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"Healthcare Heroes" - The Change in Perceptions of Nurses' Roles During the COVID-19 Pandemic: A Critical Discourse Analysis

Stephanie Jones, *The University of Western Ontario*

Supervisor: Dr. Abe Oudshoorn, *The University of Western Ontario*

: Dr. Javeed Sukhera, *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Nursing

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Abstract

The outbreak of the COVID-19 pandemic has impacted the experience of nursing practice while also making health providers more publicly visible. Public discourses around the role of health providers through the pandemic, in particular nurses, have the potential to shape the nature of their professional role. This study makes use of critical discourse analysis (CDA) influenced by Foucault and social theory to explore discourse, power, and the role of the nurse. In particular, consideration is given to discourses present around the role of the nurse and how these have changed or been accentuated as a result of this global crisis. Findings suggest a discourse of sacrificial heroism which may influence the health, safety and psychological well-being of nursing professionals.

Keywords: Nurse, role, COVID-19, power, empowerment, discourse analysis

Summary for a Lay Audience

Nurses have worked for decades to build a positive public image as health professionals. Through the COVID-19 pandemic, the role of nurses is being contested in media conversations. Analyzing these conversations gives us an opportunity to understand how the nursing role is being changed. This will allow us to look at how the public, the government and nurses themselves perceive their role and how this has changed over the course of the pandemic. Ultimately, this study shares a concern that if nurses are being positioned as ‘sacrificial heroes’ that it may risk their health and wellbeing.

Acknowledgements

I would like to wholeheartedly acknowledge the wealth of support I have received from by supervisor, Dr. Abe Oudshoorn. His assistance in my completion of my master's thesis during this time of uncertainty has been tremendous. This study certainly would not have been completed without his support.

I would also like to acknowledge Dr. Javeed Sukhera who has provided very valuable insights and contributed excellent ideas towards this study from the beginning.

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“Healthcare Heroes” – The Change in Perception of Nurses’ Roles During the COVID-19 Pandemic: A Critical Discourse Analysis

Chapter 1: Introduction

The role of the nurse has been transforming continuously since the founding of the profession. Multiple factors play into the evolution of a professional role, including policies set by formal nursing organizations, legislation, public opinion, and professional advocacy. This thesis focuses on public perspectives as one form of influence on the nursing role. In particular, narratives around nursing and other health professions have become more notable in public discourse during the COVID-19 pandemic. A critical discourse analysis of public perceptions around the nursing role will help us improve our understanding of how discourse shapes nursing practice during a time of public interest in the profession.

Nursing is one of the largest and most diverse health care professions with millions practicing worldwide. To understand the role it is worth considering how nursing has evolved over time. “Although the origins of nursing predate the mid-19th century, the history of professional nursing traditionally begins with Florence Nightingale” (Britannica, n.d.). Nightingale is known as the founder of modern nursing who began her nursing career caring for sick relatives and tenants on the family estate (Britannica, n.d.). Throughout history most care took place in the home and was typically the responsibility of a friend or family member, consistent with the case of Florence Nightingale. Despite this familial role, her ambitions to pursue nursing outside the home were not supported by her family.

In addition to paid work, Nightingale volunteered with other hospitals to aid in the fight against the cholera outbreak, in which she made it her mission to improve hygiene practices, significantly lowering the death rate at the hospital while doing so (Biography.com, n.d.).

Following this, in October 1853, the Crimean War began, and Nightingale continued her efforts to improve hygiene conditions and therefore, lowering the death rate of soldiers. Nightingale remained here for a year and a half until returning home where she was met with a hero's welcome, which she humbly avoided (Biography.com, n.d.). She used her observations from the Crimean War to write *Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army*, and this research paved the way for the establishment of the Royal Commission for Health of the Army in 1857 – and for the overall professionalism of nursing.

Nightingale's contribution to the profession started in the context of epidemics and plagues that periodically swept through towns and cities. Yet, by the beginning of the nineteenth century, urbanization and industrialization changed the way in which—and in many cases the place in which—sick individuals received nursing care (University of Pennsylvania, n.d.). It was still not easy, however, for nursing to be seen as a viable profession. “For many years, other scientists considered nursing as a semi-professional career [and] [u]ntil 1970, nursing profession was considered as a female work and women were considered as barriers to professionalism in nursing due to their high workload and part-time work” (Ghadirian, Salsali & Cheraghi, 2014). Additional factors served as barriers to the evolution of nursing, such as the slow formation of scientific fundamentals of nursing, disagreement regarding educational requirements for nurses, lack of academic education at the entry level of nursing courses, and lack of theory and theory-based research (Ghadirian, Salsali & Cheraghi, 2014). All of these factors acted as barriers to nursing evolving from free labour to a profession.

Throughout history, there have been varying public perceptions and discourses of nursing. Members of the general public often perceive nurses as physician adjacent. For example, nurses

may be viewed as assisting physicians during and after treatment of illness and giving medications prescribed by the physician (Journal of Nursing, 2007). There have been many claims that nurses are nothing more than ‘handmaidens’ and that the level of education nurses receive now is not warranted (Nursing Times, 2016). Such discourses can minimize the centrality of the nursing role, impede the potential for nursing leadership, and contribute to power asymmetry between different health professions. Much of the nursing role includes professional, evidence-based practices grounded in multiple ways of knowing, including nursing science.

The COVID-19 pandemic has brought the nursing profession, along with other health providers, much more into the perception of the public and media. Since March 2020, the world has been fundamentally impacted by the COVID-19 pandemic. All countries have gone into some form of restrictions including lockdowns, and healthcare systems have come close to or exceeded capacity as the pandemic circles the globe and threatens to overwhelm chronically underfunded health and social care systems (Catton, 2020). While cheered as “healthcare heroes”, nurses have also faced numerous risks. Nurses have frequently struggled to access personal protective equipment (PPE), experienced a high rate of COVID-19 infection, and experienced backlash for speaking up about patient safety. The juxtaposition of discourses on heroism with real-world working conditions suggests the need for further inquiry. Catton (2020) recognizes that “politicians who have praised nurses for their commitment and valour during the pandemic need to put money on the table to ensure that the world has more nurses, that they are better paid, educated and resourced, and that their voices are heard above the noise in the clamour for government resources” (p. 158). While the positive narrative about the role of nurses is evident, there are potential insidious effects on the role of nurses into the future.

Consideration of health professionals during the COVID-19 pandemic has led to campaigns of applause and lawn signs praising nurses and other frontline workers. However, in my own experience as a nurse working through this time, nurses have seen little translation of these actions into tangible policy changes or workplace supports. This has caused some tension where nurses are certainly appreciative to be recognized but feel that we are being almost sacrificed for the greater good. If nurses are to see this discourse of heroes be anything other than a short-lived point of attention, we need to understand how these narratives are created and negotiated. We as a profession need to take the momentum of this public dialogue, understand it from a critical perspective, and leverage it to continue to build the role of nurses congruent with a positive vision for our profession.

1.1 Study Purpose

The COVID-19 pandemic has put pressure on the healthcare system since it began, and nursing roles are one element that has been contested both in public and disciplinary dialogue. There is a need to further explore how perceptions of nurses' roles have been contested and to analyze power structures within these discourses. Hence, the purpose of this critical discourse analysis was to analyze public discourse on the role of nurses during the COVID-19 pandemic. Themes identified in the data will be examined and discussed in the theoretical context of power and the relationship between power and nursing roles.

1.2 Theoretical Framework

Power is the central theoretical construct used to guide this critical discourse analysis. In particular, Foucault's theories of power in the context of poststructuralism are utilized. Many nurse researchers and theorists have adopted this perspective with the objective of exploring the relationship between power and empowerment – the process of becoming stronger or more

confident – and how it impacts nursing as a profession. Foucault’s work underscores the importance of being attuned to the understanding that there are constant changes in power relationships in a healthcare context (Bradbury-Jones, Sambrook & Irvine, 2007). The contested and dynamic nature of power is shaped by discourse.

Within nursing, power and discourse has been understood to construct the work of nursing in health settings (Bradbury-Jones, Sambrook & Irvine, 2007). A deeper understanding of public discourses on nursing can help identify power relations and facilitate advocacy for empowerment within the profession. As suggested by Foucault, power is productive and allows for nurses and other healthcare workers to identify new discourses around how they and others view their role within the healthcare system (Bradbury-Jones, Sambrook & Irvine, 2007). To simplify, productive power refers to the fact that power can allow us to identify new ways of acting and thinking. The focus of this study was to analyze how power is integrated within the discourses that represent varying perceptions of nurses including those of the public, government and other organizations, and nurses themselves as seen through news media.

1.3 Significance

A time of crisis can provide unique insights into evolving perceptions of nursing roles in Canada and around the world as the nature of a profession is constantly contested. Nurses are currently living through a very traumatic and career-altering experience (Gul, 2020), facing challenges with lack of personal safety including inadequate personal protective equipment (Marsh, 2020). In the context of these challenges, health organizations and the general public have focused on the heroic image that has shifted into the forefront for nurses during the COVID-19 pandemic. At the same time, nurses are expressing the lack of basic resources to perform their work safely. Using power and social theory will allow for an in-depth

understanding of how these contested perceptions may change how nurses are viewed by the public, government and healthcare organizations, and even themselves. Findings will identify key implications for nursing practice, research and education, as well as potential policy implications.

This thesis follows an integrated article format. Chapter 1 sets up the background and purpose of the thesis. Chapter 2 presents the thesis as a whole, constructed as a potential scholarly publication. Chapter 3 provides further details on the implications of the work. In this article format, there is some overlap between the 3 chapters to meet the requirement of Chapter 2 as a complete article. This thesis was significantly revised from a preliminary plan of a project with primary data collection regarding vicarious trauma due to limitations imposed by the COVID-19 pandemic.

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Chapter Two: Manuscript

2.1 Background

Nursing Role Through the Years

Nursing has always been a profession in transition. In addition to changes over time, nursing covers a broad variety of settings and tasks with significant fundamental differences. The idea of nursing as a profession rather than a familial task is usually considered as commencing with the work of Florence Nightingale, named as the founder of modern nursing (Britannica, n.d.). Initially, as a woman with multiple career opportunities, public discourse on the profession and its respectability and legitimacy, created conditions where she was required to justify her choice of nursing as a career (National Women's History Museum, n.d.). Despite these pressures, she chose nursing as a profession and commenced her work in England in 1853 (National Women's History Museum, n.d.).

While Nightingale started in the traditional servitude role of a nurse, she adapted her own personal skillset as she took on a more scientific approach. This adaptation was influenced significantly through the historical contexts in which she worked. For example, during wartime: “When the Crimean War began in 1854, the British were unprepared to deal with the number of sick and injured soldiers” (National Women's History Museum, n.d.). This was a notable turning point in Nightingale's nursing career as nurses were called upon to take a more independent role in care provision as physicians were unable to manage the scale of need (National Women's History Museum, n.d.). Nightingale and others found themselves publicly lauded for the work they had done and a new-found public respect for nursing. At the same time, Nightingale saw the value of standardizing nursing practices and integrating rigorous evidence into these practices. These transformations both in public perceptions and in the professionalization of nursing were

followed by enhanced training programs situated in hospitals, rather than unstandardized apprenticeships (Texas Woman's University, 2019). With the formal education of nurses occurring in hospitals and the eventual move to colleges and universities, nursing began to be taken more seriously as a profession.

The professionalization of nursing accelerated and cemented during the 20th century with the advent of nurse theorizing, doctoral programs, and a proliferation of credentials across the health system. However, these advances did not mean the role remains uncontested. Nurses continued to name power struggles within the health system that are often related to gendered notions of the profession. Issues such as misogyny and harmful public perceptions of nursing such as hyper-sexualization continue to persist. With increased public attention during the COVID-19 pandemic, the nursing profession continues to evolve in the context of public discourse.

Nursing Role during the COVID-19 Pandemic

Discourses regarding the role of nurses during the pandemic is the primary focus of the analysis in this study, so are only introduced here briefly to provide context for this work. The analysis section will explore these in depth based on study data. In considering the project focus, it was noted that COVID-19 has brought about changes in how nurses are viewed or spoken about in many ways. Nurses are being praised every day for their 'heroic' actions, but in reality, are being sent into many situations that are largely unknown, and even dangerous. With lack of personal protective equipment (PPE) and improper staffing ratios, to name a few, nurses have described being overworked and underpaid during this challenging time. This creates a tension of being glamourized while many nurses are living in fear. Catton (2020, p.158) acknowledges that "politicians who have praised nurses for their commitment and valour during the pandemic need

to put money on the table to ensure that the world has more nurses, that they are better paid, educated and resourced, and that their voices are heard above the noise in the clamour for government resources.” A deeper exploration of discursive tension and conflict in the context of the pandemic may provide unique insights into the ongoing evolution of the profession of nursing. This knowledge may also have implications for appropriate resourcing of care, development of professional policies, and advancement in the role of nurses in promoting health.

2.2 Literature Review

A literature reviewed was conducted using both scholarly and public literature such as news articles and social media. Scholarly literature was accessed through a search of CINAHL conducted with the search terms “nurse*,” “role,” “critical discourse” with 24 results. Another search was completed using the search terms “nurse*,” “role,” and “power” which yielded 139 results. Nursing has evolved over the decades – it has gone from basic nursing duties to a wide range of highly specialized roles, far beyond that of the clinical care in hospital wards (Texas Woman’s University 2020). The various ways in which the nurse has been publicly portrayed do not only reflect the value of nursing in society, but also define the boundaries of nursing, and reveal the ideologies and systems of power-brokerage at work in shaping nursing (Fealy, 2004).

Nursing has seen many discourses surrounding its profession over the years. The church played a role in this seen in the early depictions of nurses as “angels.” (Daly, Speedy & Jackson, 2014). The notion of nurses as angels perpetuates even in this early time period, the idea of ‘self-sacrifice’ which we are seeing in present day discourse. Daly, Speedy & Jackson (2014) write, “Buying into the ‘angels’ stereotype may be a Faustian bargain, for there is a price to pay for this. ‘Angels’ may be saintly, but such perfection is impossible for mere mortal nurses to achieve or maintain; nurses are, after all, only human” (pg. 57). This discourse around nurses as angels

was mainly due to the religious influence on the profession at the time including the heroism surrounding the image of Florence Nightingale. However, it is important to note this is often still not supported by nurses themselves. In an article by Stokes-Parish, Elliott, Rolls & Massey (2020), a nurse wrote, “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” (para. 2). The discourse of angels and heroes seems to go hand in hand from a historical perspective, but nurses are becoming more aware of the detrimental effects these narratives have on their ability to advocate for the importance of the profession.

Another dominant historical discourse from the literature is nurses as handmaidens, which predominantly originates from military rhetoric. “This stereotype touts the image of the nurse a kind of ‘lady in waiting’, or the doctor’s ‘right-hand woman’ For decades this has been a hugely influential media view of nursing” (Daly, Speedy & Jackson, 2014, pg. 57). This is also quite prevalent in present-day discourse surrounding the nursing profession in behaviour such as doctors claiming nurses to be ‘their nurse’ or similar narratives. “Despite claims of teamwork and ‘multidisciplinary’ cooperation, some nurses continue to work in ‘teams’ where teamwork is lots of people doing what one person says, and that one person is usually a doctor” (Daly, Speedy & Jackson, 2014, pg.57). This is not uncommon historically and even now that nurse’s credibility is questioned over physicians, and speaks to the ongoing power imbalances within healthcare systems. With regard to this power imbalance, another discourse that is widely known in mainstream media is the sexualized image of the nurse.

Daly, Speedy & Jackson (2014) address this power relationship by saying,

“Nursing is utterly implicated in social power relations, between nurses and doctors, nurses and other nurses, nurses and patients, nurses and relatives, and more. When patients enter hospital, the traditional power relations are reversed and they find themselves vulnerable and dependent, rather than strong and in control. At a societal level (for not every male patient will see his situation in this way), one way of redressing this balance is to metaphorically (or perhaps even practically) sexualise the encounters between nurses and patients” (pg. 58). Nursing is an inherently intimate profession in that we often see patients at their most vulnerable which may often include intimate body work. “Thanks to the worst of this kind of thinking, nursing is a metaphor for sex. Having seen and touched the bodies of strangers, nurses are perceived as willing and able sexual partners” (Daly, Speedy & Jackson, 2014, pg. 59). Again, this speaks to the power relations in that nurses were seen as sexual objects or as subservient to men as would be willing to participate in sexual encounters without any dispute. This remains a mainstream media view of nurses to this date despite work from nursing organizations to quiet this discourse.

Since the early 19th century the nurse had the social status of a domestic servant, and in within public discourse, nursing amounted to little more than a specialized form of cleaning and bathing (Fealy, 2004) and various stereotypes discussed above. As nurses engaged in a process of professionalization an opposing discourse was notable (McNamara, 2009). Opponents of professionalization framed nursing as a profane, menial activity, whose presence in high education disturbs long-established boundaries (McNamara, 2009). However, the public image of nursing has successfully changed considerably over time. “Nursing was no longer considered a dubious occupation but was promoted as a worthy and a noble career for educated gentlewomen, and for this reason much of the early commentary on nursing emphasized the type of person that the nurse ought to be” (Fealy, 2004, p. 651).

A dominant discourse that emerged when nursing became more respected was nursing as a science. “Within academic nursing, the discursive repertoire of ‘nursing science’ is an attempt to define the boundaries of nursing and to articulate a distinctive nursing discourse, the lack of which is considered to contribute to nursing’s invisibility and inaudibility in health systems in academia” (McNamara, 2009, p. 1569). This is where nursing established its theoretical basis and identified its place in the world of research. “In essence, ‘nursing scientists’ are embarked on a quest for disciplinary autonomy, coherence and specialisation that may be understood as an attempt to ground nurses’ academic and professional identities in a ‘particular kind of humane relationship to knowledge’” (McNamara, 2009, p. 1569). Linking the humanity of nursing to a solid scientific base was an important discursive action for nursing that continues at present.

During the course of the COVID-19 pandemic, public literature and online discourse show that nurses have been recognized now more than ever for their hard work. However, this praise is not without tensions. In a Tweet from a nurse working in London, England one nurse stated, “the Thursday night Clap for Carers is welcome, but how many of those applauding understand what nurses do?” (Payne, 2020). Another Tweet from Stacy Johnson, Associate Professor at the University of Nottingham, said “Yes [the pandemic] has changed the public perception of nursing, but only temporarily. When this crisis is over the public will likely revert to their default position, which is to undervalue nurses and nursing” (Johnson, 2020). This is often due to the public’s lack of knowledge of the challenges and difficulties nurses face on a regular basis, not just during a pandemic. One article identified that 43% of health care workers and other employees in nursing homes in Italy suffered from anxiety syndromes or post-traumatic stress syndromes from the COVID-19 crisis (Riello, M., Purgato, M, Nove, C.,

MacTaggart, D. & Rusconi, E., 2020). Therefore there is a potential disconnect between the experiences of the nursing role and perceptions regarding the role.

Another important aspect in understanding the role of the nurse is to understand how power impacts the role. “Nurses perception of power is an important component in the development of their clinical role. Literature suggests that nurses frequently feel powerless because they are subject to the power of others” (Cruz, Pimenta, Pedrosa, Lima & Gaidzinski, 2009, p.234). This includes how their role is perceived in the media. Nurses are now starting to gain power back by speaking out about the realities of the profession through more distributed channels such as social media. These activities are shining light on nurse advocacy and the importance of nurses as leaders. “As nurse advocacy plays a crucial role in reducing health inequalities, it must remain a central component of nursing practice and, more importantly, nurses must be provided with the time, autonomy and knowledge to act as patient advocates” (Purba, 2020).

2.3 Methodology

This study uses a discourse analysis methodology. Critical discourse analysis (CDA) is a methodological approach that allows researchers to examine the established role that discourses play in society (Vaara, 2015). CDA is rooted in linguistics, but also sees discourse as both socially conditioned and socially constitutive (Vaara, 2015). This notion identifies the important role of social relationships and social identities in this methodology. Fairclough and Wodak (1997) stated that “describing discourse as social practice implies a dialectical relationship between a particular discursive event and the situation(s), institution(s) and social structure(s), which frame it” (Wodak & Meyer, 2008, p.5). This assists us in understanding the connection between discourse and society, in this case a public profession, which one of the key principles

of CDA. Wodak and Meyer (2008) further supports this in noting that, “one of the most significant principles of CDA is the important observation that use of language is a ‘social practice’ which is both determined by social structure and contributes to stabilizing and changing that structure simultaneously” (p.7).

2.4 Why Critical Discourse Analysis?

Critical discourse analysis allows for researchers to reveal structures of power and different ideologies or ‘worldviews’ (van Dijk, 2004). Power is a concept central to CDA, and typically “researchers are interested in the way discourse (re)produces social domination, that is, the power abuse of one group over others, and how dominated groups may discursively resist such abuse” (Wodak & Meyer, 2008, p. 9). This notion of power translates into the ideologies that are dominant in society. “Organizations that strive for power will try to influence the ideology of a society to become closer to what they want it to be” – the status quo (Wodak & Meyer, 2008, p. 8). Professions enact power as they frame the nature of their role, and power is enacted on professions as that role is framed for them.

For the purpose of this study, a critical discourse analysis is appropriate for the topic of nursing roles during the COVID-19 pandemic because this is a complex, dynamic, socially interactive concept. “CDA is not interested in investigating a linguistic unit per se but in studying social phenomena which are necessarily complex” (Wodak & Meyer, 2008). Therefore, it is appropriate to analyze the discourse of nursing roles in the context of a pandemic using CDA given the inherent social complexity of this issue. This approach aligns with critical theorists in this field who emphasize that researchers need to be aware that their own work is driven by social, economic and political motives (Wodak & Meyer, 2008). The aim of using CDA for the

purpose of this paper will also include making research interests, values, and criteria as transparent and explicit as possible (Wodak & Meyer, 2008).

2.5 Theoretical Perspective: Theories of Power in Nursing Research

Power is an important concept in nursing research, but is subject to a variety of interpretations, and similarly, empowerment is ambiguous and can be difficult to define concretely (Bradbury-Jones, Sambrook & Irvine, 2007). “According to Chavasse (1992), no-one can value others unless they value themselves. Based on this premise, nurses need to be empowered before empowering others” (Bradbury-Jones, Sambrook & Irvine, 2007, p.259). The concepts of power and empowerment in nursing are complex issues that arguably are interwoven with each other. It will be important to understand the relationship between these two concepts and how they relate to the profession of nursing in the analysis of data collected with regard to the discourse around nursing roles.

For this study, the work of Foucault and interpretations by nurse researchers of Foucault ground the understanding of power and the related concept of empowerment. Nurse researchers have drawn on Foucault to understand power as constantly contested in social spaces and not a zero-sum resource. Additionally, power is embedded in more than just action and exists in dialogue and discourses. Bradbury-Jones et al. (2007) note that “for nursing practice to be empowering, nurses need to identify the discursive practices through which they are formed as nurses” (p.261). The theoretical concepts of power and empowerment in nursing are herein discussed using principles from Foucault’s work with a post-structuralist lens.

2.6 Exploring Power & Empowerment in Nursing with Foucault

The work of Michel Foucault focuses on the idea that power is not fixed, but that there are constant alterations in power relations (Bradbury-Jones, Sambrook & Irvine, 2007). “In a

post-structural approach, it is held that power is ‘exercised rather than possessed’ (Foucault, 1995, p.26)” (Bradbury-Jones, Sambrook & Irvine, 2007, p.259). From a Foucauldian perspective, power is not considered to be given or taken away, but rather it is present in social interactions. In the case of this study, power is present in how professions are constructed through public discourse. Essentially, in the context of healthcare, this means power is continually exercised and is done so differently depending on the circumstances, including nurse-client interactions. Foucault suggests that instead of being seen as repressive and negative, he suggests that power is productive and operates to create new ways of seeing and speaking (Bradbury-Jones, Sambrook & Irvine, 2007). Foucault’s work on power includes two core elements – disciplinary power and knowledge/power relationships – in terms of the poststructuralist perspective and how this relates to nursing practice. Power frames how we can even speak about the role of nursing, who speaks about the role, and how this role is socially situated.

2.6.1 Disciplinary Power

Disciplinary power is a key concept of this theoretical framework. “According to Foucault, ‘disciplines’ began to flourish from the 17th century onwards, for example in schools, hospitals and military organizations. ... Disciplinary power is marked by meticulous control of the body and subtle coercion, results in a relation of docility-utility” (Bradbury-Jones et al., 2007, p. 262). In this case, Foucault notes that the professionalization of a discipline includes hierarchical power and subsequent control of members of the discipline. To be a nurse then means that an external regulating body has power over your practice. “The effect of *discipline* (as in ‘*disciplines*’ such as nursing) is that individuals are in a sense robotic, as their docile bodies carry out useful action; in other words, they have been *disciplined*” (Bradbury-Jones et al,

2007). In terms of nursing, Foucault – as summarized by Bradbury-Jones et al. (2007), identified that disciplinary power is exercised through three processes: hierarchal observation, normalizing judgement, and the examination. The first two concepts are explained next as they are relevant to this study.

Hierarchal observation is not always obvious, referring to the discreet forms of this type of observation. Foucault notes that this discreet form functions permanently and largely in silence with people being mostly unaware of the ‘gaze’ (Bradbury-Jones et al., 2007; Foucault, 1995; Gilbert, 2001). In nursing this form of disciplinary power is seen in many ways such as post-registration education and practice standards. Records on individual nurses are publicly available stating registration status, employer, and the result of any practice investigations conducted by the registration college. Therefore, the public can discreetly observe through this ‘gaze’ as well. Members of the public have a disciplinary impact on the profession through observing public discourses on nurses and contributing to these discourses in positive or negative ways. Nurses should be aware of this type of discipline and can themselves enact power by creating dialogue on the profession that frames the role as envisioned internally.

Within nursing, norms have been established in terms of how nurses are expected to behave and how they expect their patients to behave. However, it is interesting to note the power dynamics in these different relationships. While nurses are making judgements based on patient behaviour, their behaviours are being monitored by others such as managers and colleagues. Foucault describes the concept of ‘technologies of the self’ as the way in which individuals transform themselves by a number of ‘operations’ on their own bodies, souls, thoughts and conduct” (Bradbury-Jones et al., 2007; Foucault, 1988). This concept ties into the methods of discreet power identified earlier in terms of nurses regulating their own behaviour and how they

speak publicly of the profession. Overall, disciplinary power helps us understand how power is enacted and can be utilized in constructing and constraining professions.

2.6.2 Knowledge/Power Relationships

“[A]ccording to Foucault, knowledge is produced through regular and identifiable procedures that determine what can be said and by whom [and] those in powerful positions are able to exert their version of ‘truth’” (Bradbury-Jones et al., 2007; Hui & Stickley, 2007, pg, 260). To conduct effective discourse analysis it is important to consider this philosophical stance that truth is continually contested, and this struggle is power in action. Therefore, nurses can analyze, question, and contest social ‘truths’. In the context of this study, the competing discourses surrounding the role of the nurse during the COVID-19 pandemic are considered various truths that seek relevance. As nurses either frame their role within public discourse, or have their role framed for them, they are enacting relationships of power.

2.7 Social Theory and Power in Critical Discourse Analysis

As this study explores public, social discourses, it is important to be grounded in social theories. In particular, a critical social lens is adopted. From a critical perspective, Wodak & Meyer (2008) identify that social theory should be oriented towards critiquing and changing society as a whole and should improve the society’s understanding of the issue. “In critical social theory, power is extra-personal, which means that an increase in power is compensated by someone else surrendering part of their power” (Bradbury-Jones, Sambrook & Irvine, 2007, p.260). This type of theory often involves one group that is oppressed and one that has obtained power and status. Foucault’s consideration of power gives a more nuanced sense than the concept of ‘the oppressed’ and ‘the oppressor’ – we note that nursing’s struggle for power does include moments or elements of disadvantage. Gendered and misogynistic perspectives of

nurses as assistants to (male) physicians or the hyper-sexualization of nurses are disempowering social constructions and social moments in which the role of the nurse is defined, and at times de-valued, by others. While nurses carry significant privilege in current society, there are also elements of marginalization that nurses seek to transform by highlighting the values and principles of their work. From a critical social perspective, these are acts of transforming culture through enacting power.

2.8 Methods

This critical discourse analysis used a process of acquiring public data in order to observe public discourses on the nursing role during the pandemic. To this end, data was collected through the media database Factiva. The designated time period for data sources was the duration of the year 2020 to capture perspectives throughout the COVID-19 pandemic up to the date of analysis. Factiva allowed for comprehensive searching through several sources of traditional media articles.

2.8.1 Search Strategy & Data Analysis Overview

Search Strategy

Through Factiva, traditional media such as newspapers and related online sources were selected as they are relevant and widely available. These sources report quickly on this rapidly changing pandemic and allow for the documentation of real-time experiences of nurses and other health care workers. The search terms used included the following: nurs*, COVID-19 and equivalents, pandemic, and role as combined with nurs*. The search itself was not limited by publication type or geographical location but was limited to the English language. Duplicates were removed by Factiva or through the review process as many media articles are identical or minor revisions of a primary source.

The initial search conducted in June 2020 returned a total of 1,356 results – 1,142 from publications, 202 from web news, eight from blogs, and four pictures. The titles and abstracts where available were reviewed to ensure relevance to the study purpose including topics of COVID-19 or coronavirus, perspectives of nurses of their role during this time, how this role has changed, and their responses to the pandemic. Articles screened out included those referring to the act of nursing an infant, those that perhaps quoted a nurse but with no reference to any reflection on the nursing role, or those that spoke more broadly about nursing as a profession but with no relevance to the pandemic. The relevant articles, which totalled 97, were then selected and combined into a PDF document that was exported from the Factiva database. By this stage, there were no duplicate sources identified within these 97 sources and all were media publications or web news.

Data Analysis

From here, preliminary analysis commenced with a review of the full dataset to consider any common trends related to how the nursing role was framed, constructed, or contested. Each article was analyzed critically to identify relevance to the research question and theoretical underpinnings of power and empowerment in nursing. All preliminary themes were documented in an Excel spreadsheet along with related quotes and article identifying information.

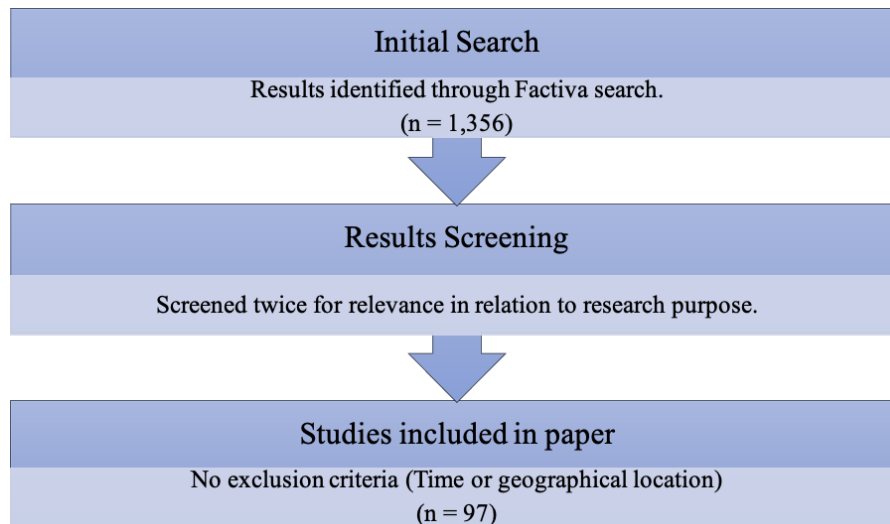
Preliminary themes were shared with the thesis supervisor for comment and revision. Any differences that arose were resolved through negotiating toward consensus. All basic themes were agreed upon, but any differences in understanding of these themes. Consensus was reached through discussion with the thesis supervisor.

Next, the full dataset was read and re-read to refine the key themes related to relevant discourses on the nursing role. The final key themes identified included: wartime analogies,

healthcare hero narrative, psychological distress, and the competing perceptions of the role of the nurse including nurses themselves, government/organizational, and the public. These were evolved through feedback from the thesis advisory and advisory committee member.

Analysis focused on sources of power especially in looking at the preliminary theme of the government/organizational view of the nursing role and how this has changed during the pandemic. Using Foucault's power theory and some insight from social theory, the principles of these theories were applied to these key themes. Data analysis allowed for me as the researcher to critically appraise the relationship between power and the relevant discourses. All relevant quotations identified in the preliminary data collection phase were analyzed through a post-structuralist lens with the focus on power and empowerment. An in-depth description of the analysis of each discourse will be discussed later in this chapter following an overview of the data.

Figure 1. Flow Chart of Search Results



2.9 Overview of the Data

Many of the source articles presented the perspectives of the general public or healthcare and political leaders regarding nurses. These frequently framed nurses as heroes on the “frontline”. However, there appears to be a disconnect from articles written with direct opinions from nurses themselves, which focus more on lack of PPE, unsafe work conditions, and the physical and mental strain the pandemic has caused on healthcare workers. In several articles there is a call for increasing PPE supply and increased funding for hospital beds, testing, and contact tracing (O’Regan, 2020; Khaleej Times, 2020; McCahill, 2020); however, most nurses argue there have been no substantial changes for their working conditions despite them being deemed heroes. In reality, nurses are being asked to ration PPE and take on responsibilities they wouldn’t normally have to take on (ENP Newswire, 2020).

Most of the articles, regardless of what perspective they were written from, focused on the lack of safety for nurses in the current healthcare climate including lack of PPE. For example, Marsh (2020) reports “many family members of those who have died have complained that health professionals are not being given adequate protective equipment as they deal with coronavirus cases” (para. 4). Lack of appropriate work conditions is being framed as nurses and frontline workers making the “ultimate sacrifice” (Lyons, Penna, Ward, Johnson, Horton & Southworth, 2020) for the patients to whom they are providing care. Wartime discourse is evident throughout many of the articles with the mention of “sacrifice” being very prominent in the literature.

The terminology “healthcare heroes” is exceptionally frequent in media on nurses throughout 2020. One article states, “These health care heroes share harrowing stories of patients who didn’t make it as well as uplifting examples of patients who recovered after days or weeks on a ventilator. Their heroics take many forms” (Crain’s Chicago Business, 2020). In fact, the

term “heroes” is directly mentioned in the title of 23 of the 97 articles included in this study. Nurses, doctors and other frontline workers are being “honoured” across the world with various ceremonies and awards. An article from Crain’s Chicago Business (2020) titled *HEALTH CARE HEROES 2020* reads, “Out of plain sight are the doctors, nurses, EMTs, home health care providers ... on the front lines. They work long hours and put their own health on the line to help others” (para. 1). This perspective is noteworthy as it is one that acknowledges the hardships that nurses and other health care workers have experienced during the coronavirus pandemic, rather than just superficially glorifying the work that has been done during this time.

Continuing the focus on the discourse around “health care heroes”, this narrative has been used in many articles while reporting the deaths of frontline workers. Pyman (2020) writes “Four more NHS heroes have died from coronavirus as the COVID-19 death toll rises among health care workers” (para. 1). This appeared to be a trend throughout the articles used in this study, that nurses and other healthcare workers were de-identified and grouped together to be known as health care heroes. They were even mentioned as “fallen heroes” (Pyman, 2020) in some articles which is in keeping with the theme of wartime analogies identified within these articles. In an article written by Duell (2020) for *Mail Online* the prime minister of the United Kingdom (UK), Boris Johnson, “vowed that key workers who have lost their lives in the coronavirus pandemic will not be forgotten” and the article goes on to document the names and a brief story of those health care workers who have died from COVID-19. This is a positive contrast to the overarching trend of de-identification.

Looking more closely at the supportive aspects of discourses, there was an outpouring in the articles of public support demonstrated in various ways. In an article written in India Pharma News, the author wrote, “Throughout the current public health pandemic, individuals,

businesses, civic and religious groups, and whole communities have shared their gratitude and support for the world’s healthcare heroes, on the front lines and often out in front – of the fight” (2020, para. 6). Public praise was a common theme throughout the literature, in that the perspective of others on the role of the nurse during the pandemic was quite positive – tying into the theme of “heroes”. Some nurses have reported that these gestures are noticed and appreciated. A nurse from the United Arab Emirates commented, “We feel honoured by all small and big gestures people of this country do for us, such as calling us heroes, clapping for us on balconies and courtyards, giving us free offers such as coffee, food, laundry, etc. And it makes us feel special and part of something bigger” (Khaleej Times, 2020, para. 25). One nurse said, “In order to save the world, we, nurses, and all healthcare workers have to play our part now. I feel happy taking care of Covid-19 patients as I know I am protecting them here and also protecting the rest of the world outside by not allowing these patients to mix with them until they are completely cured.” (Khaleej Times, 2020). However, this does not appear to be the general consensus among nurses and other healthcare workers according to the majority of articles identified in this analysis.

Many nurses and other health care workers working during the COVID-19 pandemic identified that they feel underappreciated within their organizations and felt their needs were not being properly addressed. In one article, a nurse said, “We want the government to come up with rights-based responses, prioritize PPE to all healthcare workers and frontliners. We demand that they must get just pay, hazard pay, and other benefits accorded to other workers. In terms of long-term steps, we want systemic changes as we need to be away from policies that led to this crisis in the first place” said Jillian. “We do not only need to keep calling our nurses ‘heroes’, rather we need decent work, decent pay, and protection of our rights.” (Scoop Independent

News, 2020). This is being linked to the discourse around superficial support and lack of understanding of the role nurses play in the healthcare environment. There is an apparent dichotomy between organizations and their staff during this time. In one article from the Herald Sun in England, their Prime Minister Scott Morrison writes, “You’ve got our backs and we’ve got yours with more testing, more money for beds, more protective equipment, more ventilators, easier access to remote GP consultations, more mental health support and more money for our researchers” (2020, para. 2). These objectives perhaps are being met in certain areas of the world, but it appears to be far from the majority. In fact, many nurses and health care workers are experiencing extreme hardships during this time.

There were several anecdotes throughout the data that described the hardships nurses have been facing. McCahill noted “one nurse spent 14 weeks away from her family during the height of the pandemic while another had to sell her house due to pay issues” (2020, para. 1). In the same article, a nurse named Vikki Gardiner says, “I had to sell my three-bed house in February because even while working 30 hours a week and taking extra shifts to make ends meet, I was getting more in debt and couldn’t do it anymore” (McCahill, 2020, para. 17). Along with significant financial issues, there have been many reports of psychological repercussions as a result of the pandemic. There are significant reports of trauma-like symptoms experienced by nurses and health care workers experiencing psychological distress throughout the course of the COVID-19 pandemic. According to an article from the National Herald Tribune, “In recent research, a large section of healthcare providers treating patients exposed to COVID-19 have symptoms of mental stress including depression, anxiety, and insomnia” (Gul, 2020, para.1). Stress and its related health consequences will likely linger long after the pandemic is over. “The results provide a reminder of the toll that will likely linger; the consequences of chronic stress,

including major depression and anxiety disorders. Just as the world has joined efforts to manage COVID-19 infection, it will be critical not to neglect the mental health consequences of the fight against the pandemic” (Gul, 2020, para. 4). These findings are important to understand to be able to identify gaps in our current system and to make policy recommendations that will benefit nurses and other healthcare workers.

2.10 Data Analysis: Discursive themes

The following discursive themes were identified through data analysis: wartime analogies, healthcare heroes, psychological distress, and contrasted views of the role of the nurse (for example: government/organizational, the public, and nurses themselves). These themes will be discussed in terms of the discourses occurring within each category, as well as in relation to Foucault’s theories of power and empowerment.

Wartime Analogies

Wartime analogies were prevalent in the data and build from existing discourses of healthcare workers. Nurses are often referred to as “frontline” caregivers and this has been amplified in the discourses surrounding COVID-19. The word “frontline” was mentioned directly in the title of 12 of the 96 articles. References to working on the frontline and varying degrees of sacrifice nurses have displayed were all present. Mahbubani (2020) notes that the public’s wartime analogies have compared hospitals to the “frontline” of the pandemic and medical workers to “heroes.” In reference to the shortage of PPE in many medical facilities, Mahbubani (2020) compared this to sending soldiers to war without equipment such as bulletproof vests and helmets. The notion of “going into battle” was a common element of the wartime discourse. The well-known issues of underfunded hospitals, bed shortages, and lack of appropriate staff ratios have only been amplified throughout the course of the COVID-19

pandemic. The lack of staffing has prompted another discourse related to wartime analogies – that is the notion of redeployment.

Redeployment refers to the movement of soldiers, or in this case employees, between locations or positions within an organization (Cambridge Dictionary, n.d.). Several articles document that nurses and other healthcare providers have been required to be “redeployed” to meet staffing needs during the COVID-19 crisis. Redeployment has been in place to support contact tracing (O’Regan, 2020), training in other specialty areas (Lyons, Penna, Ward, Johnson, Horton & Southworth, 2020), or taking on new roles. In an article published by *The Asian Age* (2020) a nursing superintendent stated, “it is learnt that some hospitals are requesting their nurses to work in areas that are not their routine speciality ... to master new skills and take on new roles” (para. 14). A critical care physician who commented in this article then goes on to say: “what makes the nursing profession unique is the complete dedication to the call of duty that is way beyond any financial gain” (The Asian Age, 2020, para. 15). Again, the role of the nurse is being linked to wartime analogies, this time referencing simply attending work as the “call of duty.”

There was different positioning of wartime discourse from nurse, compared to physician perspectives. The quote in the above paragraph regarding the “complete dedication to the call of duty” is cited by a physician and is assumed to be the perspective of nurses. However, this does come from a person of power and not a nurse. Wartime discourse has possibly become dominant through an imbalance in publishing of first-hand accounts from nurses themselves resulting from pre-existing power imbalances between nurses and physicians. This relates to Foucault’s discussion of knowledge/power relationships and perceived ‘truths.’ For non-nursing professionals to claim nurses are completely dedicated to essentially sacrificing many aspects of

their life for the COVID-19 pandemic puts nurses in a difficult place of power to dispute this. There is also risk in nurses contesting these narratives as appearing not to be dedicated to their role.

Not all nurses perceived sacrifice as negative and some also shared wartime analogies in a positive way. One nurse wrote, “This was a national emergency and call for duty that I could not ignore. Although my colleagues at the hospital told me that I am taking a big risk by going to a Covid-19 isolation centre, but I told them that life is anyways unpredictable and death is inevitable, so I might as well take precautions and do my duty” (Haziq, 2020). For this individual, the military-like comparisons of the COVID-19 pandemic were taken on positively and were seen to empower them to enact their perceived duties as a nurse. Another nurse wrote, “It is important for nurses to understand their crucial role and how they can save so many lives and help overcome this crisis if they discharge their duties the right way” (Haziq, 2020). There is significant power in framing what is “right” and it is noted that that is captured within the military language of a “discharge of duties”.

Another example of wartime analogies relates to how nurses at times in the media take up sacrificial military language to participate in the care of COVID-19 patients. For example, caring was perceived as part of their ‘call of duty’ which correlates to their perception of what it means to be an ‘ideal’ nurse. While some nurses adopt this language, others highlight the sacrificial nature of their service which coincides with the sacrificial nature of military service. Adopting a discourse of military service risks adopting an acceptance of the deaths or illnesses of nurses as an inherent part of their profession. The discourse was varied in terms of whether or not nurses felt empowered by this military-style discourse. Some nurses identified strongly with the sacrificial discourse and one in particular wrote, “The sacrifice was worth it, it’s my dream

career” (Hudson-O’Farrell, 2020, para. 16). This does coincide with what might be considered the ‘ideal’ nurse from an organizational perspective, where nurses have accepted that death may very well be the outcome of their career.

Not all nurses identified in a positive way with the wartime discourse. One nurse wrote, “Why would you send a soldier to the frontline without combat gear? It’s unthinkable” (Pyman, 2020, p.10). This is in reference to nurses and other healthcare workers working in unsafe conditions with inadequate personal protective equipment such as masks, gowns, face shields, and gowns. This particular view on the wartime discourse recognizes that there were certainly nurses who were disempowered by the wartime analogies used to reference the working conditions during the pandemic.

Healthcare Heroes

The healthcare hero narrative is strongly represented in the data. Throughout the pandemic it has strengthened this discourse around nurses sacrificing themselves and their health for the good of the general population. Historically, heroes achieve greatness often through sacrifice, including the perceived ultimate sacrifice of dying for a cause. The discourse of “healthcare heroes” was the most notable theme throughout this study, including what brought us to this topic originally. Nurses have been garnering various levels of praise since the beginning of the COVID-19 pandemic from public applause to organizational awards. This has only been amplified given that 2020 was the ‘Year of the Nurse’ according to the World Health Organization (WHO). Our analysis suggests that some nurses noted that these acknowledgements are quite superficial and not meeting the true needs of healthcare workers during the pandemic. For example, popular brand BAND-AID wrote, “To commemorate its 100th anniversary, BAND-AID Brand is making a \$100,000 donation to CARE and encouraging

consumers to send CARE Packages to support frontline heroes and caregivers around the world for the next 100 days” (ENP News, 2020). Nurses expressed the seeming incongruence between receiving accolades and care while not having access to basic, adequate PPE. Similarly, contract nurses faced the challenge of required time off for quarantine or recovery if exposed or ill and were experiencing basic limitations of paying bills (Gavin, 2020). Receiving accolades as healthcare heroes in the context of lack of basic necessities was dismaying.

There was discursive tension between the discourse of heroism and the lack of support or material value perceived by individual nurses, and the profession as a whole. For example, Gavin (2020) writes, “While caring professions are some of the most trusted in the community, this often hasn’t translated into material value. Nurses are the lowest paid of the healthcare professions” (para. 8). The article goes on to document the public support for ‘frontline heroes’ wage increases, yet little action has been taken from the government and other healthcare organizations to rectify this. This lack of tangible changes was a common theme throughout the hero narrative seen in these articles. In an article from Scoop Independent News (2020), nurse from the Philippines wrote,

“We want to the government to come up with rights-based responses, prioritize PPE to all healthcare workers and frontliners. We demand that they must get just pay, hazard pay, and other benefits accorded to other workers. In terms of long-term steps, we want systemic changes as we need to be away from policies that led to this crisis in the first place. We do not only need to keep calling our nurses ‘heroes’, rather we need decent work decent pay, and protection of our rights” (para. 5)).

In some circumstances, a hero narrative has created at times a hostile environment for nurses during the course of this pandemic. There appears to have been a lack of appropriate

response with regard to safety measures and adequate financial compensation in many jurisdictions. A nurse is quoted saying, “We need to collectively come together and signal to the government that we do not want this day to only be about applauding nurses, but we also need this day for governments to act and make those words meaningful” (Scoop Independent News, 2020). If a discourse of heroism leads some nurses to feel disempowered due to lack of PPE and other basic safety measures – questions are raised about how nurses can assert their professional autonomy in a context where their employers are not providing the basic necessities for survival. The disempowerment of nurses and lack of response from employers appears to have created a significant power imbalance within workplaces – an example local to the thesis author taking place at London Health Sciences Centre (LHSC).

Several stories were published by the London Free Press with regard to termination of London Health Sciences Centre’s (LHSC) chief executive officer (CEO) due to personal travel outside the country. This has been a controversial article since LHSC had taken a stance on supporting “health care heroes” since the beginning of the pandemic. This includes a webpage on the hospital dedicated to acknowledging their staff messages of support to nurses and other healthcare workers. Despite these accolades, the article noted that LHSC’s CEO had sent out a blanket statement scolding nurses and staff within the organization for the perceived inappropriate following of public health guidelines earlier in the pandemic. The organization lauded health workers as heroes in public, while scolding them as villains in private. This in the context of the CEO himself being terminated for actions alleged to show poor leadership around COVID-19 guidelines. A subsequent article noted that the perceived infraction by staff was actually unlikely to be the cause of an outbreak within the hospital. Statements by the nursing union in articles related to this incident demonstrate that nurses are indeed more interested in

being framed as healthcare heroes rather than villains, yet is contrasted with the fact that being named as heroes comes with limited tangible benefits. This case included indiscreet monitoring of staff, particularly relevant to Foucault's concept of power through surveillance.

Foucault (1995) discusses the idea that power can be enhanced through aligning with authorities, further promoting the concept of surveillance in the workplace. Aligning with authorities can include adopting and promoting narratives in line with those in a hierarchical relationship above oneself. In that way, the nurses discussed earlier who praise organizations for supporting them would likely be seen as the 'best pupils' (in Foucault's terminology) as no pressure is put on organizations to adapt to the needs of nurses. Those nurses who express the fact that many heroes do die, and are dying, risk in tangible ways their careers and livelihood.

Surveillance comes in many forms such as performance management systems in the workplace. Surveillance can have a detrimental effect on a nurse's perception of their own power they hold within the workplace and even how they see themselves in the role of the nurse (Bradbury-Jones et al., 2007). Surveillance, or disciplinary power, can create a sense of fear for employees to speak out about what they see as their "truth" as can be seen in the case of the LHSC CEO. Employees were disempowered with claims of not following public health regulations with no chance to be able to defend these accusations.

Psychological Distress

A salient discourse that nurses and nursing organizations have been sharing through media in the pandemic is one of struggling. In terms of the nursing role, this means that nurses carry the suffering of others, including patients, families, or the population as a whole. According to Gul (2020), "In recent research, a large section of healthcare providers treating patient exposed to COVID-19 have symptoms of mental stress including depression, anxiety, and

insomnia” (para.1). This stress has even been seen to vary according to several factors including profession, gender, and geographical region – which depended on severity of disease and how prevalent the virus is in these areas. Gul (2020) writes, “Nurses, women, frontline healthcare workers and those working in Wuhan had reported more severe degrees of all measurements of mental health symptoms compared with other healthcare workers” (para. 3). It is likely that these psychological effects that nurses are experiencing will continue past the resolution of the pandemic. Gul (2020) goes on to say, “The results also provide a reminder of the toll that will likely linger; the consequences of chronic stress, including major depression and anxiety disorders. Just as the world has joined efforts to manage COVID-19 infection, it will be critical not to neglect the mental health consequences of the fight against the pandemic” (para. 4). Given that these consequences may remain issues for nurses for many months or even years to come, it is important to understand the lived experiences of these nurses and healthcare workers. Nurses made it clear that while suffering may be part of the role, it should be addressed through tangible supports. Gul (2020) writes, “The hardest thing for healthcare professionals is to ask and seek help for a psychological disturbance. In fact, to seek help is like a taboo to break the stigma mental healthcare providers are also working with full devotion to helping those who are playing their part on the frontline” (para. 6). This combination of increased psychological stress and lower likelihood for seeking help puts nurses at higher risk of long-term mental health concerns.

Psychological distress also impacted upon nursing students. Povitsky (2020) noted, “Although nursing students have not necessarily worked as full-time nurses during this crisis, the pandemic has also brought other troubling truths – like overworking and mental trauma – to light” (para. 7). The realities of the nursing career, including the sometimes-inevitable mental toll this job can take, have been brought to the forefront. As nurses and nursing students are able to

recognize these potential traumas and psychological distresses they may encounter in their career, this can empower nurses to normalize seeking help and encourage other nurses to do so as well.

Nurses enacted power related to the psychological impacts of their role through sharing their ‘truth’, as Foucault (1995) suggests. Articles that included nurses speaking to the psychological struggles of nursing in the pandemic included clear advocacy for nurses to seek help or for more assistance to be provided to nurses. The idea that the time and this work is hard and harmful was the least contested discourse among the three explored herein.

Contrasting Perspectives of the Nursing Role

In addition to the three contested discourses of the nursing role presented so far, through the analysis it was particularly noted how perspectives from different groups contrasted in how the role was framed. In particular, governments and health care organizations, versus nurses, versus the general public, tended to construct this role in differing ways. In this final section of the findings these three perspectives are explored separately.

Government/Organizational

Of note, 2020 had been named the International Year of the Nurse. The World Health Organization (WHO) acknowledged the “courageous work of nurses and other healthcare workers in face of Covid-19 [and] honours the 200 years of the birth of Florence Nightingale, the foundational philosopher of modern nursing” (Khaleej Times, 2020). Not only has WHO recognized the accomplishments of nurses, they also called for action recommending that

“all countries increase funding to educate and employ more nurses; ... educate and train nurses in the scientific, technological and sociological skills they need to drive progress in primary healthcare; establish leadership positions including a government chief nurse

and support leadership development among young nurses; and ensure that nurses in primary healthcare teams work to their full potential” (Khaleej Times, 2020, para. 6).

This call to action was supported by several other healthcare leaders from the United Arab Emirates (UAE) praising nurses. Dr. Tholfkar Al-Baaj, the Group Medical Director of Al-Futtaim Health wrote,

“I’d like to say that 2020 should be dedicated to acknowledging the magnificent sacrifices and contributions of our nurses who have shown the best example of altruism by risking their own health and lives working tirelessly under the heavy gear of N95 and PPEs. I feel this pandemic has led nurses to be finally recognized for all the good deeds they do” (Khaleej Times, 2020, para. 7).

The discourse used here is conflicting – in particular the term ‘good deeds’. Overall, this is quite a positive affirmation toward nurses, but this term could be analyzed in another way to almost minimize the work of nurses to something smaller than what it is. It is noted that the terminology of “sacrifices” was not common among nurses quoted, perhaps as nurses are aware that this means actual nurses actually dying.

Included with praise from healthcare organizations and government, it is notable that this perspective tended to be paralleled by nursing unions. This is of interest as unions are constituted of nurses themselves, and shared these similar accolades of nurses, while also providing a focus on gaps in supports for nurses. Praise from unions seemed to bridge that of governments/organizations and that of nurses themselves. Wol-san Liem, Director of International Affairs, Korean Public Service and Transport Workers’ Union, South Korea wrote, “Along with recognizing the important work nurses are doing, we also need to raise our political demands as we look ahead to the future having to deal with pandemics and infectious disease as

part of our lives” (Scoop Independent News, 2020). Unions appeared to bridge a delicate balance of promoting the ‘heroic’ actions of nurses while simultaneously recognizing that these should not be done at the cost of their mental or physical health.

Nurses/Nursing Students

Nurses quoted in articles during the pandemic made efforts to highlight the professionalism and autonomy of their role. In an article by Povitsky (2020), a nursing student from University of Virginia writes,

“‘Some of the first nursing ... textbooks were literally saying, ‘Listen to what the doctor’s saying.’ ‘Do not disrespect your doctor’ and ‘Make sure you follow through with his orders,’ Valencia said. ‘Obviously with time this has changed as the career has become more autonomous, but it’s hard to change perception over time’” (para. 14).

Nurses saw a direct connection between the overall status of the profession and the well-being of individual nurses during the pandemic. In highlighting how workplaces have failed to protect nurses in the pandemic, there is a sub-text that nurses have authority to raise these concerns. This nursing student went on to say, “Some individuals around the country have dismissed nurses’ complaints about their current work conditions, citing the fact that they ‘signed up for this’ when they joined the professional field. ... During this time, Kim said it’s important to remember nurses are just people too” (Povitsky, 2020, para. 17). From this perspective – that of the nurse or nursing student – it creates a more humanistic side to the role of the nurse, which is sometimes lost when discussing organizational numbers such as staffing ratios. This brings a sense of self back into the profession which is important for members of the government and healthcare organizations to be able to understand their staff. This humanizing and professionalizing of the role also adds credence to the discourse of nurse lives being at risk.

Another nursing student noted, “Beyond changing the public image of the nursing field, McClung believes the pandemic will cause a radical shift in how nursing students are taught” and believes that topics such as risk prevention from disease will be even more emphasized (Povitsky, 2020, para. 19). The dynamic changes that are occurring within the context of COVID-19 makes this a very a likely possibility, especially given the many issues with shortages of PPE and other safety issues.

This ongoing issue of PPE shortages and safety concerns has prompted many nurses to question the value of their role as lack of support is slow to come. Nurses and nursing students at a medical centre in New York even staged a protest demanding PPE (Ifjeh, 2020). However, nurses are recognizing they do not want to be labelled as difficult, they just want what allows them to do their job safely. As well, there is a call for greater understanding of their role to the public. A nurse by the name of Thomas Riché was asked ‘What perspective do nurses bring that is currently missed in the media?’ He wrote,

“It’s what we do – our unique skills and knowledge. As nurses, we understand what’s going on more broadly. We’re close to everyone – patients, families, doctors, and other staff, so we can gather information. We’re with the patients 24 hours, seven days a week. We use our vision to decide how to act. That’s why we have a critical part to play. We have to work in collaboration with others in the healthcare profession. And, most importantly, we have a voice – we don’t need someone else to talk for us” (Holcomb, 2020, para. 3).

The quote above is a particularly powerful statement with regard to a nurse recognizing the importance of their own role within the healthcare system. To further this statement, this nurse went on to discuss what COVID-19 might mean for the future of the nursing profession. He

wrote, “I can see things moving. People want change. All over the world, people are saying thank you to nurses. But that’s not enough – then you forget and move on. We need to provide nurses the best training and education” (Holcomb, 2020). As nurses become more empowered to speak their ‘truth’ about their profession, it may allow for more appropriate policy changes across many sectors including educational changes for nursing students. The particularities of these changes will likely vary from country to country; however, they might include the right to refuse work in those jurisdictions that this does not currently exist.

Public

The pandemic has brought nurses into public consideration like never before. This has been accompanied by messages of support and hope with nurses and healthcare workers working through the pandemic, especially from those that have been impacted personally by a family member who suffered with COVID-19. Some articles demonstrated concern for nurse well-being from members of the public. Marsh (2020) wrote, “Many family members of those who have died have complained that health professionals are not being given adequate protective equipment as they deal with coronavirus cases” (para. 4). Not only has there been support and advocacy on behalf of nurses for proper PPE, there has been advocacy for fair wages from the public as well. “Opinion polls, such as Essential and YouGov, have shown strong public support at a global level for increasing the wages of essential workers like nurses” (Gavin, 2020).

Strong support for nurses from the public has been seen across sectors in which the importance of their role is being recognized. “Throughout the current public health pandemic, individuals, businesses, civic and religious groups, and whole communities have shared their gratitude and support for the world’s healthcare heroes” (India Pharma News, 2020). While the public perception of the nursing role appears more basic in terms of understanding what the

extent of that role is, there was a clear trend in those quoted from the general public not believing that nurses should die through their work. Public gratitude seemed genuine and support being offered from the public was frequent as nurses have been able to show a more human side to the profession as their safety issues have been documented throughout.

Support from the general public suggests clear opportunities for partnership– the supportive association from other groups – if the pandemic is to be an opportunity to improve policies supporting nurse well-being. Where language of sacrifice was used by journalists and in quotes by governments and organizations, there were more commonalities between how nurses and the general public spoke to the nursing role as heroic while warranting public support.

2.11 Discussion and Implications

The COVID-19 pandemic has brought the nursing profession an unprecedented level of press. This attention has created discursive pressure around the role of the nurse and has added particular focus to existing discourses. This includes the use of wartime analogies to compare the lives of nurses to those of soldiers in a battlefield. It includes nurses being compared to heroes when their basic necessities are not even being met. These discourses suggest that there is a significant power struggle occurring in the nursing profession that deserves attention as it relates to nursing practice, nursing education, policy, and nursing research.

Both the healthcare hero and the wartime discourse have brought forward several issues with regard to safety concerns of nurses throughout the pandemic. We found that despite significant praise from the public and healthcare organizations, there was a lack of tangible change in terms of addressing the concerns of nurses and other healthcare workers. Although nursing has been identified as one of the most trusted professions, this has not translated into any change of particular value to individual nurses (Gavin, 2020). As a result of this lack of change, a

discursive tension has been created between the hero narrative and the lack of support perceived by individuals and the nursing profession at large. The implications of this finding are important for healthcare organizations and all levels of government. It is not acceptable to label healthcare workers as heroes without proper legislation, policy, and resources to support this praise. We would therefore suggest that workplace safety policies are addressed, along with policies to ensure adequate pay including crisis pay for nurses with unsafe working conditions.

Given these safety concerns among nurses, we found there was an expression of frustration from nurses which resulted in feelings of disempowerment. Foucault identifies that public discourse can influence how professions are constructed (Bradbury-Jones, Sambrook & Irvine, 2007). Therefore, the healthcare hero narrative along with wartime analogies present in our data analysis may lead to more nurses ultimately feeling disempowered within a context of praise. Therefore, we suggest that professional nursing organizations such as CNO and RNAO continue to create or advocate for safer working conditions.

Given the aforementioned implications of the healthcare hero and wartime discourse, we suggest that these two narratives should be a focus area in upcoming nursing research. Understanding the effects of these discourses is important because we already know that there have been negative implications including disempowerment of nurses in the face of superficial praise. We did find that not all nurses felt these discourses were negative. Some identified with the mentions of “sacrifice” and “battle” as a positive form of recognition. This was individual-dependant and speaks to Foucault’s notion of “the truth.” Some nurses were empowered while others were not, each “truth” would be different among different nurses, or may fluctuate over time. Overall, our data in combination with Foucault’s theoretical perspective suggests that there

is a need for further research to be conducted around the power relations between nurses and how this discursive tension is relevant to nursing practice and the nursing profession as a whole.

Our findings also demonstrated that the psychological impacts of COVID-19 on nurses are becoming more well-known. The discourse of psychological distress was prominent throughout the data analysis phase. We found that nurses and nursing students reported concerns about the psychological impact of COVID-19 including increased levels of anxiety and depression (Gul, 2020; Povitsky, 2020). We already know from existing literature that trauma and distress can be present in the working environment of nurses and other healthcare workers (Beck, YEAR). Our findings support that this is likely worsened by COVID-19 (Gul, 2020). Therefore, we suggest that timely access to mental health supports be available to support the well-being of nurses. Soklaridis, Lin, Lalani, Rodak & Sockalingam (2020) found that interventions such as mobile-phone applications and cognitive-behavioural therapy (CBT) were effective in reducing anxiety, depression, PTSD, and stress symptoms. We suggest that similar interventions be implemented in workplaces and that the mental health of healthcare workers is prioritized.

Finally, our study looked at the competing perspectives of the nursing role and the discursive tension between nurses/nursing students, government/healthcare organizations, and the public. We found that nurses and nursing students were able to identify the value of their role and their need for safe working conditions. This study provides unique information from a Foucauldian perspective in which nurses have had the opportunity to openly speak their “truth”. We found that nurses were able to vocalize their needs and advocate on behalf of their profession, identifying that they do not need others to do this for them (Holcomb, 2020). Being able to speak their “truth” appears to have returned some power to the hands of nurses. We found

that support from the public seemed to emulate what nurses and nursing students were feeling. India Pharma News (2020) wrote that there has been strong support for nurses across all sectors including businesses, religious groups, and communities at large. We suggest that this presents the opportunity for partnership between nurses and the public to advocate for policy change. Given that we also found that nursing students were starting to understand and appreciate their role within the large health system, we suggest that the learning acquired during the COVID-19 pandemic should be integrated in nursing education curriculums for the foreseeable future.

2.12 Limitations

An important limitation of this study includes that data was only pulled from the year 2020. It is important to recognize that more data will become available in 2021 and as the pandemic continues. There were no limitations placed on geographical area; however, it did seem that there was less information pulled from Factiva that was written in North America, which could be seen as a limitation for policy change and practice suggestions given that nursing practice may differ drastically by region. Certainly, these issues were similar and widespread all over the world, but it is nevertheless important to note this limitation. Word choice for search should also be noted as a limitation. When searching for data, articles may have been excluded where the nursing role discussion is implicit, just not explicitly named. Lastly, there is a limitation on access since many discussions on the nursing role in the public sector happen privately and would not be represented in media data.

2.13 Summary of Key Findings

Each of the prominent discourses identified in this study have important implications for nursing practice and beyond. This section will provide a brief summary of findings and the

implications will be discussed in more detail in the next chapter. Each discourse will be summarized in the order presented in this chapter, beginning with wartime analogies.

The discourse of wartime analogies in healthcare are certainly not new; however, during the COVID-19 pandemic these have been accentuated. The discourse focused on terms such as frontlines, sacrifice, heroes, redeployment and the concept of sending soldiers to war. These concepts were met with both positive and negative reactions from nurses and other healthcare workers. It was seen as negative as some believed the discourses present in the media could risk adopting death as an expected outcome of the nursing profession. However, some nurses did identify that the wartime narrative empowered them as they felt it enhanced the importance of their career.

The data from this study shows nurses being deemed heroes by members of the public, as well as government and healthcare organizations, while their basic needs including personal safety are not being met. There was discursive tension present between the hero narrative and the lack of tangible changes with regard to safety issues such as lack of personal protective equipment. This hero narrative appeared to create power differentials between staff nurses and those in positions of leadership. The most dominant theoretical concept present in this narrative was the concept of surveillance (Foucault, 1995). The behaviour of nurses throughout the pandemic has been closely monitored and policed by not only leaders in healthcare, but by members of the general public as well.

Foucault's (1995) concepts were also noted in the discourse around psychological distress seen in the literature. There has been an increase in mental health concerns in nursing during COVID-19, which are likely to continue well past the pandemic. Foucault's (1995) concept of "sharing truth" supports that despite this significant psychological impact, nurses can

empower themselves by recognizing that these psychological traumas exist in the profession.

This source of empowerment has been noted to come from the varying perceptions of the nursing role as well including government/organizational, nurses themselves, and the public.

The World Health Organization identified 2020 as the “Year of the Nurse” and with this came a call to action to government and healthcare organizations to increase the quality of workplaces for nurses and other healthcare workers. There was quite a lot of support from these organizations and levels of government, with minimal tangible changes as discussed previously. It is of note that many organizations have done a better job of recognizing the importance of the role of the nurse, and certainly expressed this through public praise shown throughout the pandemic. Nurses also began to praise their own profession more since the inception of COVID-19.

Nurses saw a direct connection between overall status of their profession and the well-being of nurses during the pandemic. Where nurses were able to tell their stories and share their “truth” (Foucault, 1995), this has been able to create a more humanistic perception of the role. This appears to have benefitted nurses directly in terms of well-being – allowing the public to recognize that they are just people too. However, not all nurses have felt there has been positive perceptions around their role. Some have been questioning their role in light of the lack of support and safety issues around lack of PPE. Regardless, there has been an increased recognition of the importance of their role which will hopefully continue well beyond the pandemic.

Lastly, the public has also seen a shift in the perception of the nursing role. Given this new humanistic view nurses have presented themselves, this has garnered messages of support and hope from the general public. This increase in education around the nurse’s role allows for

new relationships and partnerships to be formed, and even allows for some of the power differentials with regard to surveillance from the public over nurses to be broken down. The detailed implications of all of these findings will be discussed and summarized in the next chapter.

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Chapter 3: Implications & Conclusion

The purpose of this study was to explore the discourses around the role of the nurse in the context of the current COVID-19 pandemic. Through data collection and analysis, themes in the discourse around the role of the nurse emerged. Key implications of the research will be presented in this section including a focus on determining what the implications of each discourse are and how it is relevant to the following issues – nursing practice, nursing research, policy, and nursing education.

3.1 Healthcare Heroes & Wartime Analogies

In analyzing the data around the discourse of healthcare heroes, we found that the discourse brought to light many issues nurses have experienced with regard to safety issues in the workplace throughout the COVID-19 pandemic. There was discursive tension between the discourse of heroism and the lack of support or material value perceived by individual nurses and the profession as a whole. For example, Gavin (2020) writes, “While caring professions are some of the most trusted in the community, this often hasn’t translated into material value. Nurses are the lowest paid of the healthcare professions” (para. 8). We found that nurses perceived measures of acknowledgement in the forms of public applause from organizations as superficial (ENP News, 2020; Scoop Independent News, 2020). Understanding these superficial measures is important because the literature also identified that nurses as a whole felt unsupported by these measures, with several asking for calls to action from their local governments to support increased PPE supply and adequate pay (Scoop Independent News, 2020). The perception of a lack of support suggests that there is also a perception of a lack of tangible change occurring within levels of government and healthcare organizations to support the basic needs of nurses working during the pandemic. The implications of this finding are important for government and

healthcare organizations. It is not enough for levels of government and healthcare organizations to label healthcare workers as heroes without proper legislation and policy to support this praise. We would therefore suggest that workplace safety policies are addressed, along with policies to ensure adequate pay including crisis pay for nurses with unsafe working conditions.

Within a discourse of heroism, nurses who spoke out in various articles identified that professional autonomy was difficult to assert and express as health and safety concerns arose during the course of the pandemic (Scoop Independent News, 2020). There was also an expression of frustration with little to no response from levels of government that resulted in feelings of disempowerment. Recognizing these feelings of disempowerment is important because we already know that according to Foucault, power is present in how professions are constructed through public discourse (Bradbury-Jones, Sambrook & Irvine, 2007). Therefore, the discursive effects of heroism may potentially lead to disempowerment for nurses. For example, there was an apparent lack of concern regarding safety issues, which might lead to lack of safety measures being conceived as an acceptable risk within the profession. The accepted normalization of morbidity or mortality within nursing suggests that more work needs to be done in terms of advocating for the profession as one deserving adequate safety measures. We suggest that nurses and their professional organizations such as CNO and RNAO continue to advocate for safer working conditions, as well as alterations to work refusal limitation policies often present within collective agreements. Or, for jurisdictions without legislated rights to refuse unsafe work, that these be pursued. Safety will need to be a collective effort within the profession and should exist at the policy level rather than being left to the individual nurse.

Given the above implications of the healthcare hero discourse, we suggest that it should be a focus area in upcoming nursing research. Understanding the effect of the healthcare hero

narrative is important because we already know that nurses may be feeling disempowered in the face of praise. Future research that explores power relations and the discursive effects of heroism may be useful to nursing research, education, and practice. Implications related to the wartime analogies discourse build off of the power of concepts like sacrifice. With the mention of sacrifice, frontlines, and sending soldiers to war – this discourse ties into some of the issues seen in the healthcare heroes discourse. In particular, it creates issues around perceiving death as an acceptable, normal, or even laudable outcome of the nursing profession. This is important because it further strengthens the need for tangible changes from leaders in government and healthcare to clearly support safety. Wartime analogies have been prevalent in nursing for quite some time. Beuthin (2015) wrote that military metaphors have been ingrained in nursing’s history and now have spilled over into general use in health-care settings. “*Front lines* and *trenches* liken care settings to war zones and conjure images of endless conflict and battle; the leadership and relationships imagined in this mindset are surely directive, not collaborative” (Beuthin, 2015, para. 5). The wartime narrative and imagery has been significantly accentuated through the pandemic.

We found that the wartime discourse was seen as both empowering and not, depending on the nurse or healthcare provider. This relates to whether nurses see these analogies as preventing or enabling systemic support for their well-being. To be recognized can be heartening, to have this recognition disconnected from tangible support can be deflating. When analyzing discourse, there is significant power in framing what is “right” or “wrong” – or as Foucault would refer to as “the truth.” Overall, our data in combination with Foucault’s theoretical perspective suggests that there is a need for further research to be conducted around the power relations between nurses and how this discursive tension is relevant to nursing practice

and the nursing profession as a whole. We suggest that this will be important in understanding how the role of the nurse will evolve beyond the pandemic and what tangible policies and supports might grow out of this experience.

3.2 Psychological Distress

Trauma and the psychological impacts of COVID-19 are becoming more evident among nurses. We found that nurses have reported significant psychological impacts throughout the pandemic (Gul, 2020). Psychological distress was a prominent discourse throughout data analysis. Nurses identified that they were experiencing trauma and other mental health concerns such as anxiety and depression as a result of working conditions throughout the pandemic. We also found that nursing students were experiencing similar forms of psychological distress. Povitsky (2020) noted, “Although nursing students have not necessarily worked as full-time nurses during this crisis, the pandemic has also brought other troubling truths – like overworking and mental trauma – to light” (para. 7). Recognizing discourse surrounding psychological distress is important because we already know the negative impacts that trauma and stress can have. Here we see a heightening of distress in a profession where issues such as vicarious trauma and burnout already exist. The novelty of the pandemic and its apparent repercussions suggest that changes need to occur in the workplace to help foster higher levels of mental health and resiliency. We suggest that access to resources for mental health and well-being of nurses needs improvement. There has already been research conducted to support this suggestion. A study completed by Soklaridis, Lin, Lalani, Rodak & Sockalingam (2020) looked at effectiveness of mental health interventions for nurses and physicians working during COVID-19. They found that interventions such as mobile-phone applications and cognitive-behavioural therapy (CBT) were effective in reducing anxiety, depression, PTSD, and stress symptoms

(Soklaridis, Lin, Lalani, Rodak & Sockalingam, 2020). Given that there is proven effectiveness with these therapies, we suggest that employers consider this a necessity for their nursing and healthcare staff. Combined with previous comments on hero narratives, this form of support would help nurses know that the unnecessary sacrifices of hero roles will be mitigated by their employers.

Given that nursing students are also being affected by the psychological strain of the pandemic, we would also suggest that enhancements are made to nursing education and curriculums to include coping strategies and other methods of promoting mental health. There has been extensive research done to identify that mental health concerns are prevalent among undergraduate nursing students. A study completed by Cleary, Horsfall, Baines & Happell (2012) identified that university is already a time of heightened distress and that the need for support is high. Among the highest diagnosed conditions were depression, anxiety and substance use disorders (Cleary, Horsfall, Baines & Happell, 2012). Acknowledging this already heightened risk is important to our research because we have found that stress caused by COVID-19 will likely only increase this risk. Cleary, Horsfall, Baines & Happell (2012) identify that general education with a focus on health promotion and holistic well-being should be available to all students to help increase mental health literacy and contribute to prevention. Addressing mental health early on may empower nursing students to take charge of their mental health and starting at the beginning of their careers thus enabling them to both adopt healthy methods of coping and being aware of resources available for support.

While understanding the breadth of mental health supports available to nurses quoted in articles used for this study is beyond our scope, the common story was the need for more. In all jurisdictions, it should be standardized through policy for nurses and other healthcare workers to

have access to low- or no-cost mental health supports given the nature of their work. Trauma or other mental health concerns are possible across the healthcare sector given how closely nurses work with their patients (Beck, 2011). Trauma has been emphasized during the pandemic as these concerns can spill over into the personal lives of healthcare workers. For these reasons, we would suggest that advocacy continues to support adequate and timely access to mental health supports for nurses.

3.3 Competing Perspectives of the Nursing Role

Perspectives of the role of the nurse were separated into three categories for the purpose of this study – nurses/nursing students, government and healthcare organizations, and the public. In each of these groups, a slightly differently nuanced discourse is proposed. We found that nurses and nursing students frequently identified the value of their role and their need for safety. We also found, similarly, that the public spoke very positively of nurses and the need to support nurses and other healthcare workers. Strong support for nurses from the public has been seen across many sectors such as individuals, businesses, civic and religious groups, and even whole communities (India Pharma News, 2020). The increasing public awareness of the role of nurses is important because it provides opportunities for partnership in terms of advocating for policy change. This positive perspective contrasts with government and health leader data where discourses of heroes and sacrifice were less frequently accompanied by supportive stances on nurse resources. Therefore, it is recommended that nurses use this positive public support to strengthen efforts to lobby for tangible supports.

What is unique from this study, is that the pandemic has afforded some nurses the opportunity to speak openly and share their “truth” candidly, as Foucault terms it. To summarize, a nurse wrote: “As nurses, we understand what’s going on more broadly. We use our vision to

decide how to act. That's why we have a critical part to play. We have to work in collaboration with others in the healthcare profession. And, most importantly, we have a voice – we don't need someone else to talk for us" (Holcomb, 2020). By educating the public even further about their role, nurses may be able to feel more empowered to advocate for themselves as well. As a result, we suggest that nursing organizations such as RNAO, where public knowledge is the focus, continue to focus on developing partnership between nurses and the public to promote a greater understanding of the role of the nurse and to continue a strong stance on being able to practice nursing safely.

Given that we also found that nursing students were beginning to understand and appreciate their role within the healthcare sector, we suggest that the learning acquired during the COVID-19 pandemic should be integrated in nursing education for years to come. Nursing education should be evolved to include a holistic description of the entire history of the profession beginning with Florence Nightingale including a comprehensive history of power relationships within healthcare. We suggest that it will be important to educate future nurses about the discourses currently present surrounding the perceptions of their role. This will allow nursing students to better understand the perceptions others may hold around their role and how to use knowledge translation in an effective way to mitigate some of the misconceptions around the profession including that death should not be considered an expected outcome.

3.4 Conclusion

Nurses around the world have been experiencing a dramatic shift in how their role is perceived by the public, government and healthcare organizations, and even themselves. Nursing has come a long way as a profession since Florence Nightingale facing many challenges, and now arguably one of the greatest challenges of all – a global pandemic. The role of the nurse is

changing and there could not be a better time to address these changes head on and advocate for policy change to support the health and safety of nurses in our communities. Understanding the relationship between power and empowerment in nursing can allow nurses to better advocate for themselves and their profession. Not only this but understanding the current discourses around the role of the nurse provides an in-depth look into how far nursing has come as a profession and the directions it may take in the future. COVID-19 has certainly shaped the discourse around nursing roles, and we can use this information to advocate for change in nursing practice, research, policy and education.

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Curriculum Vitae

STEPHANIE JONES

EDUCATION

MScN Western University, Nursing June 2021
Dissertation:
Supervisor: Dr. Abe Oudshoorn
Committee Member: Dr. Javeed Sukhera

BScN McMaster University, Nursing December 2017
University Prizes for Special Achievement
Dean's Honour List

HONORS AND AWARDS

University Prizes for Special Achievement 2014
Awarded after first year of BScN for creativity and academic excellence.

PROFESSIONAL EXPERIENCE

Registered Nurse, Thames Valley Family Health Team, St. Thomas, ON Sept. 2019 - Present

- Nursing Clinical Lead
- Primary Care

Registered Nurse, LHSC Feb. 2018 – Sept. 2019

- Psychiatric Inpatient Unit

TEACHING EXPERIENCE

Western University, London, ON Sept. 2018 – April 2020
Teaching Assistant, Faculty of Health Sciences

- Assisted with several undergraduate courses including Nursing and Health Economics
- Graded papers, quizzes and other relevant assignments
- Proctored examinations

PROFESSIONAL AFFILIATIONS

College of Nurses of Ontario, 2018-Present
Active registration in the general class.

Registered Nurses Association of Ontario, 2018-Present
Active registration and professional liability insurance.