

EDITORIAL

Nursing a media grievance

Media portrayals of nursing seem as endlessly fascinating now as they ever were. I have been writing and speaking about them for almost as long as I have been a nurse (Darbyshire, 1989, 2010), and their power to provoke, challenge or enrage us shows no sign of waning.

Two events recently have spurred my interest, not so much in who or what is portrayed in “the media,” but in how we as nurses respond and react to this.

The first was an online discussion group where Sandy Summers from “The Truth About Nursing” website and I had a wonderfully civil and collegial debate (Darbyshire & Summers, 2017) about whether nurses should petition Netflix to stop the proposed new series on the “early life” of the infamous “Nurse Ratched” from “One Flew Over the Cuckoo’s Nest.”

I disagreed with the basic assumption that nurses as a group or individually should “petition” a TV production company to cancel a proposed show on the basis that it “reinforces negative stereotypes.” The corollary here seems an equally dangerous assumption that only “positive stereotypes” or ones that nurses approve of as “OK” can be depicted. Nurse Ratched is assuredly a monstrous and indeed a misogynistic creation, as I described over 20 years ago (Darbyshire, 1995). She violates almost every imaginable notion of what a good nurse should be like. That paradox is part of the reason why she has endured as a symbol of malevolence and terror and perhaps why the possibility of her appearing again on our TV screens, albeit in a neophyte, guise is so scary for many. She has “translocated the ideal.”

We should no more try to “ban” Nurse Ratched than we should petition every TV channel that still shows “Carry On” films featuring a host of “naughty nurses,” dimwit doctors and dragon matrons because their portrayal of health services and health professionals is “negative” and unrealistic. The vast majority of the population are not that gullible. They know very well that these are not documentaries. They are fictional dramas about fictional characters or they are “comedies” that you may find either funny or execrable. That is your call to make. The call that you cannot make is that no one should ever be allowed to see them again.

The second moment was at a recent seminar where a nurse with experience in aged care and nursing home accreditation was furious that I would highlight recent “scandal” stories involving that sector. In Australia, some of our national newspapers have been running stories describing residents’ and relatives’ experiences of nursing home living. They have not been pretty (See; <http://www.theage.com.au/national/dawns-final-days-reveal-aged-care-horror-20170921-gylvaj.html>; <http://www.smh.com.au/national/my-grandmothers-horrible-linger-death-could-have-been-so-different-20170926-gyov4t.html>;

<http://www.smh.com.au/national/is-this-how-it-ends-how-we-can-make-aged-care-better-20170925-gyo6ap.html>; <http://www.smh.com.au/national/aged-care-preventable-nursing-home-deaths-surge-20170526-gwdx2q.html>; <http://www.smh.com.au/national/investigations/readers-respond-your-experiences-of-nursing-homes-in-australia-20170928-gyql0.html>) and have led to some of their biggest “mailbags” ever. This nurse assured me in no uncertain terms that she had never seen such examples of poor care in her accreditation travels. As we read these accounts and ponder our own ageing futures, there are many who would never contemplate a nursing home as their desired final living option. Others will be considering more drastic steps that any nurse, let alone any aged care nurse, would know of.

The substance of this nurse’s fury was that I would not only repeat these media stories but that somehow such a repetition constituted a belief and claim that EVERY nursing home was a torture chamber and that EVERY aged care nurse had similarly deplorable standards.

“Shooting the messenger” is such a tired and archaic ploy that maybe it should have its own nursing home bed. I remember the establishment backlash way back in the late 1960s when Barbara Robb published “Sans Everything”: A Case to Answer about the woe-ful and indeed cruel treatment of older people in NHS hospitals and psychiatric hospitals (Hilton, 2017). Government and judicial condemnation and discrediting were as swift as remedial action was nonexistent. Even a Nursing Mirror editorial of the time asked not “What needs to be done” but, “Should ‘Sans Everything’ ever have been published” (Nursing Mirror & Midwives Journal (1968) 127(3): 9).

When Hilton (2016) described how “Robb found an impenetrable wall of secrecy, defensiveness and denial of poor practice within the NHS” (p.328), she could have been describing how we still seem to have a knee-jerk reaction to any “meeja stories” that portray nursing or care in a “poor light.”

The media is not nursing’s tame cheerleader, there to produce nothing but confected puff pieces on how wonderful we all are and how superbly special is all of health care. We have “Comms Departments” to do that. A journalist’s job is to find and report stories, good or bad, not to check with us first that they would not seem “negative” and then to filter those out.

A second issue was raised at the same seminar and that was that the media only report bad things, scandals and poor care. It is the old cub reporter’s lesson that “If it bleeds, it leads.” Where were all the “good news” stories, people asked? It seems a fair question until we look at what is actually “out there” in news story world. All of the news and social media feeds that I follow are replete with “positive” stories from TV and local newspapers. Great nurses are retiring

who have served their communities faithfully for a lifetime, student nurses have saved people at car accidents, nurses win awards for excellence and ideas and nurses care for the babies of mothers that they also cared for and more. On TV, we have loved watching “Call the Midwife” and could have subsisted on a diet of “Reality Medical” shows such as Jimmy’s, RPA, Gold Coast Medical or countless others, all showing nurses, doctors and hospitals predominantly doing a wonderful job.

Somehow, though, that is not quite enough for us. The problem is that there is a huge difference between a “bad press” and bad care. No amount of spin doctoring is going to rescue nursing’s PR from a disaster such as “Patients Not Numbers, People Not Statistics” (The Patients Association, 2009) or “The Francis Report” (Francis, 2013). The antidote to bad care stories is not better PR, suppression of “bad news” or the generation of more good news stories to somehow cancel the bad news out. Neither the media nor people’s lives work like that. It is the elimination of poor care and its replacement with exemplary care every time for every patient and every community that will eliminate “bad press.” If that sounds tough, it is. That is nursing and personal and professional responsibility in 2017. There are no hiding places.

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