

EXCERPTED FROM

“Nursing Against the Odds”

by Suzanne Gordon

Updating the image of nursing will involve applying some critical thinking to the sentimentalized virtue script that nurses so often rely on today. As I mentioned earlier, nursing campaigns and individual nurses' comments about their work rely heavily on some of the following mantras: We're always there to care for you. Nursing – the most noble profession. Lifting spirits, touching lives. Nursing – an expertise of the heart. Nursing – the heart of health care. These scripts are rarely amplified with information about the importance of nursing knowledge and the lifesaving function of nursing action. One reason so many Nurses Week slogans seem so safe and conventional may be that their logos are plastered on tote bags and coffee mugs and banners that hospitals are asked to purchase to either display or distribute to nurses as gifts. Would hospitals be as interested in purchasing and distributing mugs and other paraphernalia that deliver a hard-nosed message about the critical role nurses play and how irreplaceable they are?

Some campaigns and groups try to expand our understanding of nursing by presenting nurses in a variety of roles and by taking on traditional stereotypes of nurses. In the United States, nurse Sandy Summers started a website, the Center for Nursing Advocacy, that monitors the image of nurses, encourages better understanding of nursing, and rallies nurses to protest media stereotyping. Diana J. Mason, editor in chief of the *American Journal of Nursing*, has published and heavily promoted articles that document the cutting-edge care delivered by nurses and that analyze troubling issues such as nurse-physician relationships.

Nurses for a Healthier Tomorrow, a venture spearheaded by Sigma Theta Tau International, seeks to “reposition nursing as a highly versatile profession where young people can learn science and technology, customer service, critical thinking and decision-making.” In order to convince the public that nursing is not what it thinks, the campaign initially seemed almost to shun nurses who work at the bedside or in direct care. Profiles of nurses focused on a nurse who had become a CEO of a hospital, a policy maker, or a manager. Since then, the promotional efforts have expanded and include a greater variety of nurses, many of them giving direct care.

In some instances, it seems almost as if the scientific studies that nursing research produces and the PR campaigns that nursing organizations mount are running on parallel tracks that never cross. Consider, for example, *Nursing: The Ultimate Adventure*, a video produced by the National Student Nurses' Association for junior and senior high school students. The video advertises nursing as an exciting career. It tells us that nurses learn a lot and make a big difference. One of nursing's major attractions, according to the video, is that it rewards the nurse with big doses of public affection. Beverly Malone, at that time president of the American Association of Nurses, declares: “The public loves me as a nurse and they don't even know my name, but if I say I'm an RN, there's affection and warmth and an experience that means so much to me.” She is then followed by a young woman who advises that “if you really want a job where people will love you,” you should choose nursing.

When nurses use this virtue language to describe their work, Sioban Nelson and I argue, they create a feedback loop that constantly reinforces nineteenth-century stereotypes. “Through this feedback loop nurses send virtue messages to other professionals, members of the public, patients, and the media. These groups, in their turn, broadcast these messages to an even wider public and then back to nursing.”

We can see this feedback loop at work in one of the most highly publicized and expensive media and recruitment campaigns of the last decade. In 2002 the Johnson & Johnson pharmaceutical company launched its Campaign for Nursing's Future. The company spent over \$20 million on brochures to promote nursing and on television advertising spots and videos. In one video, nurses talk about their work, and another presents patients' perspectives on the profession. The company also hosted fundraising dinners to raise money for nursing education and established a website where a group of nurses describe why nursing makes a difference and what is so special about the profession. All of the materials that the campaign produced were vetted by a nurse advisory committee.

While this is an important validation for nursing, one that a great many nurses have applauded, many of the messages are extremely problematic. All the Johnson & Johnson materials feature the right mix of men and women, blacks, whites, Asian Americans, and other ethnic groups. The brochures are fairly straightforward and proclaim that nurses make a difference. It is in the TV spots and videos and on the website that the

virtue script emerges fully. These are accompanied by jingles. On one TV spot and the recruitment video, it's the following:

*There are some who live for caring with
all they have to give*

There are some who have comfort to share

They dare to care

They dare to cry

They dare to feel

They dare to try

They dare to be, at the end of the day,

More than they were the day before

*There are some who and their treasure
inside a grateful smile*

There are some who will always be there

*There are some who make the journey
just to find out who they are*

*There are some who have the courage
to care*

There are some who dare to care.

On the video presenting patient perspectives, it goes like this:

*You're always there when someone
needs you*

You work your magic quietly

You're not in it for the glory

The care you give comes naturally

You take my hand

Touch my life

When I need you.

On the recruitment video, one nurse comments that “the art and science of medicine combined with awesome nursing care can perform miracles.” With no mention of either the art or science of nursing, and such heavy doses of sentimentalized caregiving, one is catapulted back into the nineteenth century, where nursing was depicted as either angelic or miraculous. Indeed, in this video nursing is often reduced to the typical stereotype of hand-holding. “Nursing is powerful

work,” one voice-over tells us. “Not many professions offer you the chance to touch lives and make a difference the way nursing does.” She is then followed by a male nurse who defines the power of nursing as follows:

“Being a nurse is about holding someone’s hand. Being a nurse is about giving a really good shot to a six-year-old who’s terrified. It’s about putting an ice pack and making it better on someone . . . or getting the wrinkles out of the back of a sheet that’s causing someone to be uncomfortable who has to lay on the bed. They don’t have any other place to go. They have to be there. And sometimes just rubbing someone’s back is the answer to all their prayers.”

On the website some nurses go into more detail about the difference nursing care makes. Others repeat some of the same clichés: nurses are the “doctor’s eyes and ears”; nurses experience the gratitude in patients’ eyes.

These media scripts represent a repackaging of the nineteenth-century virtue script in twenty-first-century production values. By sticking to the virtue script, the Johnson & Johnson campaign and many other nurse recruitment campaigns also deliver a highly gendered message. While some of the nurses are men, one has to ask how many men will be drawn to sentimentalized images of nursing work. Nursing has remained stubbornly female, inching down from 97 percent to the 95 percent mark but never attracting a significant influx of men. Medicine, on the other hand, is now more than 50 percent female. This certainly has to do with money and status. But it may also have to do with the fact that nursing consistently presents itself in terms that reproduce gender stereotypes that would not appeal to many men—or to modern women for that matter.

A look at how the Army Nurse Corps advertises nursing work is relevant here. In the Army Nurse Corps, about 36 percent of nurses are men. In promotional materials, both women and men are depicted as doing tough, challenging work in difficult conditions. Nurses are shown as masters of technology and humanitarian missions. One might object that the military’s promotional literature and images is gendered in a different way. That may be so. But it seems to be working.

Through its images, songs, and commentary, the Johnson & Johnson campaign and many others tend to emphasize emotion more than intelligence and skill. Doctors, on the other hand, advertise their work as cutting edge, as lifesaving, health saving, and even money saving. Do they dare to care? Indeed they do, through advances in palliative care, women’s health care, and geriatrics, among others. Nurses here are self-sacrificing (“You’re not in it for the glory”) and silent (“You work your magic quietly”). Their caregiving doesn’t seem to depend on education and experience (“The care you give comes naturally”). When nurses are asked to define their work, they talk about making a difference, but how they do this is not well articulated.

I was surprised, for example, at the imprecision in the seven-minute patient perspectives video. Patients had a chance to help us understand what nurses actually did to help them survive and thrive. But again, the emphasis was on nurses’ emotional work, on their comfort and support. A woman who was on an ICU with a brain tumor talked about the nurse as a source of solace and truth telling but never supplemented the picture with the incredible technical mastery that surely kept the patient alive moment by moment. A woman talked about how nurses enter a room and notice everything, like whether a window was



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open, but didn't mention all the catastrophes the nurse prevented. Only one young man, who witnessed a school nurse do CPR on a basketball court, talked about what nurses do to save lives. Throughout this video, a woman's voice singing in the background kept repeating the mantra that nurses are "Unsung heroes . . . I sing a song of praise to you."

Nurses may relish this kind of attention, but reliance on virtue scripts may have serious political ramifications. What happens to the nurse who no longer wants to be silent, who wants a little recognition, not to mention well-deserved glory? What happens if they speak for themselves and ask for a raise? Do they risk loss of this kind of public support and trust because they are no longer altruistic and devoted caregivers? What kind of students will this version of nursing attract? Will someone who doesn't want to be an "unsung hero" be drawn to the career? Will new recruits be disappointed and leave when they discover they don't have time to give a massage, or when they find themselves dealing with very sick patients who aren't grateful for their work?

In a period of cost cutting, it's imperative that caring be described in a clear and concrete language that explains precisely why the nurse-patient relationship and clinician-patient trust are so important and demonstrates precisely how the knowledge and skill of nurses protect patients from danger and risk.

Changing the public image of nursing isn't easy and will be impossible if working conditions don't change. The best way to alter the image is to build on a solid foundation. That means helping the public understand the complexity of bedside, direct care nursing, and then moving out from there. To illustrate how this can be

done, consider how the British Columbia Nurses Union pitched nursing in a PR campaign in the spring of 1997. A nurse is standing smiling at a patient's bedside, as he is about to begin eating his hospital meal. The ad copy reads:

He thinks he's having a conversation about the hospital Jell-O. She's actually midway through about 100 assessments. In the seconds it takes to reach the bedside, a Registered Nurse will have made over 100 assessments.

Any one of which could mean the difference between recovery and tragedy.

Take away direct patient care from Registered Nurses and vital knowledge affecting the health of the patient is lost.

Nurses are doing vital work. It's that simple. While rethinking our regional health care system, it is vital to strengthen the role of Registered Nurses, the most comprehensively trained nurses in the system.

Registered Nurses are not an adjunct to our evolving health care system, they are at the very hub of it. Making sure they keep direct patient contact is critical to the quality of our health care system.

While they may not be specialists in green Jell-O, when it comes to health care, Registered Nurses are irreplaceable.

For the biennial meeting of the International Council of Nurses in 2000, the Danish Nurses Association commissioned a photographer, Soren Svenson, to take pictures of Danish nurses doing their routine daily work. The pictures are remarkable for their candor, tact, and emotional resonance. With the exception of some shots of well-child visits, most of the nurses Svenson photographed are taking care of sick and vulnerable human beings.

They are assisting at complex surgeries, monitoring patients on ventilators, helping patients in hip-high casts, giving medication and food to elderly patients at home, and witnessing and alleviating the despair and loneliness of patients in mental hospitals. We see nurses attending to people with their legs pinned, their bodies crumbling, and their souls bared. The DNA exhibit helps us look at some difficult images without flinching and captures the uncomfortable realities of the human condition that nurses deal with every day. Accompanying the exhibit were concise descriptions of what nurses do. Nothing fancy, nothing gussied up, just the facts of routine care and the difference it makes.

When I thought of this exhibit and reflected on the studies I've cited in this book, I decided to take a crack at rewriting one of the comments a nurse made for the Johnson & Johnson video. Nursing is indeed powerful. But I'd suggest that being a nurse is quite different from the claims of this particular video. I would have the nurse say this:

"Being a nurse is about saving patients' lives. Being a nurse is about making sure a patient doesn't develop a fatal complication after surgery. It's about paying attention to the smallest but most significant details. Like smoothing out the wrinkles on a sheet so a patient doesn't develop an excruciating and costly bedsore. Sometimes by sitting and talking to someone, I find out the most important things, like whether patients understand how to take their medications, whether they have support at home, and whether they are frightened and anxious."

Suzanne Gordon is a journalist and author of "Life Support: Three Nurses on the Front Lines" and co-author, with Bernice Buresh, of "From Silence to Voice: What Nurses Know and Must Communicate to the Public."