




COMMENTARY

Angels and Heroes: The Unintended Consequence of the Hero Narrative

Jessica Stokes-Parish, PhD, MNurs, GCC, RN^{1,*} , Rosalind Elliott, RN, PhD² , Kaye Rolls, DNurs, BAppSc, RN³ , & Debbie Massey, PhD, RN⁴ 

1 John Hunter Hospital, Hunter New England Health Local Health District, Hunter Medical Research Institute, New South Wales Australia

2 Translational Research Coordinator, NSLHD Nursing and Midwifery Directorate, and Clinical Nurse Specialist, The Malcolm Fisher Intensive Care Unit, Royal North Shore Hospital, Northern Sydney Local Health District, New South Wales, Australia

3 Lecturer, University of Wollongong, New South Wales, Australia

4 Associate Professor, RN, PhD, School of Health and Human Sciences, Southern Cross University, Queensland Australia

Correspondence

Jessica Stokes-Parish, John Hunter Hospital, Hunter New England Health Local Health District, Hunter Medical Research Institute, New South Wales, Australia. E-mail: Jessica.stokesparish@gmail.com

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COVID-19 has created an unprecedented public health emergency. Nurses are classified as frontline workers and face significant risk for high viral loads, infection, and death (Sim, 2020). Currently, nurses and nursing are highly visible in the media, conducting fever clinics, responding to workforce surges, and caring for critically ill patients, and world leaders acknowledge their contribution in daily reports. This has culminated in a new zeitgeist when the anonymous street artist and political activist, Banksy, portrayed nurses as super-heroes (Morris, 2020). Although this acknowledgement and support for nurses is welcome, there is increasing concern about the current constructs of angel and hero used to describe nurses (Stokes-Parish, 2020). This concern was echoed by the British Association of Critical Care Nurses' president, Nicki Credland:

We're not angels, we're not heroes, we are human beings that have chosen a career, that are highly educated, that work in a patient safety-critical profession, who simply want to go and do the job that we trained to do and be protected to do it. (British Association of Critical Care Nurses, 2020)

In this contemporary discussion article, we propose that the hero and angel constructs undermine the professionalism of the nursing workforce, and reinforces the perception that nursing is an innately feminine, nurturing role. We argue that this discourse continues to undermine the continuing endeavors to consolidate nursing's standing as a profession.

Heroes in the COVID-19 Era—The Evolution

Nurses' contribution to healthcare outcomes is well documented (Aiken et al., 2011; Guetterman et al., 2019). There are almost 28 million nurses globally, accounting for nearly 60% of the healthcare workforce and delivering approximately 90% of primary healthcare services internationally (World Health Organization, 2020). Nurses are increasingly working in clinical situations where access to essential equipment is limited or denied; they have been exposed to heavy COVID-19 viral loads and have worked long hours, in some instances, and with suboptimal nurse-patient ratios to manage the surge in healthcare demand. Additionally, many have had to simultaneously upskill and develop new ways of working. According to the International Council of Nurses (2020), at least 600 nurses have died as a result of the pandemic. Nurses and nursing have responded to these challenges with maturity, responsiveness, and agility, and perhaps for this reason the constructs angel and hero have been adopted by the media (Frost, 2020; Johnson, 2020; Mosley, 2020; Pownall, 2020). This depiction of nurses as heroes and angels is not new. In their study of the image of the nurse in mass media, Kalish and Kalish (1983) identified that nurses have been portrayed as angels of mercy since the mid-nineteenth century. Although the acknowledgement and support for nursing is welcome, there is increasing concern from political, clinical, and research perspectives about this portrayal.

Before examining the consequences of the angel and hero narrative, it is helpful to explore the rationale

for this construction to provide an insight to its origins. A cursory examination of social media posts from the general public suggests the terms are used to acknowledge the gratitude society feels for nurses and nursing. Additionally, the public is not always aware of the educational preparation nurses require to practice their profession. We argue that the public image of nursing is, to a large extent, affected by the invisibility of nurses and the way they present themselves (ten Hoeve, Jansen, & Roodbol, 2014), also known as the “I am just a nurse” dictum of many nurses. We propose that ineffective (or lack of) communication by nurses about the practice and contribution of their profession influences the public perception of nurses. Nurses must explore alternate ways to communicate the contributions of their role and the impact on healthcare outcomes, as well as make the profession more visible and explicit.

The Unintended Consequence of the Hero Narrative

While we recognize that the image of a nurse as hero or angel may be perceived as complementary, we argue that the underlying etymology implies that this is a denigration (albeit unintended) narrative. As an angel, the nurse is viewed as a caring, comforting, female servant of god (Price, 2010). Alternatively, as a hero the nurse is envisaged as an individual with divine powers or ancestry (Wikipedia, 2020). The hero label has been used to describe political and military figures, for example, Oliver Cromwell, who changed the course of history (Sharp, 2014). The cardinal features of heroes are moral integrity, bravery, and self-sacrifice (Kinsella, Ritchie, & Igou, 2015). Clearly nurses should possess integrity, compassion, and competence, but are the characteristics bravery and self-sacrifice necessary to be an effective health professional? Words that invoke notions of magic or mysticism or the perception of superior courage or morality disregard the skill, training, and knowledge underpinning skilled nursing practice and the investment of time, effort, and commitment made by nurses. We propose that the harmful commentary of heroism creates the unintended consequence of undermining professionalism and reinforces a feminized, gendered workforce, and this perpetuates gendered stereotyping and serves to disempower and silence nurses.

Undermining Professionalism

Despite the move to university education and the increasing evidence that an educated nursing workforce

reduces mortality and morbidity (Aiken et al., 2011; Beltempo, Lacroix, Cabot, Blais, & Piedboeuf, 2018; Guetterman et al., 2019; Olds, Aiken, Cimmiotti, & Lake, 2017), there has been little challenge to ongoing media stereotypes of “heroine, harlot, harridan or handmaiden” (Hall et al., 2003; Kalisch & Kalisch, 1983; Kinsella et al., 2015; Shields, 2013; Stanley, 2008), and these stereotypes are repeatedly played out in fictional and political accounts of nurses and nursing. Work exploring the public perception of nurses noted that one in six of the general public list “care,” “compassion,” and “highly skilled” as characteristics most associated with nurses (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008). Interestingly, one in five nurses associated the words care and caring with nursing, and one in four nurses associated the word professional with nursing (Donelan et al., 2008). In a discourse analysis exploring how nurse and nursing identity were constructed in video clips on YouTube, the 10 most viewed videos constructed three distinct nursing identity types: “a skilled knower and doer,” nurse as “a sexual plaything,” and nurse as “a witless incompetent individual” (Kelly, Fealy, & Watson, 2012). It is therefore incumbent on nurses to determine and reinforce positive and accurate images during interactions with consumers, their families, and the broader public, and challenge these misleading perceptions of nurses. The call for nurse leaders to challenge the gendered stereotypes that still dominate nursing was made recently by Girven, Jackson, and Hutchinson (2016), who argued that as long as nurses continue to accept the distorted images of their roles in health care, their invisibility will continue.

We contend that the current angel and hero discourse creates a perception that skill, education, knowledge, and discipline are unimportant (or of low importance). More concerning, the “angel or hero nurse” narrative implies that the high level of skill and knowledge demonstrated by nurses during the COVID-19 pandemic is somehow bestowed on them, and that they have superhuman attributes. This is synonymous with suggesting that a skilled elite and disciplined athlete is just “talented”—it does not acknowledge the individual commitment and investment, and suggests that anyone could “have a crack” at it (we are sure most people can hit a ball over a net, but they couldn’t hit a ball as well as Roger Federer). The recent implementation of learning packages designed to upskill ward nurses with critical care skills is a clear example of this. It is as if policymakers think critical care nursing skills and knowledge are assimilated without any need for advanced skill development. The acquisition of knowledge and practice

for critical care requires technical and nontechnical skills to be developed and immersed within clinical practice. The Australian College of Critical Care Nursing Position Statement (2019) outlines the evidence-based complex criteria for critical care education, yet these criteria appear to have been disregarded (Gill et al., 2019). Reinforcing this disregard, a cardiothoracic surgeon was applauded for being “retrained as a critical care nurse in three shifts” in response to an acute shortage of critical care nurses during COVID-19 (Dunning, 2020). Nursing news forums endorsing this so-called achievement reinforces the sentiment that nursing skills are disposable, unimportant, and redundant and insinuates hierarchies at play in the healthcare system; imagine the response if a nurse had retrained as a cardiothoracic surgeon in three shifts?

There is of course a contradictory sentimentality associated with the hero rhetoric when the workplace has inadequate supplies of personal protective equipment and the idea that health professionals can “soldier on” at any cost. Clearly, it takes courage for anyone to face a pandemic, but health professionals around the world provide health care every day. While MacDonald, De Zylva, McAllister, and Brien (2018) argued for the inclusion of “heroism training” in undergraduate nursing, we disagree. The requirement of a hero suggests that one must act outside the norm, or protect and defend others, and goes beyond advocacy (an essential nursing role). This suggests that the systems and structures do not support safety, nor do they reinforce everyday ethical behaviors, such as those set out by codes of ethics. In fact, ethicists suggest that the need for superheroes is counterproductive for ethical behavior; that is, “heroism is an extreme form of everyday ethical behaviour” (Kraft-Todd & Rand, 2016, p. 68).

Feminization of the Nursing Workforce

Moving now to another tenet of our argument, the portrayal of nursing as inherently feminine in the media reinforces the feminine heroine discourse (Girvin et al., 2016). The media represents critical care (emergency department or intensive care) roles as “sexy,” adrenaline filled, and exciting. Drama is emphasized over calm—it gets more “clicks,” after all. Subsequently, critical care health professionals feature frequently as heroes, and rehabilitation professionals and primary health care and public health experts are given little credit for the life-enhancing work they do. The gendered and inaccurate images and misrepresentations of nursing limit the public understanding of nurses as knowledgeable and skilled healthcare professionals

(Donelan et al., 2008; Girvin et al., 2016). The ongoing impact of this is not insignificant. In March 2020, the Royal College of Nursing released a report outlining the result of describing nursing as “caring” and “morally valuable,” in which the domestic practicality of nursing is declared as inherently feminine (Cleary, Dean, Sayers, & Jackson, 2018; Clayton-Hathway, Humbert, Griffiths, McLroy, & Schutz, 2020). This feminization of the workforce, combined with a hero rhetoric “fails to match the reality of professional life” (p. 62; Girvin et al., 2016; Clayton-Hathway et al., 2020). Donelan et al. (2008) noted that “men are less likely to see nursing as a career for them” (p. 149), reinforcing the image that nursing is a female profession, and this has been reinforced in more recent literature (Girvin et al., 2016). Additionally, the portrayal of nurses in “sexy” or “high-action” roles may provide a narrow lens for the opportunities that abound in a nursing career. Nursing faculty, professional bodies, and organizations need to collaborate and work actively to protect the profession and to promote nursing using a strong counter discourse (Girvin et al., 2016). This is especially important as the community comes to terms with living with COVID-19, because new models of care delivery and other healthcare reforms will be implemented, and the role, image, and profile of nursing will be an essential driver in promoting these new ways of delivering health care.

Conclusions

The COVID-19 pandemic has reinvigorated discussions about nursing in the media, highlighting the problem of mysticizing nurses and using gendered stereotypes to describe the profession. The unintended consequences of portraying nurses as angels and heroes may lead to negative consequences in recruiting potential students, narrowing the apparent diversity of nursing and devaluing the knowledge and skill required to be a competent practitioner. Importantly, the portrayal may even be dangerous so that providing a safe working environment is unconsciously less of a priority for people who have this super power to overcome adversity whatever is thrown at them.

At an individual level, we argue that nurses should challenge the hero stereotype by seeking opportunities to highlight skill, knowledge, and compassion of nurses in the media and in everyday life. To achieve this, nurses may need to participate in media training, seek out nontraditional forms of communication (i.e., social media, contribute to mainstream communication forums), and reframe their own views about the carer narrative. At an organizational level, hospitals and

health centers should consider their portrayal of nurses in their recruitment and other campaigns, ensuring there is a fair representation of male nurses and primary healthcare-based roles.

Nursing organizations should consider supporting campaigns to reframe the narrative by creating an open-access collection of modern media resources, such as photographs of nurses from various nursing and cultural backgrounds, GIFs portraying nurses as professionals, and other various media. In addition, they should consider the potential of unintended consequences when sharing content that may portray stereotyped nurses.

In summary, while the description of nurses as heroic may be noble, we emphasize that the unintended consequences may be more harmful than the intent. Nurses are skilled critical thinkers, strong leaders and managers, compassionate patient advocates, dexterous practitioners, and empathetic communicators, but they are not angels or heroes.

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