

## Image: changing how women nurses think about themselves. Literature review

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### Abstract

**Title.** Image: changing how women nurses think about themselves. Literature review  
**Aim.** This paper presents a review of the public and professional images of nursing in the literature and explores nurse image in the context of Strasen's self-image model.

**Background.** Nurses have struggled since the 1800s with the problem of image. What is known about nurses' image is from the perspective of others: the media, public or other healthcare professionals. Some hints of how nurses see themselves can be found in the literature that suggests how this image could be improved.

**Method.** A literature review for all dates up to 2006 was undertaken using PubMed, Medline and CINAHL databases. Additional references were identified from this literature. Sentinel articles and books were manually searched to identify key concepts. Search words used were nurse, nursing, image and self-image. The findings were examined using the framework of Strasen's self-image model.

**Findings.** Public image appears to be intimately intertwined with nurse image. This creates the boundaries that confine and construct the image of nursing. As a profession, nurses do not have a very positive self-image nor do they think highly of themselves.

**Conclusion.** Individually, each nurse has the power to shape the image of nursing. However, nurses must also work together to change the systems that perpetuate negative stereotypes of nurses' image.

**Keywords:** gender, literature review, nurses, nursing, oppression, self-image, Strasen's model

### Introduction

Nurses and others have written extensively over a considerable period of time about the need to change the image of the nurse. While some change has occurred, nurses still face considerable challenges related to image that impact on status, power and the ability to effect changes in health care. Why is this? Downs (1987, p. 3) wrote in an editorial: 'Perhaps it is not our public image that we need to change, but the way we think about ourselves'. Changing how nurses think about themselves changes the self-image of each

individual nurse, which may facilitate making effective and lasting changes in the image of nursing. The self-image of the nurse, to a large degree, drives the social valuing of nursing. If enough nurses can change how they think about themselves to enhance their self-images, the image and achievements of the entire profession can improve.

Nurses have struggled since the 1800s with the problem of image. Nurses and the public have stereotyped views of the nursing profession that persist to this day. Stereotypes are harmful. They are based on things people 'know' regardless of the validity or inaccuracy of their knowledge (Kalisch &

more important than their education, and who carries out physicians' orders. The poor nurse is uncaring, incompetent and demonstrates a lack of vocation or calling to nursing (Pearson 1983). Hemsley-Brown and Foskett (1999) used focus groups and questionnaires with 11-, 15- and 17-year olds to explore their perceptions of nursing. These young people identified that the main reason they would become a nurse was to help people but that, although they expressed admiration for the work of nurses, they did not want to become nurses themselves because of the physical demands and the perceived lack of autonomy. Austin *et al.* (1985) investigated attitudes towards nurses across 30 language cultures and found that the concept 'nurse' was rated as good and active but weak and not powerful. This was consistent with 1200 ratings of the concept 'feminine'. A survey of over 3000 college students found that nursing was a less attractive career than that of physical therapist, high school teacher or physician based on a perceived lack of job independence (Seago *et al.* 2006).

### Professional image

Lee (1979) found that three out of four physicians regarded nurses as their assistants. Physicians, in general, respected nurses but the majority indicated that baccalaureate preparation should not be required; many felt that Registered Nurses were dispensable and could be replaced by licensed practical nurses and aides; and that nurses should be at the bedside and not in administration.

Martin (1988) found that nursing had the lowest prestige of the healthcare professions and that there were marked differences in how administrators, nurses and physicians perceived the prestige of nurses. Administrators and physicians rated nursing authority and prestige higher than did nurses, and administrators rated nurses' importance lower than did nurses and physicians. Second year medical students consistently rated sensitivity, compassion, friendliness, courtesy and reliability among nurses' top skills and abilities; working independently was consistently rated lowest (Foley *et al.* 1995).

There is some research on how nurses perceive their own image and how this image can be changed. Baccalaureate nursing students studied did not radically alter their perceptions of nursing from year one to graduation (Oleson & Davis 1966). Sivberg and Petersson (1997) found that a 3-year baccalaureate programme did not significantly affect students' self-image, although there were statistically significant sub-group differences in sociability, personal relations and original thinking. Brodie *et al.* (2004) found students did change their perceptions of the nursing profession from pre-

registration to employment, for the most part negatively. They suggested these changes were related to unequal power relationships in health care and the undervaluing of nursing by society. These students were also surprised by the high academic standards required of them.

Several studies have looked at the effects of the public's stereotyped images of nurses on nurses. Takase *et al.* (2001) found that nurses had a more positive image of themselves compared with how they thought the public perceived nurses. This discrepancy has been found to contribute to incongruence between the ideal and actual work environment (Takase *et al.* 2002) and to impact on job performance and retention (Takase *et al.* 2006).

Despite the challenging images of nurses, a discourse analysis of brochures by Powers (2001) suggested that today the voice and visibility of nursing is nearly as dominant as that of medicine in the US and attributed this finding to consumers' concern with quality nursing care.

### Relationship: public and professional images

It is interesting that what is known about the image of the nurse from the literature is almost all from the perspective of the media, the public, or other health professionals and not from the perspective of nurses. How do nurses see themselves? Some hint of this is found in the literature that offers suggestions on how to improve the image of the nurse. The majority of these authors are nurses, writing for nurses, so nurse image might be inferred from the suggested strategies for improvement.

It is suggested that nurses need to emphasize nursing as a thinking profession (Kalisch & Kalisch 1983, Buresh & Gordon 2000, Barker 2001, Sowell 2001, Fitzpatrick 2002) and to highlight clinical knowledge and competence (Buresh & Gordon 2000). Consistency in educational preparation at the baccalaureate level and a demonstrated commitment to continuing education are identified as important (Huston & Marquis 2000). It is even suggested the Doctor of Nursing should be required for entry to practice (Christman 1998).

The literature also suggests nurses need to affirm their professional identity. This can be demonstrated in a number of ways. Nurses need to view their work as a career vs. a job (Huston & Marquis 2000). Nurses could resurrect the title 'Nurse' and attach it to their last name. Buresh and Gordon (2000) suggest that if physicians do this and nurses do not, there is an imbalance of status between the professions. Professional appearance is a key component identified to actualize a professional role (Strasen 1992, Buresh & Gordon 2000). Appearance is not superficial: how nurses dress makes a statement and affects how they are perceived (Mangum

Kalisch 1982b). Stereotyped images affect nursing by distorting the public's concept of nursing, and depriving the public of knowledge of the vital services nurses provide; by affecting the quality and number of people who enter nursing; by affecting the decisions of policymakers; and by affecting nursing self-image by undermining self-confidence, beliefs and values (Kalisch & Kalisch 1983).

The purpose of this paper is to review the public and professional images of nursing in the literature and see how this reflects how nurses see themselves, their nurse-image. In this context Strasen's (1992) self-image model is used to explore how nurses might change how they think about themselves. Gender has been an important variable in the historical development of nursing and nurse image. The focus in this paper is on women nurses; examining the influence of men on the profession, while important, is beyond the scope of this paper.

## Search methods

A literature review for all dates up to 2006 was undertaken using PubMed, Medline and CINAHL databases. Additional references were identified from this literature. Sentinel articles and books were manually searched to identify key concepts. The search words used were nurse, nursing, image and self-image. The findings were examined using the framework of Strasen's self-image model.

## Results

### Public image

Chapman (1977) suggested that it is difficult to discover what the public thinks about nurses, but that the way the media portray nurses can give a clue to the perceived image. Nurses are consistently portrayed in novels (Kalisch & Kalisch 1982b), motion pictures (Kalisch & Kalisch 1982c, Hallam 2000), on television (Kalisch & Kalisch 1982a, Hallam 2000, 1998), and in advertisements (Aber & Hawkins 1992) as female, single, childless, white and under 35 years of age. In her literature review of the images of nurses in the media, Bridges (1990) identified four consistent images: ministering angel, battleaxe, physician handmaiden and naughty nurse. Black and Germaine-Warner (1995) suggested the ministering angel image was most prevalent until 1919 and was followed by the image of girl Friday from 1920 to 1929. The 1930s and 1940s appear to have been a high point in the status and regard of nurses by the public. The recruitment literature portrayed nursing as a high status occupation for high-minded, morally serious young women (Hallam 1998)

and nurses were depicted in responsible and autonomous roles (Lusk 2000). Kalisch and Kalisch (1982c) suggested this was also the high point for nursing in film. In the 1960s a shift occurred in the image of the nurse. Physicians became the focus in medical dramas and nurses were largely portrayed as subservient and taking orders (Kalisch & Kalisch 1982a, Hallam 1998). Nurses were also shown as sexually promiscuous (Kalisch & Kalisch 1982b, Black & Germaine-Warner 1995) and looking for fun and romance (Hallam 1998).

Kalisch and Kalisch (1982a-c) have done extensive and widely cited research in this area. They have looked at how nurses were portrayed in 207 novels from the mid-1800s to the 1970s, in 28 television series between 1950 and 1980, and in 204 English-speaking films between 1930 and 1979. In novels they found that, when nurses were compared with physicians on personality attributes, nurses scored higher only on obedience and kindness. On television, nurses scored higher than physicians on personality attributes of obedience, permissiveness, conformity, and flexibility and on one value, serenity. In film, they found nurses were portrayed as choosing nursing for altruistic motives such as caring; 55.3% of nurse characters viewed a career in nursing negatively; and physicians were depicted as more important than nurses.

Stereotypical images of nurses have also been identified in advertisements in nursing and medical journals. Nurses are women and physicians are men (Aber & Hawkins 1992, Lusk 2000); women are in pink and men in blue (Aber & Hawkins 1992). Nurses work in hospitals (Lusk 2000). Lusk (2000) found the advertisements consistently showed most nurses giving nursing care while Aber and Hawkins (1992) found women and nurses were more often shown just being there and subordinate to men.

In periodical and newspaper publications nurses are virtually invisible. Buresh (1992) reviewed 423 newspaper articles and found nurses were quoted as sources in healthcare articles in only 1.10% of the articles. They were the least quoted of all healthcare workers, even below non-professional hospital workers. Sieber *et al.* (1998) in the Woodhull study reviewed 20 000 articles in a 1-month period in 16 periodical publications for references to nurses and nursing. In their analysis of 2500 of these articles they found nurses were referenced in only 4% of the articles about nursing care. In their comments on this study, Dracup and Bryan-Brown (1998) suggested that, because nurses consistently rate high in public confidence, they are being missed as important potential experts for journalists.

Some attempt has been made to directly measure the public's image of nursing. Patients have identified a good nurse as someone who has the 'right personality, which is

*et al.* 1991). Nurses need to stop using the word 'girl' to refer to other nurses as patients do not want a child caring for them (Buresh & Gordon 2000). It has also been suggested that nurses use their full name and title when introducing themselves to patients and colleagues (Buresh & Gordon 2000, Barker 2001).

It seems that, as a profession, nurses do not think highly of themselves, nor do they have a very positive self-image if they need to tell themselves to emphasize nursing as a thinking profession and to work on their professional appearance. Certainly, this is not reflective of all nurses. Yet, these suggestions to improve the image of nurses are consistent with what is identified in the public image. The public image appears to be intimately intertwined with nurse image, creating the boundaries that confine and construct the image of nursing.

Strasen (1992) suggested that experiences, environment and reference groups do influence thoughts, which in turn influence self-image (see Table 1). Untangling all of the issues and behaviours involved, though, is challenging. Yet, to actualize a professional role and increase status, changing image is crucial. While all of the suggestions to change the image are important, changing image must be more complex than it seems because nurses have been struggling with this for over 100 years. Changing the cycle of negative behaviour is a complex process and involves personal reflection, professional considerations (DeMarco & Roberts 2003) and broader societal/political changes (McFarlane 1985, Salvage 1992, Hallam 1998). Strasen (1992) suggested that effective and lasting changes for the image of professional nursing must focus on changing the self-image of each individual nurse, which is a process of personal reflection. While the focus in this paper is on using personal reflection to change image, it is important to situate this discussion in the context of the professional and broader societal/political considerations that have shaped, and continue to shape, nurse image.

## The context

Lavinia Dock wrote that 'The status of nursing in all countries and at all times depends on the status of women' (Lynaugh 1980, p. 270). Problems with image are tied to the broader problem of gender. The ground that nursing has developed in is gendered ground that is a reflection of a broader societal devaluation of women and the work they do (Davies 1995). Common stereotypes are imbued with a positive value on the side of men and a negative value on the side of women (Acker & Van Houten 1974, Aber & Hawkins 1992, Davies 1995). Davies (1995) suggested that there is a level at which the power of masculinity is understood but that we trivialize it and fail to understand

the full implications of gender. Our culture and our organizations, including healthcare facilities, are not gender-neutral; they are strongly patriarchal (Reverby 1987, Acker 1990, Davies 1995).

Patriarchal culture, generally, does not allow for substantive growth for women (Ashley 1976, Lovell 1981). Within the patriarchy, oppression is a reality for women and, for nurses, it is the norm in which they are raised as women and develop as nurses. 'Oppressive ideology is an integrated pattern of ideas, a system of beliefs, that characterizes unequal relations in a social system by the use of power' (Kendall 1992, p. 4). Roberts (1983) suggested that groups are oppressed when outside forces control them. The characteristics of the oppressor become more valuable and the tendency is for the oppressed group to absorb the oppressor's values. This marginalizes the oppressed group and leads to self-hatred and low self-esteem (Freire 1970). The traditional role and images of nurses are accepted as representative of oppressed group behaviour (Dahl 1992) and nurses often display behaviour seen in oppressed groups (Roberts 1983), such as criticism, sabotage, undermining, infighting, scapegoating and bickering (Duffy 1995). Davies (1995, p. 62) strongly summarized the position of women and nurses: 'it is that [they] live in a gendered world, that gender is masculine, and is importantly also misogynist'. The image of nursing cannot be separated from the ideals and values that construct its practices. These ideals and values are inseparable from the identification of nursing as women's work and the societal value placed on women and caring. Political and societal issues confine and construct the realm of nursing practice and the identity of the individual nurse (Hallam 1998). However, within this context, Strasen (1992) suggested that it is possible to reprogramme self-image. Examining Strasen's self-image model provides insight in how to break this cycle of negative behaviour and create a new image.

## Changing our self-image

Self-image, or self-concept, is the set of beliefs and images we hold to be true about ourselves based on our specific socialization and environmental feedback (Strasen 1992). Self-image influences our behaviour and performance in the workplace and affects how we think and act. We are not born with the beliefs that determine our self-image; it develops in childhood and is influenced and shaped by multiple factors. Takase *et al.* (2002) found that nurses' perceptions of how others view them are associated with the development of self-concept. Those who perceive the public image more negatively are more likely to develop a negative self-concept. Once formed, self-image is difficult to change and changes are most commonly caused by major life events (Sivberg & Petersson 1997).

Table 1 Literature summary in the context of the self-image model

Thoughts	Experiences	Environment	Reference groups
Seago <i>et al.</i> (2006) Nursing is perceived to be less attractive to college students based on perceived lack of independence.	Takase <i>et al.</i> (2006) The nurse/public image incongruence impacts on job performance and retention.	Buresh and Gordon (2000) Patriarchal culture places women's work under the control of men; medical institutions replicate patriarchal structures Autocratic institutions function by undermining agency and creating doubt about importance Self-sacrifice is the ground of nursing work.	Hemsley-Brown and Foskett (1999) Young people admire the work of nurses but do not desire to become nurses themselves
Brodie <i>et al.</i> (2004) Nursing students shift their perspective negatively due to the perceived unequal power relationships in healthcare and undervaluing of nursing in society Students were surprised by the high academic requirements in nursing.	DeMarco and Roberts (2003) Silencing behaviour is learned; it is important to consider, without judgement, the causes of oppressed group behaviour.	Powers (2001) In hospital promotional material nursing is nearly as visible as medicine.	Foley <i>et al.</i> (1995) Prior to their clinical experience hold views of the nurse that are similar to those held by the public
Takase <i>et al.</i> (2002) Nurses' perceptions of how others view them are associated with self-concept development.	Buresh and Gordon (2000) Horizontal violence silences the self and discourages voice in others.	Hallam (1998, 2000) Public image of the nurse changed from being highly regarded in the 1930s + 1940s to being viewed as subservient to medical men in the 1960s.	Mangum <i>et al.</i> (1991) Patients base their perception of nurses on the first impression with a limited processing schema
Takase <i>et al.</i> (2001) Nurses perceive themselves more positively than they think the public perceives them.	Davies (1995) Common sex-stereotypes are imbued with value: positive on the side of men, negative on the side of women Women's work is devalued in society Women are support workers and nurses support physicians.	Lusk (2000) Nurses portrayed stereotypically in all decades between 1930 and 1950.	Austin <i>et al.</i> (1985) The concepts 'nurse' and 'feminine' are closely related and nurses are perceived across 30 cultures as being good and active but weak
Judkins <i>et al.</i> (2000) Developed a tool that can be used to measure patient perceptions of the role of the nurse.	Salvage (1992) Nurses are only just beginning to understand how deeply the profession has been influenced by the issues of nursing as women's work and service work.	Sieber <i>et al.</i> (1998) Nurses are virtually invisible in media coverage of health care; referenced in only 4% of 2500 articles.	Pearson (1983) Patients perceive the 'good' nurse has the right personality and follows physicians' orders
Christman (1998) Nurses state they gave tender loving care (as identified by nurses in the literature) to patients who indicated in the study they rarely received tender loving care.	Dahl (1992) The traditional role and image of the nurse are representative of oppressed group behaviour.	Drapac and Bryan-Brown (1998) Feel nurses have been portrayed positively in the media in the past decade.	Hughes (1980) Public opinion of the nurse + nursing between 1986-1976 identifies the ideal nurse by personality, rather than ability and knowledge; nursing is seen as a calling, the born nurse

Table 1 (Continued)

Sivberg and Pettersson (1997) Found a 3-year nursing program was not successful in two of three nursing colleges in changing students self-image, self-values, and interpersonal values.	McFarlane (1985) The value system of nurses is fundamental in analysing the reality of practice.	Davies (1995) Nursing takes place on gendered ground.	Lee (1979) Physicians view nurses as their medical assistants and as replaceable by LPNs
Bream <i>et al.</i> (1992) A campaign to help nurses recognize the artistic character of nursing was only partially successful.	Burke (1982) Personality and self-image measures strongly related to helpers role behaviour; nurses with a high self esteem and an internal locus of control were more satisfied + active in their professional role as helpers.	Salvage (1983) As the WHO European Regional Advisor for Nursing + Midwifery describes her strategies to raise the nursing profile throughout Europe.	Belert (1976) The public identify a traditional image of the nurse as female, works in a hospital, and is subservient to physicians yet are receptive to autonomous nursing services.
Martin (1988) Nurses perceive their own prestige as low.	Elms and Moorehead (1977) Nurses still suffer degrading stereotypes not consistent with reality and this is related to nursing as a woman's profession.	Buresh (1992) Nurses were directly quoted sources in only 110% of 908 healthcare articles.	
Oleson and Davis (1966) No significant shift in thinking about nursing profession between year 1 and graduation in baccalaureate students.		Aber and Hawkins (1992) The images of nurses in nursing and medical journals do not adequately reflect the actual roles of nurses; nurses are portrayed in minor roles compared with physicians.	
		Bridges (1990) Identified 34 different stereotypes in the media.	
		Kalisch and Kalisch (1982a-c) Public image changes over time in novels, film and television portrayals of nurse; nurse viewed more positively until 1960s which saw a dramatic decline.	
		Mackie (1980) Did not find a relationship between sex-stereotypes + self-image in a random sample of Canadian couples (unlike 3 previous studies).	

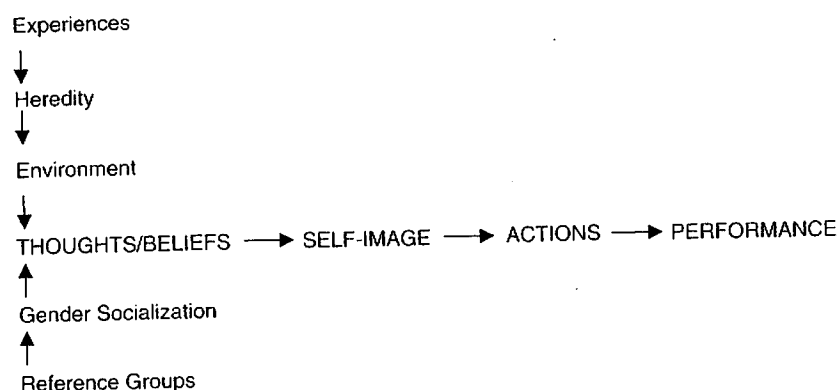


Figure 1 Strasen's self-image model.

Strasen (1992) presented a self-image model (Figure 1) that identifies factors that shape thoughts and beliefs. Thoughts and beliefs in turn influence self-image, self-image influences actions and actions determine performance. The factors that influence thoughts and beliefs include experiences, heredity, environment, gender socialization and reference groups. All of these factors affect the thoughts, beliefs, performance and achievements of nurses. All of these reflect on the image of the profession. The cycle continues as the image of the profession influences thoughts and beliefs and so on (Figure 2).

### Thoughts

The self-image model is based on the premise that individuals can change their thoughts. Thoughts are mental objects that are based on past experiences and are a product of the process of thinking (Levine 1979, Iyengar 1993). Thinking applies the intellect to analyse thoughts through the remembrance of past experiences (Iyengar 1993). Memory has a tremendous impact on the intellect. Experiences, environment and

influences create states of mind or attitudes that act like a filter through which thoughts and sensations are experienced and related to (Levine 1979). How nurses think about themselves will then be filtered through and influenced by the experience of being devalued, a patriarchal environment that creates challenging stereotypes, and reference groups that create expectations based on gender. These are the 'givens', the often unconscious environment in which nurses work. They are powerful and influence self-image. If nurses perceive their own prestige as low, that they are not appreciated, that they are victims and that they are subordinate to physicians, they will act out that self-image (Strasen 1992).

Salvage (1983) encouraged nurses to look at themselves. She suggested that part of the trouble is that nurses are secretly flattered by the stereotypes, especially those that emphasize dedication and self-sacrifice. If self-sacrifice is part of the ground of nursing work, then to improve working conditions and self-image is to give the feeling of actually harming, rather than helping, nurses (Buresh & Gordon 2000). This internal conflict is significant as nurses struggle to balance service with recognition. If virtue is its own reward, nurses cannot claim the importance and value of what it is they do.

While it is suggested that all nurses need to do is to change their thinking (Strasen 1992), it is difficult to be aware of thoughts as they arise, let alone change them. The work to change nurses' thinking will be life-long and will require willingness and ability to enter a process of enquiry and reflective personal work. However, as nurses create different environments, participate in and develop new experiences, and challenge and expand their reference groups, thoughts can and will change.

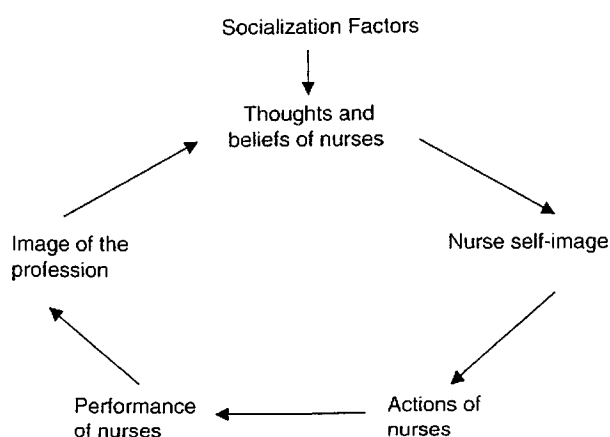


Figure 2 Relationship of individual nurses to the image of nursing (Strasen 1992).

### Implications for nursing

Strasen (1992) is correct: we are incapable of acting differently from our self-image. Professions are made up of individual

### What is already known about this topic

- Nurses have struggled with the problem of image since the 1800s.
- Nurses are portrayed in the media as female, single, childless, white and under 35 years of age.
- Stereotypical images can be harmful because they distort the public's concept of nursing, affect the quality and number of people who enter nursing and the decisions of policymakers, and undermine nurses' self-confidence.

### What this paper adds

- Nurse image is shaped by thoughts, experiences, environment, reference groups and gender.
- The relationship between public and professional images gives insight into how nurses see themselves.
- Suggestions offered in the literature to change nurse image can be helpful, but only if nurses engage in dealing with professional and societal issues.

people and outsiders perceive the profession through these individual people. As individual nurses enhance their professional self-images, the collective image of the profession will reflect that change. While nurses must do their personal work to enhance self-image and nurse image, it is not enough. Their challenges are tied to larger professional and societal issues so cannot be solved by individual reflection alone. Every nurse also needs to know nursing history in the context of gender and oppression to understand the social and political dynamics that sustain the status quo, and to understand, and value, female and nursing patterns of knowing and being in the world. Each of the suggestions offered in the literature to change the image can be helpful, but only if nurses engage in solving professional and societal issues.

Nurses need to examine the realities of nursing to ensure that care is provided to patients in a way that is consistent with nursing values. Nurses need to clearly articulate to patients and the public what it is that they do and to confront any ambivalence about desiring professional status and image. Nurses can no longer be secretly flattered by the stereotypes of dedication and self-sacrifice. Nurses need to be aware of all of the stereotypes to challenge them when they are encountered.

The reality of nursing can be confusing. Nurses can be diploma or baccalaureate prepared or prepared at the graduate level. Nurses can work in hospitals, ambulatory care, in universities, the community, in industry. Nurses can

be educators, administrators, researchers or provide direct patient care. Yet the public does not know most of these images. The strongest public image is the overworked bedside nurse (Hunt 1984). Others use the term 'nurse' – licensed practical nurses and nurses' aides. No wonder the public relies on stereotypes. Salvage (1983) cautioned that rejection of the old stereotypes must not simply consist of finding a single new one. The new image includes the richness and diversity of all nurses and nursing work, not just the bedside nurse, and involves a reflective nurse who is engaged, embodied and creates an active, problem-solving environment (Davies 1995).

### Conclusion

Changing nurse image and how nurses think about themselves will not be easy. However, what nurses have to offer patient care and the healthcare system is too important for them not to engage in this process of change. They have responsibility to themselves, to the profession and to their patients to be the best professional nurses they can be. Perhaps each individual's efforts multiplies to create a critical mass that can change the stereotypes that are held by not only the public, but also by nurses, and can shift the paradigm. How can they not do this work if that one effort, that one voice that creates the shift, might be their own?

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