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Professional Image and Heroism of Nurses during the Covid-19 Pandemic:

A Case Study of the Effects of Social Media on Nurses in Illinois

By

Jonathon Dalecke

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Faculty Advisor: Jessica Marroquin

Preceptor: Mary Elena Wilhoit

Abstract

This article uses a survey of nurses in Illinois to explore the heroization of nurses that occurred during the 2020-2021 pandemic and the effects of social media on respondents. Due to their hard work taking care of patients, putting them at risk of contracting the Covid-19, nurses have become viewed as heroic. Other scholars have examined the narratives of heroism surrounding nurses, finding they have both accepted and critiqued their status as heroes. However, there have not been many specific studies of the effects of social media on the heroization process and on nurses during the pandemic. Social media has allowed nurses to publicize their jobs and daily struggles, leading to their status as heroes and general acknowledgement, but can also negatively affect their mental health. In addition, relatively little online discourse about nurses transformed into offline activism, casting doubt on the limits of social media in politics.

Introduction

When asked about the Twitter movement #nursesareheroes, one nurse replied that it was passe, and they had seen more nurses leave the profession in the past year than in the previous fifteen years combined. This illustrates a problem: that those working hard to stop the spread of Covid-19 are also some of the most overworked and stressed (Ehrlich et al. 2020). Hospitals have been flooded with Covid-19 cases after surges in the virus or reopening, taxing their resources and personnel as patients are admitted, tested, taken care of, and leave the facilities (Quinn, Patch 2020). In response the “Nurses are Heroes” movement has emerged in the United States to draw attention to the toll the virus has caused on medical workers and nurses in particular (Williams 2020). Nurses have publicized the difficulties they face during the pandemic, which has led to their being labeled heroes. This thesis focuses on nurses rather than

doctors because there are three times more nurses than doctors in the United States, and nurses are responsible for patient's overall care (Gwynedd Mercy University 2020). In addition to those reasons, according to the United States Bureau of Labor Statistics, doctors earn roughly three to four times as much as registered nurses, and so are being well compensated for their work (BLS 2021).

This thesis focuses on nurses during the 2020-21 pandemic in the state of Illinois in the United States. According to data collected by the United States Bureau of Labor Statistics in 2020, there are 127,450 registered nurses, 1460 nurse anesthetists, 6890 nurse practitioners, and 19,630 licensed practical nurses employed in Illinois (BLS 2020). This comes out to a total of 155,430 nurses across all occupations, with a median income of \$74,540 dollars a year (BLS 2020). The American Hospital Directory states there are 142 hospitals in Illinois. In those hospitals, there were some common trends. Eastern Illinois University published a brief overview of the state of nursing in Illinois, finding that the average age of nurses was increasing and a nursing shortage of roughly 21,000 individuals was anticipated in 2020 due to retirement (2019). In 2020, this has led to hospital nurses going on strike to limit the number of patients assigned to individual nurses and for other staffing concerns (Yan 2020, Dudek 2020, Schencker 2020). High demand for nurses has outstripped the amount available, leading to conflicts over workload, wages, and safety.

Argument

This paper will expand on the background of the day-to-day roles of nurses during COVID-19 and the rise of their heroization in social media. I argue that nurses' responses to the Nurses are Heroes movement will highlight a tension between the positive experience of performing a vital role in times of crisis and the stress that this involves. Using a survey of nurses, I argue that

the main issues that nurses feel confronted with are a perceived lack of support despite their newfound importance and status as heroes, burnout, and being expected to sacrifice their own well-being. These heroic narratives often limit support of nurses to thanks and acknowledgements only. Furthermore, I will analyze the nurses' perception of the Nurses are Heroes movement, exploring the limits of social media changing identities and politics.

As a guiding framework I include several studies about the historical position of nurses within the medical community and their professional identity. I also include several academic articles about nurse's recent heroization and public image during the pandemic. This thesis uses several edited collections about social media and its relevance in political movements. Those books are primarily used to ground discussion of the importance and effectiveness of the Nurses are Heroes movement, as well as its impact on nurses' self-concept and professional identities.

Roadmap

In my thesis, I begin by introducing the survey I conducted to gather the opinions of nurses in Illinois on their recent heroization. Secondly, I examine the day-to-day activities of nurses and how their mental health has been affected by the pandemic. Thirdly, I will look into the heroization of nurses during 2020 and 2021 and how that relates to the ideals of the medical profession. Fourth, this thesis will compare doctors and nurses' public perceptions and roles within the medical field. Fifth, is my discussion of how social media factored into nurses becoming viewed as heroes and how social media affects their identities. Finally, I will conclude with a discussion of the role of social media when it comes to affecting lasting political change.

This study is important because the pandemic has changed how nurses and other healthcare workers are being viewed and valued in the United States. It will explore the complexities of self-image and identity and the conflict between people's personal images of

themselves versus society's versions. While scholars have analyzed the effects of the Covid-19 pandemic on nurses' image and professional identities, there are few articles about the specific effects of social media. Articles tend to either conflate social media with the Internet in general, or only touch upon it briefly and move on to discussing how nurses have been portrayed in the news.

Description of Survey

The survey was administered using Google Forms, and asked a mixture of quantitative and qualitative questions. Quantitative questions were about occupation, ethnicity, age, gender, social media use and opinions on who respondents considered a hero. Qualitative questions usually asked for clarification and more details about quantitative questions. For example, the survey asked a question "Do you consider nurses to be heroes?" with respondents selecting 'Strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree'. A follow-up question simply asked 'Why?' and allowed participants to answer as much or as little as they wished.

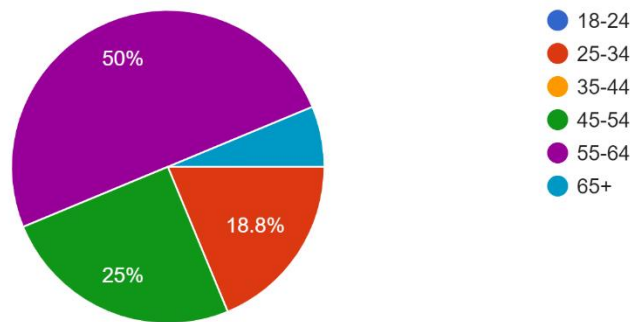
I found respondents for my survey by contacting professional nurse's organizations, hospitals, and community care centers in Illinois. This included business and career focused organizations as well as non-profits. Organizations who sent the survey to their members were the Illinois Nurses Foundation, the American Nurses Association Illinois, the Lawndale Christian Health Center, Illinois Society for Advanced Practice Nursing, Chicago Bilingual Nurse Consortium, and The Philippine Nurses Association of Illinois.

Sixteen individuals filled out the survey, and it is helpful to know their social identities. 14/16 respondents were female and 2/16 were male. When asked their ethnicity and nationalities, one self-identified as Hispanic, one as non-Hispanic, seven as Caucasian, two as American, one

as Italian, one as white, and three declined to answer. All respondents identified as white when asked their race.

Select Your Age Range

16 responses



Three respondents were between 25-34, four were between 45-54, eight were between 55-64 years old, and one was over 65 years of age.

11/16 of the respondents were registered nurses, while the remaining five occupied administrative roles. These were nurse leader, nursing instructor, Administrative Nursing Director, Division of Nursing Chair, faculty, and Executive Director of the Chicago Bilingual Nurse Consortium. All of the people who completed the survey worked in Illinois and identified as nurses.

I also asked which social media tools the nurses used, given its focus on how social media affected nurses' identities and their status as heroes. 11/16 used Facebook, 5/16 used Twitter, 4/16 used Instagram, 7/16 used Snapchat, 2/16 used TikTok and 3/16 did not use any of the listed platforms.

Background

Day to day

Throughout 2020, many authors have argued for the value of healthcare workers (HCW) in containing the pandemic. They are, “Our most precious limited resource, healthcare workers bravely care for patients while trying to avoid acquiring the infection” (Hyung J Cho et al. 2020 360). HCWs have gained attention for this dichotomy between working in a job that requires them to take care of others, but that process puts them at risk of contracting the coronavirus. Nurses fall within the definition of HCWs. They are broadly responsible for patients within the United States healthcare system, conducting exams, coordinating specialist care, providing counseling, and other tasks (Gwynedd Mercy University 2021). While their work is not given the prestige awarded to doctors and surgeons, nurses have the most contact with patients in hospitals and are responsible for their ongoing well-being. Their jobs have been put into the public eye; many articles about the value of nurses conflate the struggle against the virus to a war (Edmonds et al. 2020). Nurses and other HCWs are often described as ‘on the frontlines’. Ehrlich et al. also use words such as ‘frontline’ and ‘united front’ when describing the importance of nurses during the pandemic (2020 1528). While this is an imperfect metaphor, it demonstrates their increased importance as individuals whose primary job is assisting others.

As a consequence of being in close proximity to Covid-19, nurses have had increased stress and workload during outbreaks (Ehrlich et al. 2020). Despite their increased importance, nurses have often struggled with inadequate supplies and overwork during the pandemic. During the spring of 2020, most hospitals did not have sufficient capacity or enough nurses to safely take care of Covid-19 patients (Spetz 2020 2-3). This trend would continue in hotspots such as New York. In December 2020 hospitals in cities like New York were overcapacity with

coronavirus patients, while the nurses struggled to cope (Quinn 2020). During early 2020, when treatment methods were new and hospitals were not well prepared, patients in New York intensive care units had an average stay of 11 days and were often not transferred to less full hospitals (Quinn 2020). This may have contributed to the increased workload during the pandemic, as fewer nurses have had to divide their limited attention and the resources at their disposal to adjust to rapidly changing situations (Hyung J Cho et al. 2020). A Massachusetts report about essential workers said;

Nurses are overworked, exhausted, anxious, depressed, angry, and beyond emotional and overwhelmed. There are not enough supplies. Masks, gowns, face shields are all being reworn. Hospitals are refusing hazard pay, raises, paid sick leave for nurses who develop symptoms (which is inevitable at this point) while working on these patients (Hammonds et al. 2020).

Nurses felt that they were being put in danger and left with little support despite their life-saving duties, adding more stressors on top of the regular ones.

Treating patients with Covid-19 is enormously stressful, and nurses bear much of that stress as primary caregivers and coordinators. In a survey of stress levels of HCWs, nurses had the highest level of self-reported stress from loss of control, fear of infection, and personal health (Wong et al. 2020). The atmosphere of quarantine, which was breaking the normal interconnectedness of hospitals also appears to have contributed to negative mental health outcomes (Hyung J Cho et al. 2020). What was conceived as 'normal' was broken by the pandemic, with the higher patient count and overwork (Hammonds et al. 2020). Nurses have had to balance their own well-being with their professional duty to take care of patients, which has led to high rates of burnout and overwork (Kealy 2020). Furthermore, nurses are the primary caregivers for patients in intensive care units, and so are involved in difficult decisions about care, mortality and quality of life (Hyung J Cho et al. 2020). These choices are compounded by

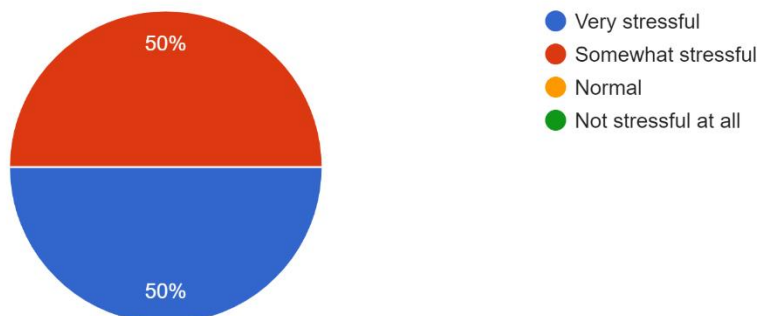
the limited resources available during the pandemic and the necessity for careful, respectful communication with the family of patients (Curtis et al. 2020). Another stressor on nurses is the fear of spreading the virus to others. Given that their occupation is to care for people infected with Covid-19, nurses are constantly stressed by the worry that they will become vectors themselves (Ehrlich et al. 2020).

While this is a problem on a national level, as I demonstrated above, the situation in Illinois is similar. In 2019 the Illinois Nursing Workforce Center estimated that Illinois would face a shortage of more than 21,000 nurses by 2020 in part due to aging and retiring nurses (Eastern Illinois University 2019). One respondent of the thesis survey acknowledged the urgency of Illinois's healthcare crisis and nursing shortage, saying that nurses have had to do more with less because there are not enough of them. As previously stated, nurses have gone on strike and protested for limits on patient loads and recompense for their heroism (Yan 2020, Dudek 2020, Schencker 2020). The pandemic has changed the staffing, patient load, atmosphere, and work environment of hospitals and care centers in Illinois, which has led to disputes between nurses and their employers. Illinois specifically is, "facing a statewide mental health crisis due to workforce shortages and accessibility" in every type of health care setting, from hospitals to clinics to residential facilities (Barbic 2021). According to Marvin Lindsey, CEO of the Community Behavior Healthcare Association of Illinois, 38% of the people in the state live in designated mental health shortage areas (Barbic 2021). Nurses have increasingly stressful duties yet find it difficult to obtain mental health counseling.

In the survey conducted to gather data for this thesis, respondents also indicated that their jobs during 2020 and 2021 were stress-inducing.

How stressful has your job been during 2020?

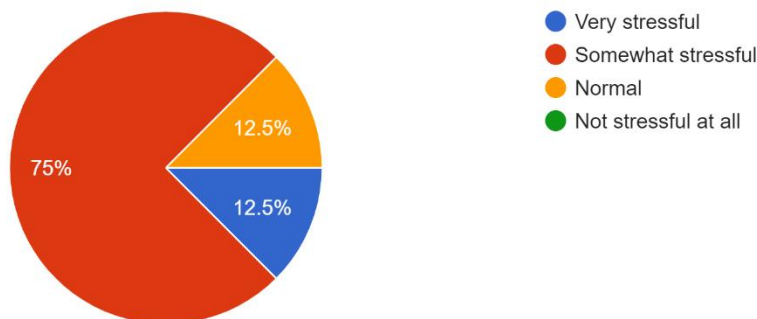
16 responses



When asked ‘How stressful has your job been during 2020?’ 8/16 of the respondents replied, ‘Somewhat stressful’ and 8/16 replied with ‘Very Stressful’.

How stressful has your job been during 2021?

16 responses



Responses to ‘How stressful has your job been during 2021?’ were that 10/16 ‘Somewhat stressful’, 2/16 very stressful, and 2/16 said that their duties were normal.

Self-Concept and the Public Image

While the public perception of nurses is improving, old stereotypes and misconceptions still remain. Hoeve et al. argue that Tajfel and Turner’s Social Identity Theory is useful in understanding how nurses’ self-concept of their profession is dependent on their perceived image

by society (2014 303). When people believe that their society thinks well of them, their self-image is increased, which has happened during the pandemic. However, Stokes-Parish and co-authors argue that, “the public image of nursing is, to a large extent, affected by the invisibility of nurses and the way they present themselves . . . also known as the “I am just a nurse” dictum” (2020 2). The public generally is unaware of the education and academic rigor required to be a nurse, although this view is changing over the past forty years (ten Hoeve, Jansen, & Roodbol, 2014 304). Another critique is how there is a general conception of nursing as a female-only profession, which carries many gender-specific stereotypes (Kelly J., Fealy, G.M. & Watson R. 2012). To be a nurse is to be defined as someone who takes care of another, a traditionally feminine task and social sphere. This was supported by this thesis’s survey; 13/16 respondents were female and mentioned how they and other nurses cared for patients, giving qualities such as kindness, compassion, love, and hard work.

Popular images and narratives of nurses range from acknowledging their expertise to caricatures, often reinforcing traditional feminine roles. YouTube portrayals of nurses consist of three general stereotypes: nurse as skilled professional, nurse as ‘sexual plaything’ and nurse as ‘witless incompetent’ (Kelly et al. 2012 1804). Nurses are assumed to be female, and so their images are associated with womanhood and qualities related to it, such as caring and being an object of sexual desire (Kelly et al. 2012 1805). These negative portrayals illustrate that nurses continue to be misunderstood and lampooned, despite their serious responsibilities. However, in their discussion of videos that depict nurses as professionals in a demanding, yet fulfilling field, Kelly et. al note that YouTube is “a democratizing platform though which they [nurses] can promote positive images of nursing” (2012 1810). This is also what the Nurses are Heroes

Twitter movement was attempting to do, challenging popular narratives about nurses with their own, personal stories.

Heroization

One arguably positive thing that has come from the Covid-19 pandemic is a greater public appreciation of the role, actions, and positive qualities of nurses (Morin et al. 2020). The linkage of wearing personal protective equipment to maintaining the public health, along with media attention, has resulted in the labeling of nurses as heroes (Morin et al. 2020). For example, the Facebook community ‘Nurses are Heroes’ has photos of Chinese nurses showing the lines in their face from personal protective equipment (Nurses are Heroes February 2020). Due to their importance in combating the virus, public hospitals, nurses, and doctors have been lauded by politicians and have received more state funding (Pleyers Oct. 2020). Others have shown the stresses and difficulties of being a nurse in the pandemic (@Jillymo527 March 11 2021). This self-sacrificing nature of healthcare is a key part of the heroization movement (Stokes-Parish et al. 2020 463). Heroes are often perceived to be someone who sacrifices their well-being or safety for others. For instance, an article from Philadelphia covers a male nurse who drives around giving vaccinations with leftover doses to homebound people, after his shift, which is treated as something self-sacrificial and life-saving (Silverman 2021). On top of already working as a nurse, his free time is spent helping others, leaving him with little time for himself.

However, some clinicians believe that this mythos of heroism obscures the toll that healthcare takes on nurses. superficial social media thanks and online discounts do not take the place of mental health therapy and normalizing seeking treatment (Williams 2020). They do not help nurses keep their jobs or mental health. Other nurses object to their portrayal as heroic angels, believing that it denigrates their hard-won expertise and subtly reinforces passive, self-

sacrificing gender roles (Stokes-Parish et al. 2020). An example of what they are reacting against would be a tweet calling nurses heroes, with a picture of a tired nurse with angelic wings sitting on the earth (@Gr3Te4rights March 21 2020). Stokes-Parish et al. critique the hero narrative as deflecting attention from the risks that nurses take and their increasing workload, while downplaying their professionalism (2020 463). While some nurses welcome the increased attention and respect, others find problematic aspects of those same qualities.

Patrick D. Hopkins, in contrast, examines differing thoughts within the discipline of medicine about self-sacrifice and service. He argues that medicine “has a conflicted relationship with the self-identity of heroism” and that “for medicine, the commitment is more idealistic than concrete” (2021 14).

When a pandemic does occur and some physicians or medical students suddenly balk at treating the sick for self-interested reasons, those members of the profession who admire the noble aspirations and codified sentiments of the AMA are disappointed that people going into medicine can have such a diminished view of their duties (Hopkins 2021 14).

His article thinks about how the moral and social identifiers of heroism are constructed; heroic acts are generally uncommon within a society and are judged on the amount of self-risk that a hero is subjected to (Hopkins 2021). Therefore, healthcare workers are being viewed as more heroic than, say, firefighters because their jobs have ordinarily not placed them in risk of harm. The data that I have collected complicated Hopkin’s theory even as it supported his arguments. Several respondents indicated that they did not believe nurses or doctors to be heroes, because taking care of others was their professional duty. However, others stated that they were heroes, just as factory workers and grocery clerks were because they all put other’s needs and desires before their own.

Social Media: Making Invisible Efforts Visible

Social media networks such as Twitter have allowed nurses to join in and create discussions about their heroization during the pandemic. In the United States, nurses and their loved ones have publicized their working conditions, drawing attention to inadequate personal protective equipment and the toll that their jobs have taken on them. On Twitter, one nurse resigned, saying “I'm so deflated with how the government and some public treats nurses. I don't wanna care for people feeling like 'I have to'” (@Alikarito March 30 2021). She drew attention to the dilemma of nurses believing they were not valued despite their personal sacrifices. In addition, this demonstrates how their care-taking work is a professional duty and not a personal one. Twitter tweets exist about the stress and psychological toll nurses have paid for working during the pandemic and how it goes largely unnoticed by the public (@WalleyRay January 11 2021), (@Jillymo527 March 11 2021), (@Samballz May 6 2020). After searching for ‘nurse Illinois’ on Twitter, the posts with the most views and retweets are about the burnout of nurses working during the pandemic and people giving thanks to them.

Scholars have, however, critiqued various aspects of social media, from its artificiality, increasing pervasiveness, and ability to disconnect people. It can form a 'cocoon' that allows people to primarily engage a comforting, limited group of family and friends. In a study of social media in Poland, Gary Robson argues that "it allows individuals to both expose themselves to much that is new while significantly staying the same" (2014 14). He also examines how social media interactions are built on images, and people can deliberate over what they say and show online (Robson 2014). As these online interactions increase in frequency and volume, it is now generally assumed that the majority of people are using social media (Foellmer et al. 2018). These scholars also argue that the separation of public and private spheres, dissemination of

traditional news, and political participation are all being changed by social media, divisions blurring, with information increasingly being distributed horizontally (Foellmer et al. 2018 2-3, 14-16). The pandemic has also led to an increase in social media use; during the first wave of cases, social media engagement increased by 61 percent (Fullerton 2021). Despite this, some scholars argue that it can lead to an obsession with views and unrealistic portrayals of people (Fullerton 2021). While people can use social media to communicate regardless of distance, its effects are not always positive.

The social media movement #nursesareheroes began on Twitter, a website which was developed in 2006, and only permits messages of 140 characters (tweets) to be sent between users (Zappavigna 2012). Twitter and its users have grown extremely large; one of the ways tweets are organized is through hashtags, a means to tag posts and group them together that allows users to find specific posts and discussions. Socially, one of the most important aspects about Twitter is the sharing of everyday life, bonding over its annoyances (Zappavigna 2012). Information is often shared between individuals and news is distributed between them instead of from news stations, newspapers, and so on (Foellmer et al. 2018). Posts titled #nursesareheroes often include complaining about long hours, inadequate equipment, and other stressors. An excellent example of this, the aforementioned collage “Year of the Nurse”, which includes images of pizza labeled as ‘hazard pay’, garbage bags called ‘PPE’, mask acne, alcohol and medication, and requests for overtime (@Jillymo527 March 11 2021). It seeks to summarize the worst aspects of 2020 for nurses yet is not posted by the nurse herself but by her mother, seeking to draw attention to what nurses have endured.

Theorists describe how social media has affected social movements, such as the contradiction between the individuality it encourages and the ability to connect with others

(Coban 2016). Furthermore, people use sites such as Facebook and Twitter in ways that were not intended by their creators, interpreting and using them for their own ends. *Networks of Outrage and Hope* also examines the online presence of social movements that occupied public spaces (Castells 2016 vii-xiii). It argues that true change cannot come from online interaction alone, that actions must be taken in the physical world to achieve anything significant or long-lasting. Gary Robson dissects various forms of social media in Polish politics, discussing how different platforms promote different discourse and activism (2014 236-8). As new technologies develop, people find ways to use them to achieve their own agendas.

Heroism: Acknowledgement and Ambivalence

As various scholars have discussed, social media has been an important part of the heroization of nurses, but an analysis of the definition of heroism is necessary before examining the effects of the internet. In the survey, half of the respondents believed that a hero was someone who put others' safety and well-being above their own, and that they often did that during their daily activities. When asked 'If you had to define the term "hero," how would you define it?' responses included 'persevering despite the odds', 'Someone who puts others first and works to make sure the wellbeing of others is above all else', 'NURSE' [emphasis respondent's], and 'someone who risks their own safety for that of others'. There was a clear acknowledgement of the fact that being a hero was often based on the idea of self-sacrifice, of putting oneself in some sort of danger for others. As noted by Stokes-Parish, the self-sacrificing nature of healthcare was a critical aspect that led to nurses to be considered heroic (Stokes-Parish et al. 2020). In addition to self-sacrifice, one respondent said that that the military, police, doctors and nurses, EMS, and firefighters were all heroes. Linking nurses and doctors with professions that put themselves in danger as part of their expected duties demonstrated how nurses accepted

personal risk as part of their own duties during 2020 and 2021. The chance of contracting Covid-19, falling ill, and suffering permanent adverse health effects or even death in order to care for others who had contracted the virus led to nurses being considered heroic.

While the majority of respondents agreed that nurses were heroes, their long-answer responses demonstrated ambivalence about their newfound status. In the survey, 4/16 strongly agreed and 5/16 agreed when asked “Do you consider nurses to be heroes?” Meanwhile, 4/16 neither agreed nor disagreed, and 1/16 disagreed with the question. A clear majority considered themselves to be heroes, but a quarter were noncommittal. Furthermore, in long-answer nurses indicated that they were aware of the complexities and contradictions about being considered heroic. Several respondents said that nurses are doing their normal jobs, that they do not know if they should be heroes for that. While nurses’ jobs have not significantly changed, with many more people in hospitals due to Covid-19 they have become responsible for more people than before. Another commentated “what makes us more of hero than the factory worker, store worker that are providing customer service daily and put others first?” This supports Peter Hopkins’ analysis of the heroic identity being based in self-sacrifice and personal risk, which nurses have historically not subjected themselves to (2021). Risks are primarily taken by patients, but the global pandemic has meant that HCWs are also at risk of contracting Covid-19, as well as working in an increasingly stressful environment. Shifting circumstances have changed the perception of nurses and what they do, which has led to conflicting responses from nurses.

Another critique of the heroic narrative is the lack of choice that nurses had during the pandemic, which complicates their heroism. One respondent said “We chose to be nurses as a career, we get paid for our work, and we can choose what type of nursing we do. This pandemic

and our service didn't feel like an act of heroism, it felt like we were drafted against our will to fight a battle without the right preparation or tools for the job". Nurses did not have a choice whether or not to help during the pandemic: "the point is that most of these people did not sign up or join any profession that told them ahead of time they would have special duties to place themselves at higher risk during a pandemic situation" (Hopkins 2021 9). Contrast this involuntary heroism with a male nurse, Tarik Khan, who drives around giving leftover vaccinations to homebound people in Philadelphia, after his shift (Silverman 2021). He decided to spend his time off-shift inoculating people who otherwise might not have gotten a vaccine. Another respondent said, "Nurses and doctors work in a profession where we need to perform in emergency situations all the time - heroes perform in situations that are not expected". Following this logic, the Silverman article praises Khan for driving around Philadelphia, returning to his home at 10 PM, exhausted, and how he would do it all again the next day (2021). He is an exceptional hero because he uses his personal time and money to give vaccinations to people, going beyond his professional duty and obligations as a nurse.

Ideals of the Medical Profession

If HCWs have a professional duty to treat people during disasters, such as during a global pandemic, then are physicians and nurses heroic for 'just doing their jobs'? Heroic acts are generally uncommon within a society, and a major component of heroism is the self-risk that a hero assumes (Hopkins 2021). As previously stated, people working in positions labeled 'essential jobs' such as grocery clerks or in healthcare have been labeled heroic because their work used to not put them at personal risk of harm. Especially during the early months of the pandemic in the spring of 2020, HCWs were perceived as invaluable, life-saving, caring for patients with Covid-19 and slowing the spread of infection (Hyung J Cho et al., 2020). It took a

deadly virus spreading across the earth for them to be put on a pedestal, yet nurses were still caring for patients and saving lives before the Coronavirus.

The United States medical profession has humanitarian ideals of taking care of the sick and injured, using their expertise to help others. Hopkins states, “Because of their commitment to care for the sick and injured, individual physicians have an obligation to provide urgent medical care during disasters. This obligation holds even in the face of greater than usual risks to physicians’ own safety, health, or life.” (2021 5). One nurse said that doctors were expected in their profession to make sacrifices and put others first, that it is part of the oath. Meanwhile, another believed nurses often put themselves last, caring for others at the expense of their own well-being. Respondents often said that nurses put others first and that they cared for others as part of their job. The job of a general nurse is to take care of people in hospitals; they are professional caregivers who are responsible for patients and their well-being. Despite these examples, Hopkins argues that nurses do not have a professional obligation to take care of patients at the expense of their own well-being, as doctors do (2021). Instead, the American Nurses Association said, “During pandemics, nurses and their colleagues must decide how much care they can provide to others while also taking care of themselves” (Hopkins 2021 6). The responses from the survey and Twitter archival research suggest that this balancing act of caring for others while taking care of oneself was difficult; as this thesis has discussed, rates of burnout and retirement have increased during 2020 and 2021.

However, these ideals within the medical profession have been tested and strained by the pandemic, exposing certain contradictions within the field. A major issue is the toll that taking responsibility for others as a job places onto nurses. Since nurses are responsible for difficult decisions about patient’s mortality and quality of life, they have had to make many more of those

choices (Hyung J Cho et al., 2020). One respondent said that their father had died from Covid in March of 2020, and every day they went back to the ICU for Coronavirus patients they have had to relieve his death. Another stressor on nurses is the fear of spreading the virus to others, which would put them, their patients, and any others they are in contact with at risk (Ehrlich et al. 2020). A nurse in the survey said that they had seen more nurses leave the profession in the past year than in the previous 15 years combined. This problematic aspect of nursing is one that has been highlighted by the pandemic and its narratives about heroic healthcare workers. Mental health counseling for nurses has historically not been encouraged, but it is needed more than ever due to the stressors of the pandemic (Williams 2020). A specific critique of nurses' heroization is that being labeled as heroes can encourage nurses to continue working despite the personal costs (Stokes-Parish et al. 2020).

Comparing Perception of Doctors to Nurses

While many practitioners of medicine believe in its aspirations of assistance and caretaking, some individuals go into it for the money and prestige. Faced with sudden personal risk and the other demands of working during the pandemic, some HCWs have not performed their duties to the same extent as other peers. Several nurses critiqued doctors for avoiding difficult decisions and the toll Covid-19 took on its victims. One response to "Are Doctors Heroes?" was that they were able to maintain a greater distance between themselves and patients compared to nurses and were better compensated for it. Physicians did not have to endure taking care of people with Covid-19 and being responsible for their daily well-being. Compared to nurses, doctors have been political heroes for a long time (Hopkins 2021). Nurses have been historically subordinated to the medical profession, and somewhat dissatisfied with their professional status (ten Hoeve, Jansen, & Roodbol, 2014, 296). In a final comment about the

survey, a nurse said that nurses were still viewed as second class in hospitals, and that the post of Senior VP was only reserved for physicians. Another response was, “They [doctors] just did their jobs. They were not as brave though as nurses as more of them passed out for covid then did the nurses.” A possible explanation for the distance some doctors maintained is that they became physicians for the wages and social prestige their position obtains. In Illinois doctors earn roughly three times what nurses do. Nurses stated they were put in at higher risk of contracting Covid-19 themselves from their patients, yet doctors continued to be paid more.

When asked for their opinions about the heroism of doctors, a slim majority of nurses believed that they were, although some disagreed because of the relative distance physicians could maintain. In response to “Are Doctors Heroes?” 2/16 nurses strongly agreed, 6/16 agreed, 3/16 neither agreed nor disagreed, 2/16 disagreed, and 1/16 strongly disagreed. Some long-answer clarifications said that like nurses, doctors persevered despite the odds, took care of and saved the sickest of patients. Others said that doctors cared for patients despite scarce information and risks of infection. There is clearly an acknowledgement of the similarities between nurses and doctors and what they have experienced during the pandemic. However, three responses showed some ambivalence towards the heroism of doctors. One person said that, “They make life saving decisions each day.-just doing their job” which mirrors the conflict nurses navigate about saving lives as their professional duty. Another nurse complained that physicians spend ten minutes with a patient and then moved on to the next one. Finally, one answer was that although doctors were knowledgeable, nurses were the last line of defense between a good or bad outcome. The amount of time that nurses spent with patients and their handling of day-to-day issues was contrasted with the limited interactions doctors had with those same patients.

While Twitter posts about nurses were often about the difficulties of their jobs or taking care of patients, social media posts about doctors were often about their professional opinions on Covid-19 or vaccinations. This illustrates the differing popular perceptions of nurses versus doctors; nurses take care of people whereas physicians are medical experts. The public can often be unaware of the education and academic rigor required to be a nurse (ten Hoeve, Jansen, & Roodbol, 2014, 304). While nurses often posted about the difficulties of their jobs during the pandemic, few posts came up about doctors sharing similar experiences. Meanwhile, Congressmen are saying they follow the scientific recommendations of doctors during the pandemic (@RepBillFoster July 22 2021). Doctors are firmly established in society as the go-to experts whose opinions and arguments are given great weight. Contrasting with this, Illinois State University tweeted how their, “PROUD program in the @NursingISU exemplifies the core value of individualized attention at Illinois State, preparing future nurses to care for others” (@IllinoisStateU July 23 2021). These different posts from nurses and doctors contribute to how people in the United States view them.

Social Media: Increased visibility and its impact on Mental Health

Being labeled as ‘essential workers’ has resulted in nurses being interviewed by journalists, news stations, and academics. They have given their thoughts about supply shortages and the toll working during the pandemic has taken (Ehrlich et al. 2020). A survey in Massachusetts about essential workers included nurses’ words about lack of PPE and stress (Hammonds et al. 2020). Nurses in the University of Illinois Hospital went on a seven-day strike to obtain limits on the number of patients that can be assigned to a single nurse (Dudek 2020). This demonstrates their increased importance and value within society; now that healthcare workers are more important, so are their stories and opinions. In threads on Twitter, users often

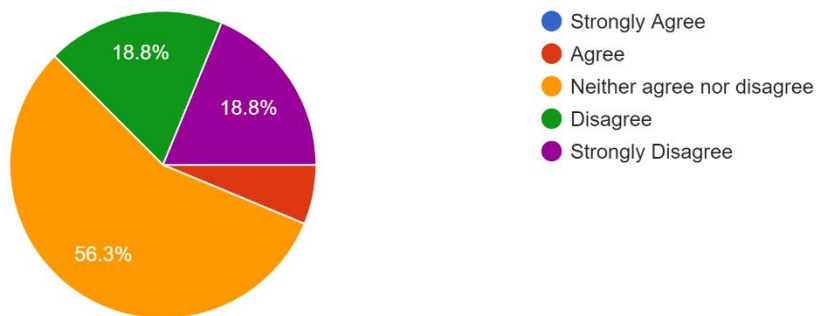
cite their job and positionality as healthcare workers to back up their statements. People replying to a 60 Minutes video about supply shortages for hospitals used their job as a retired ER nurse to support their argument about gowns being single use (@60Min April 12 2020). Being in a career considered important and life-saving has meant that individuals use their new-found status to position themselves as knowledgeable.

Social media, meanwhile, has not always been a helpful tool to use for communicating the benefits and problems of the hero narrative, as some nurses believe it has negatively impacted their mental health. One critique of the ‘digital age’ is its focus on visibility and attention, removing people from the material present into a virtual world (Robson 2014 15). People can be almost instantly connected with others regardless of physical distance, but they experience a different kind of loneliness, the material absence of others. “The pressure of gaining more ‘likes’ or more ‘friends,’ has had the opposite effect. Instead of making people who feel socially anxious more connected, it forces them to realize how disconnected they are” (Fullerton 2021). This absence of others was likely augmented by the global pandemic, when physical closeness became discouraged for fear of infection. While many people used social media to replace in-person interaction during 2020 and 2021, that was not a complete replacement.

Respondents to the thesis survey indicated that their mental health was often not influenced by social media or was negatively impacted by it.

Social Media has Improved your Mental and Emotional State

16 responses



When asked “Social Media has Improved your Mental and Emotional State” only one respondent agreed, 9/16 indicated that they did not agree nor disagree, while 3/16 said they disagreed and 3/16 strongly disagreed. In long answer questions, some survey respondents replied that they felt social media was contrived, artificial. One reply was that social media had positive influences, but also a great deal of negative ones that they choose to ignore. They chose to give their attention to stories that would improve their mental health, ignoring aspects they disliked as best they could. Online interactions through social media are often about messages that people decide to share, parts of their life that they choose selectively. Complaints about artificiality appears to have been a common critique, perhaps implying that the respondents did not completely trust social media. This echoes Robson’s points about how the Internet is based primarily on images, and how it simplifies communication while allowing deception (2014 15, 88). Another said that they only used it to connect with their grandkids, implying that for them, social media did not replace other forms of communication between peers. While social media did have an impact on portraying nurses as heroes, nurse respondents rejected the ability of digital communications to replace the material, in part because of its perceived artificiality.

Social Media and Heroization

One of the ways that nurses used social media was to create posts about the hardships and increased stress that the global pandemic had created, which reinforced their perception as heroic. Especially during the initial phases of the pandemic in the spring of 2020, nurses complicated official narratives with their own stories. They pushed back against others defining nurses' identities and told their own stories, while the news was celebrating them as heroes (Coban 2016). A framework that can explain these events is Bennet and Segerberg's connective versus collective action; people personalize divisive topics with their own stories, which are disseminated through the Internet. (Foellmar 2018 18). Sharing their stories and experiences on social media was a normal activity, but publicizing negative aspects such as mask acne, antidepressants, overtime, and poor working conditions allowed nurses to critique official narratives and give their personal insights. Sharing the problems and difficult aspects of nursing during the pandemic was a more extreme version of bonding over life's annoyances, now serious difficulties (Zappavigna 2012). By showing the obstacles that nurses encountered during a time of crisis, they appeared more heroic because they were sacrificing their own physical and mental health. Peter Hopkin's analysis of heroic identities in the medical community is relevant here, because of his argument that heroism is based on personal risk for others (2020). HCWs spread their own stories of hard work taking care of others while at risk of contracting Covid-19. These heroic acts were different from previous years because of the danger and mental health consequences that nurses endured.

Respondents to the survey said that they had seen many posts about heroic nurses on social media, and that nurses were heroes. One respondent clarified that they saw lots of posts about nurses being heroes, although they did not give any specific examples. As previously

stated, nurses across the United States have been creating social media posts about the effects of the pandemic. This has shown the public the difficulties they have faced, educating people who may not have known what nurses have done. A cursory search on social media sites brings up many varied images and messages from nurses about their experiences during 2020 and 2021. In the survey, the majority of respondents agreed when asked “Do you consider nurses to be heroes?” One nurse said that nurses were heroes because they were putting themselves in danger to care for others. Another felt that they received lots of support and it helped combat the stress of the pandemic. When asked for their thoughts about the #nursesareheroes, one person said that it was nice to be recognized by the community for all of the hard work that nurses do, and another said that it was very fitting to the sacrifices nurses made during the pandemic.

Although some respondents indicated they were familiar with nurses publicizing their struggles on social media, the majority of survey respondents had not heard of the Twitter movement #nursesareheroes. When asked if they had heard of the movement, 14/16 of the respondents had not heard of it at all. Furthermore, the majority of responses indicated that participants were neutral or skeptical about the movement. Only 5/16 responses indicated that nurses agreed with the posts from #nursesareheroes and that they hoped it would stay trending, whereas 4/16 expressed negative sentiments and 7/16 were neutral. Although the sample size is small, this may indicate that this specific movement did not meaningfully spread out beyond its own posters, or that nurses did not believe it was useful to be called heroes. #nursesareheroes was popular and trending in March and April of 2020, but the number and popularity of posts within it decreased sharply over time, with only several posts in 2021 (@nursesareheroes 2020-1). In addition, with nurse’s attention and time in constant demand, a single twitter hashtag may not have registered as important. Another respondent replied that in their minds, the movement

did not have a significant impact. For many of the people who took the survey, #nursesareheroes was not an important Twitter group, and they doubted the ability of social media to fix the problems they encountered.

These responses support the arguments of some academics who point out how heroic narratives can promote self-sacrifice and obscure the hard work that nursing requires. Critics argue that labeling nurses as heroes downplays their hard-won expertise and professionalism, while reinforcing passive, self-sacrificing gender roles (Stokes-Parish et al. 2020). Viewing nurses' actions as heroic could lead to the mental health consequences of the pandemic being passed over. As noted, one respondent indicated that nurses were leaving the profession in high rates during 2020. Even though they are celebrated as heroes the circumstances that created that heroism have led to burnout and retirement. Nurses receiving thanks and being considered heroes does not take the place of mental health therapy for the stressors of the pandemic (Williams 2020). Their being called heroic on news networks does not change that many of them have left the profession, which increases the amount of work that their colleagues must do. Another worry is that the extraordinary circumstances of the pandemic and the work that nurses do could become seen as normal, expected of heroes (Stokes-Parish et al. 2020). This view was echoed by one respondent, who said, "it takes away from the urgency of our healthcare crisis and forthcoming nursing shortage if we keep glorifying these professions who keep doing more with less". The stressors and service that nurses provide comes to be expected, hiding the human beings who perform it and the problems they face. One nurse argued on Twitter that they were not heroes or villains, but people like everyone else, capable of failing and with their own problems.

A second complaint about social media was that posts often felt insignificant or irrelevant to daily life. One respondent said that their feeds were full of garbage, while another said social media was passe, out of date. Robson critiques modern society not only for its focus on being 'seen', but also for its monopolization of people's attention through trivial distractions (2014 43-5). "The Internet by design is an 'interruption system' geared for dividing attention" (Robson 2014 43). People are bombarded with ads, notifications, sounds, alerts, and other practices designed to draw attention and visibility between several apps or sites at once. A respondent supported this view, saying "It's the highlight reel of the good stuff, or complaints about the mediocre stuff. It's superficial, and it devalues real human connection". Furthermore, social media sites are heavily commodified, showing ads to users, collecting data on what they see, click on, and who they connect to, creating a tension within between their usefulness as networks and revenue generators (Foellmer et al. 2018 17). Adding onto this is the massive amount of material being produced and shared, making it impossible for individuals to comprehend all of what is happening daily. These factors combine into a constant avalanche of innocuous information that must be sorted through to find what individuals personally care about. Respondents could be referring to this when they critique what they see on sites such as Facebook or Twitter.

All of these critiques indicate that survey respondents believed that their own identities were not bound up in social media, contradicting established research that suggests the opposite. This thesis has already discussed how academics such as Gary Robson, Foellmer, Coban and Zappavigna have focused on how social media is becoming a part of people's identities and their lives. However, respondents in the survey often expressed concern over the superficiality and artificial nature of social media, or its negative effects on their mental health. In one case, a nurse

said that social media was only a communications tool, while another said that it was fun but without substance. They are aware of its downsides and in some cases choose not to use various forms of social media. Perhaps this is because the majority of respondents grew up without social media; only three of them were between 21-35 years old, the other thirteen were older. One nurse said that they only used social media to connect with their grandkids, suggesting that younger individuals spend more time online compared to older people. Technology and the various forms of social media are very popular with millennials (Robson 2014 164). While the majority of respondents did use social media platforms, they had reservations about its effects and content.

The limits of Social Media

Nurses' responses suggest that social media alone is not enough effect meaningful change, limited as it tends to be to the Internet. One respondent challenged #nursesareheroes to "prove it by making nursing a more desirable profession, improve RETENTION of experienced Frontline nurses" (emphasis theirs). For them, talk online was not helpful unless it led to improvements in the physical world. Manuel Castells argues that while social media posts and conversations can be useful in coordination, social movements must do something in the physical world as well (2016). In his book *Networks of Outrage and Hope* he analyzes many different social movements such as Occupy Wall Street in the United States, and a core part of each one was taking over some public space to demonstrate commitment, disrupt the 'normal' and to provide an incentive for change (2016). Foellmar et al. meanwhile, suggested that participation in social media may lead to other forms of political activism but not always (2016). Likewise, Robson argues that Polish Twitter activism is often limited to moral expressions of outrage that does not transform into other, more concrete forms (2014 236). Most posts about nurses during the pandemic have been limited to social media, although several have been about nurses protesting for more

personal protective equipment, mental health counseling, and other issues. As was previously mentioned, Illinois nurses have gone on strike to renegotiate their contracts and patient loads at the University of Illinois Hospital; social media can publicize their political actions and spread their opinions.

A difficult aspect of the Internet is how many different groups use it to put forth their own stories and agendas. Foellmar describes the ‘public’ as not a singular coherent ‘thing’ but many different layered and multidimensional ‘publics’ (2016 14-16). While the identity of ‘nurse’ was a unifying factor in #nursesareheroes, there were many other aspects; race, ethnicity, location, age, and religion, to name several. Robson notes that, “Twitter is not a medium that prefers consensus” (2014 236). Where the Internet is perhaps at its best is when it enables people to personalize divisive topics with their own stories. This can be understood by comparing connective versus collective theories; people are connected by sharing their experiences, while the collective submerges those differences and creates a (relatively) homogenous whole (Foellmar et al. 2016 18). When nurses or their relatives shared their experiences of hard work, overtime, or dancing six feet apart, they were connecting with others while demonstrating their own individuality.

However, some nurses critiqued social media for dividing people, that it was not a tool that promoted connection between peers. One response to “Social Media has Improved your Mental and Emotional State” was that “social media lacked truth; primarily divisive and categorize everyone into political groups, are anti-Christian, promote serial promiscuity and are overall dishonorable”. From their perspective, social media platforms entrench difference and division, as well as replacing genuine human connection with virtual deception. Supporting this, one nurse’s response said that social media has both positive and negative influences.

Communicating on Twitter especially is a risky endeavor, as people have no control over their messages once tweeted, and generally its public is at best neutral and at worst sarcastic and hateful (Robson 2014 237). The platform itself encourages a certain type of communication and interaction, one in which it is easy to be misunderstood or attacked. Another nurse said that social media did not improve anything, that it was fun. It was primarily a shallow experience that did not motivate people to create change or protest. A third person replied that “I can’t stand the amount of lies about the pandemic”. Anyone can create an account and it can be extremely difficult to determine who is saying what, and where they obtained their information. This does not take into account individuals who purposely spread false information or incite anger. With all of these caveats, social media can divide groups just as easily as it can connect them with each other.

Conclusion

Nurses have publicized their daily struggles and duties online during the global pandemic, and so are becoming viewed as heroic due to the risks and difficulties they have endured in their profession. Their actions have also highlighted the contradictions of serving others while taking care of oneself, as well as tensions within the United States medical field between doctors and nurses. For instance, nurses decried shortages of PPEs and understaffing during spikes in Covid-19 cases, deciding to protest for safe staffing and higher wages, such as at the University of Illinois and Joliet Hospital. In addition, although being called heroes and appreciated for their work has been meaningful for some nurses, others have criticized their heroization, pointing out how nurses’ professionalism and mental health issues can be passed over. These issues have been discussed on social media, which has allowed for more communication during the pandemic, although some nurses remain skeptical of its artificiality.

Furthermore, while they shared their personal experiences over the Internet, much of those discussions did not lead to concrete improvements in the real world.

Several important aspects about the heroization of nurses is that their influence within society has increased, their importance within the healthcare system is realized, and how they have communicated their stories online demonstrates the benefits and disadvantages of online interaction. Nurses have used their new status and importance to protest for safe staffing and to create change within hospitals (Morin & Baptiste 2020 16). With their higher status, their words and actions have more weight and influence. In addition, how nurses and other essential workers have become viewed as valuable raises questions about different professions' worth and recompense both during periods of crisis and outside them. While nurses may not earn the highest salaries in the medical field, their wages do not necessarily reflect their daily importance. As for the effects of the pandemic on interpersonal communication and interactions, this thesis has demonstrated that even as digital communications become more commonplace and pervasive, they cannot replace in-person discussion and interaction completely. While virtual meetings and webinars have shown the flexibility and inclusiveness of online interaction, the human, physical presence and connection with others is also meaningful and valuable, with less possibility of deception.

This thesis has only focused on the effects of the pandemic on nurses' identities; studies should be done about the identities of other jobs labeled as 'essential workers' such as janitors, police, firefighters, and grocery clerks. How have their identities, public image, and self-worth been affected by crisis narratives and the events of 2020 and 2021? In addition, further research needs to be done into how social media has been used during the pandemic to stage protests and other forms of activism. Only Twitter was used as an archival resource, so studies could be done

focusing on other platforms such as Facebook, Whatsapp, Snapchat, and Tiktok. Movements such as Black Lives Matter have spread their slogans, news, and messages through social media, staging marches that obeyed quarantine distancing and promoting discussion online. To what extent has online activism augmented or replaced more traditional forms of political activity? Besides clearly political events, we need to understand the immediate and long-term effects of lockdowns and quarantines on interpersonal and inter-group communication. How the global pandemic has changed the world may only become clear with time and study.

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