The World of Nursing on Prime Time Television, 1950 to 1980

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This study reported the results of a content analysis of primetime television portrayals of nurses and nursing over the past three decades with attention to scope of nursing practice, career orientation of nurses, nursing actions, and nurses' impact on patient welfare. The sample was 320 episodes from 28 series. The findings showed that nurses were depicted as working in acute care settings, entering nursing for altruistic reasons, predominantly acting as a resource to other health professionals, not using problem-solving and evaluation skills, deficient in administrative abilities, and remiss in providing physical comforting, engaging in expanded role activities, patient education and scholarly endeavors. Since the 1960s the trend in the quality of nurse portrayals has been downward. This has created a current crisis in communicating the world of nursing to the public via the most powerful form of mass communication, television.

Television is the most pervasive, therefore, the most influential of the mass media. About 80 million U.S. homes have at least one television set, and the average American home uses the television six hours and 36 minutes a day (Gertner, 1981). Viewers are aware that what they see on the television screen is fiction, but the realism projected, along with the lack of real-life knowledge of the elements (types of people, professions, etc.) of the programming, creates what Barnouw calls "an air of authenticity" (Barnouw, 1978, p. 104). Children, who are more suggestible and believe that television characters are real, experience an even greater impact than adults from television viewing.

Television drama tends toward stereotypes. Smythe (1953) found that male protagonists came closer to embodying community ideals than female protagonists. Journalists were the professional group most closely associated with community ideals, while scientists generally were the most removed from them. Teachers were per-

ceived as the cleanest, kindest, and fairest of the professional groups, but also as the weakest, softest, and slowest.

Television is a socializing force and molder of ideas. One area of television that has received substantial research attention has been the portrayal of violence and its effect on young viewers (Gerbner, 1970 and 1976). As violence in television decreased due to the highlighting effects of Gerbner's annual inventory, explicit sexual activity on television increased (Cline, 1974; Franzblau and Rubinstein, 1977). Aside from the studies on violence and explicit sex, many investigations have been directed at television's under-representation of women and minority groups and its promulgation of occupational stereotypes. Sexual stereotyping has received the most attention (Busby, 1975; Courtney and Whipple, 1974; Dominick, 1979; Dominick and Rauch, 1972; Franzwa, 1978; Lemon, 1978; McArthur and Eisen, 1976, McArthur and Resko, 1975; Sternglanz and Serbin, 1974; Streicher, 1974; Turow, 1974; U.S. Commission on Civil Rights, 1979; and Wiebel, 1975). As a whole, television has remained the province of the professional middle-class male, who is portrayed in disproportionately positive terms at the expense of everyone else, particularly of women who unfailingly have served as men's subordinates and comforters. Television presumes male superiority:

Several studies have focused upon the world of work on television. Seggar and Wheeler (1973) found that women are greatly under-represented in all occupational roles and although the presentation of both sexes tends to be stereotypical, women are even more limited in range than men. Male and female professionals are over-represented

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on television—about a third of the work force on TV is identifiable as professionals (De Fleur, 1964). When children were surveyed and asked about the qualities that rendered a job attractive to them, De Fleur (1964) found that power over others exerted the strongest appeal. He ranked the occupations analyzed in the study in terms of the power associated with them, basing his power ratings upon such measures as address and order giving. Nurses fell virtually at the bottom of De Fleur's scale, with a -100 rating and a rank of 32nd out of 34 occupations.

A study of the TV image of health professionals and its effects on children (McLaughlin, 1975) found that physicians are rarely portrayed as being inferior to anybody, and they embody power, authority, and knowledge. Nurse characters are much less powerful, authoritative, and knowledgeable than physicians, and nurses are shown for the most part in subservient positions, obeying physicians' orders unquestioningly. Nurses on TV give few orders and all of their advising is directed at patients—not at other health professionals. Even when TV physicians were unable to cure their patients' medical problems, they managed to bring about some resolution of a patient's personal problem or some improvement in the quality of another character's life.

Most investigations of television content have been limited to the programming of a single season. Gerbner's annual tally of violence on TV is the only exception. That television has changed over the years is evident, but the record of that change has been neglected. The result is that television content studies occur in a historical vacuum, unlike studies of other media.

This study focused on the practice of nursing as portrayed on prime-time television over the past 30 years. The specific questions addressed were:

- What is the scope of nursing practice as portrayed on television?
- What specific nursing actions are most common on television and has their emphasis changed over time?
- What factors are associated with nurses and nursing actions on television?
- Is the viewing public more highly exposed to certain aspects of professional nursing than others?

Method

This study systematically and objectively assessed the aspects and patterns in the portrayal of nurses and nursing on television from 1950 to the present.

The sample consisted of 320 television episodes from 28 different series aired from 1950 to 1980 in which 240 nurse characters appeared. Prime-time television series with nurse characters were identified by a review of each weekly issue of TV Guide (New York City edition) published from 1950 through 1980. Once identified, a videotape or script of each episode was borrowed, rented, or purchased. A 20 percent sample of the episodes was randomly selected from each series so that the representativeness of any given series in the sample corresponded to its duration on television.

Two tools for coding the content of communications about nurses and nursing on television were used. The *Unit Analysis Tool* was used to study the overall dimensions of nurse characters and included items measuring overt actions of a group of characters, subjective impres-

sions conveyed by narrator comment, behavior and attitudes of other characters toward nurse characters, and the situational contexts in which nurse characters were presented. The Nurse Character Analysis Tool was used to study individual nurse characters and included items measuring the centrality and importance of a character in the plot, demographic profile, general personality traits, and multiple aspects of a character's practice of nursing and conduct in the professional role.

Inter-rater reliability was established by having all raters code the same randomly selected 20 percent of the sample. Inter-rater reliability across all coders and all items was 90.2 percent agreement. No inter-rater reliability score for any single item in the instruments was below

80.5 percent agreement.

Intra-rater reliability was tested by having a randomly selected 5 percent of the sample coded twice by the same coder several months apart. Coders did not have access to original code sheets. Intra-rater reliability across all coders and all items was 88.4 percent agreement. No individual intra-rater reliability score for any single item in the instruments was below 80 percent agreement.

Content validity was established by an inductive and additive process of classifying all aspects of the nurse and nursing which were found to exist in television communications until all categories of new phenomena were exhausted. Instruments were reviewed by a panel of nurse and content analysis experts and subsequently modified

prior to actual data collection.

Convergent validity was established by testing the direction and strength of association between individual measurement items in the instruments that were hypothesized to be related. For example, characters who were coded as highly committed to their profession were seen as altruistic (r=.66, p<.0001). Those coded as having a high degree of personal warmth were seen as nurturant (r=.54, p<.01); and those coded as helpful to patients were seen giving emotional support to patients and their families (r=.56, p<.01).

Since the purpose was to capture an integrated, composite image of television nurse characters and given that it was easier to deal conceptually and mathematically with a few indices rather than multiple variables, several different analytic procedures (factor analysis, principal component analysis, and investigator-assigned weighting) were used to condense variables into a smaller number of factors that represented statistical parsimony. Each construct reported was subjected to reliability testing via estimation of the extent to which it exhibited internal consistency. All constructs produced a coefficient alpha of at least .70. Split-half reliability was estimated by random assignment of items within a given construct to one of two groups followed by canonical correlation between the two sets of measures. All constructs were found to exhibit splithalf reliability of at least: $R_c = .58 p < .05$. Each construct then was submitted to predictive validity testing to determine the extent to which it corresponded with some external criterion measure hypothesized to be related. For example, the construct power correlated significantly and in an expected direction with aggressivness (r = .42, p<.0001) and the construct value for scholarship corresponded with intelligence (r = .40, p < .0001) and rationality (r = .49, p < .0001).

A consideration in examining the media image of any group concerns the degree of dissemination of the messages. For television, the level of exposure has been documented by the Nielsen ratings. In this study, the annual Nielsen ratings from 1950 to 1980 were identified and coded for the relevant series to ascertain which programs pertaining to nurses and nursing have been most widely received by the viewing public. The data on Nielsen ratings was dichotomized into the following categories: those characters ranking in the top 20 Nielsen series (widely exposed) and those characters who did not appear in the top 20 Nielsen series (moderate to low exposure).

Findings

The majority (82 percent) of nurses on television worked in hospitals. In reality only about 66 percent of practicing nurses were employed in acute care settings during the three decades studied (US HEW, 1976). Therefore, acute care settings have been over-represented in television images of the nurse. Head nurse and supervisory roles were common (26.3 percent) as were hospital staff nurse roles, which constituted 51 percent of the sample. Portrayals of community health nurses were rare (1.2 percent). Nursing has been depicted on television as a profession concerned almost entirely with acute illness care, with health promotion and disease prevention generally ignored.

Most television nurse characters (84.4 percent) conveyed the attitude that nursing was an important element of their existence. Although the general degree of importance nurse characters attributed to their careers did not change over time, its expression was significantly more disparate or unstable during the 1950s ($F_{\rm Box}$ (2,15067)=4.6647, p<.01). Television mirrored the public's belief that nurses, like other professional women, were torn between career and family commitments.

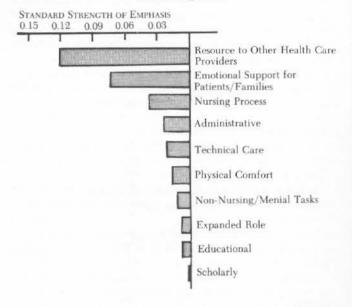
Television nurses were generally characterized as women who had entered nursing for altruistic reasons. Many viewed nursing as intrinsically a worthwhile activity (25.8 percent) or as an opportunity to fulfill a desire to care for others (23.8 percent). Only 14 percent of TV nurses chose nursing for pragmatic reasons, such as belief that nursing would allow them to support themselves or their families. Altruistic motivations for selecting nursing were significantly more visible to the public during the 1960s than at any other time in television history (in each case the $X^2 = p < .005$).

Of the nurse characters in the sample, 13 percent left nursing for marriage (21 percent), heavy work load or poor working conditions (15 percent), feeling unsuited for nursing (15 percent), lack of satisfaction with nursing itself apart from work conditions (12 percent), and being fired (9 percent). Only one television nurse character in the sample left the profession because of low pay. The majority of nurse characters were young (24 to 35 years old); very few left nursing because of retirement. Essentially, television consistently projected the idea that nursing is not a life-long career pursuit. This image was most pronounced during the 1970s.

Across the 30 years studied, nurse characters on television were portrayed more in their professional role (64 percent) as opposed to being engaged in personal activities (36 percent). The proportion of time a nurse character functioned in a professional capacity declined significantly over the past three decades (Kruskal Wallis H=39.12, N=225, p<.001). When nurse characters pursued personal activities, they were engaged primarily in dating (64 percent).

The various activities that nurse characters performed on TV as part of their professional role were coded into 92 discrete, exhaustive, and mutually exclusive categories. These were clustered into ten overall nursing activity categories. An index of the strength of emphasis in each of these larger categories was developed by calculating the degree of prominence and number of different actions in each grouping. Index scores were standardized to allow for comparisons across the ten nursing categories. Acting as a resource to other health professionals and providing emotional support to patients and families were the two nursing activity areas most commonly portrayed on television (Figure 1). Scholarly, educational, and expanded role activities were least emphasized.

Figure 1. Nursing Activities on Television 1950 Through 1979



Acting as a professional resource to other health care providers took place largely with student nurses (r=.56, p < .01) or other graduate nurses (r = .43, p < .01) rather than with physicians or other providers. Nurses who acted as professional resources were usually seen in an administrative role rather than in the direct patient-care role (r=.43, p<.01). Nurse characters who functioned as a professional resource were portrayed as nurturant (r=.42, p < .001), intelligent (r = .35, p < .01, assertive (r = .32, p<.001) and powerful (r=.50, p<.0001). They exhibited drive (r=.25, p<.01), and were shown valuing their work (r=.41, p<.001) and service to others (r=.39, p=.001). They chose nursing for altruistic reasons (r=.41,p<.0001) and were commended by other characters for their professional behavior (r=.25, p<.01). They also contributed to patients' welfare (r=.32, p<.01). Television's portrayal of this nursing action changed significantly over time. The 1970s showed the lowest level of all three decades studied (Kruskal Wallis H=36.91, N=225, p < .0001).

Television nurses who were shown providing emotional support were also involved with other patient-centered activities such as physical comforting (r=.52, p<.01) and using the nursing process (r = .46, p < .01). They were nurturant (r=.42, p<.0001), exhibited power (r=.42,p<.0001), and valued their work (r=.42, p<.0001) and service to others (r=.47, p<.0001). This nursing action was shown as the greatest contribution to patient welfare (r=.54, p<.0001). Nurse characters who provided emotional support liked being nurses (r=.39, p<.0001), chose nursing for altruistic reasons (r=.38, p<.0001), and were commended for their professional behavior (r=.29, p<.01). They exhibited a considerable degree of autonomous judgment (r=.39, p<.0001). Unfortunately, television nurse characters who demonstrated emotional support had a significantly lower level of audience exposure (Mann-Whitney U=2176, N=225, p<.01). These portrayals dropped to their lowest level in the 1970s (Kruskal Wallis H=12.63, N=225, p<.02).

Nursing process activities included the problem-solving skills of assessment, planning, evaluation, and referral. Nurses shown using the nursing process valued their work (r=.35, p<.0001) and service to others (r=.35,p<.01). They exercised power in their professional role</p> (r=.45, p<.0001), were commended by others (r=.28,p < .0001), used autonomous judgment (r = .38, p<.0001),and contributed to the patients' welfare (r=.35, p<.0001). During the past 30 years, television's portrayal of nursing process activities changed, with the high point reached in the 1960s and the lowest level in the 1970s (Kruskal Wallis H=17.44, N=225, p<.001).

Television's portrayal of nurses who carried out administrative activities fits the stereotype of women with authority. They demonstrated attributes and qualities traditionally associated with the the masculine personality. Nurse characters carrying out administrative activities exhibited drive (r=.32, p<.0001), assertiveness (r=.34,p < .0001), and power (r = .53, p < .0001). They were organized (r=.28, p<.01), rational (r=.27, p<.01), disciplined (r=.26, p<.01), efficient (r=.25, p<.01), intelligent (r=.25, p<.0001), and sophisticated (r=.20,p<.01). They valued their work (r=.30, p<.0001) and saw their careers as important to their lives (r=.28, p < .01).

But they were portrayed as having low levels of personal warmth (r=.25, p<.01), one of the positive traits associated with the traditional feminine role. They also were shown as somewhat rigid (r=.28, p<.01). Administrative activities of nurses had no significant impact on patient welfare. The significant changes over time in television's emphasis on administrative activities of nurse characters is similar to the pattern observed for other nursing actions. The 1970s had no more administrative activities than the 1950s (Kruskal Wallis H=8.53, N = 225, p < .02).

Technical nursing actions contributed significantly to patient welfare (r=.30, p<.0001), but were often carried out under physicians' orders and supervision (r=.30, p<.001). Nurses shown doing technical care often used their own judgment (r=.23, p<.01) and frequently were praised for their professional behavior (r=.31, p<.01). They valued their work (r=.27, p<.0001) and service to others (r = .29, p < .0001).

Besides an increased emphasis on technical care during the 1960s followed by the familiar drop in the 1970s (Kruskal Wallis H=6.29, N=225, p<.05), a far more significant change occurred in television's depiction of nurse characters who performed these activities. During the 1950s and 1960s, technical procedures were strongly linked to a nurse character's involvement in providing emotional support (r=.69, p<.01) and physical comforting (r=.48, p<.01) as well as carrying out the nursing process (r=.48, p<.01). In the 1970s, however, technical procedures became isolated tasks, no longer accompanied by other nursing actions. Television nurses who performed technical care procedures in the 1970s were generally not sociable (r=.23, p<.01) or sincere (r=.26,p < .01), and were inflexible in their interpersonal interactions (r=.23, p<.01). Technical care was the nursing action that received the highest audience exposure (Mann-Whitney U 2716, N = 225, p < .01).

It was surprising to find that physical comforting, an unchallenged nursing tradition, was seldom ascribed to nurses by television. Physical comforting appeared as an outcome of nursing process actions (r=.49, p<.01). Nurse characters at all stages of their careers were seen providing comfort measures, but these actions were carried out more often by nursing students (r=.18, p<.01). The appearance of physical comforting was associated with nurses who valued their work (r=.30, p<.0001) and who expressed satisfaction with nursing (r=.25, p<.001). They were shown contributing to patient welfare (r=.41,p<.0001). The depiction of physical comforting reached its lowest point in the 1970s (Kruskal Wallis H=13.46, N=225, p<.02). Nielsen ratings indicated that these actions received very low audience exposure (Mann-Whitney U=2754, N=225, p<.004).

Menial non-nursing tasks were uncommon on television. Nurses who performed a great deal of menial work were frequently seen taking orders from physicians (r=.24, p<.01). They often expressed a dislike for nursing (r=.21, p<.01). One positive note. Portrayals of nurses engaged in menial tasks did decline significantly in the 1970s (Kruskal-Wallis H=19.96, N=225, p<.0001) and the programs imparting this image had a very low level of audience exposure, as measured by Nielsen ratings (Mann-Whitney U=2786, N=225, p<.01).

Expanded role activities included responsibilities traditionally performed solely by physicians such as prescribing medications and the diagnosis and treatment of medical problems. These actions most likely were carried out by nurse characters situated in some setting other than the traditional hospital, most commonly a military field hospital (Mann-Whitney U=3019, N=225, p<.04.) Major Margaret Houlihan, the central nurse character on $M \circ A \circ S \circ H$ performed more expanded role activities than any other nurse. Expanded role responsibilities for nurse characters were shown appropriate only in time of crisis, not something ordinary nurses engaged in back home. Television nurse characters were never seen performing these tasks in the 1950s and only on rare occasions during the 1960s and 1970s. This slight increase in emphasis over time was not statistically significant (Kruskal-Wallis H=.125, p=NS). These nurses used autonomous judgment (r=.31, p<.0001) and exhibited power in the professional role (r=.15, p<.03). The appearance of these activities was not associated with contributions to patient welfare.

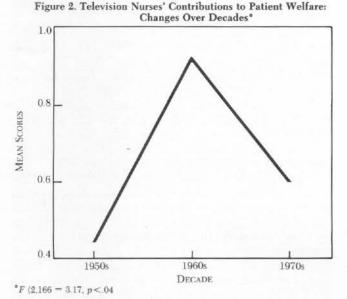
Nurse characters engaged in educational pursuits were shown valuing their work (r=.25, p<.001), expressing satisfaction with nursing (r=.32, p<.0001), and being helpful to patients (r=.18, p<.05). Like expanded role responsibilities, educational activities of television nurses were never seen in the 1950s and rarely appeared in the 1960s and 1970s. This lack of emphasis has persisted over time (Kruskal-Wallis H=3.25, N=225, p=NS).

Throughout the entire history of television, the portrayal of any nurse on a prime-time series who was capable of scholarly activities was virtually non-existent. Its occurrence was so rare that changes over time could not be submitted to inferential testing.

Nurse character contributions to patient welfare (Figure 2) reached their highest point in the 1960s (F(2,166)=3.17, p<.04) as did the portrayal of nurses having power (Kruskal-Wallis H=24.3, N = 225p<.0001). Nurturance followed this pattern of being high in the 1960s and lower in both the 1950s and 1970s (Kruskal-Wallis H=15.59, N=225, p<.005). Value for work p < .0001), service (F(2,225)=30.32,(F(2,225)=26.62, p<.0001), and scholarship (Kruskal-Wallis H=11.85, N=225, p<.003) were exhibited more in the 1960s. In the 1960s, nurses were shown expressing satisfaction with a career in nursing more than in any other decade (Kruskal-Wallis H=11.55, N=224, p<.003). Nurses were also commended the least (F(2,190)=3.16,p < .04) and experienced the lowest level of respect from ment was shown as highly beneficial to patients (r=.75, p<.01). The 1970s, however, showed that the use of nursing judgment often warranted criticism from others (r=.36, p<.01). This was the only decade, however, where a significant association was found between the appearance of a nurse using clinical judgment and subsequent evidence in the plot that she had acted to the detriment of a patient $(X^2_{ml}=4.08, df=1, N=109, \Phi=.16, p<.05)$. In other words, nurses shown thinking for themselves were also portrayed as harmful to the patients under their care.

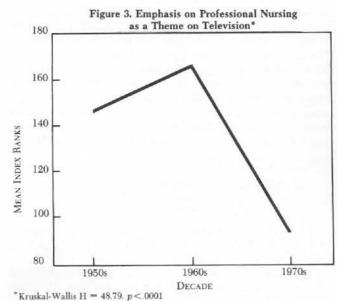
Nursing activities performed most often in series with greatest emphasis on professional nursing were (in order of strength): acting as a professional resource to other health care providers, implementing the nursing process, carrying out technical care procedures, providing emotional support, carrying out administrative responsibilities, doing menial tasks, and providing physical comforting (F(7,228)=20.33, R=.62, p<.0001).

Only 9 percent of the nurses were central characters in a role that focused primarily on their professionl lives, and of that 9 percent, only 2 (less than 1 percent of the sample) were in highly exposed series. Figure 3 shows that public exposure to professional nursing on television suffered a severe decline in the 1970s. Only 3 percent of the sample which aired during the 1970s presented viewers with this strong nursing image as compared to 37 percent of the 1960 sample, and 5 percent of the 1950 sample. Clearly the public's exposure to images of the services provided by the nursing profession markedly declined (Figure 3).



physicians (F(2,25)=6.98, p<.01) during the 1970s.

Nurses' autonomous judgment steadily increased over the television years, reaching its highest point in the 1970s (Kruskal-Wallis H=6.78, N=225, p<.04). Prior to 1970, television portrayed nurse characters who used their own judgment in a very favorable way. The professional behavior of these nurses was often commended by other characters (r=.48, p<.01) and autonomous nursing judg-



Discussion

The favorable image of the professional work of nurses on television entertainment programs reached its apex in the 1960s. This was the decade when many nursing actions received their greatest exposure, but also it was the high point for the portrayal of other positive elements such as nurses' contributing to patient welfare. The favorable image of nursing presented during the 1960s was

largely due to one major television series, The Nurses, which aired on CBS from 1962 to 1965. This hour-long drama centered upon the professional lives of nurses at the fictional Alden General Hospital in New York. It was the only network series ever to exclusively focus on the profession of nursing in prime time during the three decades studied. This series presented nursing as a vital and exciting profession and nurse characters as compassionate, warm, and caring as well as intelligent, assertive, self-directed, and committed. Nurses and nursing constituted the major focus of the series, and the full range of personality and behavioral characteristics of nurse characters was more fully developed as was their involvement in various nursing activities. Essentially, the multiple aspects of nurses' roles and nursing practice were extensively explored. The public image of a single, well-produced television series, which actually focused on the profession of nursing and the contributions nurses made to patients' well-being, was remarkable.

As a whole, the portrayal of nurses on television in caregiving activities created a potent favorable image of the profession. When nurses were shown in their true professional role, they were helpful to patients, nurturant, and committed to their work. Unfortunately, depictions of nurses providing nursing care were rare events in the

1970s and have declined since.

When leadership behaviors were exhibited by television nurse characters, these individuals were also portraved as having negative attributes. This was most evident with nurse administrators, who where characterized as powerful, intelligent, and competent but also as cold and rigid. Although more nurses were shown on television in the 1970s than in any other previous decade, the quality of the projected image fell to an all time low. Nurse characters were primarily shown in series highlighting the medical profession. Physicians were presented as demigods or bigger than life while nurses were severely undervalued. Little effort was made to depict nursing's contributions to health care. Nurse characters were consistently made secondary in importance to physician characters, as in Marcus Welby, M.D., or to other male protagonists, including less educated paramedics, as in Emergency. Even Major Margaret Houlihan on MoAoSoH, perhaps the best image of nursing presented on television in the 1970s, was depicted as technically competent, but having little direct impact on patient welfare. Her contributions as a surgical nurse were shown as supportive to the surgeons who were nearly always the real heros. She was rarely shown giving emotional support or physical comforting to patients. As an administrator, Margaret was efficient, intelligent, and organized, but, particularly in the early seasons, she was also portrayed as extremely rigid and unfeeling toward staff.

Scholarly activities were absent. The closest any television nurse ever came to being identified with scientific pursuits was a secondary nurse character appearing in Doctors' Private Lives in 1978. In her off-duty hours, she was shown serving as an assistant in an animal lab helping a physician researcher conduct experiments. Most of her time in this capacity was spent being corrected, verbally insulted, and sexually harassed by the physician-scientist. Another television nurse, notable for her involvement in research, was the character Bobbie Marks who appeared

in a 1975 episode of Doctors Hospital. In a desperate attempt to gain the romantic attention of a physicianscientist, she injected herself with the experimental drug he was testing and died. Her death was less a sacrifice to science than the man whose love she desperately sought.

The results of this study point to a dire need for the nursing profession to intervene in the television media's program creation process. The pervasive impact of the unfavorable portrayal of the nursing profession on TV not only makes recruitment of future nurses difficult, but also adversely influences the decision-making process of policy makers who decide what scarce resources the nursing profession will or will not have to carry forth its mission to the public.

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