 2010). Further, according to Pawlowski et al (2019), nursing website fan pages on social media may play a dual role in shaping the public perception of nurses. On one hand, information about work challenges faced by nurses; the importance of the nurse role in patient advocacy and safety; and advancement within the nursing profession can shed light on the relatively low prestige of nursing despite its high contribution to the health care system, contributing to a positive public image of nursing as a whole. Conversely, any controversial content on nursing pages, such as politicization of health care issues, can lead to accusations of lack of professional solidarity.

Second, stereotypical representation of nurses is pervasive on the internet. Pierce et al (2000) found that images of nurses were not only stereotypical, but incongruent with reality. Nurses were mainly presented either as using sex appeal or prowess, cruelty or coercion, or in a humorous manner with unprofessional and incompetent overtones; neither representation accurately captures the reality of an interaction with a professional nurse. Kelly, Fealy & Watson (2011) found that the nursing stereotypes suggested by YouTube were consistent with previously

reported media constructs; nurses have long been depicted as naughty sex objects, bumbling fools, and emotionless sadists, and these clichés are still going strong.

Finally, the comparison between nursing portrayal on the internet and depictions of nurses in entertainment media concluded two research studies in this review. The portrayal of nursing was found to be more positive online than in traditional entertainment media (Kalisch, Begeny & Neuman, 2007; Koo & Lin, 2015). However, this may be a slim margin, and due to the longevity of images on the internet, it is questionable as to whether this will persist over time. Sarna & Bialous (2012) analyzed approximately 10,000 images of nurses and smoking that spanned a century, and found that the stereotypical “naughty nurse” as well as images that undercut the health advocacy power that nurses possess, was pervasive throughout decades.

14.5 Literature Review Conclusions and Recommendations

The studies included in this review highlight the potential that the World Wide Web holds in shaping the public image of nursing as a profession. In fact, not only can the internet influence public perception of nurses as a whole, it can also impact nurse self-perception and identity on a global scale (Sarna & Bialous, 2012). Nursing image is not only created in real life, but in a virtual reality (Pawlowski et al, 2019). To support the best possible outcomes for nurses, as well as patients, the images we see need to be consistent with reality (Pierce et al, 2000). The research in this review underscores the need to provide an accurate and comprehensive representation of the nursing profession on the internet (Koo & Lin, 2015). Misrepresentation of nurses and the significance of their work are widespread on the internet. Popular nursing stereotypes that have persisted for years, such as the “naughty nurse” and the incompetent and uncaring nurse are readily found online (Kelly, Fealy & Watson, 2011). Nurses are often portrayed in a narrow scope and performing a limited number of activities, which perpetuates

stereotypical views of nurses in the public eye (Koo & Lin, 2015). Further, the lack, or in some cases, absence of nursing information on hospital websites may tacitly influence a negative perception of care that the public may expect to receive in a hospital setting (Chen & Liu, 2010).

Social media is an affordable and accessible means to present accurate information about nursing, while dispelling widespread fallacies about nurses and the work that they take so much pride in. Content that is developed by nursing organizations frequently brings the best aspects of the nursing profession to the forefront (Kalisch, Begeny & Neumann, 2007). When this content becomes freely accessible on the internet, whether it is on social media or a nurse dedicated website, it advances the profession in recruitment; increases diversity; and reinforces the relevance of nurses within the complex health care landscape (Kress et al, 2018).

The need to counter-influence negative images of nurses online falls into the collective hands of the nursing profession. Being active in the community and correcting negative behaviors are day-to-day tasks that nurses can perform (Pierce et al, 2000). However, the health care organizations that employ nurses to care for their patients also need to give nurses an online presence in their website content and highlight their accomplishments to promote a positive image of nursing (Chen & Liu, 2010). The wide breadth of employment opportunities for nurses and the many capacities in which they can serve, such as research and teaching, needs to be showcased online (Koo & Lin, 2015). Further, efforts are needed to portray nurses as health advocates in advertisements and mass media (Sarna & Bialous, 2012).

Counter-influence of negative nurse images also falls upon nursing professional bodies to lobby legislators for support. Kelly, Fealy & Watson (2011) suggested that legislators become involved in protecting the nursing profession from unwarranted negative stereotypes and promoting counter-discourse. Further, Pierce et al (2000) recommended legislative influence and

consciousness, particularly to advocate for limiting sexualization of nurses and in extreme cases, pornographic images. Further, legislation can be aimed at promoting nurses as advocates of health promotion, as opposed to undermining nurses by attaching their image to unhealthy behaviors such as smoking (Sarna & Bialous, 2012).

There are limitations to conducting a research study by using information on the internet. As Pierce et al (2000) pointed out; the internet is vast and changes constantly, which can cause some images to degrade over time. Moreover, as Kress et al (2018) observed, a research study that relies on digital metrics only, such as website traffic, is narrow in scope. Two research studies focused on still images only (Pierce et al, 2000; Sarna & Bialous, 2012). The most common limitation encountered by the authors was the subjective nature of their research, which possibly could lend itself to bias (Pierce et al, 2000; Kelly, Fealy & Watson, 2011; Kalisch, Begeny & Neumann, 2007; Koo & Lin, 2015; and Sarna & Bialous, 2012).

14.6 Conclusions of Literature Review

The process of conducting this literature review revealed to me a paucity of research exploring the image of nursing on the internet. This comes as a surprise to me, a quinquagenarian Generation X nurse practitioner, who has spent the better part of the past twenty-five years in the nursing profession. I do not consider myself technologically astute. I can flounder my way around most Microsoft programs; engage in a handful of social media exchanges; utilize my smart phone with questionable proficiency; and (obviously) scour a variety of academic databases to write a scholarly paper. When I was in high school, and in my first go-around of college, the internet was not a commonly used term. In fact, it was not until I enrolled in university for my nursing degree that the internet became a tool, albeit a limited one at the time, in writing my research papers. That being said, in the current year, 2020, I access the World

Wide Web multiple times throughout the day, either at home on one of a variety of devices (lap top, Chrome Book, ipad, tablet) or on my smart phone, an Android, whose manufacturers apparently offer classes on how to use its many features (of which I most likely use less than five).

Since the internet is so far-reaching in this day and age, I thought that there would be a large body of research to explore. However, analyses of nurse image on television, in books, and in feature films, is much more prevalent in the literature. In a way, I find this antiquated. The nursing profession itself has become much more technologically advanced in the quarter of a century that I have been caring for patients. Gone are the massive, three ring binder patient charts; they have been replaced by computer systems. Prescriptions are very rarely written on a traditional prescription pad (I think I might use mine twice per year); rather, medications are now e-prescribed, transmitted to a pharmacy of the patient's choice within a split second. Nursing boards and certification exams are all performed on computer systems and applications for nursing state licensures are completed online.

After an exhaustive search of the literature, there was only one study that analyzed the image of nurses on the Web 2.0 video sharing platform YouTube. This also came to a surprise to me, as YouTube is a popular means to educate oneself on various topics, including for nurses and nursing students who wish to learn a new skill such as inserting intravenous lines or dressing a wound under sterile technique. The phrase, "I'll YouTube it," is presumably uttered by hundreds of people looking for a quick and effective way to do anything from change the oil in their cars to remodel rooms in their houses. You Tube is accessible as smartphone app, which also lends itself to a large audience.

This literature review also revealed the stereotypical, narrow lens through which the public views nurses. For example, nurses online were widely depicted as female, Caucasian, and wearing white; however, nurses are a diverse group of professionals. According to the 2017 National Nursing Workforce Study, conducted by the National Council of State Boards of Nursing, the percentage of male Registered Nurses is steadily increasing, from 6.6% in 2013 to 9.1% in 2017. Further, although 80.8% of Registered Nurses were Caucasian, a variety of races and ethnicities comprises the nursing population, including Asian, Black, Pacific Islanders, and American Indian (Smiley, Lauer, Bienemy, Berg, Shireman, Reneau & Alexander, 2018). With regard to nursing uniforms, the days of fitting, starched, white attire are largely an idea of the past. Most nurses now have laterality to wear different colors, prints and styles of scrubs; often these prints are an expression of their personality and a conversation piece with patients.

Piggybacking off the fact that the nurse population is largely female, this literature review revealed blatant sexualization and objectification of nurses. The presence of exaggerated secondary sex characteristics and the pervasive image of the “naughty nurse” lend itself to an unflattering and unrealistic stereotype of nurses. In fact, this imagery has persisted for decades despite the acceptance of nursing as a legitimate profession and its subsequent advances in scope and education.

Nurses also appear to be portrayed as practicing within a very narrow scope. Nurses are shown with the most recognized piece of medical equipment, the stethoscope; and although this second pair of ears is vital to most nurses, there are innumerable other medical devices that nurses use on a daily basis, from intravenous pumps that deliver life-saving medications, to telemetry monitors that capture potentially deadly heart rhythms, to ventilators and dialysis machines. The bedside nurse is well-versed on the use of complicated machinery, and makes

complex technology seem commonplace, because for a nurse, it is. Further, the depiction of nurses holding clipboards or tablets and recording information lends itself to the notion that nurses are secretaries. Of course, administrative work and documentation is important; however, the job entails so much more.

Another way in which nurses are portrayed in a superficial, stereotypical manner is the absence of nurses working in a capacity that does not include direct patient care. Nurses are often characterized as the main source of comfort for patients. Although this is part of the caring aspect of nursing, bedside nurses often do not have the time to spend with their patients to provide the reassurance and education that they need. The perpetuation of this enduring this image of nurses may influence patient expectations, leading to disappointment when this expectation is not met. Further, many nurses do not directly care for patients; rather, they make contributions to health care on a different scale. Nurses are researchers, legal analysts, informatics specialists, and educators, to name a few different career paths. The traditional bedside nurse, who cares for patients, is by far not the only role that a seasoned nurse can assume. The nursing field has grown leaps and bounds since the days of Florence Nightingale. Not only should this be reflected in the nurse image presented on social media platforms, pictorial renderings and general websites online, but nurses and the vital work they do, need to have a larger presence on hospital websites.

The crux of this literature review is that the internet does not portray nurses in a particularly positive light, nor do the images online hint at a realistic picture of what nurses do, who they are, and the challenges they face. The studies included in this review found unflattering images of nurses in photos and pictures, on greeting cards, in cartoons, in the news and on television programs that are all easily accessed on the World Wide Web. The websites of

professional nursing organizations and hospitals focused on subjects that would be of most interest to the working nurse. There was little, if no information that explained to the general public, the many different roles of the nurse; the required education and training; or the accomplishments of nurse leaders. Nurse-driven content was more likely to present an accurate picture of the nursing profession, but entertainment-driven content laden with satire and sarcasm was more prevalent online.

The insight I gained through the process of this literature review guides my research, which focuses on nurse image on the internet, specifically on YouTube. There is a small body of research that explores this topic, and only one study that focuses on YouTube, a popular on line video-sharing platform. It is clear that the stereotypical images of nurses, such as the sexy nurse, the nitwit, and the malevolent bureaucrat are alive and well on line. However, I will be analyzing nurse image during the unprecedented time of the Covid-19 pandemic, which thrust nurses into the spotlight. In the context of what will most certainly be viewed by historians as one of the worst public health crises in our lifetime, these stereotypes may persist, and new ones may emerge. No doubt it is a harrowing time for the citizens of the world. How the nurses of the world will be remembered and immortalized remains to be seen.

Chapter 4: Original Research

15. Methodology

15.1 Study Design

This is a qualitative, descriptive thematic analysis, with a small-scale content analysis, using two researcher developed checklists, that examines a sample of YouTube videos.

15.2 Sample

This study contained a targeted, non-random sample (n=20) of the most-relevant video clips for the search “Covid-19” and “nurse” retrieved from the Web 2.0 site YouTube. Inclusion and exclusion criteria were as follows: Videos must have represented “nurse” in the professional sense, not in the breastfeeding sense. Videos that appeared multiple times within the top twenty list were only counted once. Nurses practicing in all specialties of nursing and all environments were included. Videos produced worldwide were included in the sample, providing the verbal content of the videos was in the English language. Videos in another language, with English dubbing or subtitles, were included in the sample.

15.3 Site

Data was collected on my home computer, in my home office, located in East Stroudsburg, Pennsylvania.

15.4 Data Collection

Due to the qualitative nature of this study and the depth of the subject matter that was explored, thematic analysis was conducted on all videos in the sample. Data was collected over a period of two weeks, between December 19, 2020 and January 2, 2021. The initial YouTube search, which yielded the study sample, was conducted on day one and each of the twenty videos

15.5 Research Instruments

[illegible]

15.5.2 Visual Cue (Emotion, Object and Activity) Check List

EMOTION/ OBJECT/ ACTIVITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
PPE																				
PATIENT CARE																				
HOLD HANDS																				
IV SUPPLIES																				
VENTILATOR																				
COMPUTER																				
HAPPY/SMILING																				
SERIOUS																				
FRUSTRATED																				
CRYING																				
TIRED																				
MASK LINES																				

15.6 Data Analysis

Software was not employed for data analysis. The two checklists utilized for content analysis contained items that were categorized into themes and a proportional analysis of these was conducted. Manual coding was employed for thematic analysis. These themes and sub-themes were then examined to identify trends.

15.7 Bias

The targeted sample of videos was limited to those found on YouTube. This is not a representative sample of all nurses working across different specialties of nursing; nor is it representative of all nurses working in the United States, or worldwide. Bias was controlled by adhering to the same two research instruments for each video. The researcher is aware that her bias may affect her interpretation of the videos in the sample. With a career spanning two decades, the researcher is hopeful that any bias, which is a result of professional experiences,

will be utilized as insight to the nursing profession and to create positive recommendations and interventions moving forward.

15.8 Ethical Considerations

The use of video clips posted on the World Wide Web as research data and reporting of results of thematic and content analyses should not have an ethical impact on the individuals in the video clips, as this information is public domain.

16. Results

16.1 Video Characteristic Analysis

Eight characteristics were chosen as demographic data to be explored with each of the twenty YouTube videos in the sample: date, duration, popularity, location, nurse representation, male representation, type of YouTube Channel, and social media content. These video features were chosen with an eye towards investigating whether there was any influence of these factors on the presentation of nurses, or if the depiction of nurses would differ between each of these video characteristics.

16.1.1 Video Date

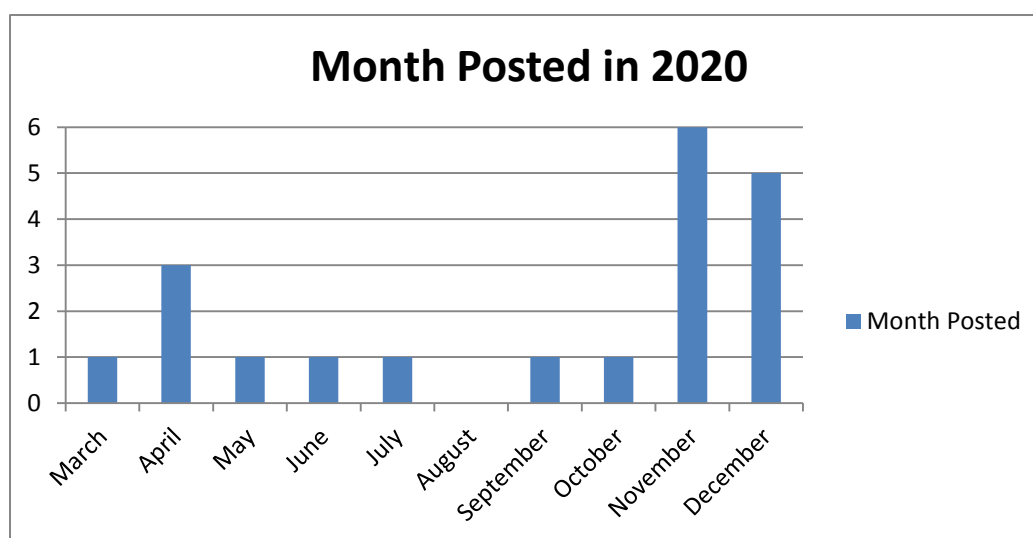


Figure 3 Month Video Posted

100% of videos in the sample were posted in the year 2020, corresponding to the onset of the pandemic in Northern America. The dates in which the sample of videos was posted to YouTube ranged from March 27, 2020 to December 8, 2020. 55% of the videos included in the sample were posted during the months of November and December, with 30% posted during the month of November, and 25% in December. 15% were posted in April. During the months of

March, May, June, July, September and October, only one video (5%) was posted per month. No videos were posted during the month of August. (Fig. 3).

16.1.2 Video Duration

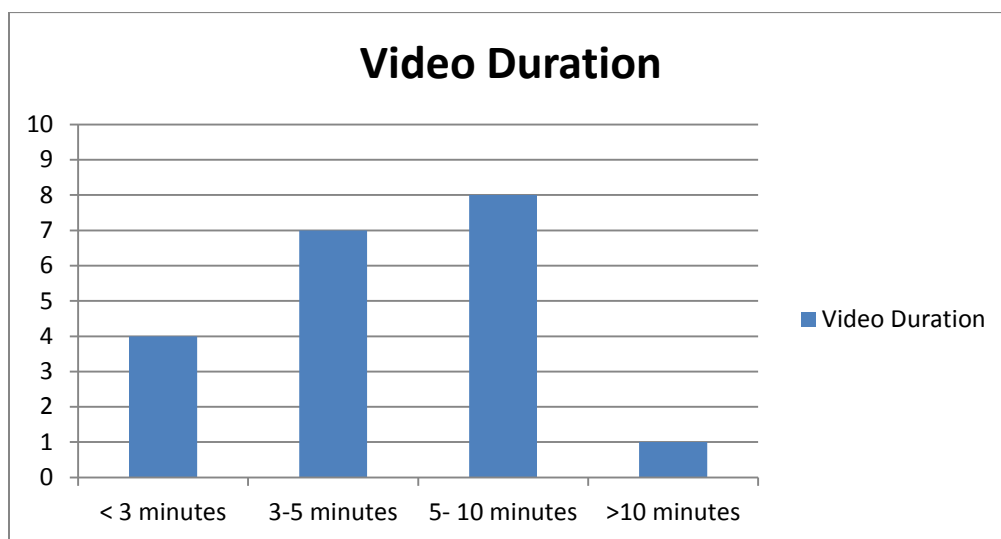


Figure 4 Video Duration

The videos included in the sample varied in duration from 2 minutes 7 seconds to 14 minutes 18 seconds. The majority of videos in the sample (75%) ranged from three to ten minutes in duration. 20% of the sample videos were under three minutes in duration. One video (5%) was over ten minutes long. (Fig. 4)

16.1.3 Video Popularity

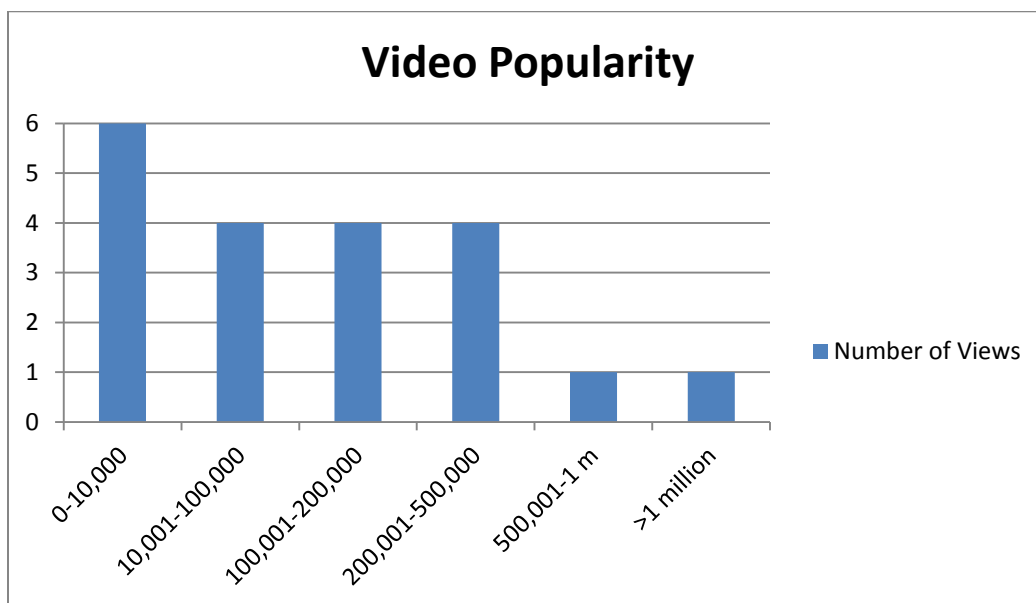


Figure 5 Video Popularity

Video popularity was measured in terms of number of video views on the day of the initial YouTube search. Number of views ranged from 2,117 to 1,262,862. Ten videos in the sample (50%) had 100,000 views or less; eight videos (40%) had between 100,001- 500,000 views. One video (5%) had more than 500,000 views, and one (5%) had more than one million views (Fig. 5)

16.1.4 Video Location

Featured Locations In the United States
(by Region)

West:	Idaho	Northeast:	New Jersey
	Washington		New York
Southwest:	New Mexico	Southeast:	Arkansas
	Oklahoma		Florida
	Texas		Tennessee
	Midwest:	Illinois	
		Kansas	
		Missouri	
		Nebraska	
		South Dakota	

Table 2 Featured Locations

Although internationally based videos were not excluded in the sample, nineteen of the twenty videos (95%) represented different regions of the United States. The remaining video (5%) focused on nursing in Canada. Although the Midwest Region was represented by five different states, each state was focused upon only once across the sample. New York, located in the Northeast Region, appeared eleven times across all twenty videos in the sample. (Table 2)

16.1.5 Representation of Nurses

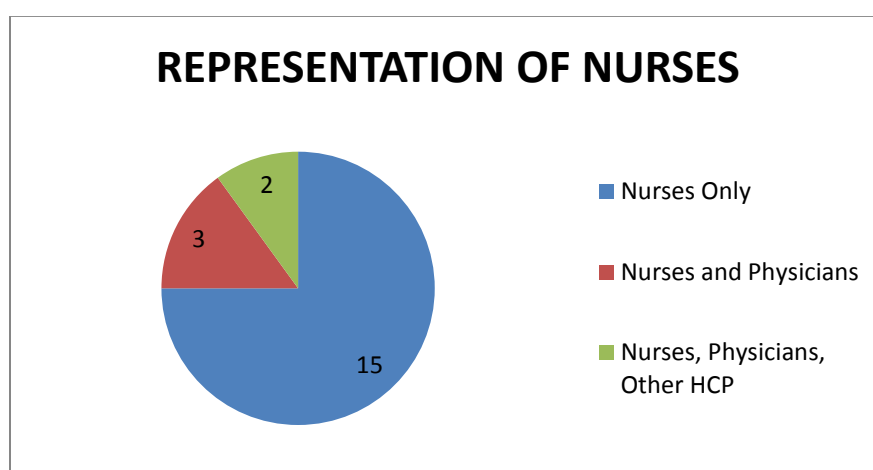


Figure 6 Representation of Nurses

Nurses were exclusively featured in fifteen videos in the sample (75%), while five videos featured nurses as well as doctors or other health care professionals (25%). Three of these five (15%) featured nurses and physicians; one video (5%) included nurses, physicians, and respiratory therapists; and one video (5%) included nurses, physicians, and a physician assistant. (Fig. 6). In one video, a featured physician who was working in a hospital overrun with Covid patients, made mention of nurses with regard to mental health, "...nobody wants to take a walk with me or be six feet apart in the park. Nobody wants to do that with doctors and nurses, so be there for the doctors and nurses in your life. Whatever they need, give it to them because it is hard. Check in with your doctor and nurse friends." (VICE, 2020).

16.1.6 Male Representation

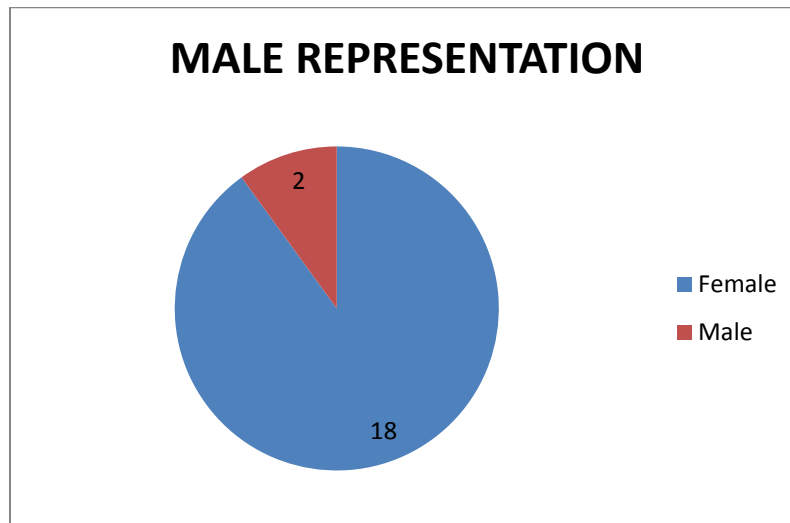


Figure 7 Male Representation

Eighteen of the twenty videos in the sample exclusively featured female nurses (90%); while two videos featured male nurses (10%). (Fig.9) One of the videos focused mainly on a male nurse in a leadership role and his typical day working on a Covid unit; the other included a practicing male nurse as one of many nurses and health care professionals interviewed. Although both men and women appeared in all twenty videos in the sample, to accurately identify the nurses who were featured, representation was determined by direct interviews with the nurses and the presence of a news crawler at the bottom of the screen identifying the interviewee as a nurse. (Fig. 7).

16.1.7 You Tube Channel Category

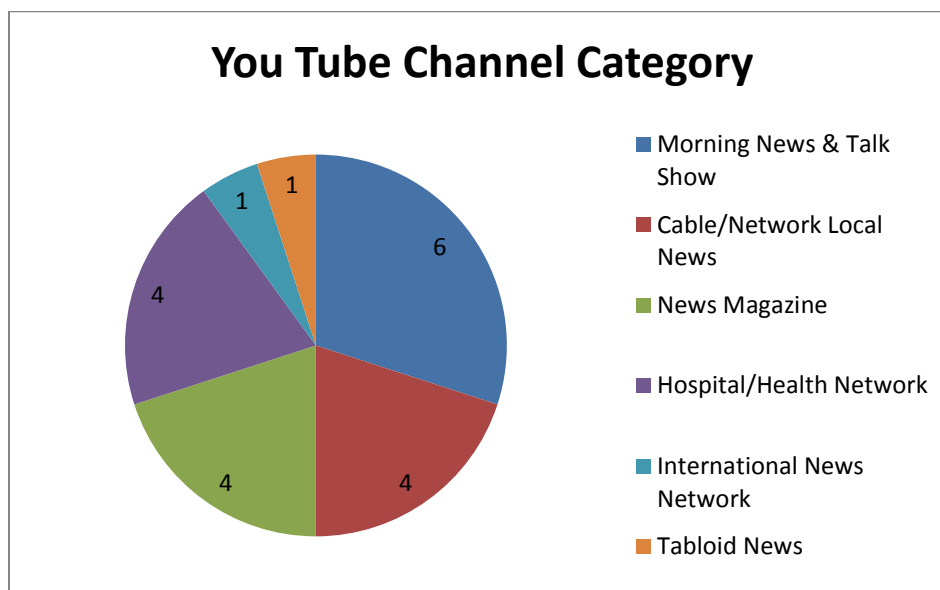


Figure 8 You Tube Channel Category

Six of the twenty videos in the sample were news clips from posted to the YouTube channels of Morning News and Talk Shows (30%). Eight of the twenty videos in the sample were clips from Cable/Network Local News (four) and News Magazine channels (four); or 20% each. Four additional videos were produced by Hospital/Health Networks and posted to their You Tube Channels (20%). One video (5%) was a short documentary from an International News Network channel and one (5%) was posted to a Tabloid News channel. (Fig. 8)

16.1.8 Social Media Content

Social Media 4	
	Twitter 2
	Facebook 1
	Instagram 1
Video Diaries 2	

Table 3 Social Media Content

Four of the twenty videos (20%) in the sample included videos created by nurses and posted to their social media accounts. Of the four videos, two contained posts from Twitter, one from Face Book and one from Instagram. Two of the sample videos contained video diaries created by nurses.

16.2 Content Analysis

16.2.1 Keyword Analysis

Keyword	# of Videos in Sample Containing Keyword (n=20)	% of Videos in Sample Containing Keyword
Death/Dying	14	70%
Family	13	65%
Frontline	11	55%
Take a Toll	7	35%
Support	6	30%
Care/Caring	6	30%
Cry/Crying	5	25%
Tired	5	25%
Real Life	5	25%
Exhausted	4	20%
Struggling	4	20%
Anxiety	4	20%
Burden	4	20%
Burnout	4	20%
Hero	4	20%
Hold Hands	3	15%
Team	3	15%
Taxing	2	10%
Overwhelmed	2	10%
Heartbreaking	2	10%

Table 4 Keyword Analysis

Of the twenty keywords included in the checklist, the keyword that appeared in the most number of videos in the sample was “death/dying,” which was mentioned in fourteen of the twenty videos (70%). This was followed by the term “family,” which appeared in thirteen of the twenty videos (65%); “frontline,” which was mentioned in eleven of the videos in the sample (55%); and “take a toll,” appearing in seven of the twenty videos (35%). The words “support” and “care/caring” each appeared in six of the videos in the sample (30%) followed by

“cry/crying,” “tired,” and “real life,” each mentioned in five videos (25%). The words “exhausted,” “struggling,” “anxiety,” “burden,” “burnout” and “hero” each appeared in four of the twenty videos (20%). The keywords that were mentioned in the least number of videos were “hold hands” and “team,” appearing in three videos (15%); and “taxing,” “overwhelmed,” and “heartbreaking,” each mentioned in two of the videos in the sample (10%). (Table 4).

Keyword Frequency	Combat Keyword
14 videos (70%)	Death/Dying
11 videos (55%)	Frontline
5 videos (25%)	Real Life
4 videos (20%)	Hero

Table 4A Combat Category

The twenty keywords included in the checklist were then categorized into three themes: Combat, Relationships, and Stress, then further analyzed for frequency across the sample. The Combat category contained four keywords that appeared most frequently across the twenty videos included in the sample. “Death/dying,” “frontline,” “real life,” and “hero” were the keywords in this category and the frequency of each keyword ranged from appearing in four to fourteen videos (20%-70%). A total of eighteen of the twenty videos in the sample (90%) contained one or more of these words. (Table 4A).

The keyword, “frontline,” was spoken by a featured nurse only once. Aside from a featured physician and a family member of a nurse who died from Covid, it was largely used either by a reporter, heard as a voice-over, or appeared as text on the screen. Interviewers often referred to nurses as “heroes.” Shephard Smith, host of a news program on CNBC (2020) began his piece on nurses working with Covid patients by quipping, “Heroes don’t always wear capes. These days they mainly wear PPE.” Death and dying were common topics throughout the

sample. One nurse posted a video on Twitter noting that her hospital has ten Covid units, including “one for people to go and pass away unfortunately” (Good Morning America, 5 April 2020); another nurse posted a tearful video on her Facebook account where she details an area in her hospital referred to as, “The Pit,” where patients “only come out in a body bag” (New York Post, 2020).

Keyword Frequency	Relationships Keyword
13 videos (65%)	Family
6 videos (30%)	Care
6 videos (30%)	Support
3 videos (15%)	Hold Hands
3 videos (15%)	Team

Table 4B Relationships Category

The Relationships category contained five keywords (“family,” “support,” “care,” “hold hands,” and “team”) that appeared in three to thirteen videos (15%-65%). A total of sixteen of the twenty videos in the sample (80%) contained one or more of these words. (Table 4B).

Family was mentioned in a variety of contexts. Most frequently, nurses working on Covid units spoke about their role for patients, as a surrogate family member of sorts. One nurse reflected, “You’re that bridge, and all you want to do is make sure this person can go home” (UW Medicine, 2020). Some nurses referenced being separated from their own families while they traveled to hotspots across the country to take care of Covid patients, while others showed concern over potentially exposing family members to the virus. In one particularly heart-wrenching story, the son of an Emergency Room nurse who contracted Covid at work and then died from the virus twenty four days later, said, “I begged my mother not to go to work” (CBS This Morning, 30 April 2020).

Keyword Frequency	Stress Keyword
14 videos (70%)	Cry/Crying
	Heartbreaking
	Take a Toll
	Tired
13 videos (65%)	Overwhelmed
	Taxing
12 videos (60%)	Anxiety
	Burden
	Burnout
	Exhausted
	Struggling

Table 4C Stress Category

The Stress category contained the largest quantity of keywords but was represented in the least number of videos across the three categories. The eleven keywords in this category (“anxiety,” “burden,” “burn out,” “cry/crying,” “exhausted,” “heartbreaking,” “overwhelmed,” “struggling,” “take a toll,” “taxing” and “tired”) appeared in twelve to fourteen videos (60%-70%). However, across all of the videos included in the sample, a total of fourteen different videos (70%) contained one or more of these words. (Table 4C).

Nurses referenced crying often throughout the sample. One twenty-four year old nurse, working in a large hospital in New York City, filmed a video diary of her experiences working in the epicenter of the pandemic in the United States, during the first few months of the pandemic. She wondered, “I can be sitting here, just like this, and I’ll just start crying and I don’t understand why” (Good Morning America, 16 July 2020). Other nurses referenced episodes when they started crying at various times throughout the day, either at work, or at home in the shower, or pouring coffee in the morning. As one nurse simply said, “I have probably shed more tears during this pandemic than I ever have” (CNBC, 2020).

16.2.2 Visual Cue Analysis

Emotion, Object, Activity	# of Videos in Sample Containing Visual Cue (n=20)	% of Videos in Sample Containing Visual Cue
Serious	20	100%
IV Supplies	19	95%
PPE	17	85%
Frustrated	11	55%
Computer	10	50%
Patient Care	10	50%
Ventilator	9	45%
Tired	8	40%
Mask Lines	6	30%
Crying	6	30%
Hold Hands	3	15%
Happy/Smiling	3	15%

Table 5 Visual Cue Analysis

Twelve visual cues, including emotions, objects and activities, were included in the checklist. Emotions were displayed by the featured nurses in each video; objects were identifiable throughout each video; and activities were specifically performed in each video. The most common visual cue was an underlying “serious” tone expressed by the featured nurses in all of the twenty videos in the sample (100%). This was followed by IV supplies and PPE, which appeared in nineteen (95%) and seventeen (85%) videos respectively. Eleven videos in the sample (55%) contained expression of frustration from the featured nurses. Ten of the videos (50%) showed nurses both working on computers and performing patient care. Ventilators were shown in nine videos (45%). Eight videos in the sample depicted nurses as tired (40%). The visual cues that were present the least number of times across the sample were the presence of facial mask lines on nurses and nurses crying, each appearing in six videos (30%); and the activity of holding hands and smiling, or expression of happiness, each present in three videos (15%). (Table 5).

Frequency (n=20)	Emotions Visual Cue
20 videos (100%)	Serious
11 videos (55%)	Frustrated
8 videos (40%)	Tired
6 Videos (30%)	Crying
3 videos (15%)	Happy

Table 5A Emotions Category

The twelve visual cues included in the checklist were then categorized into three themes: Emotion, Medical Supplies, and Comfort, then further analyzed for frequency across the sample. The Emotions category contained five keywords that appeared most frequently across the twenty videos included in the sample. Serious, frustrated, tired, crying and happy were the visual cues in this category and the frequency of each keyword ranged from appearing in three to twenty videos (15%-100%). Each video in the sample, twenty out of twenty (100%) contained one or more of these words. (Table 5A).

The overwhelming tone of the videos in the sample was serious and at times, dire. One nurse disclosed that the day before working her consecutive shifts for the week, she needed to “take a long nap to mentally prepare” and that she was “physically and mentally exhausted” when she arrives home from her shifts. She describes her ritual of crying on the way home and “walking down to the water to say good bye” to the patients who have died (UW Medicine, 2020). The frustration that some of the featured nurses expressed was not only evident in some of the videos, but almost palpable. Many of the nurses pleaded with the public to take precautionary measures to slow the spread of the virus, such as social distancing and wearing a

mask. One nurse implored, “People need to take it more seriously” (St. Lukes Health System, 2020).

Frequency (n=20)	Medical Supplies Visual Cue
19 videos (95%)	IV Supplies
17 videos (85%)	PPE
10 videos (50%)	Computer
9 videos (45%)	Ventilator
5 videos (25%)	Mask Lines

Table 5B Medical Supplies Category

The Medical Supplies category contained five visual cues (“IV supplies,” “PPE,” “computer,” “ventilator,” and “mask lines”) that appeared in six to nineteen videos (30%-95%). A total of nineteen of the twenty videos in the sample (95%) contained one or more of these visual cues. (Table 5B)

Sophisticated medical equipment took center stage in many of the videos included in the sample. Intravenous supplies such as IV pumps, tubing, and bags of medication and fluid were a common visual cue. Ventilators, which are often associated with a small number of patients in Intensive Care Units, were commonly featured. Nurses wearing PPE (Personal Protective Equipment) appeared in the majority of videos, and skin breakdown in the form of mask lines, the lasting effects of working long shifts while wearing N95 masks were displayed. As one nurse, on the verge of tears, stated, “We go home with sore feet and sore faces and it’s perfectly fine. We do it because we love it” (St. Lukes Health System, 2020).

Frequency (n=20)	Comfort Visual Cue
10 videos (50%)	Patient Care
3 videos (15%)	Holding Hands

Table 5C Comfort Category

The Comfort category contained the smallest quantity of visual cues and was represented in the least number of videos across the three categories. The two visual cues in this category patient care and hold hands, appeared in three to ten videos (15%-50%). Across all of the videos included in the sample, a total of ten different videos (70%) contained one or more of these visual cues. (Table 5C). Some of the featured nurses gave very detailed descriptions of the patient care that they have been rendering to Covid patients. One Covid ICU nurse remarked,

“You have to put yourself in their shoes to feel what they feel...You hold people’s hands. You sit there with them. You talk about something that has nothing to do with the Covid-19. You just ask them about them. So I get to know them, their families, because they can’t talk to their family” (UW Medicine, 2020).

16.3 Thematic Analysis

16.3.1 Coding

1. Image

1.1 Saint

- 1.1.1 “Calling”
- 1.1.2 Comfort the ill and dying
- 1.1.3 Act as surrogate family members
- 1.1.4 Selfless

1.2 Superhero

- 1.2.1 Media dramatization
- 1.2.2 Lauded by public
- 1.2.3 Held to unrealistic expectations
- 1.2.4 Humility

1.3 Stressed Soldier

- 1.3.1 Combat metaphors
- 1.3.2 Disaster metaphors
- 1.3.3 Redundancy

2. Characteristics

2.1 Flexible

- 2.1.1 PPE
- 2.1.2 Environment
- 2.1.3 Equipment
- 2.1.4 Pace

2.2 Professional

- 2.2.1 Educator
- 2.2.2 Ethical dilemmas
- 2.2.3 Clinically skilled

2.3 Dedicated

- 2.3.1 Patients
- 2.3.2 Team

2.4 Optimistic

- 2.4.1 Hopeful
- 2.4.2 New found wisdom

2.5 Distressed

2.5.1 Fear of illness

2.5.2 Surrounded by death

2.5.3 Burnout

2.5.5 Questioning their job choice

16.3.2 Nursing Image

Upon analysis of the twenty videos in the sample with an eye towards examining how nurses were portrayed, two major themes surfaced: Image and Characteristics. Each theme was coded into sub-themes and will be discussed in detail. Three nursing images became evident. One image aligns with the classical representation of the nurse as an angel, or in this case, a modern-day Saint. Two contemporary nursing images, the Superhero and the Stressed Soldier, emerged as each video was explored. Nurses were portrayed as possessing five predominant characteristics: flexible, professional, dedicated, optimistic, and distressed

The Saint

The enduring, classical image of nurse portrayed as angels or saints, is an otherworldly, romanticized version of the profession. It is based on an underlying sense that nursing is a profession that is chosen for an individual by an outside force. This force propels mere mortals into the world of nursing; rather than these individuals simply choosing to become a nurse on their own accord, and in turn, transforms them into heavenly beings. This invisible force is often referred to as a calling, and was alluded to in different ways by a considerable number of nurses featured in the videos included in the sample. One nurse, who had left her spouse and children to travel to underserved areas in Canada to care for the homeless and transient population during the pandemic, lamented, “I hope they can understand that I felt called to respond” (CBC News, 2020). Although other nurses in the sample did not use the word “calling” or any form of it, the undertones of their statements support this idea.

Some of the featured nurses traveled to Covid hotspots, or epicenters, across the United States. In these locations, hospitals were overwhelmed by the ill and in dire need of nurses to care for the seemingly endless flow of Covid patients. One nurse who traveled to New York City simply stated, “I belong there...to lift the burden off the ER...so they have a chance” (CNBC, 2020). For two travel nurses, the personal rewards of serving others in the short-term were outweighed by the appeal of making significant contributions during an historic event. As one nurse, who left her two small children behind to work in New York City stated, “I wanted to leave them a legacy that was meaningful” (TODAY, 2020). Another travel nurse remarked, “This was an opportunity for me to go and do something great” (CNBC, 2020). In both cases there is a sense that the daily sacrifices of risking their health for others is dwarfed by a longing to be part of something bigger, an era of nursing that would most certainly prove to be life-changing in many aspects.

As I recall watching the videos, one interview in particular had a lasting impact. An emergency room nurse in South Dakota, which became a Covid hotspot months into the pandemic, was interviewed about a tweet she posted about some of the interactions she had with patients while she was on duty at her hospital. Some patients responded to their Covid diagnosis with anger and became verbally abusive to nurses. The interviewer was visibly stunned and questioned why patients might display hateful behavior to nurses, to which the emergency room nurse responded, “Nursing happens to be on the receiving end of it. That’s ok. We can take that. That’s what you’re there for” (CNN, 2020) This statement embodies the culture of nursing that dictates to dedicated professionals the expectation that being treated poorly in exchange for attentive, sometimes lifesaving, care, is acceptable. Saints do not complain.

Comforting the sick and dying is a part of nursing; however, during the pandemic, empathy is taken to another level. Fear has been a daily emotion in life, and is amplified with a Covid diagnosis, especially for patients with severe symptoms. Nurses, known for providing comfort, are now faced with the challenge of soothing the fears of a virus that is largely unpredictable and has proven to be deadly. A nurse in Iowa described her interactions with Covid patients upon first meeting them, “My patients, when they come to me, they have this look in their eye, this absolute fear, and they’re looking at me like, ‘I just lost the worst game of tag in my life, and I’m it’” (St. Lukes Health System, 2020). A young nurse from New York City, recounted her experience with sedated patients who wake up:

“And every time I come in, when they start to wake up, I have to remind them, like, ‘Listen, you have a tube down your throat helping you breathe. You got Covid.’ And the most heartbreaking things about that is when these patients start to wake up and they’re disoriented, some of them kind of understand what’s going on and they’re just crying. They’re just bawling and they don’t want you to leave. They will hold your hand. They don’t want you to leave the room” (Good Morning America, 16 July 2020).

Family members of Covid patients are not permitted to enter many hospitals and nurses are positioned not only as caretakers, but also as surrogate family members, and a “link between the family and the patient” (UW Medicine, 2020). Therefore, it is not surprising that the keyword, family, appeared in more than half of the videos in the sample. One nurse working in a Covid ICU unit recalled a time when she facilitated a visit between her patient, whose prognosis was grim, and his two daughters. She detailed creating a makeshift barrier between her patient and the other patient occupying the room, by tying a sheet between two IV poles and how the interaction left her feeling:

“...tell their dad that they love him or it might have even been their goodbye...the side of the room had all the pictures of them and messages saying, ‘We love you, dad. We’re praying. You’re gonna make it.’ Putting the barrier in and seeing that and it broke my heart...and just looking into their eyes and talking to them and explaining what they’re gonna see and what the outcome might be...I think that might have been the hardest thing I’ve ever done in my life” (Good Morning America, 16 July 2020).

One nurse, who was interviewed for a news story, took care of the first known Covid patient in Canada. Her story was compelling not only for its poignant nature but for the fact that she had just graduated from nursing school and started her first nursing job at the time. She described her response to one of her patients who was dying from the virus,

“...trying to comfort this woman in her last moments, but all I can really tell her is that I love the color of her nails, that her hair is beautiful, that her daughters love her and wish they could be here. Told her over and over until she passed” (CBC News: The National, 2020).

Another nurse described what had become a common occurrence on her Covid unit, the ritual of holding a device such as an iPad or tablet up to the patient’s face so that their family can say good bye before the patient takes his last breath, “Tears are coming down your face. You’re human” (UW Medicine, 2020).

The depictions of nurses’ selfless acts in the videos in the sample reinforce the image of the Saint. The nurse is a source of comfort for suffering patients; a touchstone for worried families; and a guide to ease the transition to the afterlife. Some of the featured nurses in the sample unwittingly bolster the saint image when their concerns are voiced, but immediately followed by declarations of devotion to their profession. However, the nurses seemed to be unconcerned with the saint image, and more focused on simply doing their jobs to the very best of their ability, and making meaningful contributions to their patients, whether it be saving a life, or holding a hand when one ends.

The Rise of the Super Hero

The nurse as super hero image, largely manufactured through media coverage, has risen from the Covid-19 pandemic. Well-meaning citizens, who laud health care workers as heroes, support this representation of nursing, which holds nurses to standards that are neither attainable nor sustainable. One of the hallmarks of this image is the use of the word, *frontline*, a word that is most frequently associated with battle, signifying the troops that maintain the closest distance to the enemy. The word itself was used in more than half of the videos in the sample, and was most commonly either spoken by a reporter, heard in a voice-over, or appeared as text on the screen. One of many examples was a reference to nurses “suited up and going to work on the frontlines” (Good Morning America, 5 April 2020). Interestingly, only one nurse used the word *frontline*. It does not appear that nurses consider themselves to be the first line of defense against Covid.

The media-fueled dramatization of nurses during the pandemic was evident across many of the videos in the sample. During news clips that focused on nurses who traveled to epicenters to care for Covid patients, the use of clichés was plentiful. One news anchor described ICU nurses as “crossing the country, chasing Covid” (CNBC, 2020); another stated that nurses were “moving to take on the pandemic” (TODAY, 2020); and yet another described nurses as “hitting the road to save lives” (CNBC, 2020). Comparisons to war, congruent with the use of the term, *frontline*, were abundant. Phrases describing nurses as “taking drastic steps...to fend off Covid” (Good Morning America, 5 April 2020); “battling Covid;” and “fighting until it’s over” (CNBC, 2020), were commonly woven through various storylines.

A well-intentioned public also contributed to the super hero nurse persona. Grateful for the care nurses and other health care workers showed and eager to express their appreciation in

some way, home-made signs began gracing the lawns of homes across the country in tribute. Residents of New York City, at one time the epicenter of the pandemic, began showing their support to health care workers at local hospitals during change of shift at 7 p.m. Apartment windows were thrust open and roaring applause accompanied by cheering filled the streets. Drivers enthusiastically honked their horns in honor of local health care workers. A video clip of this evening ritual was viewed in the research sample and was, admittedly, quite emotionally moving. It is only when this behavior is analyzed that it becomes concerning, and the detriment of heroization of nurses becomes evident.

Shauna Springer, PhD, a military veteran psychologist, spoke of this in relation to the tacit pressure that is placed upon nurses who are labeled as heroes:

“We’re also socialized to treat people as though they are heroes when they are on the frontlines and put this invisible pressure on them to be strong for us. We stand back and we applaud them and we say, ‘Look at how resilient those people are.’ And what we don’t understand is just like with our war fighters, that is a way of telling people, ‘I need you to be two-dimensional. You can’t be fully human. You have to do what I can’t do, and you’ll get my applause and I’ll thank you for your service, but I’m not going to show my support in ways that cost me something’” (VICE, 2020)

Video after video, it became clear that nurses have a complicated reaction to being called a hero, and often are uneasy with being associated with a term that is associated with exemplary courage in the face of adversity. As one featured nurse declared, “Whenever people are telling me, ‘Oh, you’re a real hero,’ it makes me feel uncomfortable” (VICE, 2020). Another nurse stated, “I don’t feel like a hero any more than any other day” (VICE 2020). A nurse working in a New York City hospital revealed his impression of a billboard bearing images of nurses that referred to them as Health Care Heroes, “You look at yourself and you realize, ‘I’m no hero. I’m

broken. I'm hurting.' It's another point of self-critique, that I am supposed to be this hero now, and I'm not, and it's another point of pain" (VICE, 2020).

The expectations associated with heroic behavior may place too much pressure on an already strained group of professionals. These expectations also echo the culture of the nursing profession, which many of us who have been working in the profession for extended periods of time, know all too well. The super hero stereotype takes the saint image to another level, elevating it to a persona that borders on inhuman. A nurse working on a Covid Unit in New York City remarked on the volume of work that was placed upon her and her colleagues, "What they're asking for us to do is beyond God's work. I don't even know how it's going to be possible how we're going to do this" (Good Morning America, 16 July, 2020). This assumption that nurses have the ability not only to work beyond their comfort zone of patient safety, but also to abandon their own emotional needs to get the job done, was further summarized by a nurse who spoke of the mental health concerns within the profession, "We're kind of expected to suck it up, to compartmentalize everything we see. We feel as though we won't be valued in our profession if we speak on what we live with on our daily lives and it's kind of part of us" (TIME, 2020). This assumption of resiliency is pervasive within the nursing profession, and has been amplified during the current pandemic.

The Inward Battle of the Stressed Soldier

A third image, the stressed soldier, arose from close examination of the videos in the research sample. This image is not based upon historical portrayals of nursing; nor is it manufactured by the media or public opinion. Instead, the roots of this image are grounded in the words of nurses themselves, when describing their experiences during the pandemic. The Stressed Soldier is committed to their work; willing to risk his well-being to serve others in need;

and exceedingly disappointed, at times defeated, at the conditions under which he must perform his job duties. The credo for the stressed soldier could very well be summarized by a statement made by one of the featured nurses, “We save lives. It’s just what we do” (VICE, 2020). The stressed soldier is uncomfortable with the super hero image; likes to remain inconspicuous; and perseveres despite working in a substandard work environment, with insufficient protection. Eschewing the super hero image, a nurse working in a New York City hospital commented, “I did not sign up to be working in these conditions. Heroes don’t work in these conditions where they aren’t optimal to do their job” (VICE, 2020). Interestingly, when describing their working conditions and their feelings related to their work, many of the nurses used analogies that reflected combat, disaster, and redundancy.

According to Shauna Springer, PhD, military veteran psychologist, the level of trauma that health care professionals are experiencing during the pandemic is similar to those who have served in the military. She explains that nurses working in emergency rooms are “wired like some of our combat war fighters...they can stay calm due to their level of skill and training, but have feelings of helplessness” (VICE, 2020). As a nurse working in a Covid unit in New York City recalled, “I felt like I was in a war zone and a bomb went off and all these patients were shipped in and they were just put right next to each other” (Good Morning America, 16 July, 2020). A hospital chaplain in Tennessee agreed with the comparison of her workplace to a “warzone” and described her work during the pandemic as similar to “a chaplain in war and the nurses are on the frontlines” (NBC News, 2020).

Working on a Covid unit was often compared to living through a disaster; one nurse went as far as to describe the conditions in her hospital as “apocalyptic” (Good Morning America, 16 July, 2020). As Covid 19 began to spread throughout the United States, the lack of appropriate

Personal Protective Equipment (PPE) in the face of a novel virus left the nursing community susceptible not only to physical and mental exhaustion, but also to contracting the illness. This vulnerability and its accompanying exasperation were characterized by the use of metaphors. As one nurse articulated, “It feels like you’re standing on the shore looking at a tsunami and the federal government is offering you a life preserver” (The Atlantic, 2020). Another nurse expressed his fear and frustration, “The building is on fire, we’re all firefighters inside trying to put out this fire, but we’re naked because they didn’t protect us” (The Atlantic, 2020).

The stressed soldier feels as if every day is the same, as if he is caught in a time warp, or in an unfortunate cycle, that does not have a way out. This redundancy, this seemingly endless shift was compared to “a horror movie that never ends...a movie where the credits never roll...you just do it over and over again,” (CNN, 2020) by one Emergency Room nurse. The physical demands of the job were described “like running a marathon, except you don’t know how long the marathon is” (The Atlantic, 2020). This is a stark contrast to the usual cadence of a hospital shift under normal circumstances, where even the most challenging days hold the promise of ending at some point; shortages of equipment and medical supplies are infrequent; and every day is markedly different from the previous one.

16.3.3 Nurse Characteristics

A. Flexibility

Flexibility was one of the characteristics repeatedly demonstrated across the research sample of twenty videos. The pandemic continues to impact health care delivery to patients; and in turn, nurses have been making the necessary accommodations in order to care for their patients in the safest, most effective way possible.

PPE

One of the most obvious changes is the absence of the proper nursing uniform. The outdated starched, white uniform and nurse cap, often still portrayed in contemporary nursing images has long been discarded. In its place a more modern outfit consisting of colorful, trendy scrub tops and pants of different styles became commonplace decades ago. None of the nurses featured in the sample of videos wore either the traditional white uniform, or the updated version of colorful scrubs. With the emergence of Covid-19, strict attention has been placed upon avoiding cross contamination, as the virus is easily transmissible between not only nurses and patients, but from patient to patient, and nurses to their own family members.

Individually chosen, unique smocks and scrub pants have been replaced by surgical scrubs, classic ceil blue hospital-issued scrubs that are laundered by a professional cleaning company after each wear. Nurses no longer wear their uniforms to work. They instead report to their shift in regular clothing and change into scrubs on arrival. These scrubs are universally and uniformly ceil blue in color and are only distinguished from one another by the color of the drawstring on each pair of pants, and a corresponding tag on the back collar of the top, which denotes size. The scrubs are worn throughout the shift, then removed at end of shift, placed in a hamper, and picked up by a laundry service daily. Nurses donning surgical scrubs were plentiful across the research sample; no colorful uniforms appeared in any of the videos.

In addition to the change in nursing uniform, PPE became an important accessory and a fundamental aspect of patient care. In the research sample, PPE appeared in 85% of the total number of videos in the sample. Face masks, such as N95 respirators are required for patient care. This is a special mask that is fitted specifically to a nurse's face, and forms a tight seal around the nose and mouth, creating a barrier from viral droplets. It serves as protection against

the airborne nature of the Covid-19 virus, whose main form of transmission is via the respiratory tract. Many of the videos showed nurses wearing an N95 mask, with a regular surgical mask on top of it, serving as an additional barrier and to preserve the N95 in light of a widespread PPE shortage that plagued hospitals, particularly during the first few months of the pandemic in the United States. N95 masks, which in usual circumstances are disposed of after one shift, became a precious commodity that needed to be preserved and used multiple times over a period of days and sometimes weeks.

A common topic addressed by nurses featured in many of the sample videos was the PPE shortage, particularly within the first month or two of the pandemic in the epicenter, New York City. During that time, there was a lack of PPE for health care workers. Nurses and other hospital staff were encouraged to use handkerchiefs in lieu of proper medical face masks and garbage bags were worn as makeshift gowns. One nurse posted a video to her Instagram account lamenting, through tears, “America is not prepared and nurses are not being protected.” Another New York City nurse created a video diary that documented her work experiences, where she challenged government agencies, “CDC, you tell us to wear a bandana as a last resort to fight this disease? Then you come here and you take care of these patients in a bandana and you let us know.” She continued, “It is a...shame that our government can’t get us the supplies we need” (Good Morning America, 16 July 2020).

During a routine nursing shift in a hospital, prior to the onset of the pandemic, PPE was donned infrequently. The use of face masks, shields and gowns was reserved for the sickest patients, those with compromised immune systems or diagnosed with highly infectious diseases. Nurses would don PPE just outside the patient room when ready to enter, and then remove it immediately upon leaving the room after administering care. However, in current times, the

threat of Covid-19 necessitates that PPE be worn, in one form or another, constantly throughout a shift. Face masks, which had only been used, while rendering patient care, must now be worn at all times in the clinical area. Other forms of PPE, such as gowns, caps, face shields and goggles are worn during patient care, and then removed. All nurses featured in sample videos that depicted patient care, or were filmed in a hospital setting, wore PPE. The only time PPE was not worn was during an interview that took place while the nurse was off-duty.

Nurses are developing skin conditions as a result of the constant use of PPE such as N95 masks. Nurses traditionally work long shifts, twelve hours is standard, three times per week. Since the onset of the pandemic, and the high volume of hospitalized patients due to Covid-19, many of the nurses spoke of longer, more frequent shifts of twelve to fourteen hours, up to eight days in a row. Since the N95 face mask forms a tight seal around the nose and mouth, its prolonged use can cause acne, irritation, rashes, and painful skin breakdown, similar to a pressure ulcer. A small number of nurses in the sample showed evidence of these dermatological issues. Some showed their methods to protect against facial skin break down, such as adding extra padding in the form of Band-Aids on the bridge of the nose.

Another form of PPE is the powered air purifying respirator (PAPR). This device consists of either a white helmet or hood, resembling a shower cap, attached to a clear face shield. The apparatus is placed upon the head, and a hose connected to the back of the hood is secured to a portable air purifier, which is also worn. Face masks appeared more often in the sample than respirators. Further, some nurses wore head to toe white jumpsuits in addition to the PAPR, although this was rarely seen on video.

The uniformity of the teal blue surgical scrubs and the white gowns, caps, and respirators was striking throughout most of the videos in the sample. At certain points it appeared as if some

of the videos were not shot in color, but solely in blue and white. Save for a random red crash cart or clear medical tubing containing a blood sample, few other colors existed in the Covid units. It is truly remarkable how an environment that was usually brimming with color has been transformed, out of necessity, into a strange, isolated, blue world. One nurse working in a hospital in Washington State referred to her unit as “Covid ICU Land” (UW Medicine, 2020) while coordinating patient care with a colleague on the phone. Indeed, a peculiar and frightening place it appears to be.

Environment

Nurses’ work environment has drastically changed since the onset of the pandemic. Cosmetic changes to hospital floors and units have been made in the interest of safety. Videos in the sample showed nurses’ stations that were sealed off from the rest of the work space with clear sheets of industrial plastic taped from the ceiling to the outer edge of the large desk area. Usually open spaces, nurses’ stations are traditionally buzzing with activity and interactions between all members of the health care team, as well as family members of patients. They serve as centralized areas for nurses to document; phone calls to be made and received; and for colleagues to communicate. The nurses’ stations shown in the sample videos were no longer filled with life; in fact, they were desolate and uninviting. A nurse working on a Covid unit in a Tennessee hospital described her workplace as “a sad place to be” (NBC News, 2020). It was also striking that none of the patient rooms that appeared in the sample videos were decorated with personal items or tokens of support from loved ones, tchotchkes such as flowers, cards, stuffed animals. These items that frequently adorn patient rooms had been replaced by extra medical supplies such as IV tubing, syringes, and saline flushes. The isolation rooms had a cold, clinical, uninviting appearance.

The nurses in the sample videos also addressed the need for nurses to be pulled from their regular floor or unit to different areas of the hospital in order to accommodate Covid patients. Medical-surgical units that normally treat patients that are medically stable have been transformed into Covid floors, with patients who need closer monitoring. Specialty units such as Medical Intensive care (MICU) and Post-Anesthesia Care (PACU) were converted into Covid Intensive Care (ICU) treatment areas. One New York City nurse remarked, “Who knows when we’re going to even go back to our regular Medical ICU” (VICE, 2020).

Patients in Covid ICU are on ventilators that either help them breathe or breathe for them may receive extracorporeal membrane oxygenation (ECMO) treatment, which uses a pump to pull blood from a vein into an artificial lung, adding oxygen to the blood; and often are receiving multiple intravenous medications. Throughout the videos in the research sample, this higher level of patient care was shown, and patient privacy was maintained by blurring their faces on film. Nurses without ICU experience are being pulled to Covid ICUs, where patients require a much higher level of care than the floated nurse is accustomed to. One nurse noted that during every shift, she had been floated from her “home unit to Covid ICU” (Good Morning America, 25 November, 2020).

One of the videos in the sample highlighted a Progressive Care Unit (PCU) in a Tennessee hospital. Traditionally, PCU provides an intermediary level of hospital care, and serves patients who need a level of care that is more complicated than what may be given on a standard medical-surgical floor, but do not meet the criteria for ICU. The PCU was converted into a Covid ICU due to the influx of patients diagnosed with Covid-19, many needing a high level of care. One of the nurses who ordinarily worked on the PCU illustrated some of the needs

that a Covid positive patient may require, as she was interviewed next to an IV pole holding nine infusion machines,

“This is for one of ICU patients on a ventilator; these are all the medications that are keeping him alive right now. Three of them are vasopressors and if any of those were to stop for more than three minutes, the patient would probably pass, so we are chemically keeping this patient alive right now” (NBC News, 2020).

She further explained that the patients that she would ordinarily care for would receive three to four intravenous medications; a stark contrast to the Covid patient that she referenced, who required nine in order to sustain his life.

The demand for nurses to work with patients who are extremely complicated from a medical perspective has also forced nurses with little experience into roles that may be beyond their level of training. One nurse candidly stated, “You have nurses who are seasoned, who have worked for twenty, thirty, forty, fifty years, and when they are leaving the bedside, it’s just us. Some nights I am the most seasoned nurse on my unit, which is crazy because I have only been working for two years” (TIME, 2020).

Equipment

With the transformation of medical floors and specialty units into Covid treatment areas, many featured nurses discussed the experience of moving from their usual work spaces to Covid units, where the patient population is not only extremely ill, but relatively unstable medically. A higher acuity of patients demands more sophisticated equipment, and some of the nurses expressed their concern over being expected to learn how to operate such equipment in a short period of time. A twenty-four year old nurse working in a Covid ICU remarked,

“Treating patients that are severely sick, on vents. They’re on machines that we’ve never seen and that experienced nurses in the ICU have a difficult time with these machines, we’re given one week, basically, to learn” (Good Morning America, 16 July 2020).

Administering nursing care to patients in isolation rooms is challenging, particularly when there are many patients in isolation. A piece of equipment that has become a mainstay for nurses is a portable whiteboard. On numerous occasions, nurses were shown giving patient care, but needing to communicate with their colleagues who were outside of the isolation room. ICU rooms generally have a wall of windows facing the nurses’ station. Nurses who appeared in the sample of videos utilized a small white board upon which they wrote important information. One nurse held up a white board with the following words, “MIDAZ ALMOST OUT,” indicating that the IV bag containing the medication, Midazolam, a potent sedative used for intubated patients, was almost empty. Another nurse held up a white board bearing the following, “His TLC is RIJ,” specifying that his triple lumen catheter, a central intravenous line, is placed in his right interior jugular vein. It is ironic that with the advent of medical technology, a simple white board became a vital means of communication.

Pace

Becoming accustomed to the frequent donning and doffing of caps, face shields, goggles and gowns; and constant masking while working are not the only troublesome and frustrating aspects of wearing PPE. Taking care of patients in the efficient manner that nurses are familiar with has become not only challenging, but virtually impossible. As one nurse explained, “Nothing is like your typical health care anymore. We all wear N95s. We all wear PPE. It definitely puts a kink in the process of treating people” (St. Lukes Health System, 2020). A rapid response to emergency situations is no longer possible and a point of distress for nurses who

understand the importance of acting quickly to save lives. A Covid ICU nurse voiced this concern in a video posted to her Instagram account. She explained how she used to be able to “just run in and start whatever life-saving measures they need,” but is no longer able to do so. She continued, “I need to be taking care of them right now and they’re not getting that. They’re not getting the care they deserve because I have to wear this PPE” (Good Morning America 25 November 2020). A critical care nurse in New York City divulges, “I am in moral distress not able to take care of patients the way I am accustomed to” (The Atlantic, 2020). It is ironic that the medical supplies that are used to keep nurses and patients as safe as possible are actually a hindrance to nursing care and a source of anxiety.

Developing relationships with patients while wearing PPE can take more time than usual. One nurse alluded to the PPE as a barrier to connecting with patients as she held a surgical mask up to her face, “You wake up, you’re disoriented, you don’t really know what’s happening. This is what you see when you wake up. All you see, the people coming in, are my eyes” (Good Morning America, 16 July 2020). Another nurse in full PPE was shown holding up a white board bearing her name and a photo of herself in regular clothes to her patient. Over and over, nurses in the research sample demonstrated their flexibility in forming bonds with their patients, who were undoubtedly terrified and lonely.

B. Professional

Different aspects of nurse professionalism were featured in the sample videos. Nurses shared their perspectives on the importance of social distancing and masking, explained some of the ethical dilemmas that they were presented with, and were portrayed as clinically skilled health care providers.

Educator

One of the many hats that a professional nurse wears is that of an educator. The nurses featured in the research sample videos often voiced their pleas for the public to take precautions to avoid contracting and transmitting the Covid 19 virus, and often they implored their communities to take these measures seriously. An emergency room nurse in South Dakota, which became a Covid hot spot following a series of gatherings known as super-spreader events (large affairs where masking and social distancing was not required), explained the overwhelm her hospital was experiencing, “If we don’t get some help from the public, as far as masking and social distancing...there’s a thing on the internet right now that says, ‘I’m not your first line of defense, I’m your last,’ and that is actually true” (CNN, 2020).

The gravity of the situation and the pressure that many of the nurses were experiencing became evident as they implored their surrounding neighborhoods to support health care worker by following guidelines in earnest. A Covid ICU nurse in Idaho called upon her community, “We will give our everything, we just need support from the community. Wear a mask” (St. Lukes health System, 2020). A nurse in Tennessee pledged the support of her colleagues, “We are working to support our team. We need the community to support us. Take it seriously” (The Mercy Channel, 2020). A nurse coming off a long shift taking care of hospitalized Covid patients in Nebraska made a solemn request on social media, “Please take it seriously. Wear your mask. And I hope I don’t see you here” (Good Morning America, 25 November 2020).

Repeatedly, the featured nurses addressed naysayers often referred to in the media as “Covid deniers” who question the urgency and severity of Covid-19, and at times attempt to normalize the conditions that health care workers are confronted with. Nurses declaring, “This is not normal” (Good Morning America, 16 June, 2020); and “This is our real life” (St. Lukes

health System, 2020); appeared throughout the videos in the sample. Also, the politicization of the virus was addressed, “The last thing we think about is politicizing Covid. We only want to help” (CNN, 2020).

Two nurses created video diaries in an effort to educate the public on the severity of the virus and the struggle nurses endure while caring for patients with the virus. One such video was featured on a popular morning news program. Pamela Orlando, a fifty-six year old emergency room nurse from New Jersey, who contracted Covid, and less than one month later, died from the virus, kept a video diary of her symptoms. According to her son, “She was trying to log every day of the sickness to show the masses, or whoever would watch it, how this deadly virus could progress” (CBS This Morning, 2020). Patricia Tiu, a twenty-four year old Covid ICU nurse in New York City, created a video diary that focused on the work environment, the stress and pressure of caring for Covid patients, and the ethical situations she faced.

Ethical Dilemmas

There are often ethical dilemmas in health care, and hospitals have Ethics Committees to address patient concerns when they arise. The onset of Covid-19 paved the way for an onslaught of ethical quandaries. The lack of sufficient quantities of ventilators was a concern for many of the nurses in the sample. An emergency room nurse in California discussed the dire circumstances his hospital was confronted with. “We’re going to be faced with this decision of, we’ve got two patients that need to go on a ventilator or they’ll die. We have one ventilator. Which one’s going on the ventilator?” (The Atlantic, 2020). Although nurses are not solely responsible for deciding which patients receive a ventilator, they are often in the position of explaining the process to their patients’ families. One New York City nurse described a situation she faced on her Covid Unit:

“There was an eighteen year old that was positive and vented, became brain dead, so the doctors need the vent. So they called his mother. They explained that we got to pull the plug. Mother said, ‘Please no, don’t pull the plug. Just put the phone next to him. He will hear me and he’ll wake up.’ Like, where does that put all of us? What do you say to that?” (Good Morning America, 16 July 2020).

One travel nurse, who took an assignment in Texas, posted a video to her Facebook account that detailed some of her concerns with regard to limiting life-saving measures for Covid patients:

“I’m used to, when we run codes, we do everything we can, we exhaust all measures to save our patient...The patients that we coded, we were not allowed to bag them because we would get too much exposure...and because they were Covid positive, this hospital’s policy was, they only get three rounds of CPR, which is only six minutes. Out of all the codes we had there, there’s not a single patient that made it.” (New York Post, 2020).

Clinically Skilled

The reality of the nurse of the 21st century was revealed throughout the videos. The clinical expertise of the featured nurses in the sample videos was unmistakable. Very few nurses spoke of specific clinical challenges, as these videos were not intended for an audience of nurses, but of the general population. However, even with minimal verbal clinical content, the videos repeatedly demonstrated actual patient care in real-life clinical areas. One could place the video on mute and the clinical proficiency of the modern nurse would be evident.

The traditional tools of the trade for nurses, such as a stethoscope and thermometer, were replaced by more technological, complicated medical devices and equipment. Instead, ventilators, ECMO machines, intravenous pumps, telemetry monitors, feeding tubes, and oxygen tanks dominated. IV supplies were shown in 95% of the videos in the sample, and ventilators in 45% of the videos. An image captured on video showed the floor of a patient care area littered with medical waste, plastic coverings, drapes and supply packaging, a common temporary

receptacle in tense, emergent situations. The traditional paper medicine cup, used by nurses to “pass meds” to their patients, was absent. Seriously ill patients who are intubated and on a ventilator must have all medications, usually multiple drugs, administered intravenously, and this task was shown repeatedly. The stereotypical nurse documenting on clipboard has been replaced by computer monitors, some of which are dedicated to patient rooms, and some located in a central area, such as a nurses’ station.

Nurses were portrayed in real life as a vital part of the health care team, assisting with complicated procedures such as intubating patients; initiating ECMO; insertion of central intravenous lines; and ensuring life-saving intravenous medications were replenished. Nurses were also shown receiving patients arriving at the hospital via EMS or, those in more serious condition, who were airlifted.

Nurses were also shown performing rudimentary patient care, such as repositioning patients to avoid skin break down; preparing medical supplies needed for bedside procedures performed by surgeons; and simply reassuring patients, as one Covid ICU nurse informed a recently admitted patient, “Hi, sweetie. You’re at Harborview. We’re gonna take good care of you” (UW Medicine, 2020). Half of the videos in the sample depicted patient care. The core of nursing has always been direct bedside care and comfort, but in the age of Covid, the role of the nurse has evolved to as a highly skilled, clinically competent critical thinker. The videos in the research sample have made this reality clear.

C. Dedication

Nurses are dedicated to their profession and this commitment is evident throughout the videos in the sample. This loyalty extends beyond the daily work routine; nurses are steadfast in their commitment to patient care as well as to their team. Although nurses’ work may not be

considered enjoyable at times, especially during the Covid-19 pandemic, nurses are happy to serve others and appear to be satisfied with their efforts. They also understand the value of teamwork and have a sense of obligation to their nurse colleagues.

Patients

Even in the face of the devastating effects of Covid, surrounded by illness and death; exhausted physically and emotionally, nurses continued to declare their commitment to their profession. Often, when tearfully describing their work environment; severity of patient illness; and emotional toll that they endured shift after shift, featured nurses would add a clarifying statement to express their commitment to the profession, such as, “I knew what I was getting into...I was meant to be a nurse” (UW Medicine, 2020); “I can’t imagine doing anything else” (TODAY, 2020;) and “I love what I do” (NBC news, 2020). Despite withstanding physical and emotional challenges beyond their wildest dreams, the nurses in the sample still felt a passion for their work. It became evident, video after video, that although the nurses were exhausted, stressed, and possibly traumatized, their dedication to patient care never wavered. In fact, there was a sense that this commitment helped to motivate them and ironically, gave them hope.

Team

The nurses’ dedication goes beyond patient care and extends to their colleagues, or as it is often referred to, their team. A community health nurse in Vancouver, who was educating the homeless and transient population as they navigate through the pandemic, expressed her pride in being “part of a team that is treating people with respect” (CBC News: The National, 2020). Multiple times throughout the videos in the sample, nurses spoke of their colleagues, “checking in” on one another. One nurse remarked, “Our unit is strong” (The Mercy Channel, 2020). Another nurse proclaimed, “We’ll get through this together” (Northwell Health- NYS Health

Network, 2020). One video captured a Covid ICU team meeting, where it appeared that topics such as specific patient concerns, unit and hospital census, and pressing updates were discussed. Nurses were also shown communicating on the phone with other departments to coordinate different aspects of patient care.

Across the majority of videos included in the research sample, nurses are seen working side by side with other members of the health care team. Sample videos that portrayed direct patient showed consistent collaboration between nurses and other health care providers caring for hospitalized Covid patients. Patient care was never shown as being performed by one nurse only; there were usually three or more health care providers at the bedside, working in tandem. It was difficult to differentiate between nurses, physicians, surgeons, respiratory therapists, anesthesiologists, or any other health care worker, since all team members wore the same teal blue scrubs and similar PPE across all of the videos. If one were to view any of the scenes showing patient care, without turning on volume to hear spoken word, the team work would be unmistakable. At times, a sea of teal blue ebbed and flowed, with all health care professionals surrounding the patient, fully engaged in their life-saving endeavors, and with one another.

D. Distressed

Nurses are experiencing high levels of stress, now more than ever. The fear of contracting Covid-19 while at work adds a new dimension to the range of emotions nurses must process. Patients hospitalized with Covid are sicker than ever and death is a frequent occurrence, compounding stress and anxiety. A prime environment for burnout has been created and it is weighing heavily on nurses, as some contemplate leaving their jobs.

Fear of Illness

The fear of illness was a common theme throughout many of the videos in the sample. Three nurses, two based in New York and one in Washington, made the statement, “I know I am not immune to it” (CBC News: The National, 2020). One nurse admitted, “as a nurse, I fear getting sick.” (UW Medicine, 2020). Another nurse, visibly shaken, teary, but stoic disclosed, “This is very distressing to me because I don’t know if this is going to be the next shift that I go in and I get the virus” (The Atlantic, 2020). A nurse in Vancouver, Canada, who was separated from her spouse and two young children, emotionally stated, “I have a drawer full of letters for them just in case I don’t come back” (CBC: The National, 2020). Nurses in Covid hospitals have reason to worry. One news story in the sample mentioned a nurse in Michigan who was caring for Covid patients, contracted the virus, and died within days.

Some of the nurses in the sample contracted Covid and shared their experiences. A cardiac nurse in Canada, unable to work after recovering from Covid infection, described her lingering symptoms of shortness of breath, chest heaviness, and chest tightness and the emotional toll it took on her, “As a twenty nine year old having shortness of breath and not being able to walk a kilometer down the pathway, makes you feel pretty shameful as well” (CBC News: The National, 2020). Pam Orlando, a fifty-six year old emergency room nurse in New Jersey contracted the virus and created a video diary of her symptoms, chronicling her twenty-four day ordeal. On day two, she tells the camera, “Boy do I feel like crap. Back pain, fever that won’t break.” The following day she was hospitalized at her place of employment. On day five as she struggled to breathe, she said, “I feel so horrible. I feel so bad like I’m almost not going to make it” (CBS This Morning, 30 April 2020). She was subsequently placed on a ventilator and ultimately died.

One of her friends, a nurse at the hospital where Pam worked and was being treated for Covid, reported Pam's response to her son's voices. She would call them and then place the cell phone to her ear while she was on the ventilator. Despite being unconscious, her heart rate, which had been high, dropped considerably and her oxygen saturation increased.

This idea of nurses taking care of their own was repeatedly seen across the sample. When a nurse was hospitalized with Covid, often their colleagues were their caregivers. One Covid ICU nurse described in detail caring for one of her colleagues:

"We had a co-worker, very young...she started feeling sick and she took herself off the schedule, doing it at home like a lot of people do who test positive, but it just came to the point where she couldn't do that. She was with us for seven days on that breathing machine. She would write on a board. Being a nurse she would always want to know what her vent settings were. I think we were all standing outside the room when we knew we were going to take that breathing tube out. And we were all so scared. We all held our breath. She had that tube out and she was fine. We finally won one. We did not let Covid win. We won" (UW Medicine, 2020).

Death and Illness

A predominant theme across the majority of videos in the sample is the devastating effects of being surrounded by the decompensating condition and frequent death of patients had on nurses. The words "death/dying" appeared in 70% of the total number of videos in the sample. A Covid ICU nurse in Washington described one of the frustrating aspects of clinical nursing care for patients admitted to the hospital with Covid 19, "You're trying your best. All of the little tricks that you've known that have worked on patients that have really sick lungs in the past. But these tricks are not working and people are getting sicker" (UW Medicine, 2020). As one nurse acknowledged, "Yes, death is a part of our job" (NBC News, 2020); however, in hospital environments, death is actually not a common occurrence, as patients tend to recover

and go home more often than succumb to their illness. A nurse in Missouri explained, while trying to restrain her tears,

“Our patients were very sick patients but we didn’t see the loss that we’re seeing now. We had three patients die today, and that’s just hard to see that amount of loss, and it’s not just today, it’s a lot of days that we have patients that die unexpectedly” (St. Lukes Health System, 2020).

Two nurses referenced areas where Covid patients who remained seriously ill despite exhausting all treatment options, were sent to die. Aside from dedicated hospice units, staffed by nurses who are extensively trained in caring for patients with terminal illnesses at the end of life, such areas simply do not exist on a regular basis in hospitals in developed countries. One nurse caring for Covid patients simply stated, “Every shift there is one death at least” (NBC News, 2020). The emotional effects of losing patients can be staggering, even for the most seasoned nurses. An ICU nurse in Idaho, visibly shaken, spoke about the emotional effects of losing patients,

“I recently lost someone who was there for a couple of weeks. And you just walk past their room and they’re just sitting there, scared but hopeful; and they’re waving at you and you’re just seeing their oxygen needs go up and they don’t all make it out” (St Lukes Health System, 2020).

Another Covid ICU nurse, in Tennessee, told of his experiences, “There’s plenty of times when I’ll walk around the corner and get choked up. I’m getting choked up right now thinking of some of the cases that you get really close and they’re no longer here” (VICE News, 2020).

Some nurses were clearly struggling to maintain their own emotional well-being. One nurse, on the verge of tears, admitted, “I am trying to stay mentally well enough to...keep them alive” (The Atlantic, 2020). The stress of work often overflowed into life at home, as one nurse revealed, “My mind replays what happened that day. Who lives and who dies?” (CBS This

Morning, 22 September 2020). Another spoke of her symptoms of post-traumatic stress disorder, such as being overly emotional, having night mares, and seeing images of suffering while not at work.

The rapid work pace coupled with the slew of emergency situations and deaths seemed to leave many nurses without time to manage their feelings or for the self-reflection that is so important for health care professionals who find themselves responding to life or death situations. An emergency room nurse in New York City explained,

“As soon as there is one death, you’ve got somebody else in the process of crashing and you’re running from one bed to the next without any time to really absorb what has just gone on until the end of your shift” (Good Morning America, 5 April 2020).

The need for time to transition from one patient to the next and the absence of time to do so was an overarching concern for many of the nurses featured in the sample of videos. One nurse described the scene she repeatedly saw upon reporting for her shift in a Covid ICU, “When you walk in, all of these patients are lined up, like one after the other. Literally they’re all right next to each other” (Good Morning America, 16 July 2020). Over and over again, the nurses practicing throughout the United States referred to the work pace as a deterrent to any form of emotional decompression from traumatizing events while caring for Covid patients. After emergencies or deaths, nurses reported they were “unable to regain composure” (Good Morning America, 5 April 2020). Comments such as, “You just went from one patient to another without any time between to process what happened” (CBS This Morning, 22 September, 2020); and, “You don’t have time to think for yourself and kind of just debrief after everything that’s going on,” (VICE, 2020) illustrated not only the crushing pressure that nurses were experiencing, but also the limited self-care that they were able to maintain during their shifts.

Two nurses spoke about seeking counseling to address the onslaught of emotions they endure shift after shift. Speaking to the camera, while filming her video diary, one nurse encouraged other health care professionals to seek help. “So for anyone who is struggling, please, I advise you, please go speak to somebody. It will only help. There has to be a healthy way to process everything” (Good Morning America 16 July 2020). Another nurse expressed her appreciation to her employer for providing counseling services for nurses, “I’ve never felt this much anxiety in my life before. I am so grateful that St. Lukes offers counseling sessions because the effects of this have taken a toll on us. We’re all on edge. All of the staff are getting so burned out” (St. Lukes Health System, 2020).

Burnout

The National Institute for Occupational Safety and Health (NIOSH) defines occupational stress as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, needs, or resources of the worker. Job stress is strongly and inversely related to job satisfaction and is a known factor in staff turnover (McVicar, 2016). Prolonged occupational stress can evolve into a condition known as “burnout” (Huber, 1995). The term burnout describes a reaction to chronic stress that is commonly found in occupations involving frequent direct interactions with people (Freudenberger, 1974). It is a syndrome characterized by physical and emotional exhaustion, depersonalization, and a poor sense of personal accomplishment as a result of persistent negative feelings developed at work and in one’s self-image (Maslach & Jackson, 1982). Stress and burnout have been studied extensively in the nursing population.

Repeatedly, the nurses in the sample spoke about their stress level and the high demands of a profession that has been strained for years prior to the pandemic. 70% of the total number of

videos in the sample contained a keyword in the stress category. Across the United States, nurses that care for hospitalized Covid patients share in common the symptoms of burnout and candidly disclose their experiences. A Covid ICU nurse in Idaho stated, “It’s been so incredibly stressful and so incredibly hard” (St. Lukes Health System, 2020); a nurse in Nebraska revealed, “We have so much on our plates as nurses” (Good Morning America, 25 November 2020); and New York City nurse described seeing people die and working long shifts was “taking a toll on me” (VICE, 2020). A Covid ICU nurse in Washington marveled, “I’ve never been so tired when I get home. I am physically, mentally exhausted” (UW Medicine, 2020). Still another nurse, through tears, acknowledged that her job was a “heavy burden to carry mentally and emotionally” (The Mercy Channel, 2020). A heart-wrenching analogy for the emotional trauma endured at work during the pandemic, arose from a New York City nurse, “It’s like being a rope, where you just twist and twist and eventually you fray”(CBS This Morning, 22 September 2020).

Travel nurses, who have been given assignments in Covid hospitals across the country, are also feeling the effects of burnout. One nurse, who posted a video to her Facebook account that went viral, detailed the conditions of one hospital she was assigned to in Texas. Through tears, she said, “This assignment broke me” (New York Post, 2020). Another travel nurse stoically stated, “Nothing in my career or in my lifetime has tested me more than this experience” (CNBC, 2020).

The culture of nursing encourages dedicated professionals to work almost beyond their capacity to give, while neglecting their own feelings and needs. One nurse summed up his feelings figuratively, “The white coat makes a great strait jacket that we don’t talk about the things we need to and that needs to stop” (CBS This Morning, 22 September 2020). This sentiment was echoed by a nurse of two years, which is considered to be relatively new to the

profession, “We are seen as resilient, unbreakable...If we don’t address what is going on internally, it is hard to care for patients” (CBS This Morning, 22 September 2020). Further, the public expectation of fearlessness as a source of stress was mentioned, “imagery of heroism lends itself to not thinking about yourself” (CBS This Morning, 22 September 2020).

Nurses caring for Covid patients, Stressed Soldiers, seem to be in survival mode. With the volume of work being overwhelming, and the emotional stress close to unbearable, one nurse told of her response to being asked how she is feeling:

“It is easier to say ‘O.K.’ than it is to try to describe how you feel to people. And so I think we are all in this mode of coming in and do what we need to do, so we can continue to move on...I wish you could see inside my heart and you could understand the struggle” (NBC News, 2020).

Another nurse, when asked if she thinks about the long-term effects caring for Covid patients may have on her, such as Post-Traumatic Stress Disorder, plainly remarked that she was, “trying to get through the here and now...not thinking about it in the moment” (VICE, 2020).

Questioning Job Choice

Many nurses in the sample expressed their disillusionment with nursing and doubted whether they could continue performing bedside care in the future. Seasoned nurses, such as an ICU nurse in Idaho stated, “I am not sure how much longer I can continue my ICU career” (St. Lukes Health System, 2020). A Patient Care Coordinator, a leadership position for clinical nurses working in hospitals, in Tennessee, questioned, “I have had those thoughts of, ‘Is this really for me? Is this what I want to do with my life?’” (VICE News, 2020). Another nurse revealed that she needed to “rethink my career choice; rethink what it means to be a nurse” (The Atlantic, 2020). Doubting nursing as a career choice was not limited to experienced nurses, however; more recent graduates also expressed this concern. A nurse in Florida, with two years

of experience commented, “A lot of nurses are burned out. I have access to hundreds, thousands of nurses on social media, and countless comments telling me, ‘I want to leave the bedside,’ ‘I don’t know why I chose this,’ ‘I’m so tired,’ ‘I feel exhausted, I don’t know what to do’” (The Atlantic, 2020).

The enormity of nurses’ work during the pandemic, coupled with the risk of contracting Covid from a patient has also led to nurses leaving the bedside for jobs that do not require direct patient care. On new York City nurse stated, “I quit my job today...I would rather be without pay for a couple of weeks and have to look for another job than possibly lose my life, or my family members” (Good Morning America, 5 April 2020). As one physician remarked, “This is not a time for us to be losing doctors and nurses. More patients are going to die” (VICE, 2020).

E. Optimistic

Nurses remain positive, even when faced with incomprehensible work challenges. Renewed faith and assurance emerge as new treatments become available and patients recover from Covid-19. The promise of a vaccine, which at the time of this writing, has been administered to approximately 73 million United States citizens, provides hope that the pandemic will eventually come to a close. In the meanwhile, nurses continue to learn from their work and move forward.

Hopeful

Through the pleas for support from the public, the long, exhausting shifts, and the looming presence of death, many of the nurses in the sample maintained a glimmer of optimism, which was revealed in the form of hope and the wisdom of experience and insight gained through their challenges. In New York City, a designated float nurse (one who works different floors or units within a hospital) developed the “Hope Huddle.” The medical community often

uses the word, huddle, to describe meetings that take place, usually at the beginning of the day, that address specific patient issues that the team as a whole should be aware of. The Hope Huddle was designed as a way to share good news about patients who have been clinically improving, extubated and taken off a ventilator, or discharged from the hospital. One of the nurses participating in the Hope Huddle believed the positive news served as encouragement that there was a “light at the end of the tunnel” (Northwell Health- NYS Health Network, 2020).

There were moments that captured the joy that nurses felt when their patients were transferred to a lower level of care, or recovered and discharged from the hospital. One misty-eyed Covid ICU nurse beamed, “Seeing people get better is invaluable” (CNBC, 2020). It was evident in the nurses throughout all of the videos included in the sample, only 15% demonstrated nurses smiling or emoting happiness. In fact, the only time visible smiles or laughter appeared on screen, was when they were associated with patient recovery. Nurses were seen dancing, clapping, smiling, and expressing sheer joy when their patients were removed from isolation and transferred to a section of the hospital requiring less intensive care. Many hospitals across the country have established the celebratory ritual of giving a standing ovation to Covid patients as they either walk, or are escorted in a wheel chair, out the hospital doors.

Nurses who appeared in sample videos that were created within the first few months of the onset of the pandemic in the United States also looked forward to the development of a vaccine as a beacon of hope, referring to it as an “end in sight” and reaching the “finish line” (Good Morning America, 5 April, 2020). When the vaccine became available to health care workers in December of 2020, one nurse became emotional after receiving the vaccine, stating, “This is our first step to the end” (VICE News, 2020).

New Found Wisdom

Nurses also displayed a sense of optimism for the future with regard to their clinical practice. It became clear that Covid 19 was not only a challenge, but one of their teachers. Nurses in the sample often made reference to gaining wisdom throughout the process of caring for patients throughout the pandemic. One emergency room nurse noted, “We are thankful for the lessons we’ve learned along the way” (CNN, 2020). As one Covid ICU nurse reflected on her experiences and hope for the future, she declared, “We’re going to adapt to it; we’re going to learn from it; and we’re going to grow from it” (UW medicine, 2020).

17. Discussion

17.1 Interpretation of Results

17.1.1 Video Characteristics

The twenty most relevant videos resulting from searching “covid-19” and “nurse” on the Web 2.0 platform, YouTube, were analyzed for eight characteristics: date, duration, popularity, location, nurse representation, male representation, type of YouTube channel and social media content. The largest number of videos was posted in April, November, and December, corresponding with the onset of the first and second waves of the Covid-19 pandemic. It stands to reason that, as the virus became more of a threat, it received more attention from mainstream media and in social media. The least number of videos were posted during March, May, June, July and September, with no videos posted in August. For all intents and purposes, Covid-19 became widely recognized as a serious public health threat in Mid-March of 2020, and escalated in April. During the summer months, Covid-19 infection rates were either decreasing or remaining relatively low.

The majority of the videos in the sample were five to ten minutes in duration. The content of these videos was detailed and thought-provoking. Many chronicled not only the devastation felt by those suffering from Covid and their loved ones; but also documented the experiences of nurses caring for them. The longest videos in the sample were not the only ones that explored the nurses' narrative in depth. The shorter videos did the same, but to a lesser extent. In the patient-centered world of nursing, often the narrative of the nurse is lost. Focusing on the patient experience is crucial; it propels us forward in our practice as nurses, as we learn from our mistakes and rejoice in our successes. Taking care of patients is how we, as nurses, develop our "chops." However, the importance of the nurses' story should not be negated; just as patients endure their illness, nurses often suffer through working conditions that impede their work. The reality is that both sides should be explored, as they both hold merit in understanding the health care system as it impacts those who are being cared for, and those who perform the care. Across the board, the videos in the sample focused on the nurses' story and their plight as they did their best to care for the sickest of patients, in the most stressful of circumstances.

The video with the highest number of views (well over 1.2 million at the time) was posted to CNN and featured an emergency room nurse in South Dakota who had posted a video to her twitter account. The video, which focused on her reaction to hospitalized Covid deniers, went viral, and she was interviewed on the morning new program, New Day. This speaks not only to the far reaching influence of the mainstream media, but also to the potential impact nurses can have on the general public when harnessing the power of social media to bring forth valid health care related concerns to the public.

New York City, once the epi-center of the first wave of the Covid-19 pandemic, was represented more frequently than any other geographic location. For weeks, the spotlight shone

on the nurses in New York City, as neighborhood hospitals became overwhelmed with hundreds of patients while medical supplies, from PPE to ventilators, were in short supply. States in the Midwest Region of the United States, such as Nebraska and South Dakota, were also frequently represented in the sample. These states quickly became epi-centers at the onset of the second wave of the pandemic, which began in the fall of 2020. It is not surprising that these geographic locations, that arguably felt the most crushing effects of the pandemic, most frequently appeared in the videos in the sample.

The vast majority of videos focused on nurses rather than other health care professionals or physicians, a stark contrast to the customarily limited coverage of nurses' contributions during times of disaster. Some of the physicians featured in the sample of videos emphasized the contributions of nurses, deeming them as professional partners, not as physician helpers. The Covid-19 pandemic has undoubtedly highlighted the contributions of nurses. The long-overdue spotlight on nurses casts nurses as vital members of the health care team, not as subordinates to physicians; and highlights nursing as a distinct vocation in its own right, not as a secondary to the field of medicine.

An overwhelmingly high number of videos featured female nurses exclusively. Only two videos in the sample featured nurses who were male. Being that nursing is a predominantly female profession, it is not surprising that the majority of nurses in the sample were women. Still, men were under-represented in the sample, as only two of the featured nurses were male. Unfortunately, the marginalization of male nurses does not serve to change the widespread public opinion that nursing is a "women's' work," or a "female profession." The two men who were featured conducted themselves in the usual professional manner. There is a striking contrast between how male nurses are represented in entertainment media and reality: neither

one of these men displayed personality characteristics consistent with misfits, womanizers, nor aspiring physicians; and neither one displayed overtly effeminate behavior. These stereotypes of the male nurse are simply not grounded in reality.

The videos in the sample were posted to different categories of YouTube channels, but they were predominantly news clips or human interest stories from morning news and talk shows and other news networks. National talk shows such as *Good Morning America (GMA)* and *CBS This Morning* have 2.67 million and 1.81 million subscribers to their YouTube channels respectively. The YouTube channel for CNN, a prominent cable news network in the United States, has a total of 12.1 million subscribers. VICE, a popular news magazine, has 13.8 million subscribers to its YouTube channel. The news clips in the sample often interviewed nurses who had posted videos to their social media accounts voicing their concerns about working through the Covid-19 pandemic. In the digitalized world in which we live, social media remains a fast and efficient means to express oneself, and many nurses seem to be doing so, by utilizing a variety of social networks, without the usual fear of retribution from their employers. There is great potential for nurses to reach millions of people, not only through their social media presence, but also by shaping their narrative through the mainstream media.

17.1.2 Paradox of Nursing Images

The themes that emerged from this research study encompass a variety of opposing images and stereotypes. The one-dimensional view of the nurse as a saint, shrew, servant or strumpet has been replaced by a more realistic, multi-dimensional nurse. Nurses' emotions, experiences, and opinions are now presented by the media. Simplistic, fictionalized representations of nurses that were designed by the public or mass media have fallen by the wayside as a more realistic, complex, human side of nurses has been revealed.

A. Appreciated vs. Abandoned

Although the general public has shown its appreciation for health care workers, the means by which this gratitude is expressed seems to miss the mark for nurses caring for patients hospitalized with Covid-19. Signs posted as a tribute to nurses and grandiose displays of praise such as scheduled applause sessions are certainly well-intentioned. However, these actions fall short of nurses' concept of support during the pandemic and the behavior that should follow. The most effective and meaningful way for the public to support nurses is to abide by community mitigation efforts to slow the spread of Covid-19. Actions such as diligent mask-wearing; social distancing; avoiding large gatherings; and hand-washing serve to decrease infection rates, thereby avoiding overcrowding in hospitals. Fewer infections translate to improved, more focused care on patients, and lower death rates.

Unfortunately there is a faction of the population that questions the science behind such mitigation efforts. These individuals may be remiss with social distancing and mask wearing, putting themselves and others at higher risk of contracting the virus. There is also a subset of people who do not believe Covid-19 is not as serious as reported; that it is not a legitimate threat; or that it has simply a fabrication used as a political tool. These "Covid Deniers," at the extreme end of the spectrum, counteract any efforts to control the virus. The refusal to comply with mitigation efforts is perceived as an insult to nurses, and all health care professionals, who risk their lives to care for patients.

Nurses seem to agree that the best way to show appreciation for their work does not lie in grand gestures; rather, simple, daily efforts to slow the spread of the virus are sufficient expressions of gratitude. Nurses implore the public to do so, both on social media, and when featured in mass media news outlets; when these pleas are not received in earnest, nurses may

feel betrayed by the very public they serve to protect. From this lack of reciprocity and subsequent betrayal, nurses may experience feelings of abandonment, leading to an overall sense of futility; nurses may feel trapped in a never-ending cycle, with no recourse and inconsistent public support.

The increased emotional stress, physical exhaustion, and high clinical demands create a perfect storm; and professional self-concept may come under fire. It is challenging to feel satisfied about work when the same situations and problems arise day after day, but a solution remains out of reach. Undoubtedly, a poor self-concept can give rise to burnout, a key factor in nurses leaving the profession.

B. Dedicated vs. Disregarded

Nurses are bound by a sense of obligation to their profession. Some refer to this dedication as a “calling,” while others, understanding the gravity of their position, have a passion for nursing and simply strive to do their best to care for patients, even in suboptimal or unsafe conditions. However, a nurses’ dedication is not limited to their patients; rather, this loyalty also extends to patients’ families. Ordinarily family members are a strong source of support for patients; they may also serve the nurse as a proxy, relaying important information about the plan of care to their infirm loved ones. However, the Covid-19 pandemic has postured nurses as substitute family members, a precarious position. Due to the high risk of virus transmission, family members are often not permitted in patient care areas; and nurses have filled the role, from comforting patients in their last moments to keeping family members informed of any changes in the patients’ health status.

Nurses are not only committed to their patients and their family members; they also have allegiance to their team. Consisting of nurses; physicians; support staff; and administrators, a

cohesive health care team is critical to delivering optimal health care. Despite exhaustion, nurses willingly work overtime in order to lighten the work load for their colleagues. Nurses who are unable to work due to illness become frustrated at their inability to contribute to their team. At times, a nurse's boundless level of commitment defies reason; begging to question whether nurses will ever be on the receiving end of the care they not only deserve, but desperately need.

One of the fundamental ways of demonstrating regard for nurses is to keep them safe while at work. This is of utmost concern, especially for nurses working in Covid hospitals. PPE is a nurse's first line of defense against a virus that has caused millions of deaths worldwide. The shortage of PPE, mainly through the first weeks of the pandemic, left many nurses to their own devices and inadequately protected. Nurses working in New York City, once the epicenter of the pandemic, were charged with the responsibility of caring for, sustaining, and saving lives of Covid patients, but were not afforded the basic tools necessary to perform their jobs safely. Safety, normally the utmost important aspect of nursing care, both for the patient and the nurse, was neglected; and the health and well-being of nurses was disregarded. As a response to this failure to provide safety equipment, nurses may develop feelings of despair, further affecting professional self-concept and contributing to burnout.

C. Glorified vs. Horrified

The media, which has verifiably been ambivalent toward the nursing profession during times of disaster, has done an about-face with regard to nurses. On any given day, health care workers of a variety of disciplines are covered in the news media, but nurses seem to have received the most fanfare. Although this attention has been a long time coming, the word, "nurse" has almost become synonymous with, if not replaced by, the word "hero."

Acknowledgement of nurses' dedication and professionalism in the face of a relatively mysterious and deadly virus is certainly appropriate and appreciated; however, heroes are deemed to be resilient and unbreakable, a lofty expectation for a mere mortal. Further, the heroization of nurses can segue into unrealistic expectations of nurses in the future. Nurses simply perform their job responsibilities to meet the expectations of their profession, which are now elevated. They do not consider themselves to be heroes, nor do they identify with the hero image. In fact, the added pressure of fulfilling the role of hero, in addition to the other pressures nurses are under at this time, is another point of tension and seems particularly unjust.

The media has repeatedly sensationalized nurses during the pandemic, using dramatic descriptions and cliché-ridden descriptions. This fuels the hero persona fire. It is ironic that such language is utilized as an attempt to gain viewership; simply presenting the reality that nurses on Covid units cope with on a daily basis would keep audiences riveted. Perhaps the constant media dramatization is the reason why nurses are compelled to explain to the public that their real life is now focused around Covid-19.

The reality is that a nurse's work is anything but glamorous. Pandemic conditions notwithstanding, nursing can be messy. Bodily fluids and odors are commonplace. Emergency situations are hectic. Tears are shed. At times, there are verbal threats of bodily harm. Add to this repertoire a pandemic, with an overwhelming number of critically ill patients, long shifts, overtime, and a faster work pace. What results is a nurse with a full plate, compounded by the fear of contracting the virus while at work; the emotional toll of taking care of patients who often die; and the increased frequency of ethical dilemmas.

Make no mistake, nurses are a tough crowd. The profession itself demands a thick skin. However, nurses are human, not fictionalized characters, and the conditions under which nurses

have been working since the onset of the pandemic are horrific and distressing. Nurses keep their vulnerability hidden, partially due to the deeply embedded nursing culture, aligned with the image of the Saint, which commands nurses to be everything to everyone, without voicing concerns. In the future, post-traumatic stress disorder (PTSD) may arise in nurses who worked in Covid hospitals. The level of stress that nurses experience at work may very well give way to a career change, or at the bare minimum, leaving bedside nursing to pursue less emotionally and physically demanding nursing roles. However, the most heartbreaking scenario would involve nurses who would choose to stay at the bedside, despite having unprocessed, negative emotions from their work during the pandemic.

D. Comfort vs. Combat

Nurses are known to “wear many hats.” During a hospital shift, a nurse often performs the duties of phlebotomists, transporters, nursing assistants, housekeepers, and care coordinators, in addition to their clinical skills. The Covid-19 pandemic has further expanded the role of nursing. The historical saint image of the nurse is alive and well in the 21st century, as nurses are seen comforting not only their patients, but family members, and one another. Some nurses sacrifice their personal lives, leaving behind their families to travel to Covid hot spots, where nurses are desperately needed. All nurses put their health and wellness at risk, taking the chance of possibly becoming infected with the virus, while others made the ultimate sacrifice of losing their life from Covid-19, which is often contracted while nurses are at work.

While nurses remain a source of comfort for others, they view their work during the pandemic as if they are in combat. The PPE shortage; the constant influx of patients; the instability of patients infected with a virus that is not well understood; learning how to operate complicated medical equipment in a short time period; the exhausting pace; and the emotional

toll of nurses' work are just a few contributors to this mindset. Responding to emergency situations for patients, who are in life-threatening circumstances, necessitates a rush of adrenaline to take immediate action. It can be argued that nurses caring for Covid patients are in a perpetual state of the stress response, "fight or flight," a physiological reaction to fear or danger, that is ordinarily reserved for the most trying of times. The combination of bearing the weight of constant stress while consoling and encouraging others, and somehow keeping oneself motivated to press on, is unthinkable.

E. End of Life vs. Saving Lives

Nurses are no strangers to death and loss; however, death is not a common occurrence in hospitals. However, since the onset of the pandemic, this has changed. Not only does death occur more frequently, but many patients dying of Covid are unable to spend their last moments with family. All Covid patients are in isolation, and family members are not permitted visitation in most cases. Nurses have been instrumental in keeping a line of communication open with families, either via telephone or video platform. Prior to the pandemic, the thought of families saying their last words to their dying loved one while connected on Facetime was unheard of. Now it is commonplace. When family members are not available, nurses now fulfill the role.

Despite being surrounded by death, nurses continue to do what they do best: save lives, or at least do everything in their power to do so. Their sharp clinical assessment skills and expertise seem to flourish despite their exhaustion. We nurses are known for a bit of a sixth sense. We know something is wrong before the problem surfaces. Perhaps this perception is a result of years of experience, a culmination of hundreds or thousands of patients under our care throughout our careers. Nurses working with Covid patients maintain this sense of

hypervigilance, which adds to the constant stress level at work. At some point, nurses, always empathetic, compassionate and reassuring, will need to be consoled, protected, and supported themselves.

F. Harried vs. Hopeful

Despite the stress, nurses remain as optimistic as possible. They rejoice in patients who recover from Covid-19, a much needed respite from the emotional toll of losing patients. Many vented Covid patients have a prolonged hospital stay, and nurses develop relationships with them, and with their families. Although patients who are intubated usually remain sedated and do not speak, they are able to comprehend what is happening in their surroundings. Nurses go about the business of caring for these patients while engaging as much as possible with them, explaining the actions they are taking, the medications they are administering, and comforting them through what may be one of the most frightening experiences of their lives. It is through this constant interaction that a bond based on mutual trust and respect is created. Being a nurse is not a role that turns on and off at will. Nurses become invested in their patients; and when patients recover, the joy is immeasurable, providing reassurance and hope.

Although mention of a vaccine for Covid-19 did occur in some of the videos that were created within the first wave of the pandemic, it seemed out of reach. Two of the videos in the sample that were created in the last month of 2020, focused on nurses receiving the vaccine, which proved to be an emotional experience, as it marked the beginning of a new chapter of the pandemic. The light at the end of the tunnel had become brighter and larger.

17.2 Comparisons to Literature Review

Overall, the results of this original research project disagreed with the findings of most of the studies included in the literature review with respect to how nurses are represented, in terms

of stereotypes and aesthetics, such as uniform and use medical equipment, and on the internet. However, my findings were in agreement with gender representation of nurses; social media content; and the overall positive image of nursing online.

. My study corroborated the findings of studies performed by Pierce et al (2000) and Koo & Lin (2015), who found that the vast majority (90% or more) of nursing images found in the internet were female. It would have been impossible to count each and every female present across all videos in this research sample, and would be complicated by not knowing which members of the health care team were in fact nurses. For that reason, this demographic was limited to the nurses who were featured in each video, either by a direct interview or a replay of their social media post or video diary; and introduced as a nurse either by the news reporter or a news crawler located at the bottom of the screen.

My original research study also supported findings according to Kalisch, Begeny & Neumann (2007) that the overall image of nursing on the internet was a positive one. They found that the websites included in their sample portrayed nurses mainly portrayed nurses as intelligent, educated, responsible, accountable, committed, competent and trustworthy. However, Kelly, Fealy & Watson (2011) determined that only 40% of the You Tube videos in their sample depicted nurses as intelligent and technically skilled. All of these characteristics were evident throughout the videos in my sample; nurses displayed dedication, clinical skill, ingenuity, and a high level of proficiency. They also showed a high degree of adaptability and resourcefulness while working in environments that were not only dangerous, but constantly changing, with regard to patient condition as well as nursing interventions and treatment for Covid-19.

With respect to video content, my findings concur with Pawlowski et al (2019), who found that nurses who posted on the social media platform, Facebook, focused on daily working conditions and professional challenges. Three social networking platforms, Facebook, Twitter, and Instagram, appeared in the videos included in my sample. Nurses utilized these social networks to express their concerns over the threat of Covid-19; to share their experiences as caregivers for patients hospitalized with the virus; and to encourage the public to conform to mitigation efforts such as mask wearing and social distancing, to slow the spread of the virus.

Contradictory to research study results presented by Pierce et al (2000) and Kelly, Fealy & Watson (2011), who found that stereotypical representation of nurses was pervasive on the internet, my results revealed a diversion from hackneyed images and classical clichés. As a whole, nurses were presented as serious professionals; however, the age-old saint image was present to a limited degree. My study revealed the emergence of two novel images: the superhero, a product of media and public opinion; and the stressed soldier, a reflection of nurse self-perception. My findings also differ from those of Kress et al (2018) who surmised that nurses were more likely to be represented in a positive manner when content was created by nursing institutions or organizations. All of the videos in my research sample, from news clips to hospital-produced pieces, represented nurses in a realistic, positive light.

The findings of my research study did not concur with previous research that found widespread sexualization of nurses on the internet. Pierce et al (2000) found that more than half of their sample contained images with pronounced secondary sex characteristics. Kalisch, Begeny & Neumann (2007) found an increased frequency of nurses depicted as sexually promiscuous; and Kelly, Fealy & Watson (2011) found that 40% of the You Tube videos in their sample depicted nurses of sexual fantasy; and Sarna & Bialous (2012) found images of the

“naughty nurse,” “whore,” and “strumpet.” To the contrary, the nurses featured in my sample were often covered from head to toe in PPE, making identification of gender difficult at times. Sexual innuendo and objectification of nurses was non-existent, and the classical Strumpet nurse image was not portrayed.

Moreover, the portrayal of nurses as brainless; incompetent; unable to make clinical decisions; and unconcerned with patient needs, which was revealed in satirical videos on YouTube by Kelly, Fealy & Watson (2011) was not supported by my research findings. On the contrary, nurses were shown as critical thinkers with sharp assessment skills; and were often featured performing a variety of patient care actions, from holding hands to repositioning for comfort. The entirety of my research sample videos depicted nurses in real situations, some of which were similar to mini-documentaries, a far cry from satire.

With regard to facial expression and emotions, my results differed from Koo & Lin (2015) and Pierce et al (2000), who found the majority of internet sources presented nurses as smiling or happy. On the contrary, I found that the vast majority of nurses featured in the sample wore serious expressions; at times became teary; and had a demeanor suggesting an overall sense of urgency. The few times nurses in my sample demonstrated happiness were related to stories of patient recovery.

My results also differed with previous research with respect to nursing uniform. Pierce et al (2000) observed the predominant white uniform and outdated nursing cap in their sample. Often considered to be a part of the nurses’ uniform, Koo & Lin (2015) identified the presence of a stethoscope either draped around the nurses’ shoulders or held in their hands. The nurses appearing in my sample of videos were either modestly dressed in street clothes; donned in PPE, layered over surgical scrubs; or wore some other form of uniform, such as a lab coat or

hospital-issued t-shirt. The stethoscope, although an essential medical piece of medical equipment, was not showcased, as nurses working in isolation rooms must use the designated stethoscope within a patients' room, to avoid cross-contamination of common areas.

Pertaining to scope of nursing practice, my findings again opposed those of Koo & Lin (2015), who found that nursing skills were limited on the internet to recording data; touching and comforting patients; and very rare use of medical devices. Although computers were present in many of the videos in my sample, nurses were not often shown using them; rather, they were coordinating patient care, monitoring patients on ventilators and ECMO; preparing multiple intravenous medications; and assisting in bedside procedures such as placement of central venous catheters. My findings did concur with depiction of patient care, however. Nurses were presented as overseeing every aspect of patient care.

17.3 Answers to Research Questions

Primary Research Question

How are nurses portrayed in the Web 2.0 site YouTube during the Covid-19 pandemic of 2020?

There are three succinct categories that guide how nurses are portrayed on You Tube during the Covid-19 pandemic: nurse narrative, public opinion and roles depicted. According to the nurse narrative, which is formed from interviews, nurses are stressed and frustrated. They are over-worked and exhausted, both physically and emotionally. Some seem to be in distress, or in shock, at the conditions they experience at work. Again and again, nurses described the challenge of taking care of Covid patients in a matter-of-fact, stoic, contemplative manner. They are responsible for their actions, accountable to their patients, and flexible in their work styles. Despite feeling neglected and at times disregarded by the public or those in power, they

remain hopeful for the future, and delight in small victories such as successful extubation of a patient. They rise to the occasion day after day. The level of humility is unmistakable, and their magnanimity is striking, as nurses repeatedly used the phrase, "...it's just what we do," and "...it's what we are here for." Without the desire for fanfare, nurses go about doing their job.

Public opinion overlaps with the nurse narrative, as the general public acknowledges the dedication nurses have to their career. In turn, the public shows their appreciation with acts of reverence, in some cases, quite literally, cheering nurses on to persevere through unspeakable conditions to care for Covid patients in hospitals. Nurses are viewed as extraordinary and resilient, as if they possess otherworldly qualities that make them impervious to the virus and to its emotional effects. The media intensifies this impossible expectation by sensationalizing the virus, which is devastating in its own right and does not require additional catastrophizing.

Nurses caring for Covid-19 patients function in a variety of capacities. These roles were depicted in the YouTube videos included in the sample. First and foremost, nurses are life-savers. They are trained and educated critical thinkers, quick learners, and are technologically savvy. Covid patients who suffer from severe disease are complex and require a high level of care. Nurses are not only responsible for basic patient care (such as repositioning vented patients to avoid development of bed sores), they are constantly assessing their patients' status of all body systems (neurological, cardiac, pulmonary, gastrointestinal, urological) and making recommendations to physicians. Nurses are also the bridge from the patient to the family, often taking the place of family to comfort a patient in their final moments. Nurses are educators, warning, and sometimes imploring the public to follow mitigation guidelines to slow the spread of the virus. Most importantly, nurses are team members, working closely with physicians,

other nurses, and a variety of health care professionals, with the common goal of supporting patients.

Secondary Research Questions

Has the nursing profession changed during the pandemic?

Nursing, as a whole, has drastically changed during the pandemic. The frequent use of PPE, while an essential intervention to limit exposure to Covid-19, is in some ways, a hindrance to nurses. Donning PPE takes precious time when nurses are called to respond to emergency situations and can impede rapid response to life-threatening patient conditions. It is a point of frustration that nurses are unable to practice their craft in the ways which they are accustomed to.

Development of the nurse-patient relationship has also become more of a challenge. Covid-19 patients are in isolation, and often the nurse is limited in their contact with them, in an effort to decrease exposure to the virus. This means restricted face-to-face interactions and personal contact with patients, an important aspect of developing a trusting, therapeutic relationship. In a more literal sense, patients are unable to see the entirety of their nurses' faces, which are obscured from N95 masks, shields, goggles, and hoods; another obstacle for nurses to overcome in creating a bond of trust.

The fear of illness is a new development for nurses. Aside from the potential for needle-sticks and contact with biohazardous materials, which are relatively rare, nursing was not considered a profession fraught with peril. However, Covid-19 is highly transmissible and early research has shown that having prolonged exposure to the virus is a risk factor for becoming infected. PPE does not provide a flawless level of protection. Not only are nurses concerned

about becoming sick, they also agonize over the possibility of bringing the virus home to their loved ones.

The pandemic has tested the adaptability of nurses across the globe. Work environments have been modified to the point where they are not recognizable. Conventional ICU areas are transformed into Covid units and traditional hospital patient care areas, such as medical-surgical floors, have become dedicated space for more stable Covid patients. Nurses, who ordinarily work with lower acuity patient populations, or in specialty areas such as operating rooms, are now floated to Covid units, with the expectation of being able to function seamlessly in a new environment. Higher acuity patients, those with severe symptoms of Covid-19, are intubated, on ventilators and often maintained on other sophisticated medical equipment, which takes seasoned nurses years to master. Nurses now find themselves caring for patients who are attached to machines that they have never seen, and are given a few days to learn. This shift in expectation of nurses, which would ordinarily be considered inconceivable, is now commonplace; and the development of this precedent within the nursing profession is concerning.

Are video portrayals of nurses congruent with historical images and traditional nurse stereotypes?

The nursing images on YouTube are predominantly incongruent with historical images and traditional stereotypes of nurses. The strumpet image, the sexually promiscuous and provocative nurse was absent in this study. On the contrary, nurses were shown in their actual work environment, covered from head to toe in PPE. At times, gender was indistinguishable. The servant, the scatterbrained physician's handmaiden, was also non-existent; rather, nurses were depicted as an integral part of the health care team, working side-by-side with physicians.

Their clinical competence was highlighted and acknowledged by physicians. The shrew, the power-hungry, patient-neglecting nurse, was also undetected. In actuality, the exact antithesis of this image predominated, as video after video showed images of nurses going above and beyond to care for their patients, family members, and the general public.

Only one traditional nursing image was observed. The saint image made its appearance as a more subtle, updated version. From ushering dying patients to the afterlife, to sacrificing family time to travel to Covid-19 epicenters, nurses repeatedly alluded to this image. The hope of leaving a legacy or making a lasting contribution to others is noble, and not a point of criticism, but supports the saintly image nonetheless.

The Covid-19 pandemic saw the emergence of two contemporary nursing images. The superhero, fabricated by the public and the mass media, frames nurses as herculean, resilient defenders against a novel, poorly understood enemy. This image places nurses in the spotlight, showcasing their bravery and dedication to their profession. Another non-traditional nursing image, the stressed soldier, has surfaced. This image is borne of nurses' experiences and emotions. Quietly suffering, their needs often abandoned by those who should protect them, and their pleas at times ignored by the masses, the stressed soldier perseveres, supporting their patients while casting aside their emotional and physical needs.

How can these images affect the public image of nurses?

The images of nurses on YouTube influence the public perception of nurses. The long-standing historical image of the saint has been shaping attitudes toward nurses for years. Its presence in the year 2020, serves to reinforce the ideology that nursing is not a chosen profession, but a role that is assigned by divine intervention. This image is inadvertently perpetuated by nurses who accept inappropriate behavior or abusive treatment by patients as

being par for the course, in essence, a requirement of the job. In turn, individuals with a propensity towards such behavior may feel entitled, and that they have a free pass to act as they please, without fear of consequence.

The superhero image lends itself to the unrealistic expectation for nurses to be everything to everyone, without receiving support in return. Once again, nurses are expected to serve the public, and the displays of gratitude, often limited to cheers and motivational signs, are meant to suffice as appreciation. It is easy for nurses to fall short of this expectation. Nurses are human; no different from anyone else who wishes to perform their job duties to the best of their ability

The one image that should be embraced by the public is the stressed soldier. In a nursing culture where patient-centeredness is paramount, the narrative of the nurse is invariably lost. In order to better understand and improve the lives of nurses, the public perception of nurses needs to become more grounded in reality. Gaining a better understanding of the challenges that nurses face, especially in today's health care landscape; the emotional toll that nurses experience; and ways in which the public can improve lives of nurses, will open up a dialogue that is long overdue.

Overall, nurses on YouTube are represented as intelligent, serious-minded professionals. They are critical thinkers, technologically savvy, and adaptable to drastic changes in work environment and job expectations. The outdated notion that nurses mainly serve the physician and comfort patients has been upended on You Tube. The public perception of nurses may soon shift from doctor's helper to autonomous team member, and as always, life-saver.

How can these images affect the professional identity and self-concept of nurses?

The images of nurses on YouTube during the pandemic can affect professional identity and self-concept in both negative and positive ways. The Super hero image can be damaging, as it is a product of public opinion. On the surface, one might consider the perception of strength and bravery as a positive outlook on the nursing profession, and in some ways, it certainly is. However, nurses do not identify with this image, and find it to be a point of self-critique. It is an unrealistic standard by which to judge nurses, and can be harmful to their evolving self-concept, by imposing extraordinary expectations upon them, to which they are destined to fall short. The resulting reticence can affect job performance and contribute to an already elevated stress level.

The stressed soldier is in the process of losing their professional identity; their self-concept flailing as a consequence of impractical work demands and a precarious work environment. Coupled with the rapidly expanding job role, nurses are left feeling vulnerable and exhausted, creating a perfect combination from which burnout can transpire. In addition, the exposure to an unusually high incidence of patient deaths may result in a feeling of futility and lead nurses to question their role as life-savers. It is curious that despite the recognition from the public and mass media, nurses might not feel heard, and their needs not met. The super hero and the stressed soldier images can have negative effects on nurses' professional identity and self-concept. However, some of the characteristics displayed by nurses can serve to bolster public opinion, and may have favorable consequences for nurses.

Although nurses are tested by their new routine, work environment and expectations, and as the public becomes more aware of the reality of nurses' work, some may develop a stronger sense of assertiveness, and self-assuredness. Having experienced professional challenges

beyond their dreams, they may press forward with a renewed inner strength, poising them to be more passionate patient advocates and seasoned professionals. Depictions of nurses working as a team, in tandem with physicians and other health care providers; highlighting their critical thinking and technological skills; and proactively saving rather than solely comforting patients, will override the antiquated Saint image. The image of the nurse can at last be shaped by nurses, not the media.

The effects of nursing images on You Tube during the pandemic will most likely be individual in nature, a product of personal work experiences, and how these experiences are emotionally processed. It remains to be seen whether there will be a predominating effect on the profession as a whole.

How can these images affect patient care?

Professional identity and nurse self-concept are connected to the quality of patient care. Images that negatively alter both can have an undesirable impact on the provision of care. Nurses who maintain their professional identity are more likely to retain and evolve a positive self-concept. For example, nurses caring for seriously ill Covid patients have gained invaluable experience with ventilators; ECMO; administration of multiple intravenous medications; and assisting with bedside procedures. Their clinical and critical thinking expertise honed further, these nurses are armed with additional skills to enhance patient care, and their nursing careers may flourish.

Conversely, nurses' experiences of caring for Covid patients may be traumatizing, bringing about dissociation from the nursing profession and the evolution of poor self-concept. Patient care may be compromised when nurses do not feel connected to their work, or believe that their work is subpar. Nurses that are disillusioned by their profession may feel that their

efforts are futile and burnout may follow. One of the tragic outcomes of burnout is the loss of excellent nurses, who seek more relaxed work environments with less grueling emotional and physical demands, from the bedside. Nurses are needed now more than ever; a shortage of nurses culminates in jeopardized patient care and safety. Needless to say, in this era, the health care system needs as many nurses as possible.

Finally, the public expectation of nursing care has been elevated by the images seen on YouTube. The super hero image can affect how patients perceive their care. Nurses are not infallible, and it is troublesome that the impression of sub-standard care may ensue if nurses are believed to fall short.

18. Conclusion

18.1 Summary of Answers to Research Questions

The Covid-19 pandemic has made an indelible mark on the nursing profession. The near constant use of PPE; change in routine; higher expectations with regard to becoming proficient with complicated medical equipment; and the fear of illness are all aspects of nursing that may endure beyond the resolution of the pandemic. The images of nurses seen on You Tube range from the historical Saint image to two contemporary images: the super hero, derived from public opinion and mass media sensationalism, and the stressed soldier, a product of nurses' emotional reactions to caring for Covid patients. Nurses are not sexualized, nor are they portrayed as scatterbrained physician handmaidens. Rather, their critical thinking skills and clinical expertise are showcased and nurses and physicians are represented as a team.

The images of nurses on YouTube can influence public opinion of nurses in negative and positive ways; while the public may develop unrealistically high expectations from nurses, it has the opportunity to hear and empathize with the nurses' narrative. Professional identity and

self-concept may be affected; however, the result will be unique to each nurse's work experience and personality characteristics. The effects these images may have on patient care remain to be seen. Although some nurses' practice may thrive with increased self-confidence, some may experience dissociation from their professional identities as nurses and a downward-spiraling self-concept, then opt to leave the nursing profession altogether.

18.2 Contributions to Research

Prior to the completion of this research study, only one existing study explored nurse image on YouTube. The internet is far-reaching and has the potential to influence nursing image. In this digital world of instant gratification, internet websites, including social media and video sharing platforms, are accessible on-the-go. This study highlighted the relevance of the World Wide Web in shaping the image of the nursing profession.

Two contemporary nursing images emerged from this research study, joining the historical images and classical stereotypes that have persisted for years. These images, the super hero and the stressed soldier, illustrate the stark differences between images of nurses created by mass media and public opinion and those grounded in the nurses' experience. Awareness of these images can lead to a better understanding of challenges that nurses face and the emotional struggle that may result.

This study also identified the paradoxes that exist regarding how nurses are represented. There are striking differences between public and personal perception of nursing. Nurses are revered and at the same time, their needs are ignored. Nurses are known for their compassion in comforting patients; however, they are able to set aside their emotions, allowing their honed clinical skills to take the forefront when lives are at stake. Nursing is complicated and nurses

are multi-faceted. This research emphasizes this complexity, dispelling any notion that nurses are one-dimensional.

18.3 Study Limitations

The key words used, “Covid-19” and “nurse” narrowed the possibility of videos that resulted from the You Tube search. Nurses practicing in different environments, such as ambulatory settings such as physician offices, were not represented in the video sample. The videos were also not representative of all nurses working throughout the pandemic. The majority of the videos was based in various Covid hotspots, and may not represent the experience of nurses working in geographical areas that were not as impacted by the Covid-19 virus. Further, the videos in the sample were collected during the tenth month of the Covid-10 pandemic in the United States. As the pandemic progresses, and hospitalizations wax and wane, nurses may have very different experiences. With the exception of one video based in Canada, all videos were produced and focused on nurses in the United States; nurses in different countries were not represented, and the sole video based in Canada is not sufficient to represent all nurses within that country.

The nature of the Web 2.0 video sharing platform, YouTube, is not static. YouTube searches containing the exact same key words may yield different results depending upon how the videos are sorted to populate. This study sorted videos by relevance; however, the same search done on the same day, but sorted by popularity, may yield different results. Moreover, the relevance and popularity of YouTube videos is fluid, shifting with the demand of You Tube users, and results of the same search, sorted by the same method, may differ depending upon the day.

Finally, the nature of a thematic analysis lends itself to subjective interpretation of results. It is possible that the same sample of videos may yield disparate results when analyzed by different researchers.

18.4 Recommendations for Future Research

Further research exploring the influence the internet has over nurse image would be beneficial to gain a better understanding of how these images originate and the mechanisms by which they are sustained. Additional studies analyzing nurse image on YouTube and other internet websites, such as social media platforms, would be useful in identifying any developing nurse images. The impact of the internet on public opinion of nursing can be examined by involving a focus group to give their impressions of nurse image before and after viewing YouTube videos. With regard to social media, research focusing on nurse-driven content, or posts on their personal Face Book, Twitter or Instagram accounts, can give insight into how nurses can shape their own image.

Follow up studies on whether nurses who posted work-related content to their social media accounts received consequences from their employer should be implemented. With regard to the nurse images identified in this study, the super hero and the stressed soldier, additional research is needed to determine whether these images are fleeting or stand the test of time. Additionally, the generalizability of these two images to other types of nursing practice, as well as at a future date, as the pandemic resolves, should be put to the test.

References

- Abel-Smith, B. (1960). *A history of the nursing profession*. Heinemann: London.
- American Association of Colleges of Nursing (2019). *Fact sheets: Nursing fact sheet*. Retrieved from: www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Fact-Sheet
- Anonymous. (2001). Where are all the male nurses? *Australian Nursing Journal*. 9(3): 35.
- Army nurse Donna Rowe discusses her experiences during the Vietnam War (2015). The United States of America Vietnam War Commemoration.
- Bartfay, W.J. & Bartfay, E. (2007). Canadian view of men in nursing. *Men in Nursing*, 2, 32-37.
- Basavaraju, S.V., Patton, M.E., Grimm, K., Rasheed, M.A.U., Lester, S., Mills, L., Stumpf, M., Freeman, B., Tamin, A., Harcourt, J., Schiffer, J., Semenova, V., Li, H., Alston, B., Ategbale, M., Bolcen, S., Boulay, D., Browing, P., Cronin, L., David, E., Desai, R., Epperson, M., Gorantla, Y., Jia, T., Maniatis, P., Moss, K., Ortiz, K., Park, S.H., Patel, P., Qin, Y., Steward-Clark, E., Tatum, H., Vogan, A., Zellner, B., Drobeniuc, J., Sapiano, M.R.P., Havers, F., Reed, C., Gerber, S., Thornburg, N.J. & Stramer, S.L. (2020). Serologic testing of U.S. blood donations to identify SARS-CoV-2-reactive antibodies: December 2019-January 2020. *Clinical Infectious Diseases*, ciaa1785.
- Beavan, C. (2001). *Florence Nightingale: Iron maiden*. The History Room You Tube Channel. British Broadcasting Corporation.
- Bolvin, J. (2010). War on the mind, part 1: nurses deployed to Iraq and Afghanistan struggle with PTSD. Retrieved from www.nurse.com on June 30, 2020.

Bradley, J. (2011). Lessons from my life's work. *Narrative Inquiry in Bioethics*, 1, 135-137.

Bregman, N. & Jeans, K.A. (1994). *Angels of Mercy*. Timeline-World History Documentaries
You Tube Channel.

Bridges, J.M. (1989). Literature review on the images of the nurse and nursing in the media.
Journal of Advanced Nursing: 15: 850-854.

Brodie, D.A., Andrews, G.J., Andrews, J.P., Thomas, G.A., Wong, J. & Rixon, L. (2004).
Perceptions of nursing: confirmation, change and the student experience. *International
Journal of Nursing Studies*, 41(7): 721-733.

Buresh, B & Gordon, S. (2013). *From Silence to Voice: What Nurses Know and Must
Communicate to the Public*. Cornell University Press: New York.

Buresh, B. Gordon, S. & Bell, N. (1991). Who counts in news coverage in health care? *Nursing
Outlook*, 39: 204-205.

Burton, D.A. & Misener, T.R. (2007). Are you man enough to be a nurse? Challenging nurse
media portrayals and stereotypes. In O'Lynn, C.E. & Tranbarger, R.E. (Eds.). *Men In
Nursing: History, Challenges and Opportunities*. Springer: New York, 255-269.

Cabaniss, R. (2011). Educating nurses to impact change in nursing image. *Teaching and
Learning in Nursing*, 6, 112-118.

Chen, L.L. & Liu, Y.L. (2010). Presence of nursing information on hospital websites in five
countries: a review. *International Nursing Review*: 57, 168-172.

- Clement, J. (2020) Global digital population as of July 2020. Retrieved from:
www.statista.com/statistics/617136/digital-population-worldwide/
- Cope, V. (2017). Social media, e-professionalism and the image of nursing: how one nurse can reach many! 5th Annual Worldwide Nursing Conference.
- COVID Data Tracker. (2020 February 28). Centers for Disease Control and Prevention.
<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>
- Crable, R. & Vibert, S. (1986). *Public relations as communication management*. Bellwether Press: Edina, Minnesota.
- Cunningham, A. (1999). Nursing stereotypes. *Nursing Standard*, 13(45), 46.
- D'Antonio, P. (2002). Nurses in war. *The Lancet Supplement*: 360: s7-s8.
- Dahlstrom, E., de Boor, T., Grunwald, P. & Vockley, M. (2011). ECAR: National study of undergraduate students and information technology. Retrieved from
<http://net.educause.edu/ir/library>.
- Darbyshire, P. (2014). Heroines, hookers and harridans: exploring popular images and representations of nurses and nursing. In Daly, J., Speedy, S. & Jackson, D., (Eds.), *Contexts of Nursing, 4th Edition* (53-69).
- Darbyshire, P. & Gordon, S. (2005). Exploring popular images and representations of nurses and nursing. In Daly, J., Speedy, S., Jackson, D., Lambert, N. & Lambert, C., (Eds.), *Professional nursing: Concepts, issues and challenges* (69-92).

- de Hoeve, Y.T., Jansen, G., Roodbol, P. (2013). The nursing profession: public image, self-concept and professional identity. A discussion paper. *Journal of Advanced Nursing*, 295-308. Retrieved from www.onlinelibrary.wiley.com.
- Delacour, S. (1991). The construction of nursing: ideology discourse and representation. In Gray, G., Pratt, R. (Eds.). *Towards a Discipline of Nursing*. Churchill Livingstone, Melbourne, 413-33.
- Donelan, K., Buerhaus, P., DesRoches, C., Dittus, R. & Dutwin, D. (2008). Public perceptions of nursing careers: the influence of the media and nursing shortages. *Nursing Economics*, 26(3): 143-150.
- Dyer, R. (2013). *The Matter of Images: Essays on Representation*. 2nd edition. London: Routledge.
- Egenes, K.J. (2017). *History of nursing*. In *Issues and trends in nursing: Essential knowledge for today and tomorrow* (1-26).
- Emeghebo, L.E. (2006). *Nurses' perceptions of the image of the profession of nursing* (Dissertation for the Doctor of Education). Columbia University, New York, NY.
- Experiencing war: Stories from the veteran's history project (2005). Library of Congress. Retrieved from www.loc.gov/vets/stories/med-nurses.html
- Ferguson, C. (2013). It's time for the nursing profession to leverage social media. *Journal of Advanced Nursing*, 745-747. Retrieved from www.onlinelibrary.wiley.com.
- Ferns, T. & Chojnacka, I. (2005). Angels and swingers, matrons and sinners: nursing stereotypes. *British Journal of Nursing*, 14(19), 1028-1032.

- Fiedler, L. (1983). Images of the nurse in fiction and popular culture. *Literature and Medicine*, 2: 79-90.
- Florence Nightingale Museum (2019). London, England.
- Freischlag, S., Freischlag, M. & Freischlag, J. (2017). Challenge accepted: social media as a stereotype change agent. *The Journal of Thoracic and Cardiovascular Surgery*, 154(4): 1354-1355.
- Freudenberger, H.J. (1974). Staff burn-out. *Journal of Social Issues*, 30(1):159-185.
- Frey, B. & Atkins, L. (2005). Vietnam Nurses. Timeline You Tube Channel.
- Geister, J. (1957). The flu epidemic of 1918. *Nursing Outlook*, 5(10): 582-584.
- Gill, J. & Baker, C. (2019). The power of mass media and feminism in the evolution of nursing's image: a critical review of the literature and implications for nursing practice. *Journal of Medical Humanities*, published online November 12, 2019.
- Girvin, J. (2015). Editorial: The public understanding of nursing- time for a step change? *Journal of Clinical Nursing*, 24(23-24): 3341-3342.
- Godsey, J.A., Houghton, D.M. & Hayes, T. (2020). Registered nurse perceptions of factors contributing to the inconsistent brand image of the nursing profession. *Nursing Outlook*, 1-14.
- Goodnow, M. (1953). *Nursing History*. W.B. Saunders, Philadelphia.

- Gordon, S. (2005). *Nursing Against the Odds: How Health Care Cost Cutting, media Stereotypes, and medical Hubris Undermine Nurses and Patient Care*. Cornell University Press: New York.
- Gordon, S. & Nelson, S. (2005). An end to angels. *The American Journal of Nursing*, 105(5): 62-69.
- Haddad, L.M., Toney-Butler, T.J. (2018). *Nursing shortage*. StatPearls (internet). Treasure Island, FL: StatPearls Publishing.
- Hallam, J. (2000). *Nursing the Image: media, Culture and Professional Identity*. London: Routledge.
- Harding, T. (2007). The construction of men who are nurses as gay. *Journal of Advanced Nursing*, 60(6): 636-644.
- Holland, C.K. (1993). An ethnographic study of nursing culture as an exploration for determining the existence of a system of ritual. *Journal of Advanced Nursing*, 18, 1461-1470.
- Holleran, C. (1988). Nursing beyond national boundaries: the 21st century. *Nursing Outlook*, 36, 72-75.
- Huber, D.G. (1995). Understanding the sources of stress for nurses. *The American Journal of Nursing*, 95(12): pp. 16J+16N+16P+16T.
- Java, A., Song, X., Finin, T. & Tseng, B. (2007). *Why we twitter: understanding microblogging usage and communities*. Paper presented at 9th WebKDD and 1st SNA-KDD 2007 workshop on Web mining and social network analysis, San Jose, CA: ACM.

- Jinks, A.M. & Bradley, E. (2003). Angel, handmaiden, battleaxe or whore? A study which examines changes in newly recruited student nurses' attitudes to gender and nursing stereotypes. *Nurse Education Today*: 24: 121-127.
- Juraschek, S.P., Zhang, X. & Ranganathan, V. (2011). United States registered nurse workforce report card and shortage forecast. *American Journal of Medical Quality*, 27(3): 241-249.
- Kaczmarczyk, J.M., Chuang, A., Dugoff, L., Abbott, J.F., Cullimore, A.J., Dalrymple, J., Davi, K.R., Hueppchen, N.A., Katz, N.T., Nuthalapaty, F.S., Pradham, A., Wolf, A. & Case, P.M. (2013). E-professionalism: a new frontier in medical education. *Teaching and Learning in Medicine*, 25(2), 165-170.
- Kalisch, B.J., Begeny, S., Neumann, S. (2007). The image of the nurse on the internet. *Nursing Outlook*: 55: 182-188.
- Kalisch, B.J., Kalisch, P.A. & McHugh, M.L. (1982). The nurse as sex object in motion pictures, 1930 to 1980. *Research in Nursing and Health*: 5: 147-154.
- Kalisch, P.A. & Kalisch, B.J. (1986). A comparative analysis of nurse and physician characters in the entertainment media. *Journal of Advanced Nursing*: 11: 179-195.
- Kalisch, P.A. & Kalisch, B.J. (1987). *The Changing Image of the Nurse*: Addison-Wesley Publishing Company, Health Sciences Division; California.
- Kazis, C. & Schwendimann, R. (2009). Bringing nursing to the public. *Journal of Nursing Education*, 48(44), 642-647.
- Kaplan, A.M. & Haenlein, M. (2010). Users of the world unite! The challenges and opportunities of social media. *Business Horizons*, 53(1): 59-68.

- Kelly, J, Fealy, G.M., Watson, R. (2011). The image of you: constructing nursing identities in YouTube. *Journal of Advanced Nursing*: 68(8): 1804-1813.
- Koo, M. & Lin, S.C. (2016). The image of nursing: a glimpse of the internet. *Japan Journal of Nursing Science*: 13, 496-501.
- Kress, D., Godack, C.A., Berwanger, T.L., Davidson, P.M. (2018). The new script of nursing: using social media and advances in communication-to create a contemporary image of nursing. *Contemporary Nurse*: 54: 4-5. 388-394.
- Lambert, K.M., Barry, P. & Stokes, G. (2012). Risk management and legal issues with the use of social media in the healthcare setting. *Journal of Healthcare Risk Management*, 31(4), 41-47.
- LaSala, K.B. (2005). What contributes to professionalism? *Medsurg Nursing*: 14: 63-7.
- Leininger, M. (1988). Leininger's theory of nursing: cultural care diversity and universality. *Nursing Science Quarterly*, 1, 152-160.
- Maslach, C., & Jackson, S.(1982). Burnout in health professions: a social psychological analysis. In: Sanders, G, Suls, J., eds. *Social Psychology of Health and Illness*. Hillsdale, NJ: Lawrence Erlbaum, p. 79-103.
- McCormick, Erin (25 February 2021). *At least 400 health care workers have died of Covid despite vaccine rollout.* The Guardian. <https://www.theguardian.com/us-news/2021/feb/25/us-healthcare-workers-died-covid-since-december-vaccine>
- McHugh, K. (2012). Nurse Jackie and the politics of care. *Nursing Outlook*: 60: S12-S18.

- McNab, C. (2009). What social media offers to health professionals and citizens. *Bulletin of the World Health Organization*, 87(8): 566.
- McVicar, A. (2016). Scoping the common antecedents of job stress and job satisfaction for nurses (2000- 2013) using the job-demands-resources model of stress. *Journal of Nursing Management*, 24, E112-E136.
- National League for Nursing (NLN). (2010). Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate. And research doctorates in nursing. New York, NY, p. 68.
- Nelson, R. (2003, April 28). Good night Florence: With nursing in crisis, some say it's time to retire Nightingale as a symbol. *Washington Post*, pp. 46.
- Nelson, S & Gordon, S. (2006). *The Complexities of Care: Nursing Reconsidered*. Cornell University Press: New York.
- Nikbakht-Nasrabadi, A., Lipson, J.G. & Emami, A. (2004). Professional nursing in Iran: an overview of its historical and sociocultural framework, *Journal of Professional Nursing*, 20(6), 396-402.
- Niven, N. & Robinson, J. (1994). *The psychology of nursing care*. Macmillan: Leicester, Eng.
- Nutting, M.A. & Dock, L. (1907). *A history of nursing: The evolution of nursing systems from the earliest times to the foundation of the first English and American training schools for nurses*. G.P. Putnam's Sons, New York.

- Pawlowski, P., Makuch, D., Mazurek, P., Bartoszek, A., Artych, A. & Dobrowolska, D. (2019). Possible influence of social media on shaping the image of nurses on the internet. *Nursing in the 21st Century*: 18(2): 75-83.
- Pierce, S., Grodal, K., Smith, L.S., Tyvoll, S.E., Miller, A. & Tallman, C. (2000). Image of the nurse on internet greeting cards. *Journal of Undergraduate Nursing Scholarship*: 4(1):1-13.
- Reinhart, R.J. (2020). Nurses continue to rate highest in honest, ethics. Gallup. Retrieved from: www.news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx.
- Retief, F.P. & Cilliers, L. (2006). The evolution of hospitals from antiquity to the renaissance. *Acta Theologica*: 26(2): 213-232.
- Rezaei-Adaryani, M., Salsali, M. & Mohammadi, E. (2012). Nursing image: an evolutionary concept analysis. *Contemporary Nurse*, 43(1): 82-90.
- Robinson, K.R. (1990). The role of nursing in the influenza epidemic of 1918-1919. *Nursing Forum*, 25(2): 19-26.
- Sarna, L., Bialous, S.A. (2012). A review of the images of nurses and smoking on the world wide web. *Nursing Outlook*: 60: S36-S46.
- Savage, J. (1985). The politics of nursing. Heinemann, London.
- Salvage, J. & Stilwell, B. (2018). Breaking the silence: a new story of nursing. *Journal of Clinical Nursing*, 27, 1301-1303.

- Schoch-Spana, M. (2001). "Hospital's full-up": the 1918 influenza pandemic. *Public Health Reports*, 116, 32-33.
- Seago, J. (2006). The nursing shortage: is it really about image? *Journal of Healthcare Management*, 51(2): 96-108.
- Sigma Theta Tau International (1998). *The Woodhul Study on Nursing and the Media: Health Care's Invisible Partner*. Centre Nursing Press: Indianapolis, IN.
- Smiley, R.A., Lauer, P., Bienemy, C., Berg, J.G., Shireman, E., Reneau, K.A. & Alexander, M. (2018). The 2017 National Nursing Workforce Survey. *Journal of Nursing Regulation*: 9(3): supplement.
- Sochalski, J. (2002). Nursing shortage redux: turning the corner on an enduring problem. *Health Affairs*, 21(5): 157.
- Stanley, D.J. (2008). Celluloid angels: a research study of nurses in feature films 1900-2007. *Journal of Advanced Nursing*: 64(1): 84-95.
- Summers, S. & Summers, H.J. (2015). *Saving Lives: How the Media's Portrayal of Nurses Puts us all at Risk*. Caplan Publishing, New York.
- Suominen, T., Kovasin, M. & Ketola, O. (1997). Nursing culture-some viewpoints. *Journal of Advanced Nursing*, 25, 186-190.
- Takase, M., Kershaw, E. & Burt, L. (2001). Nurse-environment misfit and nursing practice. *Journal of Advanced Nursing*, 35(6), 819-826.

- Takase, M, Maude, P. & manias, E. (2006). Impact of the perceived public image of nursing on nurses' work behavior. *Journal of Advanced Nursing*, 53(3): 333-343.
- Theofanidis, D. & Sapountzi-Krepia, D. (2015). Nursing and caring: An historical overview from ancient Greek tradition to modern times. *International Journal of Caring Sciences*: 8(3):791-800.
- Travers, R.L. (2012). Social media and dermatology: moving to web 2.0. *Seminars in Cutaneous Medicine and Surgery*, 31, 168-173.
- Turow, J. (2010). *Playing Doctor: Television, Storytelling, and Medical Power*. University of Michigan Press: Ann Arbor.
- US Bureau of Labor Statistics. (2019). *Occupational outlook handbook, registered nurses*. Retrieved from <https://www.bls.gov/ooh/healthcare/registerednurses.htm>.
- Watson, C. (2018). *The language of kindness: A nurse's story*. Penguin Random House, London.
- Weaver, R., Ferguson, C., Wilborn, M. & Salamonson, Y. (2013). Men in nursing on television: exposing and reinforcing stereotypes. *Journal of Advanced Nursing*, doi: 10.1111/jan.12244.
- WHO Coronavirus Disease (COVID-19) Dashboard. (2020 February 28). World Health Organization. <https://covid19.who.int/>
- Wyatt, L. (2019). *A history of nursing*. Amberley Publishing, Great Britain.

Zarea, K., Negarandeh, R, Dehghan-Nayeri, N. & Rezaei-Adaruani, M. (2009). Nursing staff shortages and job satisfaction in Iran: issues and challenges. *Nursing and Health Sciences*, 11, 326-331.

Video List

CBC News: The National. (8 December 2020). *The Nurses on the Frontlines of COVID-19.*

[Video]. You Tube. <https://youtu.be/YlifPtBLLmE>

CBS This Morning. (30 April 2020). *ER Nurse who Died of COVID-19 Documented her Fight*

on Camera. [Video]. You Tube. <https://youtu.be/tX5npoypszA>

CBS This Morning. (22 September 2020). *Nurses and Doctors Discuss Lingering Mental Health*

Issues as a Result of COVID-19 Pandemic. [Video]. You Tube.

<https://youtu.be/W852d275lII>

CNBC. (16 November 2020). *These ICU Nurses Travel the Country to Help in COVID-19*

Hotspots. [Video]. You Tube. https://youtu.be/1RliStB_Y-8

CNN. (16 November 2020). *What Dying COVID-19 Patients Told Nurse Stuns Camerota.*

[Video]. You Tube. <https://youtu.be/WicsWfTm1ZI>

Good Morning America. (5 April 2020). *Doctors, Nurse Speak on Fighting COVID-19 from the*

Frontlines. [Video]. You Tube. <https://youtu.be/F-Q7PyuyPxo>

Good Morning America. (25 November 2020). *Nurse Delivers Powerfully Grim Plea After*

Watching Hospital Fill with COVID Patients. [Video]. You Tube.

<https://youtu.be/-z3VXB0WnOY>

Good Morning America. (16 July 2020). *Nurse Tells Haunting, Detailed Stories from Fighting*

COVID-19 in NYC. [Video]. You Tube. <https://youtu.be/eiDDVQPVgdQ>

NBC News. (18 December 2020). *Inside an Appalachian ICU as COVID Takes Toll on Nurses.*

[Video]. You Tube. <https://youtu.be/lUN6XEsziGk>

New York Post. (16 November 2020). *Texas Nurse Describes 'The Pit,' a Room where COVID-*

19 Patients are Sent to Die. [Video]. You Tube. <https://youtu.be/PQviqKV4g4c>

Northwell Health- NYS Health Network. (27 March 2020). *Frontline Nurses in COVID-19*

Pandemic Find Solace in 'Hope Huddles.' [Video]. You Tube.

<https://youtu.be/Bt8ZboddcB4>

St. Lukes Health System. (5 November 2020). *ICU Nurse Talks about COVID-19.* [Video]. You

Tube. <https://youtu.be/jUPjsZcJHRA>

The Atlantic. (4 April 2020). *Doctors and Nurses Reveal the Devastating reality of COVID-19.*

[Video]. You Tube. <https://youtu.be/OVp2U2p4lmE>

The Mercy Channel. (27 October 2020). *Mercy Nurse on COVID-19 Floor Gets Real About*

Virus Toll. [Video]. You Tube. <https://youtu.be/w6euHAOg-IM>

TIME. (23 November 2020). *COVID-19: Doctors and Nurses Talk About Burnout as Another*

Wave Hits U.S. [Video]. You Tube. https://youtu.be/28_EeNG_x5E

TODAY. (9 December 2020). *Traveling Nurses Talk about COVID-19 Devastation They've*

Seen in Hospital. [Video]. You Tube. <https://youtu.be/yncn7d-384k>

UW Medicine. (22 May 2020). *Life of a COVID-19 Nurse at Harborview's ICU.* [Video]. You

Tube. <https://youtu.be/aBoaCHKJKd8>

VICE. (18 June 2020). *COVID-19 Causing PTSD in Doctors and Nurses*. [Video]. You Tube. <https://youtu.be/yncn7d-384k>

VICE News. (18 December 2020). *As COVID Devastates Tennessee, Nurses Finally Get the Vaccine*. [Video]. You Tube. https://youtu.be/t_KNOC4WGZs

WRCB Chattanooga. (18 December 2020). *Critical Care Nurse at CHI memorial Explains Her Fainting after COVID-19 Vaccine*. [Video]. You Tube. <https://youtu.be/tOH7XLHl2mo>