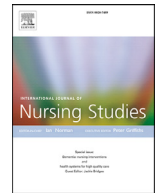




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## The “nurse as hero” discourse in the COVID-19 pandemic: A poststructural discourse analysis

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### ABSTRACT

**Background:** Nurses have been labelled “heroes” by politicians, the mass media, and the general public to describe their commitment to providing front-line care to people with COVID-19, despite the risks of exposure and lack of clinical resources. Few studies have examined the implications of the hero discourse to nurses' professional, social, and political identities.

**Objective:** To critically examine the effects of the hero discourse on nurses who are contending with the ongoing COVID-19 crisis and to consider the political, social, cultural, and professional impact of this discourse on nursing work.

**Methods:** A poststructural discourse analysis, employing the theoretical ideas of truth, power, knowledge, subjectivity, and normalization, was conducted to explore the mass media's constructions of nurse as hero in the contexts of COVID-19. Media electronic databases were searched between March 1, 2020 to August 1, 2020 to locate newspaper and magazine articles, corporate advertisements, videos, social media postings, and institutional/corporate websites.

**Setting:** Data sources included English language media accounts that originated from Canada, the USA, and the UK.

**Results:** Three main elements of the hero discourse include: 1. Nurses as a “necessary sacrifice” - portraying nurses as selfless, sacrificing, and outstanding moral subjects for practicing on the front-line without adequate protective gear and other clinical resources; 2. Nurses as “model citizens” - positioning nurses as compliant, hardworking, and obedient subjects in contrast to harmful individuals and groups that ignore or resist COVID-19 public health measures. 3. Heroism itself as the reward for nurses - characterizing hero worship as a fitting reward for nurses who were unappreciated pre-pandemic, as opposed to supporting long-term policy change, and highlighting how heroism reconfigures nursing work from the mundane and ordinary to the exciting and impactful.

**Conclusions:** The hero discourse is not a neutral expression of appreciation and sentimentality, but rather a tool employed to accomplish multiple aims such as the normalization of nurses' exposure to risk, the enforcement of model citizenship, and the preservation of existing power relationships that limit the ability of front-line nurses to determine the conditions of their work. Our study has implications for approaching the collective political response of nursing in the ongoing COVID-19 crisis and formalizing the ongoing emotional, psychological, ethical, and practice supports of nurses as the pandemic continues.

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### What is already known about the topic?

- Nurses have been publicly labelled “heroes” to describe their commitment to providing care to people with COVID-19, despite the risks of front-line practice and the lack of clinical resources such as adequate personal protective equipment.

- Few studies have examined the implications of the hero discourse on nurses' professional, social, cultural, and political identities.

### What this paper adds

- The hero discourse results in the normalization of risk for nurses to justify the need for a timely and committed clinical response to COVID-19 in the contexts of uncertainty, political divisiveness, and unprepared healthcare systems.

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- Heroic nurses are positioned as productive subjects who form an archetype for how the public should think and behave in COVID-19, thereby forming a device to both enforce the compliance of nurses and to enact disciplinary power over the public.
- The hero discourse is a tool for politicians, leaders, and decision makers to publicly demonstrate their support for nurses while concealing the preservation and extension of existing power relations that limit nurses such as racism, gender discrimination, austerity measures, and managerialism.

## 1. Background

The novel coronavirus (COVID-19) pandemic coincides with the 200th anniversary of Florence Nightingale's death, arguably nursing's most iconic historical and heroic figure. Nightingale's innovation in hygiene and sanitation represents the shift away from the "angel of mercy" nursing persona toward the need for scientific knowledge, training, and appropriate clinical resources in nursing practice (Wildman and Hewison, 2009). No one nurse has emerged as emblematic of the global healthcare response to COVID-19. Rather, the discourse of "nurse as hero" has emerged to describe the collective response of the thousands of front-line nurses who continue to compromise their own personal safety to provide direct care to the millions of people infected with the virus. The direct risk of the virus to nurses is real. The [International Council of Nurses \(2020, October 28\)](#) estimated that approximately 1500 nurses have died globally from COVID-19. Perhaps the most recognizable nursing figure of COVID-19 is not a real nurse at all, but rather Banksy's acclaimed black and white painting of a "super-nurse", who is female, masked, and wearing a traditional nursing cape and is depicted as specially selected by a small child from a toybox of other superheroes (Einboden, 2020). The nurse as hero discourse has found public expression through community performances (e.g. singing from balconies, clapping, and banging pots and pans), corporate visibility (e.g. TV commercials, marketing campaigns, and promotional offers to healthcare staff), and governmental displays (e.g. military tributes, politician speeches, and light shows on public buildings).

Although part of the public consciousness, heroism in nursing remains understudied. The few studies on the nurse as hero focus on the positive effects of this discourse on enhancing the visibility and moral fortitude of the profession. [MacDonald et al. \(2018\)](#) suggested that the sharing of stories of nurse heroes, which are primarily enacted in everyday front-line practice, may encourage other nurses to "internalize heroic attributes" (p. 139), bolster professional self-identity, and foster professional activism. [Darbyshire \(2011\)](#) argued that nursing should more visibly highlight its heroic legacy of responding to stigmatized health issues in the past, such as HIV/AIDS, to rally a contemporary response to the health inequities of today. Heroism in nursing, particularly from an American perspective, has also been linked to national pride, the fortification of victories in war efforts, and dedication to religious healthcare orders ([Kenny et al., 2020](#)). Few studies, however, have problematized the hero discourse in nursing or examined the effects of this discourse on nurses' professional, social, and political identities ([Einboden, 2020](#); [Morin and Baptiste, 2020](#)).

Using a poststructural discourse analysis of the media, we call attention to the effects of the nurse as hero discourse on nurses who are contending with the ongoing COVID-19 crisis and examine the political, social, cultural, and professional impact of this discourse on nursing work. To accomplish our objectives, we draw on a poststructural perspective, which is a branch of French philosophy concerned with the politics of knowledge and power. In particular, we utilize [Foucault's \(1972; 1980\)](#) notion of discourse, truth, power, knowledge, subjectivity, and normalization in our analysis. Few studies have explored the interrelationships between the hero

discourse and poststructural thought ([Guevarra, 2009](#)). To supplement our main theoretical framework, we also draw on the more recent concept of performative allyship ([Green and Barbara, 1997](#)), which refers to "someone from a nonmarginalized group professing support and solidarity with a marginalized group, but in a way that is not helpful" ([Kalina, 2020, p.478](#)). This concept is increasingly used in public discourse to problematize the performative element of corporations, social media "influencers," and celebrities in supporting social causes such as anti-Black police violence. Despite the growing public discussion of performative allyship, there is a lack of academic work about this concept and no study to date has examined the interconnection between performative allyship and the public support for nurses. We will explore three main effects of the nurse as hero discourse in our analysis: 1. Nurses as a "necessary sacrifice;" 2. Nurses as "model citizens;" and 3. Heroism itself as the reward for nurses.

## 2. Theoretical framework

A central theoretical idea in poststructuralism, discourse refers to a system of knowledge, ideas, beliefs, attitudes, actions, and practices that systematically construct the objects of which they speak ([Foucault, 1972](#)). Not only does it describe an area of knowledge, discourse also functions to constitute, produce, and generate particular systems of understanding ([Foucault, 1972](#)). Since knowledge and power are joined together through discourse ([Foucault, 1966](#)), discourse is often used by authority figures and other social actors as an instrument of power ([Hall, 2001](#)). Each discourse has its own politics of "truth/untruth" which, through practices of exclusion, distinguish what some consider to be true and false knowledge ([Foucault, 1980](#)). Certain discourses are dominant (for example, medicine, experimental science, capitalism, etc.) because they are largely accepted and are employed to "shut down" the possibilities of writing, speaking, and thinking in ways that challenge this authority ([Hook, 2001](#)). Through discourse, social actors can both constitute, and ensure the reproduction of, existing and dominant social systems, using different forms of knowledge selection, exclusion, and domination ([Hook, 2001](#)). In addition, discourses exist as various practices, also known as discursive practices, which [Foucault \(1972\)](#) claims "systematically form the object of which they speak" (p. 49) and shape how people and groups act, think, behave, and act.

As opposed to a universal identity, poststructuralism suggests that the self is made up of multiple and concomitant subjectivities that shift with changing discursive conditions and different contexts of power and knowledge ([Foucault, 1976](#)). A subjectivity is produced (i.e. the process of subjectification) through the crystallization of different forms of social, political, and cultural discourses ([Mansfield, 2000](#)). Subjectivities are rarely self-determinant in poststructuralism, rather authority figures use subjectivity as a technique of power to govern people's thoughts, choices, desires, behaviours, and actions. People are often made the subjects of disciplinary discourses that may generate norms and expectations for thinking and acting. This process of normalization involves the construction and enforcement of idealized norms of conduct in which people internalize these regulations and modify their behaviour to meet normal parameters ([Foucault, 1977](#)). Social institutions, such as prisons, armies, factories, and schools, have historically employed normalization as a political technique in the production of "docile bodies" to subdue dissent and direct people towards a more "productive" aim ([Foucault, 1977](#)). [Foucault \(1976\)](#), however, noted "where there is power, there is resistance" (p. 95) and these forms of resistance are diverse, multiple, and move across different social relations.

[Foucault's \(1963; 1972\)](#) examination of medical discourse, which spanned across his career, provides an example of how

discourse analysis can illuminate multiple discursive practices and describe the social, political, and cultural effects on the people and groups that are subject to these discourses. Foucault (1963) conceptualized medicine not only as an empirical study of the pathology of disease, but also a series of discursive practices in which individuals are constituted as both objects and subjects of the medical gaze and professional knowledge. Medicine accomplishes its normalizing and disciplinary aims through different techniques to enact power and knowledge relations that are taken up by people who adapt their everyday behaviours to fit within medical advice, requirements, and parameters of health, treatment, and prevention. Although some productive elements may result from these guidelines, people are governed by the internalization of medical discourse, such as normal parameters of blood pressure or sexual activity, and often modify their behaviours to meet these regulations. Later poststructural scholars have examined how people resist medical discourse and authority to challenge professional control of their bodies and medical constructions of identity (Rose, 2007). For example, discourse analyses of medical advice and public health measures against obesity have examined the growing resistance to certain lifestyle interventions, attributing individual blame for poor eating habits, and the lack of understanding of the social conditions that limit access to health resources (Warin, 2011; Mulderrig, 2011).

### 3. Methods

We conducted a poststructural discourse analysis, employing Foucault's main theoretical ideas of power, knowledge, truth, normalization, discourse, and subjectivity as analytical devices, to examine the media's constructions of nurse as hero in the contexts of COVID-19 (Yates and Hiles, 2010; Graham, 2011; Arribas-Ayllon and Walkerdine, 2008). Discourse analysis is a critical and qualitative method of inquiry that employs poststructural concepts to characterize and examine certain discourses and to explore the impact and effects of these discourses. A central aim of this method is to describe the formation of subjectivity, or how people become the subjects of discourses, and how certain discursive practices shape people's actions, thoughts, and behaviors (Arribas-Ayllon and Walkerdine, 2008). Scholars often use discourse analysis to focus on the consequences and costs of uneven relations of power and the enforcement of the so-called truth for those who are the subject of dominant discourses (Yates and Hiles, 2010). In addition to an exploration of how subjects of discourses are situated in relationships of power and knowledge, discourse analysis is also concerned with different practices of resistance or how people can challenge dominant constructions of the truth/untruth and knowledge authority.

We initiated data collection by locating key media reports in a systematic and rigorous way. Using the period of March 1, 2020 to August 1, 2020, we searched the following electronic databases: Factiva, Communication Abstracts, Canadian Business & Current Affairs Database, US Newsstand, Canadian Newsstream, and Global Newsstream. These databases were selected because of their comprehensiveness, scope, link to multiple sources and media outlets, ability to screen results, and full text access. Since qualitative media analysis relies on the researchers' close engagement with documents to select their relevance to a research topic (Altheide and Schneider, 2013), we conducted a preliminary analysis of the results of our early searches before continuing to narrow our selection of data sources included in the study. Our early search showed that media from certain geographic areas covered the hero discourse more prominently and in-depth (i.e. UK and North America), often to report the public lobbying of politicians, state sponsored campaigns to endorse the heroism of health professionals, and high-profile corporate responses. Since

our research aims were to examine the political and social implications of the hero discourse to nursing, we utilized "progressive theoretical sampling" (Altheide and Schneider, 2013 p. 56) to select materials to best inform our emergent analytical impressions of the topic and to iteratively shape the conceptualization of our final analysis. We therefore limited data sources to media reports that originated from Canada, USA, and the UK in order to examine these local contexts in more analytical detail.

Inclusion criteria included English language newspaper and magazine articles, corporate advertisements, videos, social media postings, and institutional/corporate websites. Exclusion criteria included personal social media and blogs (i.e. from individuals versus larger news outlets or corporations). We included data from the same outlet (i.e. newspaper or magazine title) since different authors and/or articles may offer different data. We employed a flexible and iterative approach to sampling in keeping with our qualitative methodological approach (Patton, 2015). In addition to theoretical sampling to select documents to test and develop our early analytical findings, we utilized purposeful sampling to identify and select information rich sources that encouraged an in-depth examination of our phenomenon of interest and were of central interest to our research aims (Patton, 2015; Coyne, 1997). Criteria for purposeful sampling included sources that were typical of the media discussions of the topic, offered a variety of perspectives (i.e. endorsed or critiqued heroism), manifested the phenomenon intensely (i.e. took a strong stance on hero worship), and provided outliers that offered novel information (i.e. described a local policy related to heroism) (Patton, 2015). Our goal was not to archive every media report on nurse as hero, which is beyond the scope and intent of our study, but to examine the expression of this discourse in the news media sources examined in our study and to engage in a rich description of the research phenomenon.

### 4. Data analysis

Study data included 71 documents that were stored and coded using the qualitative data management software NVivo 12. The first author initiated data analysis by becoming immersed in the data through full text reviews of the documents, memoing of early analytical impressions, and discussing the early analyses with the research team. Coding began with an inductive approach, using categories and terms found in the documents, and then moved to later rounds of deductive coding to encourage creative thought about the data (Coffey and Atkinson, 1996). The primary author led the coding process, however, the abstraction and conceptualization of data were performed collaboratively. A dialogical process, coding moved between the empirical data, poststructural theory, and emerging analytical concepts. For example, certain early codes (e.g. corporate use of heroes, clapping, military tributes, etc.) were combined and collapsed with key theoretical ideas (e.g. disciplinary power, productive subjectivities etc.) to develop more finalized codes and themes.

The analytical process involved an iterative engagement between Foucault's writings and our data. To locate discourses in the data, we looked for patterns of knowledge, power, authority, legitimacy, moralism, and discipline. In addition to examining how this discourse is constructed in the media, our analysis also considered the effects of the nurse as hero discourse on the subjectivities of nurses and the broader political, social, cultural, and professional impact on nursing. We were concerned with discourse and subjectivity as political techniques that are used to exercise power and preserve existing social hierarchies (Yates and Hiles, 2010). We were conscious not to depict discourses and subjectivity in a universal or continuous way, but considered how these concepts are dynamic and fluid depending on different contexts (Graham, 2011). We also examined the data for different forms of resistance as

a counterpoint to the nurse as hero discourse. In addition to our main analytical framework of poststructuralism, we drew on performative allyship as a concept to examine instances in the data in which the hero discourse was used to conceal the preservation of dominant discourses and potentially harmful relations of power (Kalina, 2020). Theoretical saturation was achieved when the research team determined that there were no new theoretical insights gained through the analytical process (Charmaz, 2006).

As part of methodological rigor, we promoted trustworthiness to ensure the study findings could be traced back to the theoretical perspective and data analysis strategies (Manning, 1997). The research team regularly met to discuss the quality of data analysis, emergent conceptual ideas, and the final study results. Since the researcher is the primary instrument in poststructural research (Mohammed et al., 2015), we reflexively considered how our own subjectivities as nurses, researchers, academics, and people who live in a geographic area with one of the highest COVID-19 infection rates in Canada impacted our relationship to the data. All members of the research team are nurses, doctorally prepared, have scientific training in critically-informed qualitative research, and are working as academics and researchers. Our interest in the research topic extended from our professional and personal concern with how COVID-19 impacted the well-being of nurses, the long-term implications of clinical work in the pandemic, and our assumptions about the value of heroism to nursing. As researchers using a critical perspective, we, therefore, developed a reflexive awareness of our positionality and our location within the very discourses (for example, nursing as a profession) that we were interrogating (McCabe and Holmes, 2009). Since the data is part of the public domain and people referred to in the presentation of findings have no reasonable expectation of privacy, our study was exempt from research ethics board review (Tri-Council of Canada, 2018).

## 5. Results

The 71 data sources included in our study are listed in Table 1. Types of media include newspaper articles ( $n = 37$ ), news websites ( $n = 16$ ), videos ( $n = 6$ ), corporate websites ( $n = 6$ ), magazine articles ( $n = 4$ ), and medical information websites ( $n = 2$ ). Geographic area of origin included USA ( $n = 37$ ), Canada ( $n = 17$ ), and UK ( $n = 17$ ). All sources were from 2020, including the months of March ( $n = 10$ ), April ( $n = 27$ ), May ( $n = 23$ ), June ( $n = 5$ ), and July ( $n = 6$ ). Although the majority of sources included high profile and well circulated news outlets/corporations, such as *The New York Times* and *The Guardian*, some less circulated local sources, such as *The Toronto Star* and *Richmond News*, were also included. Although all data sources were coded, analytically examined, and informed study themes, we present only representative quotes and segments of the data in the presentation of our findings for the sake of brevity.

The results of our analysis of the media suggest that there are three main elements of the hero discourse in COVID-19 that have unforeseen but potent effects on nurses: 1. Nurses as a “necessary sacrifice;” 2. Nurses as “model citizens;” and 3. Heroism itself as the reward for nurses.

### 5.1. Nurse as hero as a “necessary sacrifice”

Our analysis of nurse as hero revealed a discursive pattern that culturally positioned nurses as a “necessary sacrifice” to contend with the pandemic. Depictions in the media often drew on religious notions of martyrdom to describe nurses’ selflessness in uncertain and, at times, dangerous conditions. For example, an American article highlighted Pope Francis’ use of religious archetypes to describe how acute care nurses in Northern Italy were transformed

into “literal angels” after they died from exposure to coronavirus (Winfield, 2020, June 20). A *Financial Times* article mapped out the “cult of the medic” and noted that “the Christ who dies for our sins is the health worker” (Kuper, 2020, March 26). By using interviews with nurses who worked in highly impacted areas without adequate protective equipment, other reports offered a counterbalance to the religious imagery: “Please don’t call me a hero. I am being martyred against my will.” (Palus, 2020, April 23).

The valorization of nurses’ sacrifices to work without proper equipment was additionally conveyed through symbols of war and nationalism. An editorial, written by a WWII veteran, employed the analogy of battle: “Those brave women and men who, when a code sounds in a hospital, run into battle with this vicious virus every day... And they do it bravely without even a guarantee of the supplies they need” (Maxwell, 2020, May 4). The militaristic-like sacrifices of nurses were publicly represented by “Operation America Strong,” a Trump-endorsed display of fighter jets that flew over US cities most impacted by COVID-19 (Lamothe, 2020, April 22). Although publicly applauded for fostering national resolve, this militaristic spectacle was challenged by some nurses: “It makes it almost excusable, like we went to war and fought for you. But we went to war without a gun, and that’s not what I was asking for” (Palus, 2020, April 23).

The hero discourse often characterized nurses as outstanding moral subjects, who often placed their commitment to patients, public safety, and professional duty over their fears of personal safety and anxieties over constrained clinical resources. A *Los Angeles Times* article, entitled “A Last Selfless Act,” recounted the story of 61-year-old nurse, originally from the Philippines, who resuscitated a patient in respiratory distress despite not having access to an N95 mask (Karlamangla, 2020, May 10). The nurse later died in the same hospital where this heroic act occurred. Other articles described nurses’ resourcefulness and ingenuity in the face of inadequate protective gear: “Supplies were so strained that nurses turned to menstrual pads to buttress the padding in their helmets” (Baker, 2020, March 11). Later in the article, the unit manager reported that rather than refusing to work because of risks, nurses have repeatedly said, “If you need me, I’m available” (Baker, 2020, March 11). For healthcare organizations and corporations, the growing visibility of nurses’ sacrifices provided a window for nurses to enact moral values such as benevolence and justice:

Despite the risks and unknowns, one thing is for certain: Nurses always show up to help provide safe, timely, effective and equitable healthcare. That is our legacy, our privilege, our honor. Now with the eyes of the world upon us, we have the opportunity for a defining moment...

(Johnson and Johnson, 2020, April 1)

The notion of COVID-19 as a “once in a lifetime” opportunity for moral action and sacrifice circulated throughout the media coverage, which often reassured the public about nurses’ professional commitment. For example, an intensive care nurse reported in *Glamour* magazine: “As nurses, we signed up for being there for our patients, their families, and the general public no matter what. We’ve been training for moments like this our entire careers...” (Moeslein, 2020, March 30).

### 5.2. Nurses as “model citizens”

The hero discourse often constructed nurses as “model citizens” in a rapidly evolving crisis that required responsibility, action, and, depending on one’s political perspective, obeying public authority. Nurses were often depicted as compliant with their role as the “last line of defense” in pandemic management, particularly in the uncertain early phases of the crisis. For example, a nursing executive stated, “I’ve never had such respect for the profession as I



**Table 1**  
List of documents.

Author	Title	Date	Source
Aldrich, J.	Picture of poise: Shared Health's chief nurse is perfect public face of COVID-19 response	May 12, 2020	The Winnipeg Sun
Arthur, B.	'I didn't sign up to die on my job': Fear and anger among Ontario nurses battling COVID-19 pandemic	March 30, 2020	The Toronto Star
Atkinson, L.	Help us crown your NHS hero	July 6, 2020	Daily Mail
Austen, I.	In Detroit she's a hero. In Canada she's seen as a potential risk	April 10, 2020	New York Times
Bailey, L.	Suddenly, I'm not 'just a nurse'	May 11, 2020	The Toronto Star
Baker, M.	A rare look inside the hospital where 15 coronavirus patients have died	March 11, 2020	The New York Times
Barr, S.	England's Chief Nursing Officer states nurses 'are expert professionals, not heroes'	May 12, 2020	The Independent
Bettiza, S.	Italy's medical workers: 'We became heroes but they've already forgotten us'	May 26, 2020	BBC
Blank, D.	World Health Day honors nurses on the front lines. Meet the heroes dealing with coronavirus	April 7, 2020	CNN
Brody, B.	Stars and striped, still forever: A coronavirus scene from Forest Hills	April 27, 2020	New York Daily News
Buiser Schnur, M.	Honoring unsung heroes: Home health nurses	May 11, 2020	Lippincott Nursing Center
Bull, T.	Hero NHS staff on frontline 'slapped in the face' as pay promise leaves out nurses	July 22, 2020	Daily Star
Butt, S.	The NHS is doing an amazing job but is it at risk of being white-washed?	April 6, 2020	HR Magazine
Campbell, J.	Hull nursing expert says calling NHS staff heroes and angels is 'unhelpful'	April 30, 2020	Hull Daily Mail
Cedars-Sinai	Healthcare Heroes: Nurses	April 10, 2020	YouTube
Corbella, L.	Sports idols have been replaced by health heroes – for now	May 27, 2020	Calgary Herald
Coyer, C.	#ClapBecauseWeCare: World cheers for frontline workers	April 7, 2020	The Christian Science Monitor
DeMont, J.	Coming out of retirement to join the war on COVID-19	April 6, 2020	Chronicle-Herald
Dickinson, M.	'We are called heroes, but I am scared and so are my colleagues'	May 11, 2020	The Times
Dohrenwend, P.	Nurses are the coronavirus heroes	March 30, 2020	The Wall Street Journal
Dove US	Courage is Beautiful	April 8, 2020	YouTube
Elliot, J.	'Truly heroes': Tributes pour in for doctors, nurses fighting coronavirus pandemic	March 18, 2020	Global News
Ekram, T.	4 reasons why nurses are heroes	May 6, 2020	lumahealth
Faith Ho, A.	Doctors and nurses are heroes on-duty, 'lepers' off-duty	April 10, 2020	MedicineNet
Ferguson, R.	Nurses outraged at one percent raise under wage-cap law while Doug Ford calls them 'heroes' in the COVID-19 fight	June 12, 2020	The Toronto Star
Hamm, A.	I'm a nurse. But no, I don't want to be a hero	April 9, 2020	Quillette
Hess, A.	In praise of quarantine clapping	April 9, 2020	The New York Times
Hess, A. & O'Neill, S.	In coronavirus advertising, you're the hero	May 28, 2020	The New York Times
Higgin, C.	Why we shouldn't be calling our healthcare workers 'heroes'	May 27, 2020	The Guardian
Hodge, B.	Celebrating Nurses Week through the voice of our modern-day super-heroes	May 7, 2020	Nuance
Inside Edition	Hero Nurses Are Risking Their Lives to Save Others	March 16, 2020	YouTube
Johnson & Johnson	By nurses to nurses: A letter to healthcare heroes	April 1, 2020	Johnson & Johnson Nursing
Karlamangla, S.	A last selfless act; A nurse with no N95 mask treated a COVID-19 patient who couldn't breathe	May 10, 2020	Los Angeles Times
Kane, J.	'Do not call me a hero.' Listen to an ICU nurse's plea for fighting the coronavirus	April 24, 2020	PBS News
Kilrairie, L.	Nurse heroes to protest this evening about paltry pay rise – at hospital which saved Boris Johnson's life	July 29, 2020	South London Press
King, K.	Daily cheers give morale boost to medical workers fighting coronavirus	April 18, 2020	Wall Street Journal
Knowles, M.	NHS Heroes: The faces behind our masked nurses	April 11, 2020	Daily Express
Kondi, E.	Health care 'hero' nurses being forgotten by province	June 15, 2020	The Toronto Star
Kotsis, J.	U of W study reveals discrimination against nurses commuting to Michigan	July 15, 2020	Windsor Star
Kuper, S.	How health workers replaced soldiers as society's heroes	March 26, 2020	Financial Times
Lamothe, D.	Pentagon plans to dispatch Blue Angels and Thunderbirds in coronavirus tribute	April 22, 2020	Washington Post
Leung, V.	'Nurses are everyday heroes' says Trudeau	May 12, 2020	Richmond News
Lewis, M., Willete, Z., & Park, B.	Calling health care workers 'heroes' harms us all	May 21, 2020	STAT
The Lincoln Project	Two Americans	April 24, 2020	YouTube
Logan, C.	Vancouver Island nurse honoured as 'Unsung Hero' by Canucks, BC Hockey	July 19, 2020	Tofino-Ucluelet Westerly News
Marcus, R.	These are the heroes of the coronavirus pandemic	March 27, 2020	The Washington Post
Matthers, J., & Kitchen, V.	NHS 'heroes' should not have to risk their lives to treat coronavirus patients	April 20, 2020	The Conversation
Mattel	A new kind of hero has arrived	May 29, 2020	Mattel
Maxwell, M.	Martin Maxwell on COVID-19: This generation's great war	May 4, 2020	The National Post
Moeslein, A.	Nurses have always been heroes—But we need them now more than ever	March 30, 2020	Glamor
Morris, N.	Ethnic minority medics are 'being whitewashed' out of celebrations of the NHS	April 3, 2020	Metro UK
National Nurses United	Nurses endorse the House Stimulus HEROES Act	May 13, 2020	National Nurses United
Neal-Boylan, L.	Nurses on the front lines: A history of heroism from Florence Nightingale to coronavirus	May 11, 2020	The Conversation
Nguyen, L.	Thunderbirds fly overhead as a salute to first responders for COVID-19	May 15, 2020	Los Angeles Times
Palus, S.	A nurse explains who can call her a hero and what she thinks of all the applause	April 23, 2020	Slate
Papworth, A.	Meet 11 Suffolk nurses doing YOU proud on International Nurses Day	May 12, 2020	East Anglican Daily Times
Patterson, K.	Front-line health-care workers are heroes. We should celebrate them as such	March 12, 2020	The Globe and Mail
Payne, E.	Waiting for the deluge: Frontline workers deal with anxiety, fear as pandemic worsens	March 29, 2020	Ottawa Citizen

(Continued on next page)

Table 1 (Continued).

Author	Title	Date	Source
Peter, M. Picheta, R.	The nightly ovation for hospital workers may be New York's greatest performance 'She is blown away': World leaders and families praise two nurses who cared for Boris Johnson in ICU	April 6, 2020 April 13, 2020	The Washington Post CNN
Simpson, J. Sodha, S.	Migrants helped build our NHS NHS heroes ... and targets of racists	July 1, 2020 April 5, 2020	Eastern Eye The Guardian
Temkar, A. Thomas, T. & Greene, L.	Coronavirus heroes: I thought Filipino nurses were 'sellouts.' I was wrong Coronavirus nurse finally locates NYC firefighter who pulled her from burning building 37 years ago	May 27, 2020 May 26, 2020	USA Today New York Daily News
Time Magazine	Please, God, just cover me.' health care workers are risking their lives daily in the fight against coronavirus	April 9, 2020	Time Magazine
UW Health Volmers, E.	Healthcare Heroes: Frontline Nurses Calgary singer-songwriter brings hope as he honours all the front-line workers	April 9, 2020 June 4, 2020	YouTube Calgary Herald
Wallis, H. Watson, C.	Nurses say they don't want to be called heroes during the coronavirus pandemic 'Nurses are not heroes - they're just finally beginning to be recognized as they should'	April 28, 2020 May 12, 2020	Teen Vogue The Telegraph
Winfield, N. Xing, L.	Pope hails Italy virus doctors, nurses as heroes at Vatican 1% pay increase under public-sector wage cap a 'slap in the face,' Ontario registered nurses say	June 20, 2020 June 11, 2020	ABC News CBC

do today, watching how our nurses have quickly adapted without question or hesitation to a rapidly changing healthcare landscape" (Hodge, 2020, May 7). As a counterbalance, other media accounts characterized nurses' uncertainty and ambivalence of being thrust into important but dangerous roles: "There's a narrative that says that doctors and nurses must 'answer the call.' That's why I'm uneasy about the nightly cheering sessions. Some of us don't feel like trying to become heroes" (Hamm, 2020, April 9).

A discursive technique emerged in the mass media where nurses, positioned as hardworking and productive subjects, were contrasted with "harmful" individuals and groups that denied the severity of the pandemic or resisted public COVID-19 measures. For example, *The Lincoln Project* (2020, April 24), an anti-Trump American political organization, produced the YouTube video "Two Americans" to emphasize the upstanding role of nurses: "There are two types of Americans that have emerged through this pandemic; Those who sacrifice and those who demand." The video begins with images of nurses in full protective gear, some comforting patients and appearing physically exhausted, and then cuts to images of anti-lockdown protesters, including those screaming in front of public buildings and brandishing guns (*The Lincoln Project*, 2020, April 24). During interviews, nurses reinforced the message of civic responsibility: "It's really upsetting to be driving to the hospital and see groups of people having picnics outside or getting their nails done at the local salon despite the closure of nonessential businesses" (Moeslein, 2020, March 30).

Our analysis suggested that the hero discourse and the model citizen subjectivity may not have been evenly applied to all nurses but appeared to be delineated according to the racialized, ethnic, and migrant identities of nurses. Widespread marketing campaigns in Britain to honor healthcare providers as heroes, sponsored by National Health Service (NHS), came under scrutiny over their lack of racial representation and authentic reflection of NHS staff. Some authors employed the term "white-washing" to suggest that the NHS purposefully excluded people of color from #ClapForCarers, a campaign focused on applauding healthcare workers as a public ritual (Morris, 2020, April 3; Butt, 2020, April 6). In another instance, Morris (2020, April 3) called attention to an NHS sponsored video to promote handwashing as a civic duty and build public solidarity that featured 20 health professionals who were all white. Other articles suggested that the lack of media recognition negates the 40 years of contribution that racialized and migrant nurses have played as "hidden architects" to the modern NHS (Simpson, 2020, July 1). In an editorial from *The Guardian*, Sonia Sodha (2020, April 5) described the double burden of racialized NHS nurses, who faced both heightened racism on the job and the policing of the acknowledgement of their contributions by "self-

appointed white gatekeepers." Reflecting the divisiveness of the issue of representation, Sodha (2020, April 5) goes on to describe the avalanche of racist tinged backlash they received from readers after acknowledging the ethnic background of workers on a British news show.

### 5.3. Heroism itself as the reward for nurses

A discursive pattern in which the attribution of the hero subjectivity became a social and cultural reward for nurses, who were positioned by the media as a group whose contributions were unrecognized by the public before COVID-19, was also evident. The hero discourse was often characterized by a transformative process in which the public association with nurses and nursing work moved from the mundane and unappreciated to the exceptional and valorized. This trajectory was conveyed through news headlines that described how nurses moved from being "unsung" (Logan, 2020, July 19; Zielinski, 2020, May 5) and "everyday" (Leung, 2020, May 12) to temporarily replacing "sports idols" (Corbella, 2020, May 27) and even "holding the torch of freedom" (Maxwell, 2020, May 6).

The notion of hero worship as reconfiguring the gendered identities of nurses circulated throughout the media coverage. In an opinion piece, Bailey (2020, May 11) declares, "suddenly, I'm not 'just a nurse,'" but then later questions, "Why does it take a pandemic to recognize that nursing, a predominantly female dominated profession, is important?" In a *USA Today* article, Temkar (2020, May 27), describes their assumptions about mostly female family members who immigrated to the US from the Philippines to become nurses:

When I was growing up, if you had asked me what I thought about nursing, I might have said it was a "sellout" profession. A sellout, to a punk teenager like me, was the worst thing a person could be. Selling out meant that you lacked authenticity and imagination. You followed the herd. You were a cliché.

Later in the article, Temkar (2020, May 27) described how social media images of nurses "preparing resolutely to do battle on the front lines," people cheering, and "stories of nurses becoming like family to their isolated patients" initiated a transformative process in which they became proud of their nursing lineage. Other voices, such as an emergency room nurse from New York, offered a more skeptical take on the long term rewards of the public's shifting view of nurses: "I fear that once the worst is over, everybody is going to forget and go back on to life as usual" (Wallis, 2020, April 28).

The media coverage often highlighted the outpouring of corporate generosity, such as free hotels, delivered meals, and discounted shoes, to help nurses manage the long hours and travel to endemic areas, particularly early in the pandemic. Several companies incorporated the hero discourse as part of both demonstrating support for nurses and marketing their products in an economic downturn. For example, *Dove US* (2020, April 8) developed a YouTube video entitled, "Courage is Beautiful" that depicted the bruised and lacerated faces of masked healthcare professionals alongside its corporate logo, an association to its restorative skincare products. Whereas some felt rewarded by corporate recognition, other nursing voices were more skeptical and reflected a growing concern with being exploited: "You're making money off of me while you're handing me more work by not protecting your workers and not giving them what they need" (Wallis, 2020, April 28). Similarly, other media reported that rituals such as clapping and pot banging were not only intended to honor nurses, but had performative benefits to participants. For example, a *New York Times* editorial suggested: "But the more the ritual is repeated, the more it feels as if it's for the rest of us, too. We used to go out to concerts or movies or plays and clap for the performances. Now the clapping is the performance" (Hess, 2020, April 9). Nursing voices, however, placed public rituals within concerns for longer-term systemic change: "We appreciate the support that we're getting from the community... But I do challenge people who are clapping, writing in sidewalk chalk, to go a step further" (Palus, 2020, April 23).

Although the rewards to nurses were emphasized, other media reports suggested that the hero discourse failed to materialize long standing policy changes to nurses' workload, input in decision making, or financial remuneration. The UK and Canadian media highlighted several stories of nurses being denied pandemic pay and salary increases, despite politicians labelling them as COVID-19 heroes. Early in the pandemic British Prime Minister Boris Johnson, who became infected with COVID-19, publicly thanked two nurses who provided him 48-hour constant care: "The reason, in the end, my body did start to get enough oxygen was because for every second of the night, they were watching and they were thinking and they were caring..." (Picheta, 2020, April 13). One of these nurses, Jenny McGee, who is originally from New Zealand, was later thanked by Prime Minister Jacinda Ardern on social media and reported feeling "blown away" by the praise from international leaders (Picheta, 2020, April 13). As the pandemic evolved, however, McGee's nursing colleagues from the hospital where Johnson was treated staged a protest against the government refusal to approve a pay rise. An intensive care nurse at the protest voiced their anger: "After eight weeks of clapping, I feel completely betrayed and as though what myself and my colleagues went through was just expected of us as our duty" (Kilraine, 2020, July 29).

In Ontario, Canada, the notion of heroism and gender equity surfaced in the media coverage of Bill 124, a provincial bill that restricts public service workers, including nurses, to salary increases of one percent annually. Other frontline professionals, such as police officers and firefighters, are not subject to this bill. Certain media outlets provided a platform for the provincial nursing union, who critiqued politicians for employing the hero discourse throughout the pandemic, while simultaneously restricting the ability of nurses to bargain for an equitable wage: "it has widened the gender pay-equity gap and the impact on the morale of our dedicated RNs..." (Ferguson, 2020, June 12). Nurses impacted by Bill 124 expressed their sense of betrayal and frustration through using violent imagery, such as a "slap in the face," and often questioned the sincerity of politicians who employ the hero rhetoric: "You're called front-line and you're called essential but you're really a body that can be replaced" (Xing, 2020, June 11).

## 6. Discussion

In this study, we conducted a poststructural discourse analysis of the mass media to examine the effects of the hero discourse on nurses who are contending with the ongoing crisis and the impact of this discourse as a political, social, and cultural tool to further eroding nursing work. We argued that the hero discourse has created the conditions in which nurses are vulnerable to subjectification or the production of new forms of subjectivity that emerge from this expanding public discourse. The hero discourse is not a neutral expression of appreciation and sentimentality, but rather a political, social, and cultural technique employed to accomplish multiple aims such as the normalization of nurses' exposure to risk, the enforcement of model citizenship, and the preservation of existing power relationships that limit the ability of front line nurses to determine the conditions of their work. Our analysis of the media also uncovered multiple points of resistance, often from nurses themselves in various media reports, to the discursive construction of hero worship and its use as a tool to enact relationships of power with nurses.

The hero discourse culturally positions nurses to become "necessary sacrifices" in order to respond to an emerging crisis. Enacted through war and military imagery, the moral characterization of nurses as self-sacrificing heroes aligns with a previous media analysis of the SARS crisis (McGillis Hall et al., 2003). Our study also identified religious metaphors to highlight nurse's selflessness, which parallels the historical construction of nurses as innately virtuous and self-sacrificing (Gordon and Nelson, 2005). These idealized subjectivities fail to acknowledge the emotional complexities and sense of conflict experienced by front-line nurses. Interview studies with nurses who worked on the early COVID-19 front lines described their ambivalence as they navigated the tensions between their professional responsibilities and the desire to flee high-intensity, under-resourced, and dangerous work (Sun et al., 2020; Liu et al., 2020). The failure of the hero discourse to acknowledge the emotional, psychological, moral, and physical stressors of pandemic work has implications for the future expectations that will be placed on nurses as the crisis continues.

We argue that the hero discourse has resulted in the normalization of risk for nurses to justify the need for a timely and committed response in the contexts of uncertainty, political divisiveness, and unprepared healthcare systems. This normalizing process has made the unacceptable, such as nurses wearing garbage bags as protective gear and leaving older patients to die alone, more palatable to a broader audience. Defining the "new normal" of nurses' risk occurred through the normalizing processes of euphemisation, endowing unpalatable practices with positive attributes, and legitimization, representing the taking on of bodily hazards as a moral act (Krzyżanowski, 2020). The discursive construction of nurses' sacrifices was also supported through the normalizing process of naturalization (Krzyżanowski, 2020), in which dangerous occupational conditions have been justified as an inevitable event in nurses work. The hero discourse, therefore, functions to conceal the political contributors to risk that were caused not only by the biological realities of the virus, but also the lack of government assurance of protective equipment, uneven public health measures, and inadequate organizational staffing (Smith, 2020; Monteverde and Gallagher, 2020). The public fascination with the sacrifice of nurses may provide reassurance that regardless of government policies and unsafe working conditions, nurses will sacrifice themselves to save everyone.

Heroism has been employed as a disciplinary political device in the creation of the docile bodies of nurses. Our analysis parallels other poststructural studies that have examined the effects of disciplinary power on dictating the everyday conduct of nursing

work (Dillard-Wright, 2019; McIntyre et al., 2019; McIntyre et al., 2020). Returning to Banksy's image of the "supernurse," who is depicted as being played with as a child's toy which is open to manipulation, nurses may be similarly susceptible to pressure to perform, comply, and endure (Einboden, 2020). Nurses who refused to care for people with COVID-19 or failed to show up at work were noticeably absent from media coverage. Media accounts, however, did not render nurses as powerless but routinely highlighted multiple forms of nurse-led resistance such as political protests and lobbying from nursing unions. In an analysis of the French language Canadian media, Gagnon and Perron (2020) found that the Quebec Interprofessional Health Federation, the province of Quebec's nursing union, engaged in highly publicized "whistleblowing" about pandemic working conditions and used social media to highlight the ways that COVID-19 destabilized an already vulnerable and under-resourced nursing workforce.

Our analysis revealed a discursive pattern in which nurses were constructed as model citizens and workers during a rapidly evolving crisis. Based on an analysis of literature and mythology, Campbell (1949) suggests the cultural power of the hero myth lies in its ability to provide a general pattern for the everyday person to act in a moral sense. Nicholson (2011) suggests that the heroic stories of an era may present an idealized cultural model of active selfhood, that is resourceful, embodies bravery, and desires to conquer the enemy. We argue that nurses have been employed as social and moral models who formed an archetype for how the public should think and behave in the context of COVID-19, thereby forming a tool to enact disciplinary power over the general population. Disciplinary power, which may have productive aims, is often enacted by those in authority to subdue dissent and enforce certain types of behavior (Foucault, 1977), such as compliance with socially responsible measures to mitigate the evolving pandemic.

The construction of nurses as productive subjectivities has occurred within the politically and socially divisive climate of responding to the pandemic that has been characterized by the politicization of mask wearing, public resistance over lockdowns, and doubts about the scientific credibility of medical officials (Harsin, 2020). Our analysis suggests that, at certain points in the pandemic, the hero discourse has crossed political divides because of its widespread public support and its sentimentalization of nursing work. Employing hero worship, therefore, has become a "low stakes" technique used by politicians and other leaders to convey public messages about idealized citizenship and collective resolve. Our analysis, for example, described how Donald Trump and Boris Johnson, both criticized for their inaction and poor decision making, still employed the hero discourse as a rallying cry to foster national unity early in the pandemic.

The hero discourse was not evenly applied to every nurse, but rather was shaped by racialized and migrant identities of particular nurses described in the media reports. The construction of hero subjectivities occurred alongside prevailing racist assumptions about the causation and spread of COVID-19 such as the othering of immigrants and blaming certain racialized groups (Devakumar et al., 2020). Our analysis of the lack of racial and ethnic representation in public NHS campaigns suggest that the hero discourse was shaped by long standing patterns of discrimination experienced by nurses of color. Subject to the effects of colonialism and gender discrimination, NHS nurses who are female and racialized experience greater disparities in promotions and pay when compared to others (Milner et al., 2020). In an interview study, Isaac (2020) suggested that Black British-born nurses were socialized to employ a defence of their "British cultural capital" (p. 97), comprised of their British identity and positive social contributions, to override systemic racism in the NHS. Although additional theoretical work by critical race scholars is needed in this area, particularly in the contexts of Brexit and the rise of

nationalistic populism, the hero discourse may perpetuate the idealization of certain archetypes of nurses based on whiteness and acceptable nationality.

The widespread attribution of the hero subjectivity was often constructed as social and cultural reward for nurses and this public recognition was often positioned as sufficient to sustain nursing through a tumultuous period. Some media reports highlighted how hero worship initiated a transformative process that raised the profile of a profession that was considered to be unacknowledged pre-pandemic. The hero discourse was used to distance nursing work from the everyday, mundane, dirty, and gendered caring work (Ceci, 2004; Bolton, 2005; Lawler, 2006), thereby temporarily reconfiguring nursing to a healthcare practice that is dynamic, admirable, and vital to surviving the pandemic. At the same time, the gendered division of comfort and caring, historically labelled as women's work (Davies, 2003), was sometimes depicted as continuous with the hero narrative. Nurses were routinely applauded as heroes for their meticulous round the clock monitoring of critically ill people and their intimate therapeutic work with isolated and dying people with the virus. Associating heroism with comfort and caring work, traditionally associated with the feminine and gendered work, opens up the need for future studies on the contemporary construction of the female heroic archetype. The female hero, traditionally depicted as less than their male hero counterpart (Nicholson, 2011), may take on new possibilities for social representation in a post-pandemic world.

We explored the political, social, and cultural strategy of being seen as an ally to nurses through the hero discourse, but often without a meaningful commitment to long term transformative change. For example, our analysis highlighted the use of allyship as a public relations strategy to appear sympathetic to the plight of front-line healthcare staff, as a marketing strategy to align one's brand with a moral identity, and as a performative exercise that provided an accessible outlet for public participation. In many cases, the hero discourse provides a public face to conceal the eroding conditions of nursing work and to justify further cuts to staffing, pay raises, and clinical resources in an economic downturn. The nurse as hero discourse may function to preserve and extend existing power relations that limit nurses such as racism, gender discrimination, austerity measures, and managerialism.

Some media reports suggested that corporations, politicians, and even the general public used the heroization of nurses' suffering for their own political, economic, and cultural ends. We argue that this strategy often amounts to a form of performative allyship in which people with decisional and economic power signal their support, but fail to engage in the ongoing educational, self-reflexive, policy, and structural changes inherent in more genuine forms of allyship (Erskine and Bilimoria, 2019; Krause and Miller, 2020). For example, a recent survey of the American and Canadian public ( $n = 3551$ ) suggests that participation in heroic rituals (e.g. clapping and cheering) was unrelated to holding stigmatizing attitudes towards healthcare professionals such as the belief they should be isolated from their families and communities (Taylor et al., 2020). Forms of hero worship, such as those described in our study, are performative because they are enacted in highly visible ways, provided to appear legitimate, and given to illicit self-congratulations or a "virtual pat on the back" (Jacobson Frey, 2020 p. 72).

## 7. Strengths and limitations

Strengths of the study include the rigor of the discourse analysis method, the richness of the document data, the quality of the analysis, and the close use of Foucault's theoretical framework to open up a new conceptual understanding of this often taken for granted phenomenon. Limitations include our exploratory and



qualitative approach, which does not allow the generalizability of our findings to make universal claims about this discourse. Since our data sources were limited by date, country of origin, and language, it is possible that an analysis of different media reports would have resulted in different forms of discursive patterns and subjectivities. Since the positionality and subjectivity of the researcher is central to research informed by poststructuralism (McCabe and Holmes, 2009), it is also possible that researchers with different backgrounds and objectives would have yielded alternative or divergent results. Although we reflexively considered the effects of our subjectivities on the research process, our identities as nurses and people concerned about the effects of COVID-19 on healthcare workers may have shaped the findings.

## 8. Implications to nursing and conclusion

Using a poststructural perspective, we critically examined the effects of the hero discourse as a political, social, and cultural device to uphold expectations for nurses to make sacrifices for the common good, enforce subjectivities of model citizenship, and to position public adulation as the main reward for nurses. Although there were some productive elements of this discourse, such as the public recognition of nursing work and the provision of short-term conveniences, our analysis suggests that nursing should view hero worship with caution and trepidation. The pandemic has made visible the challenges of nursing work, but also the accumulated consequences of managerialism, financial austerity, gender and racial inequities, and inadequate governmental support. The hero discourse and heroic subjectivities do little to rectify these barriers and often comprise a form of performative allyship. Recognizing the destructive effects of hero worship will help nurses resist and move past its effects.

Our study has implications for formalizing the ongoing emotional, psychological, ethical and practice supports of nurses as they contend with the ongoing pandemic. Although there is some level of being a hero that is voluntary, many nurses were involuntarily placed into such roles, especially through practices such as mandatory re-deployment to COVID units or testing centers. The costs of heroism to nurses, many who need their jobs to survive economically, remains uncertain. Heroic nurses are meant to face and overcome any circumstances individually, thereby lessening the responsibility of government to enact systemic changes, the only way to properly address this crisis. Left unchallenged, the limits of the hero discourse remain unclear and open to manipulation by those in power. As the pandemic continues and healthcare systems struggle to prevent financial collapse, will leaders and decision makers continue to placate nurses with the hero discourse in order for them to work in even more perilous and inequitable conditions? The long-term impact of the stress and strain of practicing nursing in COVID-19 times will likely be dire and will ultimately cost society who needs a healthy, resilient, and sustainable nursing work force. Broader considerations include the retention of nursing staff, particularly in high acuity areas and long-term care, emotional burnout, occupational induced illnesses, and nurses permanently leaving the profession. Both nursing and society cannot allow the hero discourse to sideline their ongoing quest to secure formal supports for nurses, including practical supports such as limits on patient to nurse ratios and opportunities for respite from exhausting work (Maben and Bridges, 2020).

Our study also has implications for the collective political response of nursing in the contexts of COVID-19. As nurses lead political activism to secure much needed clinical resources in a post-pandemic world, they cannot assume that their hero status will provide them with enough political clout to obtain a seat at the policy table or sway decision makers. Nurses need to be attuned to the multiple ways that hero worship legitimizes threats to nurses

and the erosion of the conditions of nursing work, thereby challenging this approach as a strategy of power. Nurses themselves were not necessarily the authors or orchestrators of the hero discourse; nor were they rendered powerless, but often were located as multiple points of resistance across media coverage. Nurses consistently requested tangible support for their work (i.e. increased access to protective gear, improved staffing, etc.) as opposed to accepting or perpetuating the title of hero. When faced with the complexities of direct clinical care during a pandemic, the hero label lost much of its meaning. The resistance to the hero discourse and other harmful forms of political strategizing will be essential as the emergency continues and nursing work evolves to meet these demands. Rather than participate in the superficial sentimentalizing of hero worship as form of performative allyship, nursing must instead engage in meaningful political activism, continue its professional commitment to advocacy, and articulate a strong voice of knowledge and reason in COVID-19 (Morin and Baptiste, 2020).

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## CRediT authorship contribution statement

**Shan Mohammed:** Conceptualization, Methodology, Software, Validation, Formal analysis, Investigation, Resources, Data curation, Writing - original draft, Writing - review & editing, Project administration. **Elizabeth Peter:** Conceptualization, Validation, Formal analysis, Resources, Writing - original draft. **Tieghan Killackey:** Conceptualization, Validation, Formal analysis, Resources, Writing - original draft, Writing - review & editing. **Jane Maciver:** Conceptualization, Validation, Formal analysis, Resources, Writing - original draft, Writing - review & editing.

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## References

- Altheide, D.L., Schneider, C.J., 2013. *Qualitative Media Analysis*. SAGE Publications, Thousand Oaks, California.
- Arribas-Ayllon, M., Walkerdine, V., 2008. Foucauldian discourse analysis. In: Willig, C., Stainton-Rogers, W. (Eds.), *The SAGE Handbook of Qualitative Research in Psychology*. SAGE Publications, Thousand Oaks, California, pp. 91–108.
- Bailey, L., 2020. Suddenly, I'm Not 'Just a Nurse' May 11. *The Toronto Star* <https://www.thestar.com/opinion/contributors/2020/05/11/suddenly-im-not-just-a-nurse.html>.
- Baker, M., 2020. A Rare Look Inside the Hospital Where 15 Coronavirus Patients have Died March 11. *N.Y. Times* <https://www.nytimes.com/2020/03/11/us/coronavirus-kirkland-hospital-seattle.html>.
- Bolton, S.C., 2005. Women's work, dirty work: the gynaecology nurse as "other." *Gender Work Organ.* 12, 169–186. doi:10.1111/j.1468-0432.2005.00268.x.
- Butt, S., 2020. The NHS is Doing an Amazing Job But is it at Risk of Being White-Washed? April 6. *HR Magazine* <https://www.hr-magazine.co.uk/article-details/the-nhs-is-doing-an-amazing-job-but-is-it-at-risk-of-being-white-washed>.
- Campbell, J., 1949. *The Hero with a Thousand Faces*. Pantheon, New York, New York.
- Ceci, C., 2004. Gender, power, nursing: a case analysis. *Nurs. Inq.* 11, 72–81.
- Charmaz, K., 2006. *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. SAGE Publications, Thousand Oaks, California.
- Coffey, A., Atkinson, P., 1996. *Making Sense of Qualitative Data: Complementary Research Strategies*. SAGE Publications, Thousand Oaks, California.
- Corbella, L., 2020. Corbella: Sports Idols have been Replaced by Health Heroes — For Now May 27. *Calgary Herald* <https://calgaryherald.com/opinion/corbella-sports-idols-have-been-replaced-by-health-heroes-for-now>.

- Coyne, I.T., 1997. Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries? *J. Adv. Nurs.* 26, 623–630. doi:10.1046/j.1365-2648.1997.t01-25-00999.x.
- Darbyshire, P., 2011. Nursing heroism in the 21st century. *BMC Nurs.* 10, 4. doi:10.1186/1472-6955-10-4.
- Davies, K., 2003. The body and doing gender: the relations. *Sociol. Health Illn.* 25, 720–742.
- Devakumar, D., Shannon, G., Bhopal, S.S., Abubakar, I., 2020. Racism and discrimination in COVID-19 responses. *Lancet* 395, 1194. doi:10.1016/S0140-6736(20)30792-3.
- Dillard-Wright, J., 2019. Electronic health record as a panopticon: a disciplinary apparatus in nursing practice. *Nurs. Philos.* 20, 1–9. doi:10.1111/nup.12239.
- Dove US, 2020, April 8. Courage is Beautiful. YouTube. <https://youtu.be/sQOq0-ODBbc>
- Einboden, R., 2020. SuperNurse? Troubling the hero discourse in COVID times. *Health (United Kingdom)* 24, 343–347. doi:10.1177/1363459320934280.
- Erskine, S.E., Bilimoria, D., 2019. White allyship of Afro-diasporic women in the workplace: a transformative strategy for organizational change. *J. Leadersh. Organ. Stud.* 26, 319–338. doi:10.1177/1548051819848993.
- Ferguson, R., 2020. Nurses Outraged at One Percent Raise Under Wage-cap Law While Doug Ford Calls Them 'Heroes' in the COVID-19 Fight June 12. *The Toronto Star* <https://www.thestar.com/politics/provincial/2020/06/12/nurses-outraged-at-one-per-cent-raise-under-wage-cap-law-while-doug-ford-calls-them-heroes-in-the-covid-19-fight.html>.
- Foucault, M., 1966. *The Order of Things: An Archaeology of the Human Sciences*. Routledge, London, England.
- Foucault, M., 1972. *The Archaeology of Knowledge*. Pantheon, New York, New York.
- Foucault, M., 1976. *The History of Sexuality: An Introduction, Volume 1*. Vintage Books, New York, New York.
- Foucault, M., 1977. *Discipline and Punish: The Birth of the Prison*. Penguin, London, England.
- Foucault, M., 1980. *Power/knowledge: Selected Interviews and Other Writings 1972–1977*. Harvester Press, Brighton, England.
- Gagnon, M., Perron, A., 2020. Nursing voices during COVID-19: an analysis of Canadian media coverage. *Aporia* 12, 109–113. doi:10.18192/aporia.v12i1.4842.
- Gordon, S., Nelson, S., 2005. An end to angels. *Am. J. Nurs.* 105 (5), 62–69. <https://www.jstor.org/stable/29745732>.
- Graham, L.J., 2011. The product of text and "other" statements: discourse analysis and the critical use of Foucault. *Educ. Philos. Theory* 43, 663–674. doi:10.1111/j.1469-5812.2010.00698.x.
- Green, B., Barbara, G., 1997. *Spectacular Confessions: Autobiography, Performative Activism, and the Sites of Suffrage*. Macmillan, London, England.
- Guevarra, A.R., 2009. *Marketing Dreams, Manufacturing Heroes: The Transnational Labor Brokering of Filipino Workers*. Rutgers University Press, New Brunswick, New Jersey.
- Hall, S., 2001. Foucault: power, knowledge and discourse. In: Wetherell, M., Taylor, S., Yates, S.J. (Eds.), *Discourse, Theory and Practice: A Reader*. Sage, London, England, pp. 72–81.
- Hamm, A., 2020. I'm a Nurse. But no, I Don't Want to be a Hero April 9. *Quillette* <https://quillette.com/2020/04/09/im-a-nurse-but-no-i-dont-want-to-be-a-hero/>.
- Harsin, J., 2020. Toxic white masculinity, post-truth politics and the COVID-19 infodemic. *Eur. J. Cult. Stud.* doi:10.1177/1367549420944934.
- Hess, A., 2020. In Praise of Quarantine Clapping April 9. *N.Y. Times* <https://www.nytimes.com/2020/04/09/arts/virus-quarantine-clapping.html>.
- Hodge, B., 2020. Celebrating Nurses Week Through the Voice of Our Modern-Day Super-Heroes May 7. *Nuance* <https://whatsnext.nuance.com/healthcare/celebrating-nurses-week-through-the-voice-of-our-modern-day-super-heroes/>.
- Hook, D., 2001. The disorders of discourse. *Theor. A J. Soc. Polit. Theory* 97, 41–68.
- International Council of Nurses. 2020. ICN confirms 1,500 nurses have died from COVID 19 in 44 countries and estimates that healthcare worker COVID 19 fatalities worldwide could be more than 20,000. <https://www.icn.ch/news/icn-confirms-1500-nurses-have-died-covid-19-44-countries-and-estimates-healthcare-worker-covid>
- Isaac, D., 2020. One size DOES NOT fit all: black British-born mental health nurses and factors influencing their 'National' health service career progression. *J. Ethn. Cult. Stud.* 7, 88. doi:10.29333/ejecs/417.
- Jacobson Frey, J., 2020. Actively working to be more antiracist in the employee assistance field. *J. Workplace Behav. Health* 35, 1–11. doi:10.1080/15555240.2020.1785887.
- Johnson & Johnson, 2020. By Nurses to nurses: A letter to Healthcare Heroes April 1. Johnson & Johnson <https://nursing.jnj.com/nursing-news-events/nurses-leading-innovation/by-nurses-to-nurses-a-letter-to-healthcare-heroes>.
- Kalina, P., 2020. Performative allyship. *Tech. Soc. Sci. J.* 11 (1), 478–481. doi:10.47577/tssj.v11i1.1518.
- Karlamangla, S., 2020. A Last Selfless Act; A Nurse With no N95 Mask Treated a COVID-19 Patient Who Couldn't Breathe. She Died 14 Days Later May 10. *Los Angeles Times* [https://enewspaper.latimes.com/infinity/article\\_share.aspx?guid=fc47e746-0738-41c8-946a-2d473224d4bd](https://enewspaper.latimes.com/infinity/article_share.aspx?guid=fc47e746-0738-41c8-946a-2d473224d4bd).
- Kenny, D., Graham, H., Simmonds, A., 2020. Everyday heroes: nurses working quietly behind the scenes saving lives and protecting their patients. *J. Health Hum.* 4 (2), 25–42.
- Kilrairie, L., 2020. Nurse Heroes to Protest This Evening About Paltry Pay Rise – At Hospital Which Saved Boris Johnson's Life July 29. *London News* <https://londonnewsonline.co.uk/nurse-heroes-to-protest-this-evening-about-paltry-pay-rise-at-hospital-which-saved-boris-johnsons-life/>.
- Krause, R., Miller, T.L., 2020. From strategic leaders to societal leaders: on the expanding social role of executives and boards. *J. Manag.* 1–7. doi:10.1177/0149206320950439.
- Krzyzanowski, M., 2020. Normalization and the discursive construction of "new" norms and "new" normality: discourse in the paradoxes of populism and neoliberalism. *Soc. Semiot.* 30, 431–448. doi:10.1080/10350330.2020.1766193.
- Kuper, S., 2020. How Health Workers Replaced Soldiers as Society's Heroes March 26. *Financial Times* <https://www.ft.com/content/03b82e0c-6e37-11ea-9bca-bf503995cd6f>.
- Lamothe, D., 2020. Pentagon Plans to Dispatch Blue Angels and Thunderbirds in Coronavirus Tribute April 22. *Washington Post* <https://www.washingtonpost.com/national-security/2020/04/22/pentagon-plans-dispatch-blue-angels-thunderbirds-coronavirus-response/>.
- Lawler, J., 2006. *Behind the Screens: Nursing, Somology, and the Problem of the Body*. Sydney University Press, Sydney, Australia.
- Leung, V., 2020. 'Nurses are Everyday Heroes' Says Trudeau May 12. *Richmond News* <https://www.richmond-news.com/news/nurses-are-everyday-heroes-says-trudeau-1.24133531>.
- The Lincoln Project, 2020. Two Americans April 24. YouTube <https://www.youtube.com/watch?v=1LUSfQ3XkQ8>.
- Liu, Y.E., Zhai, Z.C., Han, Y.H., Liu, Y.L., Liu, F.P., Hu, D.Y., 2020. Experiences of frontline nurses combating coronavirus disease-2019 in China: a qualitative analysis. *Public Health Nurs* 1–7. doi:10.1111/phn.12768.
- Logan, C., 2020. COVID-19: Vancouver Island Nurse Honoured as 'Unsung Hero' by Canucks, BC Hockey July 19. *Tofino-Ucluelet Westerly News* <https://www.westerlynews.ca/news/covid-19-vancouver-island-nurse-honoured-as-unsung-hero-by-canucks-bc-hockey/>.
- Maben, J., Bridges, J., 2020. Covid-19: supporting nurses' psychological and mental health. *J. Clin. Nurs.* 29, 2742–2750. doi:10.1111/jocn.15307.
- MacDonald, K., De Zylva, J., McAllister, M., Brien, D.L., 2018. Heroism and nursing: a thematic review of the literature. *Nurse Educ. Today* 68, 134–140. doi:10.1016/j.nedt.2018.06.004.
- Manning, K., 1997. Authenticity in constructivist inquiry: methodological considerations without prescription. *Qual. Inq.* 3, 93–115. doi:10.1177/107780049700300105.
- Mansfield, N., 2000. *Subjectivity: Theories of the Self from Freud to Haraway*. New York University Press, New York.
- Maxwell, M., 2020. Martin Maxwell on COVID-19: This Generation's Great War May 4. *The National Post* <https://nationalpost.com/opinion/martin-maxwell-on-covid-19-this-generations-great-war>.
- McCabe, J.L., Holmes, D., 2009. Reflexivity, critical qualitative research and emancipation: a Foucauldian perspective. *J. Adv. Nurs.* 65, 1518–1526. doi:10.1111/j.1365-2648.2009.04978.x.
- McGillis Hall, L., Angus, J., Peter, E., O'Brien-Pallas, L., Wynne, F., Donner, G., 2003. Media portrayal of nurses' perspectives and concerns in the SARS crisis in Toronto. *J. Nurs. Scholarsh.* 35, 211–216. doi:10.1111/j.1547-5069.2003.00211.x.
- McIntyre, J.R.S., Burton, C., Holmes, D., 2020. From discipline to control in nursing practice: a poststructuralist reflection. *Nurs. Philos.* 1–8. doi:10.1111/nup.12317.
- McIntyre, J.R.S., Burton, C., Holmes, D., Dillard-Wright, J., 2019. Electronic health record as a panopticon: a disciplinary apparatus in nursing practice. *Nurs. Philos.* 20, 1–9. doi:10.1111/nup.12239.
- Milner, A., Baker, E., Jeraj, S., Butt, J., 2020. Race-ethnic and gender differences in representation within the English National Health Service: a quantitative analysis. *BMJ Open* 10, 1–6. doi:10.1136/bmjopen-2019-034258.
- Moeslein, A., 2020. Nurses Have Always Been Heroes—But We Need Them Now More Than Ever March 30. *Glamour* <https://www.glamour.com/story/nurses-have-always-been-heroes-but-we-need-them-now-more-than-ever>.
- Mohammed, S., Peter, E., Gastaldo, D., Howell, D., 2015. Rethinking case study methodology in poststructural research. *Canadian Journal of Nursing Research* 47 (1), 97–114.
- Monteverde, S., Gallagher, A., 2020. COVID-19, the year of the nurse and the ethics of witnessing. *Nurs. Philos.* 21, 1–2. doi:10.1111/nup.12311.
- Morin, K.H., Baptiste, D., 2020. Nurses as heroes, warriors and political activists. *J. Clin. Nurs.* 29, 2733. doi:10.1111/jocn.15353.
- Morris, N., 2020. Ethnic Minority Medics Are 'being whitewashed' Out of Celebrations of the NHS April 3. *Metro UK* <https://metro.co.uk/2020/04/03/bame-medics-whitewashed-appreciation-nhs-12494218/>.
- Mulderrig, J., 2011. Reframing obesity: a critical discourse analysis of the UK's first social marketing campaign. *Crit. Policy Stud.* 9, 24–40. doi:10.1080/19460171.2016.1191364.
- Nicholson, S., 2011. The problem of woman as hero in the work of Joseph Campbell. *Fem. Theol.* 19, 182–193. doi:10.1177/0966735010384331.
- Palus, S., 2020. A Nurse Explains Who Can Call Her a Hero and What She Thinks of All the Applause April 23. *Slate* <https://slate.com/technology/2020/04/nurse-hero-protest.html>.
- Patton, M.Q., 2015. *Qualitative Evaluation and Research Methods*. Sage Publications, Newbury Park, California.

- Picheta, R., 2020. 'She is Blown away': World leaders and Families Praise Two Nurses Who Cared For Boris Johnson in ICU. CNN <https://www.cnn.com/2020/04/13/uk/boris-johnson-nhs-nurses-coronavirus-scli-gbr-intl/index.html>.
- Simpson, J., 2020. Migrants Helped Build Our NHS July 1. EasternEye <https://www.easterneye.biz/migrants-helped-build-our-nhs/>.
- Smith, C., 2020. The structural vulnerability of healthcare workers during COVID-19: observations on the social context of risk and the equitable distribution of resources. *Soc. Sci. Med.* 258, 113119. doi:10.1016/j.socscimed.2020.113119.
- Sodha, S., 2020. NHS Heroes ... and Targets of Racists April 5. The Guardian <https://www.theguardian.com/world/2020/apr/05/nhs-heroes-and-targets-of-racists>.
- Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., Wang, Hongwei, Wang, C., Wang, Z., You, Y., Liu, S., Wang, Hongyun, 2020. A qualitative study on the psychological experience of caregivers of COVID-19 patients. *Am. J. Infect. Control* 48, 592–598. doi:10.1016/j.ajic.2020.03.018.
- Taylor, S., Landry, C.A., Rachor, G.S., Paluszek, M.M., Asmundson, G.J.G., 2020. Fear and avoidance of healthcare workers: an important, under-recognized form of stigmatization during the COVID-19 pandemic. *J. Anxiety Disord.* 75, 102289. doi:10.1016/j.janxdis.2020.102289.
- Temkar, A., 2020. Coronavirus Heroes: I Thought Filipino Nurses Were 'Sellouts.' I was Wrong May 27. USA Today <https://www.usatoday.com/story/opinion/voices/2020/05/27/filipino-nurses-coronavirus-hero-medicine-column/5231517002/>.
- Tri-Council of Canada. 2018. Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. <https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf>
- Wallis, H., 2020. Nurses Say They Don't Want to Be Called Heroes During the Coronavirus Pandemic April 28. Teen Vogue <https://www.teenvogue.com/story/nurses-dont-want-to-be-called-heroes>.
- Warin, M., 2011. Foucault's progeny: jamie Oliver and the art of governing obesity. *Soc. Theory Health* 9, 24–40. doi:10.1057/sth.2010.2.
- Wildman, S., Hewison, A., 2009. Rediscovering a history of nursing management: from nightingale to the modern matron. *Int. J. Nurs. Stud.* 46, 1650–1661. doi:10.1016/j.ijnurstu.2009.06.008.
- Winfield, N., 2020. Pope Hails Italy Virus Doctors, Nurses as Heroes at Vatican June 20. ABC News <https://abcnews.go.com/Health/wireStory/pope-hails-italy-virus-doctors-nurses-heroes-vatican-71359672>.
- Xing, L., 2020. 1% Pay Increase Under Public-Sector Wage Cap a 'Slap in the Face,' Ontario Registered Nurses Say June 11. CBC <https://www.cbc.ca/news/canada/toronto/ontario-nurses-pay-increase-ona-covid-doug-ford-1.5607068>.
- Yates, S., Hiles, D., 2010. Towards a "critical ontology of ourselves"? Foucault, subjectivity and discourse analysis. *Theory Psychol.* 20, 52–75. doi:10.1177/0959354309345647.
- Zielinski, L., 2020. Another Voice: Nurses are Unsung Heroes of Health Care May 5. The Buffalo News [https://buffalonews.com/opinion/another-voice-nurses-are-unsung-heroes-of-health-care/article\\_5dc10d93-7bc9-51a1-ae4b-83ae2b08e692.html](https://buffalonews.com/opinion/another-voice-nurses-are-unsung-heroes-of-health-care/article_5dc10d93-7bc9-51a1-ae4b-83ae2b08e692.html).