



# Nurses and doctors in prime time series: The dynamics of depicting professional power<sup>1</sup>

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## ABSTRACT

This essay sketches a comparison of 1960s' television portrayals with those of the present to show that a limited and incomplete portrayal of nurses has been an enduring feature of prime-time medical television programs. They have depicted physicians then and now as captains of the medical ship and nurses then and now their ancillary and ill-defined helpers. As the comparison makes clear, part of nurses' lack of clear power in TV medical scenarios has to do with the explicit and implicit clout exercised by physicians' organizations to present doctor images effectively. That clout contrasts with nursing organizations' lack of attempts or ability (it's hard to gauge which) to influence network television's most prominent representations of their roles and the environments in which they work.

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During much of its run in the 1960s, the hit ABC television series *Ben Casey* began with a serious statement about humanity's relation to the cosmos. A hand-drawn image on a blackboard — first the symbol for males, then females, then representations of life, death, and infinity. A man's voice intoned "Man, woman, life, death, infinity." Pulsating music followed, and the opening title appeared.

In the abstract the opening segment might seem removed from the topic of the program — melodramas about patients and physicians as seen through the experiences of a young neurosurgery resident. Yet the producers clearly believed that their viewers would see the connection between such cosmological thinking and the particulars of hospital medicine. They knew, as today's producers of medical dramas know, that the struggle of society's healers with death is

a theme that weaves deeply into the world of every culture's shared tales.

For a bit over half a century, television has been America's most shared teller of stories. The TV screen is a broad canvas on which settings and characters come alive. They create a symbolic world that parades lessons of morality and social possibility in a manner that is not fundamentally different from the way folklore did in centuries past. In fact, some media scholars suggest that entertainment can be even more successful than news in giving people a sense of institutions such as medicine. One reason is that fictional dramas and comedies often give their viewers behind-the-scenes pictures of healthcare workers that viewers rarely see in short news stories and that often seem to be quite realistic. Supporting this notion is a corpus of published research on TV's "cultivation" of

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ideas about the world. Though dealing with healthcare only rarely, cultivation researchers support an historically rooted perspective on the way TV helps people relate to the institutions around them, including the healthcare system. They argue that the patterned nature of TV's images, often viewed over the course of people's lives, leads many people to develop expectations of those institutions that are similar to TV's portrayals. They add that the medium is especially influential in shaping perspectives about parts of an institution with which viewers have had few personal experiences (see, for example, Belling, et al., 1998; Diem, et al., 1996; and Gerbner et al., 1982).

Applied to healthcare, these generalizations point to TV entertainment's power to influence viewers' expectations of the norms guiding various types of physicians, nurses, nurse practitioners, physician assistants, technicians, and administrators to agree or argue over treatments. Stories about the treatment of illness thread through a large portion of broadcast and cable network television entertainment. Ultimately, these stories are about institutional power. Their creators act out ideas about the system's authority to define, prevent, and treat illness. By acting out tales of life and death, competence and incompetence, and morality and immorality in persuasive ways, TV fiction about healthcare can present compelling scenarios about which professions are powerful in the healthcare system, as well as when and why.

Nursing as a profession has not fared well in the parade of prime-time medical images. Certain aspects of the evening shows have changed fundamentally over the past few decades. Yet this essay sketches a comparison of 1960s' portrayals with those of the present to show that a limited and incomplete portrayal of nurses has been an enduring feature of prime-time medical programs. They have depicted physicians then and now as captains of the medical ship and nurses then and now their ancillary and ill-defined helpers. Part of the reason surely has to do with deep-seated cultural notions of the health profession's hierarchy, particularly as it relates to historical gender-linked roles. However, as the comparison between decades makes clear, part of nurses' lack of clear power in TV medical scenarios has to do with the explicit and implicit clout exercised by physicians' organizations to present doctors' images effectively. That clout contrasts with nursing organizations' lack of attempts or ability (it's hard to gauge which) to influence network television's most prominent representations of their roles and the environments in which they work.

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### **The 1960s: Setting TV's Professional Mold**

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The first half of the 1960s represented a defining period in the history of television's prime-time medical series. Its successes helped to instantiate a particular kind of

hero—the high-tech, hospital-based physician—as the centerpiece of dramatic solutions to healthcare dramas. Descended from magazine stories, novels, radio shows, and movies of the 1930s and 1940s, the medical program made a shaky start on television in the early and mid-1950s with 2 short-lived series, *City Hospital* and *The Doctor*. Two years later, a series called *Medic* enjoyed moderate success. In the fall of 1961, though, the form catapulted to genuine hit status when *Ben Casey* and *Dr. Kildare* appeared. Centering on the experiences of young physicians in big-city hospitals, the popularity of the 2 programs and their stars spilled over into the newspaper comics, magazine stories, and even toys and records. The faddish success led network executives to see the 2 programs as establishing a formula that subsequent televised efforts about medicine should follow. In that formula, nurses played only a minor, and quite subsidiary, role. Other members of the healthcare team showed up only as a kind of moving wallpaper in the hospital (for example, orderlies and technicians) or were pushed out of the picture entirely (as happened to psychologists).

A number of cultural and institutional influences converged at the time in canonizing the formula to highlight certain types of physicians and to marginalize nurses and other health professionals. At the start of the 20<sup>th</sup> century, the public did not associate medical doctors with dominion over disease. Yet their power grew tremendously through the century as the heads of “organized medicine” (as people referred to physician groups) decided to tie medicine closely to the rigors of science to create a credible profession. A major role was played by an American Medical Association (AMA) that, as part of their bid for credibility, enforced the overwhelmingly male and white complexion of its profession. Under the guidance of the AMA in concert with other physicians' organizations, the U.S. built a medical research and clinical establishment that dwarfed anything that had come before it.

At the end of World War II, victories via penicillin and sulfonamides, the reduction of surgical hazards, and the conquering of polio caught the public imagination. Healthcare began to take center stage in the nation's budgetary priorities. The AMA and its coalition of medical interest groups associated healthcare's triumphs with physicians and guided federal and state legislators toward policies that would privilege a physician-guided system. Medical aid was to be a private, fee-for-service activity between an individual and that person's physician. Within that relationship, the physician should spare no resources to help the patient.

By the early 1960s, though, the optimism of physician-leaders about medicine's possibilities existed in counterpoint with concerns that strong control over the people, settings and activities involving healthcare may be slipping away. They worried about 3 major developments. One was a perception that

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