

**THE QUINTESSENTIAL WORKING WOMEN:  
PRIMETIME TELEVISION'S DEPICTION OF NURSES, 1973 TO 1992**

**BY**

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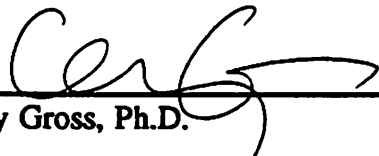
**On behalf of the faculty of the Annenberg School for Communication and the University of  
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## **I. Introduction**

The problem of nursing's poor media image and what can be done to change it has long perplexed health policymakers. According to the major literature on the subject, nursing's image fails to reflect changes in the nursing practice environment, nor does it portray nurses in a light that would encourage enough people to think about a career in nursing. With the anticipated growth in demand for nursing care related to the aging of the population and the increasing incidence of chronic illness due in part to life sustaining technological advances, mass media images that remain outdated and unflattering could well contribute to serious and systemic health care problems in the future. In addition, health care reform initiatives calling for enhanced public access to basic care accentuate demand for nursing, especially the services of highly skilled nurses such as college educated registered nurses, nurse practitioners and clinical nurse specialists. Ultimately, avoiding a nursing shortage must be a high priority for health policymakers because most of what the health care system does is provide nursing care. Eighty percent of the care patients receive in the hospital comes from nurses. Nurses also provide most of the care patients receive in other settings, such as in nursing homes, private and public clinics, hospice, and private homes (Maraldo, 1994, pp. 426-431).

At the beginning of the most recent nursing shortage, which lasted from approximately 1987 to 1991, the Secretary of Health and Human Services appointed the Commission on Nursing to examine the shortage problem and

propose solutions. Commission recommendations included improved work conditions for nurses, better lifelong pay scales, more appropriate job descriptions, greater educational opportunities, and enhanced opportunities for career advancement (U.S. Dept. of Health & Human Services, 1988b). The Commission also cited social causes, including the women's movement which resulted in increased career opportunities for women and, concurrently, the inaccurate and sometimes defamatory image of nurses in the media which compounded the problem of enticing intelligent, able young women and men into the career (U.S. Dept. of Health & Human Services, 1988b, pp. 35-39).

Even though the Secretary's Commission on Nursing in essence accused the media of fueling a public health crisis, there has been almost no systematic research on media messages covering the period after 1979. Not only does this present a serious gap in nursing and health care research, it also poses a question of interest to researchers concerned with media effects and message systems' analyses: is it legitimate to implicate the media as the Commission on Nursing did?

This study is an attempt to lay a foundation for further research on nursing in the media by examining nurses in primetime network television from 1973 to 1992. I have had the good fortune to access the Cultural Indicators Database and the Script Archives of the Annenberg School for Communication to research nurse characters on primetime network television. From this data, the objective is to begin to identify and characterize primetime nurses over the past 20 years: how often they appear,

**their demographic construction, predominant personality features, involvement in notable activities such as violence, and any other characteristics which segregate nurses from others in the television worldview.**



## **II. Literature Review**

### **Nursing's Media Image**

The most important research on nursing image is authored by a husband and wife team, Philip and Beatrice Kalisch, who run a nursing image project and systematically monitor images in television, motion pictures and in novels. The last study they published on nursing's image in television was in 1986, covering television from 1950 to 1979 (Kalisch & Kalisch, 1986). Their most recent book on the subject, The Changing Images of the Nurse (1987) traces nursing images from the 19th century through the late 1970's, and contains the researchers' central theory about dominant image themes covering various historical eras. The Kalisches characterize the period beginning with Florence Nightingale and continuing through the turn of this century as the "Angel of Mercy" period, the 1920's as the "Girl Friday" period, the 1930's and 1940's as the "nurse heroine" period, the postwar period as "wife and mother" and the period from 1965 to the late 1980's as the "sex objects" era. They also categorize the post-1965 image of nurses as, in addition to the prevailing "sex object" image, the "doctors' handmaiden," the "angel of Mercy" and the "battle-ax." (Kalisch and Kalisch, 1987).

The Kalisches have conducted extensive message systems analyses of nurses in movies, novels, and television. They did two key studies examining nursing's image in primetime television, one in which the unit of analysis was television episodes featuring nurses (Kalisch, Kalisch, and Clinton, 1982a) and the other in which the sample included nurse and

physician characters from a variety of media including television (Kalisch and Kalisch, 1986). In the former study, they examined 320 selected television episodes and found that most nurse characters were women under 35 years old, working in acute care settings such as hospitals, and often depicted performing "menial non-nursing tasks". Nurse characters were rarely shown interacting independently with patients or providing physical comfort, but instead served other health professionals usually by relaying information to them (1982a, p. 361).

In 1986 the Kalisches published the other study comparing 670 nurse characters and 466 physician characters in novels, motion pictures and primetime television over the period from 1920-1979. Television appearances accounted for 508 characters in the overall sample. As in all of their studies, the researchers derived samples by combing through journals and newspapers to collect every media specimen they could find in which nurses and/or physicians were depicted prominently (Kalisch and Kalisch, 1986, p. 181). In this study, once again the vast majority of nurse characters were female, under 35, and single. Physicians, by contrast, tended to be male, married, and slightly older than 35. Among the television characters, physicians were coded as superior to nurses on a wide variety of qualitative indicators including intelligence, rationality, drive and individualism. Contrary to the researchers' intuition about television stereotypes however, they also found that physician characters exceeded nurse counterparts in nurturance and empathy scores. Indeed, the only two qualities in which television nurses exceeded physicians were in submissiveness and capacity

for valuing service to others, confirming their earlier findings that nurses most often served other health providers and did not have independent roles (1982a, p. 360). The researchers concluded that whereas physicians in all three media were depicted as scientific intellectuals, nurses were rarely attributed any problem solving abilities or clinical skill, and nurse characters "are presented as generally unimportant in health care, largely occupying the background rather than playing an instrumental role in health care" (1986, p. 185).

This consistent finding that the most common image of nurses is the "nonentity" is rarely discussed at length by the Kalisches any other researchers. Yet in light of the methodology of these studies, the finding would appear especially interesting: Despite the fact that the Kalisches' samples were selected for the fact that they featured nurses in substantial roles, the researchers still found most nurse characters serving unimportant, background roles in the health care system.

Nonetheless the nursing image typologies developed by the Kalisches do not account for the nonentity nurse (Kalisch and Kalisch, 1983, pp. 192-193). Nor is it clear that the researchers can directly link the typologies with the conclusions of the highly reliable message systems analyses they conducted. Yet nearly all subsequent research, teaching, commentary, analysis, and national media campaigns have proceeded from the assumption taken as a priori that nursing image adheres to Kalisch typological categories. This means nurse researchers and activists may have been looking amid the clamor of nonentity, background nurses to find one or two sex objects and

angels of mercy. It is possible nurses fit typological categories while at the same time occupying the background of plotlines, but this is not discussed in the literature.

The Kalisches' analysis is based on data over 14 years old, yet still in use as the dominant paradigm for conceptualizing nursing image. A British review of the literature on nursing's image in 1990 (Bridges, pp. 850-854) exemplifies the reliance on the Kalisches' stereotypical categories. The review divides all the image literature into the four Kalisch typologies and does not mention the "nonentity nurse". One of the typologies, the "physician's handmaiden", is obviously a cousin to the "nonentity", but nonentity nurses do not necessarily serve physicians exclusively (Kalisch and Kalisch, 1983, pp. 192-193). In any case, there appears to be no systematic nor even anecdotal accounts concentrating on the "physicians' handmaiden" either (Bridges, 1990, p. 850).

One image the Kalisches have documented to some extent, but not enough to make the claims they have, is the sex object. The Kalisches propose that the sex object is a "dominant" feature of nursing's image since 1965 (Kalisch and Kalisch, 1987). However, there is not enough systematic research available to investigate the prevalence of this stereotype in any medium except motion pictures (Kalisch, Kalisch, and McHugh, 1982d).

The Kalisches studied the "sex object" phenomenon in movies with a sample of 211 nurse characters appearing in 191 Hollywood movies from 1930 through 1979 (Kalisch, Kalisch, and McHugh, 1982d, pp. 147-154). They included one pornographic film in their sample, 1974's Deep Throat, in

which "Linda Lovelace" starred as a libidinous nurse. In the study, the researchers used a "Sex Object Index" that evaluated variables related to appearance and sexual behavior (p. 148) and found that only one quarter of the nurse characters in the sample could be coded with few or no sex object tendencies. The tendency to be a sex object negatively correlated with leadership ability and intelligence (p. 150).

The Kalisches point to two kinds of sex objects: bimbos who do and bimbos who don't. The latter were exemplified in the anti-war film "Catch22", in which nurse characters were flirtatious, provocatively dressed, cruelly uncaring, and sexually unavailable. The former type of sex object was Margaret "Hot Lips" Houlihan from the movie version of "MASH", who had a ridiculed sexual relationship with a villainous character. In all cited cases, the researchers point out that the sex object nurse characters were associated with the institutionalism of the health care setting: they were health care functionaries, bureaucratically loyal sex objects (p. 152).

In addition to this important study of movie nurses, the Kalisches catalogued the titles of nearly every R- and X-Rated movie released from 1966 to 1984, and noted that "nurse" was the most prominent category among films with occupationally-linked titles. Fully 21% of the films had "nurse" in the title, followed by "wife" with 16% of the titles, "hooker/prostitute" with 8%, and "cheerleader" with 8%. Titles were predictably suggestive, including "The Sensuous Nurse", "Night Call Nurses," and "Naughty Nurses" (Kalisch and Kalisch, 1987, p. 166).

There is thus compelling evidence that in movies through the 1970's

nurses have been treated as sex objects. While it is reasonable to hypothesize that the "sex object" stereotype exists in other media in addition to movies, more research will be needed before concluding that the sex object is a predominate form in all post-1965 media. The question of television's application of the sex object stereotype to nurse characters has not been addressed and ought to be investigated, but it cannot be assumed that motion pictures are equivalent to television. Television has a separate place in society and is used differently than other media, with unique implications for the images propagated. Gross and Jeffries-Fox dramatize the difference between television and film when they wonder how a parent would feel about a child who went to the movies for six hours each day in the same way children watch an average of six hours of television (1978, p. 248). As Gerbner points out, television differs from all other kinds of media because it is not used selectively, and it is used for large lengths of time (1978, p. 47.). Indeed, the one television example cited in the Kalisches' study of sex objects in film suggests television presents a very different image. In the film version of "MASH", the researchers found the character of Nurse Margaret Houlihan to be high on the "sex object" scale; in the television series derived from the film Margaret became a complex and in some cases positive image of nursing according to the researchers (Kalisch and Kalisch, 1982c, pp. 269-270).

The only other systematic analysis of the "sex object" problem was a small study I did in 1992 which examined scripts from the Annenberg Script Archives of all twelve episodes of a 1989 NBC program called "Nightingales" (1992, p. 3). The program's portrayal of the nurse characters as sex objects

proved so offensive to nurses they waged a massive protest campaign which resulted in "Nightingales" cancellation despite top ratings (Binder, 1992). A content analysis revealed a fairly high level of sexual content in the program, and diagrammed a blatantly symbolized familial relationship between characters in which the physician was the father, the head nurse the mother, and four nursing students children. This familial structure made the relationship between physicians and nurses equivalent to a traditionalist version of male-female relations, in which the latter is automatically subordinate to the former. The sexual content appeared to reinforce gender-based hierarchies as legitimate determinants of authority and role in the workplace.

Despite the fact "Nightingales" offered a clear example of the "sex object" stereotype the Kalisches identify, it fails to confirm the hypothesis that "sex object" was the prevailing televised stereotype of the time. On the contrary, the level of protest "Nightingales" generated--unprecedented not only in nursing history, but also in television history--suggests it was an exceptionally offensive image that stood in sharp relief to the usual television fare. If the nurse sex object was the standard in television, it is hard to see how this one more example could have prompted such a dramatic protest campaign.

More than anything else, the image of nurses on "Nightingales," as well as those specified by the Kalisches, sound sexist. Indeed, the fact that nurses are almost always depicted as female cannot be incidental to the images of nursing. Could it be that nursing is simply one stereotypical

manifestation of the media construction of the female?

According to the literature on television's portrayal of women during the 1970's--when the Kalisches were studying nurses--women tend to be portrayed less frequently than men, their marital status is highlighted more, they perform traditional roles in the marital partnership, they work in sex-stereotyped occupational fields, they have a more personal, as opposed to professional orientation toward their social environment, and they are more passive (Ceulemans and Fauconnier, 1979, pp. 18-20; McNeil, 1975, pp. 262-264). Although male characters frequently have both family and career, women often had to choose between them (McNeil, 1975, p. 268). In the televised workplace, the studies show that women tend to be grouped in stereotypically female fields in which they were depicted as submissive, with little autonomous work activity (McNeil, 1975, p. 259; Tedesco, 1974, p. 122). This was reinforced in a content analysis by Turow (1974) that examined advising and ordering patterns in primetime television and found that male characters gave 70% of all the directives, and only 22% of all interactions initiated by women related to "professional" as opposed to personal topics (p.139). A recent study by Gerbner found that women tend to bear a disproportionate burden of victimization for every act of violence they perpetrate, suggesting that "the power to kill with relative impunity is an adult male prerogative" (Gerbner, 1994).

Thus, while the literature on nursing image covers television, films, and novels prior to 1980, there is little systematic research covering the period after then. Moreover, the commonly accepted framework for conceptualizing



nursing image--the four presumed stereotypical categories of angel, battle-ax, bimbo, and physicians' handmaiden--are not sufficient characterizations of prevailing media messages, since the most common image seemed to be that of a nonentity. What we can conclude from the literature is that like other female images, nurses prior to 1980 tended to be young, female, and submissive; unlike other women they were single, and may have been more tied to the workplace.

### The Impact of Image on Perceptions

How does this representation impact on the way nursing is perceived by the public? As early as 1967 DeFleur (pp. 70-72) observed that children tended to rank the desirability of occupational categories according to how powerful they appeared in televised portrayals. The researcher analyzed the power image of professions by tallying "submissive" and "dominant" behaviors found in a content analysis among televised occupational groups. On DeFleur's power index scale in which 1 was most powerful, nurses ranked 32 out of 34, lower than taxi drivers, office workers, and unskilled workers.

There appear to be few studies directly comparing identified messages about nurses with public perceptions of them. One study seemed to find some connection between the Kalisches' typological characterizations of nursing image in different historical eras and the other aspects of those time periods, such as the "nurse heroine" image the Kalisches identified in the 1940's typifying the World War II era push to expand women's workforce participation (Magnussen, 1990).

But most researchers looking at public opinion do not connect it to the research on prevailing media images. A study by Weiss (1983) compared a sample of physicians and nurses to a group of lay people and observed that the lay people were more likely to mistakenly attribute to physicians the management activities that are the domain of nurses. Though Weiss does not say so and the study sample is limited (25 lay persons), this would seem to indicate the possibility that media images could prevail over reality (Weiss, 1983, p. 138). Kaler, Levy, and Schall (1989) asked 100 people in a shopping mall for their opinion on various professionals, and found that nurses were not seen as powerful, but instead rated as nurturant, cooperative, warm, and concerned about others--traits precisely in line with observations from the Kalisches' extensive content analyses of nurses on television and other media (Kalisch and Kalisch, 1986, p. 185). However, since the researchers made no attempt to investigate television viewership or any other indicator of media consumption, no evidence of media cultivation could be reliably implied.

For the most part studies aimed at observing public perception of nurses seem to have suffered either from methodological timidity or bluntness. On the one hand, timid studies fail to address issues related to any of the controversial, troubling problems mentioned in the image literature (i.e. Droles, Hatton, and Kramer, 1993, pp. 41-49). On the other hand blunt investigations ask about these issues so blatantly the respondents are not likely to be truthful (i.e. Austin, Champion, and Tzeng, 1985). One blunt study mailed a questionnaire to guidance counselors asking them, among other things, whether they thought nurses are sexy and do "it" better, which

most respondents perhaps understandably left blank (Lippmann and Ponton, 1993, p. 132).

On the timid side was a survey Peter Hart Associates pollsters did for a nursing image campaign I was a part of in 1990 (Hart Associates, 1990). Despite the purpose of the study, to investigate whether public perceptions about nursing matched reality, the poll did not ask questions which might have examined any of the problematic themes which might have been cultivated by poor media images: ie whether people thought nurses were intelligent, submissive, sex objects, battle-axes, etc. The survey findings were very positive, suggesting strong public appreciation for how caring and professional nurses are. These findings were helpful for public relations and gave nurses confidence in their own profession--clearly important in the midst of the widespread malaise of the nursing shortage--but they were not particularly revealing about problems in public perception of nursing.

Yet there do appear to be problems. Another study suggests that one key group with a distorted perception of the role of nurses in health care is journalists. Buresh, Gordon, and Bell (1991) coded the content of all 423 health-related articles appearing in the New York Times, the Washington Post, and the Los Angeles Times in the first quarter of 1990. The researchers found that of the 908 individuals quoted in the articles, nurses appeared only 10 times. They observed that nurses were absent in stories about issues that heavily depended on nursing expertise, such as the care of persons with AIDS in hospitals, chronic illness, maternal-child health, and many other issues in which nurses are centrally involved and responsible for innovations in the



field (p. 207). Like the lay persons in Weiss' sample who could not correctly identify the management responsibilities of nurses, even journalists specializing in health care seemed unaware of the actual scope of nurses' responsibilities for the delivery of care.

Another group that appears affected by nursing's media image is nurses themselves, although there is little systematic investigation of this phenomenon. Yet the striking theme that runs through the voluminous commentary about nursing's media image appearing in professional journals is the conviction that nurses are themselves responsible for the problem. For instance, one journalist who writes frequently about nursing image is Janet Muff (1984), who concluded one typical critique of television and film images by warning that nurses have created these stereotypes by the way they act: "In practice settings, nurses perpetuate stereotypes whenever they say 'yes' when meaning 'no', whenever we sacrifice ourselves in the name of serving patients..." (Muff, 1984, p.44). An editor of a nursing journal, Jennifer Young, argues that media campaigns are inadequate to address the problem of nursing image; she criticizes the professionalism, attitude, and dress of nurses and suggests they need improvement before nurses can expect any improvement in their media image (Young, 1992, pp. 50-55). Indeed, with few exceptions nursing journals criticize media images as sharply as they criticize nurses themselves for their appearance and comportment (ie. Maxson-Ladage, 1988, p.26; McFarlane, 1985, p. 17; Gulack, 1983, p. 29; Salvage, 1983, p. 13).

While individual nurses in practice may have some impact on how



networks decide to position nurse characters in their programming, it is unlikely that nurses themselves are a defining influence. Most of all, as nurses must know, it is literally impossible for any hospital to function the way it is portrayed by the media according to the Kalisches' observations. No hospital, for instance, could function if the nursing role was a minor, background one; nurses are the center of the hospital activities. Television is so far from accuracy it seems clear accuracy was never an intent.

Nurses' self-blame when discussing media image is particularly unfair in light of the progress and achievements of the nursing profession. Over the past 20 years especially, nurses rapidly established nurse practitioner, nurse midwife, and other graduate education programs, expanded doctoral education in nursing and nursing research, and pioneered innovations in the practice setting that are the basis for many of the major trends in health care reform including managed care, hospice and intensive home care, and gerontology. While access to primary care remains an issue that dogs health policymakers, nurses are finding ways to provide this care. For instance, the newest trend in nursing is the proliferation of "community nursing centers" in which autonomously practicing nurses, many affiliated with nursing schools, provide primary care services in communities. Within hospitals, too, the vast majority of hospitals have chief nurse officers and vice presidents for nursing: nursing has its own autonomous leadership structure which reaches the top levels in hospitals (McCloskey and Grace, 1994, pp. 5-58).

Television and other media images do not for the most part appear to reflect the enormous growth and change in nursing. Given the advancement

in nurses' professional autonomy, leadership, and political influence, it is striking that so many nurses publicly chastise other nurses and suggest in the process that media images are meant to reflect reality. Only a handful of nurse commentators noted that media images can be so far from reality as to be ludicrous. Jech (1991), for example, sarcastically mused that the "sexy, deferential" image of nursing is impossible in practice. "I'll have to watch those TV shows more closely," she quips, "I must be doing something wrong." (p. 104).

The problem that seems apparent from this odd discussion in the nursing journals is what Gross and Jeffries-Fox (1978) might identify as a common misunderstanding about the nature of television images. In their view, television is sometimes mistakenly seen as a representation of "natural" reality because it is meant to appear that way; in fact television is a wholly constructed series of symbols which do not have as a purpose the adherence to fact (p. 248). Gerbner calls television's system of symbols a "new religion...a cosmic force or a symbolic environment that one was born into, and whose assumptions one accepted without much questioning." (1978, p. 47). Nurses' condemnation of other nurses for what they identify as outlandish television images suggests they assume television is based in reality, even when the television images completely contradict their own experience. This seems to confirm Gerbner's contention that television can have almost mystical license to define reality.

At least two leading nurse researchers have argued that the social construction of nursing does not originate in nurses themselves. Fagin and



Diers (1983) write about the strange reactions people have when discovering they are nurses. They suggest that nursing is a metaphor for mothering and intimacy, and as such nurses provoke two kinds of feelings in the public they serve: on the one hand affection for nurses as "caring" and "heroic", and on the other hand discomfort at being reminded of helplessness and embarrassment of childhood and other times of vulnerability (p. 117). "Nurses do for others publicly what healthy persons do for themselves behind closed doors," they argue, "Nurses are treasured when these interchanges are successful, but most often people do not wish to remember their vulnerability or loss of control, and nurses are indelibly identified with those personal times." (p. 117). Fagin and Diers contend that in order to sidestep the uncomfortable feelings nursing evokes, society attempts to disempower nurses by sexualizing their work, idealizing their martyrdom and thus dehumanizing them, or simply treating them as professionally invisible participants in the health system. They describe how their own experience as nurses has been tempered by these public impressions about their work and their role in society. Indeed, the Fagin and Diers account of their own experience is strikingly in accord with the Kalisches' typologies of the image of nursing, and the motherhood paradigm they evoke is certainly suggestive of the fact nurses may be treated in accordance with female stereotypes.

In summary, much more research is needed. The literature seems to suggest nurses prior to 1980 were portrayed as minor characters, "nonentities", and in movies as sex objects. Compelling typologies for nurse

characters have been developed. New studies should test the Kalisches' typologies but not proceed with the a priori assumption that they are primary constructions of nursing image.

While there is no direct evidence nursing's image affects public perceptions of nursing, there is some suggestion in the literature that the public may underestimate the true role of nursing in the delivery setting. Moreover, a survey of the nursing literature suggests nurses themselves may be persuaded by the image of their profession that they see on television. Once a better understanding of nursing's full image on television is developed, there is need for cultivation analyses to determine if public perceptions as well as the perceptions of nurses and other providers relate to media images.

Finally, there seems to be no doubt that nursing in image and reality is a female profession, and as such subject to all of the stereotypes and biases that arise from belonging to the "second sex". There are good questions in this for researchers interested in women or nurses in the media. Are nurses stereotypical women or vice-verse? What can the image of nursing reveal about the stereotypical role of women? Is there anything different about a nursing image compared with a traditional female image?

### **III. Objectives and Methodology**

If nothing else, the literature confirms there is much more research needed to understand nursing's image and its societal impact. While the Kalisches examined nurses wherever major nurse characters appeared prior to 1980, researchers until now have not assessed those images as they compare in their context, the vast span of media messages in which nurses are either present or absent, overrepresented or underrepresented. This study will attempt to lay a foundation for new research by using two remarkable resources to examine primetime television from 1973-92: the Cultural Indicators Database developed by George Gerbner and others, and the Annenberg Script Archives, both at University of Pennsylvania's Annenberg School for Communication. Cultural Indicators Database researchers code all primetime network television for one week each year, and the data is used for a variety of research purposes including monitoring the level of violence on television. The Script Archives contain scripts for nearly every primetime television program that appeared from approximately 1975 to the present. Archivers have coded scripts according to thematic categories, including several related to health care, medicine, and nursing.

The first step of the study will be to examine nurse characters in the Cultural Indicators Database, which offers a first opportunity to examine a truly random sample of nurse characters and compare them with a random sample of other characters. From the Database, it will be possible to trace the frequency of nurse characters' appearance in network primetime television

and construct a typology of nurse characters in primetime television. In addition, an attempt will be made to compare nurse characters with others in the database to suggest what if any particular traits about nursing emerge as specific within the television culture.

A few notes should be made about the Cultural Indicators data and its analysis. First, the Database includes two weeks of television in the years 1976 and 1977, so one week's worth of data in each of those years was removed. Second, the twenty weeks of programming from 1973-1992 in the sample includes no data for 1990 and two weeks of coded programming in 1992. Third, the primary method of statistical analysis is the calculation of 95% confidence intervals based on sample sizes to offer a range of values to guide analysis of the data. Fourth, the sample of nurses has been isolated in the database, so when nurses are compared with other designated characters such as "women" there are no nurses included among the comparison group.

Finally, the data over time remains remarkably stable. Despite what seem to be enormous changes in television programming and program formats, coded variables such as the ratio of male to female characters, racial and ethnic diversity, the level of violence and victimization, and personality characteristics differentiating genders do not significantly change. All data presented here was tested for variability over the twenty year period, and where statistically significant changes occurred time variables are reported.

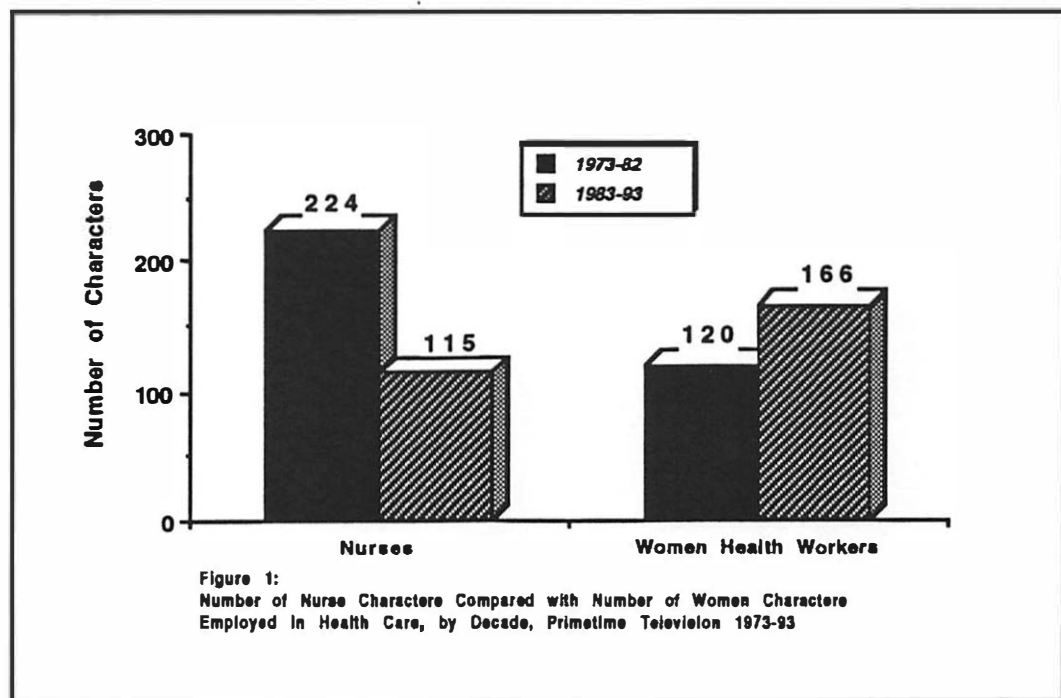
The second step in the study is an examination of 49 primetime scripts from the Annenberg Script Archives covering the period since 1980, the year when the Kalisches' examination of media portrayals concluded. The scripts

analyzed in the study include a targeted selection of episodes from programs that featured nurses, as well as a random selection of episodes coded by archivists to include a medical theme. From a qualitative analysis of the scripts based on previous literature and findings from the Cultural Indicators Database, an updated paradigm for conceptualizing television's portrayal of nursing is proposed.

## IV. Findings from the Cultural Indicators Database

### Trends in the Appearance of Nurse Characters

In the decade from 1973 to 1982, there were an average of 297 non-nurse adult female characters and 19 nurse characters appearing on primetime television each week; by the most recent decade the mean for nurse characters declined significantly to 12, while the average number of women declined by a statistically insignificant 3%. Nurses represented 7.1% of all adult female characters in the earlier decade and dropped to 3.9% in the more recent years. Why was there a decline in the appearance of nurses?



Perhaps there was an overall decline in health care related programming. As Figure 1 demonstrates, whatever programming changes occurred they did not fully explain the growing absence of nurses. When compared with non-nurse women characters coded as employed in the health field, nurses suffered a decline in their ranks of 37% while the number of female health workers increased by nearly the same proportion (38%). Women characters working in health care tended to be depicted as secretaries, students, and other support positions. They were not recast as physicians in the second decade. On the contrary, the very small percentage of women physicians among all women characters declined over the two decades from 0.3% from 1973-82 to 0.2% from 1983-92.

The most severe decline in the number of nurse characters occurred in the late 1980's, coinciding with the period of the most recent nursing shortage discussed above. Could there be an association between trends in the primetime appearance of nurse characters and trends predicting the nursing shortage? The federal government monitors the nursing shortage by tracking enrollments to schools of nursing compared with predicted "demand" for nursing services (U.S. Department of Health & Human Services, 1988a). Professional organizations, recruitment professionals, the press, and educators also use enrollment figures as the key indicators of the level of career interest in nursing (Rosenfeld, 1991, pp. 5-6). Figure 2 plots total annual enrollments (National League for Nursing, 1993) parallel with the number of characters on television each year (The National League for Nursing provides the federal data on enrollment figures as of October 1 of

each year; the Cultural Indicators Database monitors one week of programming in the late Fall). The remarkable visual similarity of the two curves is reinforced with a relatively high correlation coefficient ( $R\text{-Sq}=.29$ ;  $p=.02$ ) which suggests that nearly one-third of the fluctuations in the two curves could be explained by a linear relationship between the two variables. Residuals were normally distributed with no unusual values.

This relationship might be explained by the fact that some students are influenced by the presence of nurse characters on television to think about a career in nursing; alternately programmers may be influenced by the overall

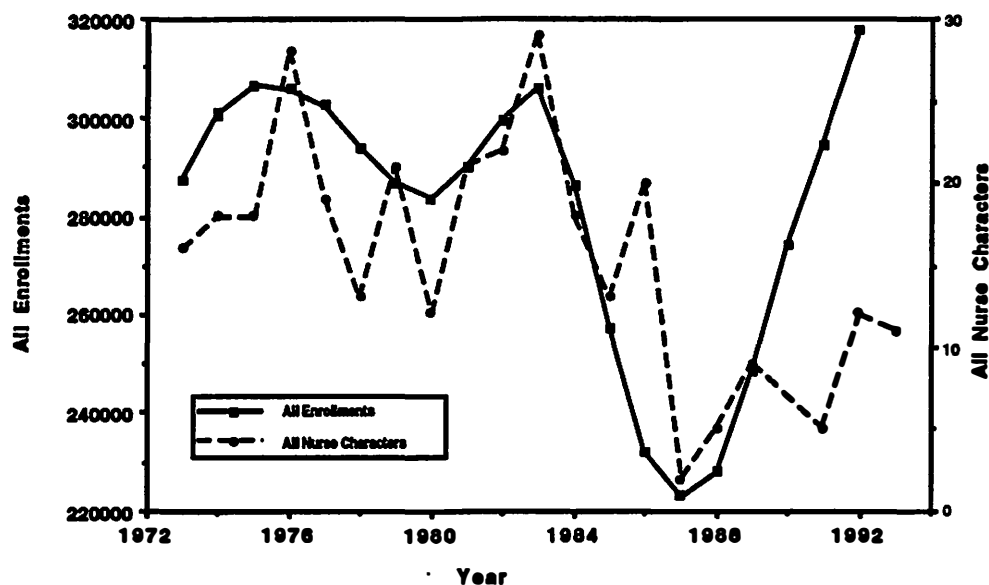


Figure 2:  
Number of Enrollments to Schools of Nursing Compared with Number of  
Nurse Characters Appearing in One Week of Prime Time Television Each Year, 1972-1992

popularity of nursing and health care. Since the time frames when students make decisions and programmers develop broadcast line-ups cannot be pinpointed, this data cannot be seen as necessarily causal in one direction or another, and further research would be needed. However, there is a



compelling correlation coefficient that suggests, at the very least, that television is not completely irrelevant to the mass audience it reaches, and the image of nursing has some connection with the level of interest in nursing.

Given this apparent correlation, why is there such a divergence in the enrollments and characters curves after 1989 as illustrated in Figure 2, when enrollments surged to an all-time high even as characters remained at fairly low levels? Several events occurred in 1989 and 1990 that make it a watershed time in nursing history and may offer clues. Two large image campaigns were launched by nurses at that time, one sponsored by the Pew Charitable Trusts and one jointly by the Advertising Council and the Kellogg Foundation. The second event was the premier of ABC's hour long drama "China Beach" which had a nurse character, Colleen McMurphy, RN, in the lead. In addition to winning an Emmy for the McMurphy role, Actress Dana Delany earned praise from nursing organizations and became a nursing activist herself, participating in recruitment efforts and contributing to nursing causes. "China Beach" came close to cancellation three times in its three year run, and was rescued each time in part by nurses' letter-writing campaigns. (Bandler, 1991, p. 108).

Nurses lavished something other than praise on the third event, the broadcast of NBC's "Nightingales", as mentioned above, a program about the profession that was so offensive to nurses they successfully waged one of the largest and most publicized campaigns in television history to get it off the air. Even as this event highlighted a poor image of nursing it also called

attention to the nursing profession and gave it still more exposure (Grover, 1989, p. 83).

Certainly given all these events as well as the upward trends in enrollments, public interest in nursing must have been at an all time high by 1990. Yet these events also transformed nursing into controversial subject for the media to address. Nurses had confronted the media and successfully achieved changes, from expunging "Nightingales" to prolonging "China Beach". A federal commission openly accused the media of causing the nursing shortage and ongoing media campaigns continually reminded the public of that accusation. Thus while normally public interest would seem to correlate to some extent with increased television coverage, these data would suggest television coverage remained below average. It is worth speculating that the level of controversy surrounding nurses—especially as it relates to the conduct of the media—became unacceptably high to the networks in that time period and there may have been some resultant effort to avoid casting nurse characters.

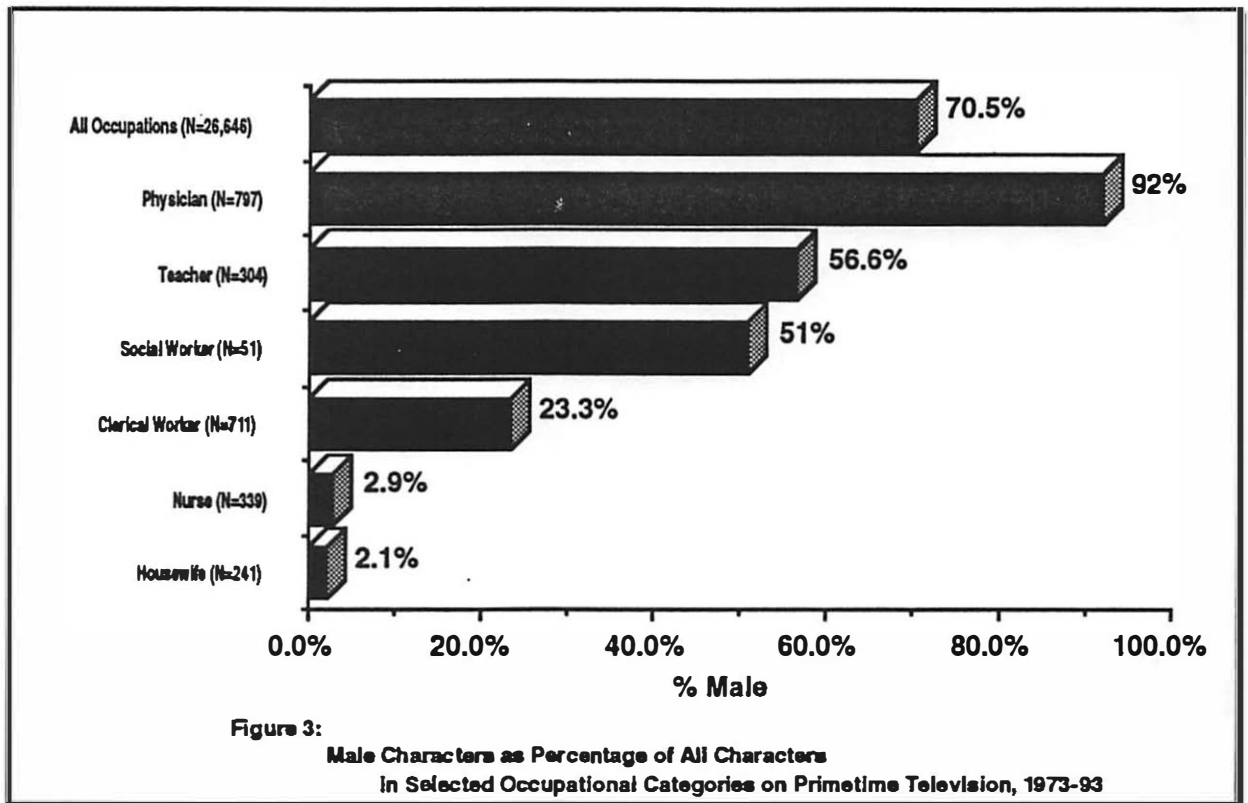
#### The Typology of Nurses on Television

If programmers and their market researchers are aware of real-world trends such as the nursing shortage, that does not mean that they build plotlines and images that reflect what they find. On the contrary, as mentioned above, the television world is a Wonderland of its own, its messages conveyed directly and indirectly to support a viewership of interest to advertisers. What is uncommon in the modern world may become a centerpiece of television life; alternately what is normal in reality may

emerge as rare in the world of television. Images on television are best translated by considering how they fit in the context of the television world, not only the "real world".

There have only been ten male nurses coded in the database in 20 years, only 2 of them major characters. From the point of view of "real life" it is not surprising to find nursing on television is the quintessential female profession; only 3.3% of all practicing nurses are men (American Nurses' Association, 1987), although male enrollments have been approaching 9% over the past five years (National League for Nursing, 1993). But from the point of view of the television worldview, the gender construction of nursing is peculiar.

As Figure 3 illustrates, nursing stands out among other professions in the television world because television exaggerates the proportion of men in most professions and indeed in the world at large. There are two males for every one female character on television, and men are even more the majority in the composition of occupational categories. Men represent 70.5% of television's working world, and command the majority even in many professions which are stereotypically female, such as teaching and social work. Indeed, the only traditionally female occupation that approaches nursing in its televised gender construction are clerical workers--yet even then close to one-quarter are male. From the perspective of the television world, then, the fact that only 2.9% of nurse characters are male emerges as a truly unusual characteristic which segregates nursing from all but one occupational category in the TV world--housewives, an



extremely female designation in which television still managed to cast a handful of men. The male counterparts to nurses in the televised health setting appeared to be physicians, an occupational designation nearly as overwhelmingly male as nursing was female.

If television nurses stand out among other characters because of their gender, one strategy for analyzing the special place of nurses as opposed to other designated characters within television's world will be to control for the fact they are female. By comparing nurses with non-nurse women in the database, there is the possibility of finding what if any characteristics go along with television's designation "nurse", as well as observing what messages

might be intended by conveying nursing as female.

Thus a typology of nurse characters was constructed from the Cultural Indicators Database comparing nurse characters with non-nurse adult female counterparts. Table 1 outlines some key traits of women and nurse characters in the database.

**Table 1 Key traits of women and nurse characters, primetime television 1973-92**

<b>Trait</b>	<b>Women (N=6358)</b>	<b>95% C.I. (+-%)</b>	<b>Nurses (N=339)</b>	<b>95% C.I. (+-%)</b>
White	87.8%	(+-0.8%)	85.5%	(+-3.7%)
Female	*	*	97.9%	(+-1.5%)
Age 18-35	61.2%	(+-1.2%)	69.9%	(+-4.9%)
Commits No Violence	89.7%	(+-0.8%)	93.8%	(+-2.6%)
Not Victimized by Violence	83.6%	(+-0.9%)	94.4%	(+-2.5%)
"Good" Character	35.9%	(+-1.1%)	35.4%	(+-5.1%)
Successful in Plotline	28.5%	(+-1.1%)	31.5%	(+-4.9%)
Minor Character	82.0%	(+-0.9%)	88.4%	(+-3.4%)
Seen Homemaking	9.4%	(+-0.7%)	2.1%	(+-1.5%)
Unknown Marital Status	48.5%	(+-1.2%)	78.8%	(+-4.3%)

Nurse and women characters tend to be white, female and under 35, with nurse characters more likely than other women to be under 35, confirming earlier literature that nurses tend to be disproportionately young (Kalisch,

Kalisch, and Clinton, 1982a, p. 361). About one-third of women and nurse characters are coded as "good" characters, and approximately one quarter are successful in the plotline. Nurses are less likely than other women characters to be involved in violent episodes, either as victims or as perpetrators.

The Kalisches' observation that most nurses in their sample were "nonentities" (Kalisch and Kalisch, 1986, p. 185) seems corroborated to some extent with this data. Nurses are more likely to be minor characters, much more likely than other women in the database to have an unknown marital status, and less often seen homemaking. The few nurses ever depicted with a marital status in the

**Table 2: Successful & unsuccessful women and nurse characters' tendency to be involved in violent episodes, in primetime television, 1973-92\***

<b>Characters*</b>	<b>Victim of Violence (%)</b>	<b>(95% C.I.)</b>	<b>Commits Violence (%)</b>	<b>(95% C.I.)</b>
<b>Successful in Plotline</b>				
Women (N=1623)	20.8%	(+1.9%)	17.2%	(+1.8%)
Nurses (N=88)	9.1%	(+5.9%)	10.2%	(+6.3%)
<b>Not Successful in Plotline</b>				
Women (N=4063)	16.7%	(+1.0%)	9.0%	(+1.0%)
Nurses (N=191)	6.3%	(+3.4%)	6.3%	(+3.4%)

\*A few characters were not coded for level of "success" and have been removed from the model.

database were almost always single, again a reflection of the Kalisches' findings (Kalisch and Kalisch, 1986, p. 185). The latter two observations suggest that unlike other women, nurse characters are not shown in settings or plots that give them a homelife. Nurses may be stereotypical females, but unlike other females they appear to conduct their televised existence away from the home.

While nurses are less involved than other women characters with violence, either as perpetrators or victims, women in turn are much less likely than men to be involved with violence. Half of all major male characters commit some form of violence (49.8%+-2%) and slightly more than half are victims (55%+-2%). Since men are also more successful than women in the plotlines (41.7%+-2%), it would appear that violence is related to plotline success.

**Table 3: Selected traits of nurse and women characters coded as "good" in the Cultural Indicators Database, 1973-93**

<b>Trait</b>	<b>Good Nurse Characters (N=109)</b>	<b>95% C.I.</b>	<b>Good Women Characters (N=2123)</b>	<b>95% C.I.</b>
Age 18-35	63.3%	(+-6%)	63.2%	(+-2%)
White	88.1%	(+-6%)	87.3%	(+-1.4%)
Successful in Plotline	59.2%	(+-9.2%)	51.6%	(+-2.1%)
Commits Violence	9.2%	(+-5.4%)	13.3%	(+-1.4%)
Victim of Violence	5.5%	(+-4.2%)	22.7%	(+-1.7%)

As Table 2 suggests, regardless of whether they achieve success in the plotline, nurses appear to be less involved than other women with violent episodes, though the size of the sample prohibits more detailed analysis. Successful women are twice as likely to commit violence than unsuccessful women, but all women regardless of how successful they are suffer similar levels of victimization. For women, then, violence can be used to achieve success but victimization is not escapable. On the other hand, nurses overall are much less likely than women to be victimized by violence. Women characters are punished for their plotline success by suffering higher levels of victimization, while there is some suggestion nurse characters are not similarly punished.

Similar traits differentiate among nurses and women characters coded as "good" in the database, as Table 3 suggests. About the same proportion of women and nurse characters overall are coded as "good", and those "good" characters share some of the same traits: The majority of the "good" characters are under 35 and white, and about half successful in the plotline. Once again, however, involvement in violent episodes appears to differentiate between nurse and women characters. There is some suggestion, though it is not statistically significant at a level of 95%, that good women are slightly more likely to commit violence than good nurses. The most important difference appears to be that good women are more than twice as likely to be victimized by violence than good nurse characters. Thus being a nurse seems to protect women from victimization and render the use of violence less necessary, no matter how good or how successful the character is



in the plotline.

Gerbner has noted that women in primetime television are gender-specific victims of violence (1994, pp. 17-22). He calculates this from Cultural Indicators data by computing the "violence-victim ratio" the number of killers compared with the number of killed characters (Gerbner, 1972, pp. 48-50). Violence/victim ratios were computed for men, women, and nurse

**Table 4: Ratio of killers to killed characters among men, women, and nurse characters in primetime television 1973-94**

	Characters					
	Men (N=19,897) N / %		Women (N=6364) N / %		Nurses (N=385*) N / %	
Killers	636	3.2%	64	1.0%	4	1.0%
Killed	784	3.9%	108	1.7%	3	0.8%
Killers:Killed Ratio	0.81:1		0.59:1		1.33:1	

\*Extra characters from samples in 1976 and 1977 were added to improve sample size

characters, as Table 4 depicts. Men have more killers for every dead victim in the ranks than women do. The small sample size for nurses limits the scope of the findings, but there is some suggestion that they are at least as likely to be killed as be killers.

This is not real violence, but television violence, which as Gerbner points out is "communication" (Gerbner, 1972, p. 44). Whereas violence in the real world may be the last resort when other kinds of communications fail or aren't possible, violence on television is a normative symbolic means

for conveying messages about morality and social order. The good guys do not get killed: "The last man to hit the dust confirms his own flaw of character and cause" (Gerbner, 1972, p. 44). For nurse characters and for men, victimization appears less often "necessary" to preserve the social order than it is for women characters in general.

### Personality Characteristics of Major Characters

Many key personality characteristics of television nurses and women were coded in the database for major characters only. As a result, only a very small sample of nurse characters (39) were included, and thus no statistically significant differences between major nurse and women characters could be detected. Nonetheless, since nursing is the quintessential female profession on television, personality features of women characters are instructive in understanding nurse characters and are noted here as they compare with male characters.

As Table 5 suggests, men and women are alike in only one characteristic: about half the members of both genders are rated as "fair". The substantial difference in femininity scores between the genders suggests stereotypical gender boundaries are rigidly enforced on television. Women tend to be warmer, more supportive, cleaner, and more youthful than men. On the other hand, television men are slightly more intelligent, stable, and efficient than women, and they are much more likely to be rational, strong, and powerful. These categories are reminiscent of the Kalisches' comparison of television nurses and physicians, in which nurses were coded as more

**Table 5: Traits of major women, men, and nurse characters in the Cultural Indicators Database, 1973-92**

	Major Characters		
TRAIT	WOMEN (N=1142) % (+-3%)	MEN (N=2950) % (+-2%)	NURSES (N=39) % (+-15%)
Feminine	77.3	0.6	69.2
Warm	56.3	43.9	59.0
Supportive	48.3	41.6	51.3
Fair	47.4	51.6	43.6
Intelligent	46.8	52.5	48.7
Clean	45.3	31.9	56.4
Stable	40.8	44.6	41.1
Efficient	39.3	43.9	53.9
Rational	39.1	47.3	48.8
Strong	38.5	53.7	35.4
Powerful	38.0	53.2	35.9
Youthful	33.8	23.6	25.6

submissive and supportive while physicians scored high as powerful, rational, and intelligent (Kalisch and Kalisch, 1982a, p. 360). Unlike the findings here between women and men, physicians in the Kalisch study also exceeded nurses in nurturance and empathy scores, suggesting that television nurses have even fewer traditional female “virtues” than other women.

### Conclusion

Programming executives seem to put nurse characters into the world of primetime as long as nurses are popular with the public and noncontroversial. Nursing is the quintessential female profession on television, more female than any other occupational category except

homemaking. Nurse characters are similar to other women in many characteristics, except they are younger, less likely to have a revealed homelife, and less likely to suffer violence. Moreover, nurse characters have at least an even violence/victim ratio, suggesting television messages are not morally punitive against nurses as they are against other women, even though nurse characters are no more likely than other women to be "good" characters or more successful in the plotline.

The average nurse character appears to have chosen her occupation over her family life in the world of television. She has been rewarded for this with more freedom from violence than other women. While this data is inconclusive about the work that nurse characters actually do, the message systems' analyses in the literature suggest that they relay information to other characters and take orders. The quintessential female incarnation of the working woman would appear to be the nurse: submissive, passive, dependent, and powerless. By choosing this work, she forfeits family but gains cultural approval. Television nurses would seem to be women who conform to the social order outside of the home setting.

There are many areas for further research suggested by these data and the earlier literature. First, the "sex object" typology identified by the Kalisches could not be tested on nurses in this database; more research to identify the sexual involvement of nurse characters compared with other women is needed. In addition, there is need for an investigation of the Kalisches' proposed sex object typology, which could not be ascertained reliably from Cultural Indicators' data.

Further research is also needed to do a fuller portrait of the personality characteristics of nurse characters. A complete investigation of the image of what nurses do in the workplace is needed, including an analysis of the extent and nature of nurses' interaction with patients and a study to observe homelife and worklife patterns.

Most of all, there is need for more investigation of the "nonentity" nurse, the loyal functionary with no homelife and complete professional dependence on the bureaucracy she is a part of. There is a suggestion here that this may be the most common portrayal of nurses. Yet considering the enormous contributions of nursing to the quality of health care, the impressive professional accomplishments of nurses in creating health innovations and providing care to people who normally cannot access it, this image would seem to be the cruelest one of all. To the profession that has provided most of the health care in the nation, television says, "You don't matter." Nurses do matter, and they deserve better.

## **V. Analysis of Primetime Television Scripts**

The Cultural Indicators data suggests a compelling portrait of the typical nurse character as a young white female with no personal life and more freedom from victimization than other women. The next step toward a fuller analysis and identification of primetime nursing was to examine actual nurse characters and the plotlines that engulfed them in television's worldview. Since the period following 1979 is largely absent from literature examining nursing's television image, a series of primetime television scripts with final draft dates from 1980 to the present were obtained from the Annenberg Script Archives at the University of Pennsylvania. Twelve of the 49 scripts were episodes of NBC's "Nightingales", which as mentioned earlier ran in 1989 but was canceled as a result of nurses' protests. The rest of the scripts included a total of 14 randomly selected episodes of the other three programs starring nurse characters—"Nurses", "Nurse" and "China Beach"—as well as 23 randomly selected scripts among those coded in the Archives to have any kind of medical content. Thus, approximately half of the scripts featured nurse characters while the other half featured health care delivery settings regardless of whether nurses were present. (See Appendix A for a list of scripts examined).

### **A Lesser Life**

With few exceptions, health care delivery on television takes place in hospitals and most patients need acute care services such as surgery or emergency intervention. This is in direct opposition to the reality of health

care in which acute care is only one particularly expensive piece of a larger pie that includes long term care, chronic care, and primary care in private offices, clinics, schools, and other community centers. If television overemphasizes the role of hospitals in delivering health care, it is no more accurate in representing the roles and responsibilities of people who work in hospitals, included by not limited to the nurses. As suspected from the literature, within television hospitals in the scripts studied, nurses tended to be less than fully realized characters, in some cases complete "nonentities" and in other cases characters with lesser lives.

The ultimate nonentity character was the absent nurse, the missing character in health care scenarios where nurses would normally have to be present. Although in reality nurses are the largest provider group, with ten nurses for every one physician (American Nurses' Association, 1987), in television hospitals there are usually more physicians. The worst offender was "St. Elsewhere", with casts averaging 12 physicians and 2 nurses. This overrepresentation of physicians is consistent throughout scripts, with notable exceptions in programs featuring nurse characters, including "Nurse", "Nurses", and "Nightingales."

Removing nurses from health care delivery, even in the fake television world, requires scriptwriters to think about which kind of characters will perform at least some of the work nurses normally do. This is often tricky, as exemplified by two separate episodes of "Golden Girls" that were set in hospitals with no nursing staff. The first episode, "72 Hours" (1990) centers on the regular character Rose going to a hospital for an HIV test.

She is shown interacting only with the physician when she gets the test and subsequently returns for the results (negative). Little progress would have been made toward encouraging AIDS awareness if physicians alone were counted on to administer HIV tests and counseling--most such services have been provided by nurses, social workers, other providers, as well as concerned citizen volunteers. In another "Golden Girls" episode, "Once in St. Olaf" (1990), the first missing nurse is replaced by a hospital volunteer with no background in health care who admits the patient Sophia for an operation. The fact that the admitting officer is not a professional deliberately obscures this important nursing responsibility. Admitting is usually done by registered nurses or trained professionals under the supervision of a nurse, because it can be clinically and administratively complex. At its most sophisticated level admitting requires "triage", a process in which the admitting nurse does the preliminary assessment and history taking, initially treats the patients, and then assigns cases to physicians in order of patient acuity.

Subsequently in the episode, the patient Sophia is lost on a gurney in the hospital, a circumstance which would seem directly the responsibility of the nurse who was supposed to care for her as well as the nursing administration of the hospital. Yet when another character, Dorothy, realizes Sophia is lost, she goes to the nurses' station and rings a bell for the doctor. There is no mention of anyone standing at the nurses' station or any nurses involved in this problem. Eventually two named physicians with significant roles in the ensuing drama join the search for Sophia. Occasionally "extras"



are called for in a scene, but it is not specified whether they are nurse characters or not. When Sophia is found in one scene, the discoverer says he will call "patient care"--which is a common euphemism for the nursing department, but apparently the scriptwriters cannot bear to let even the word "nursing" enter the dialogue.

In an episode of the sitcom "Benson" ("We Deliver", 1984), also set in a hospital, there is similar elimination of nursing. The script does not mention whether the Nun character admitting patients to the hospital is a nurse, but her role might suggest as much to viewers, who will also find her rude, uncaring, and insensitive. The Nun, like most television nurses, is more involved with procedures and paperwork than with real patients. The rest of the episode includes no nurse or pseudo-nurse characters, but one physician whose calm and concern save the day. At best this episode shows hospitals as places where nurses are uninvolved; at worst it shows them as mean and petty bureaucrats who are irrelevant to the outcome of patient care.

The second kind of nonentity nurse is the nurse with no subjective experience, the prop nurse. Even if she has some lines, she is an underdeveloped character with no discernible, logical motivation. A classic example occurred on an episode of "Dukes of Hazard" ("How to Succeed in Hazzard", 1983) in which a villainous male character faking illness caroused about in an ambulance equipped with a driver and a "Amazonian" character referred to only as "Nurse". Nurse is present in nearly every scene, her sexual favors traded to get information and her occasional lifesaving maneuvers demonstrated to support the villain's claim of illness. She is

central to the plot as an appendage of the villain, and suffers violence along with him. It is never explained why Nurse does all this: is it loyalty to the villain, money, or is she too stupid to realize he is faking illness? The extremely simplistic plotline renders laughable any notion of a Hitchcockian ambiguity attached to the nurse's motivations, so the inexplicability of her actions suggests she is simply not important enough to matter, except insofar as she impacts on the fate of other characters. Her ultimate fate is never known, although considerable time is spent at the conclusion establishing that the good guys luxuriate in the rewards of their victory, the villain is humiliated and defeated, and the cars suffer their owner's fate (totaled or not). This symbolic obliteration of the nurse character as a person or even an object that matters, for good or for evil, is as disturbing as the blatant sexism that characterizes her portrayal. In the end she has no name, no independent agency, no humanity, no fate, and no existence.

At least the "Dukes of Hazard" nurse had some role in patient care, even if the patient was a fraud. Nurses who are more fully developed characters may still be diminished by a third kind of portrayal, the nurse character whose contribution to patient care is so minimal as to be nonexistent. In an episode of "The Equalizer", which is set in a clinic in a poor "inner-city" neighborhood, ("Reign of Terror," 1985) Nurse Portman sits behind a desk in the reception area filing, answering phones, and shepherding guests in and out of the physician's office. The physician is responsible for providing all care and administering the clinic. In addition to the usual misrepresentation of the care nurses provide, this episode

exacerbates television's symbolic denial of nursing contributions by choosing this particular setting. Clinics located in urban areas such as the one in the episode have considerable trouble finding physicians; nurses and sometimes other providers are, almost without exception, the chief administrators and caregivers in government funded clinics. Indeed, the federal government exempts poor areas from certain restrictions on nurse reimbursement and prescriptive privileges in order to facilitate continued nursing presence in such communities.

Nurses' lack of expertise or impact in the delivery of health care is also common in "St. Elsewhere," in which nursing responsibilities in all five scripts in the sample were almost universally handled by physician characters and the few nurses were consigned to paperwork and an occasional clinical task ordered by a physician. Indeed, as will be discussed later, paperwork was nurses' only ongoing professional responsibility; patient care consisted of a random series of specific tasks ordered by other providers, usually physicians.

"St. Elsewhere" went so far as to depict physicians checking and administering to patients by the bedside, taking histories, admitting patients in the Emergency Room, and other classic nursing responsibilities. The top physician even ordered supplies for the emergency room ("Blizzard", 1983). Physicians were the heroes who did everything of importance in the hospital, while nurses were marginal characters with no discernible impact. In one episode in which a blizzard immobilized the city and the hospital sent a truck to pick up the doctors, no mention was made of measures to ensure the nurses arrived at work, and indeed, as if to reinforce the point, Head Nurse

Rosenthal tells an irrelevant story about riding the bus that morning ("Blizzard", 1983). In another "St. Elsewhere" script, a directive exemplifies the program's physician-centered vision of how the worklife of a hospital should appear: "Morning. Shifts are changing, doctors are checking charts, moving in and out." ("Samuels and the Kid", 1982, p. 9).

The hospital as the exclusive domain of busy physicians is a theme that appears regularly. In an episode of "E/R" ("Mr. Fix-It", 1984) a patient arrives at the emergency room and explains to the receptionist, "I stepped on a nail, but I don't need a doctor." The receptionist replies, "That's all we got here." The retort is notable not only because it willfully erases from the staff roster anyone without a medical degree, but because the patient may be correct and not need to see a doctor--he has a problem routinely treated by nurses (Preziosi, 1994). Moreover, once again the triage function of nurses in the emergency room is reassigned to a non-nurse character.

### Nursing Leadership

As relative nonentities with little or no impact on the outcome of patient care, nurse characters are not shown with any specific expertise unique to nursing, nor are they located within an autonomous professional structure within the hospital. Indeed, not one script depicted nursing leadership consistent with the structure in any known hospital. Top nurses in most hospitals have the title executive vice president, chief nurse officer, or in some cases director of nursing or patient care services, and they report to the CEO or a top administrator. At the very least they have their own office with a desk and a phone and usually some support staff. The top nurse in a

hospital is never a head nurse (Preziosi, 1994).

By contrast, in the scripts nursing leaders are almost always head nurses with no office, and they do their own clerical work standing at the nurses' station. The title character on "Nurse", for example, is a head nurse who reports alternately to the chief physician and a hospital administrator. In one scene the physician officially refuses to accept Mary's resignation, confirming he has the final authority to manage nursing personnel matters ("Nurse", "Going Home," 1981, p. 65).

Ironically, the one nurse character with an office appeared on the program nurses found most objectionable, "Nightingales." Chris Broderick was "director of student nurses" and the highest ranking nurse at staff meetings in the hospital. No such title exists in reality, not the least because nurses never refer to their pupils as "student nurses" in the same way and for the same reason attorneys don't refer to "student lawyers"--one is not a lawyer or a nurse of any kind until licensure. Moreover, like all television nurse leaders, Broderick was clearly subordinate to the medical administrator of the hospital, who micro-managed her staffing, curriculum, student development, and other decisions.

In reality, nurse executives collaborate with physician officers and other colleague administrators at the top ranks of the hospital. If a staff nurse disagrees with a physician, she has recourse through her own nursing leadership. Yet in television hospitals nurses at all levels report to the physicians or non-nurse administrators. One exception was "St. Elsewhere", where a conflict between a nurse and a physician resulted in a meeting with

the chief doctor and head nurse ("Samuels and the Kid, 1982). Most typical are incidents such as those in an episode of "E/R" in which a nurse arriving late to work apologizes to the physician on staff while another nurse asks him for permission to leave early ("Mr. Fix-It," 1984).

Television's representation of the structure of nursing leadership within the hospital is a century out of date. The centerpiece of Florence Nightingale's contributions was the autonomy of the nursing discipline; she founded modern nursing on the definition of a nursing sphere of expertise with its own stringent educational and practice standards and a its own leadership structure. Maintaining a separate nursing sphere of influence within the hospital has always been a turf war nurses fought. Thus the television image of nurses being randomly bossed by physicians and administrators resonates throughout the history of modern nursing and attacks the very core of its professional identity.

#### Paperwork Responsibilities, Clinical Tasks

In the television conception of nursing, paperwork is a professional responsibility while clinical care, if depicted at all, is a process of obeying specific orders to do specific tasks. The nurse Laverne on "Empty Nest" is depicted as a strong character with an efficient approach to secretarial work; she is never shown providing clinical care. The closest she comes to demonstrating any specific health knowledge is one episode where she asks the physician to coach her in memorizing insurance codes for specific diseases ("Overboard", 1992). The "Empty Nest" spinoff "Nurses" features three staff

nurses and a head nurse who stand behind the nursing station filing and noting charts and only rarely see any patients. Most of the patient care nurses provide involves obeying specific physician orders, usually to run a routine test or give drugs.

While real nurses carry out orders for tests and medications, television's episodic task-based approach to nurses' clinical work is the inverse of reality. Indeed, perhaps more than any other provider in the system, nurses approach patient care as an ongoing responsibility. While other providers may intervene for one procedure or diagnosis, nurses manage patient care from the moment the patient seeks attention through the recovery process and often into a chronic care future. Nursing is by definition a long term responsibility. Yet on television, nurses' ongoing accountability for patient care is minimized or eliminated; if the physicians were not present the patients would suffer serious neglect.

The relative importance of paperwork is exemplified by the fact that nursing leaders have a heavier burden of it than other nurse characters. Mary Benjamin, title character in the drama "Nurse" and a head nurse is frequently directed in the script to do paperwork, and it is not incidental to her job; in one scene, for instance, the script directs that "Mary sits and begins transferring orders from the charts into the kardexes, a massive amount of paperwork." ("Going Home," 1981, p. 14). Mary is an unusual character because despite "massive" paperwork she finds time for some independent interactions with patients. Not so Nurse Rosenthal in "St. Elsewhere" or Annie on "Nurses", head nurses who are most often at the nursing station,

chart in hand. Nor is there ever an indication in the scripts that the nurse administrators use all that paper to analyze data, make decisions about patient care, review patient outcomes, or do anything that requires a higher level of expertise or authority. On the contrary, Nurse Rosenthal is portrayed as a glorified data entry clerk when she refers to having personally entered "every patient record since 1975" into a new computer ("St. Elsewhere", "Blizzard", 1983).

By assigning secretarial work to the higher level nurses, the television message is that clerking is hierarchically superior to patient care. Indeed, chart handling is important in the scripts and seems to portend key plot messages. Part of the reason television emphasizes the paperwork may be to avoid uncomfortable reference to body fluids, infections, and other unmentionables that are a part of nursing work and nursing expertise. Charts and records are immortal objects that eliminate those unpleasantries and leave only the sanitized, textual version of the patient.

The fact that charts may be revered as tidied versions of the people they represent is notable in the pilot of the drama "Nurse" (1980), when a patient tells the nurse, "What I got, they don't cure. They buy me some time. That's all it is. And I don't want this written down in my chart." Similarly, in the pilot of "Nurses" (1991) the following exchange takes place between Annie, the head nurse, and Larry Haber, the patient:

ANNIE: You're not dying, Mr. Haber.

LARRY: How do you know? Don't go by how I look.

ANNIE: We read your chart.



**LARRY:** You think they write that stuff down. You think they put dying in a chart.

Why wouldn't they put dying in a chart? Why is the chart superior to the patient's perceptions? Because charts on television are literally and symbolically the medically perfected patient, textual as opposed to bodily objects that are free of death and infection; they are clean, scientifically precise, and ordered. They are not soiled by introducing emotionalism, horror, or death.

Although the scripts do not account for most props, patient records are frequently mentioned and used to signify provider authority. In an episode of "Cheers" Lilith is in the hospital apparently in labor, when the physician walks in and Lilith pleads for help. The script calls for the physician to "look at his chart" and say, "False labor. Go home." ("The Stork Brings a Crane," 1989). Like Larry Haber in "Nurses", the medicalized, recorded version of Lilith, not the real person, is the only evidence the physician needs to confirm his diagnosis and command the patient to leave; Lilith's will and desires are not relevant and the chart is used to reinforce the point.

Patient paperwork is similarly propitious in an episode of "Trapper John, MD", which opens with the directive that "Trapper strides up to the nurse behind the desk, nods and drops the envelope of X-Rays." ("Russians and Ruses," 1982). The body language here is written to convey the power of the physician, while the subservience of the nurse character is reinforced by the treatment of the paperwork, which Trapper does not give to the nurse but

"drops". Before there is dialogue in the episode, this event uses paperwork to establish the fact that this man is more powerful than this woman because of his ability and authority to medicalize the patient represented by the paper.

### Ethical Simplicity

Television's taboo against writing about death in the patient charts is parallel to the taboo against perceiving death as a choice, an inevitability, or a possibility in the natural order of things in the hospital. Accordingly most of the scripts did not address death, and none of them seriously considered the ethical ambiguities that are so common in modern hospitals as patients demand the right to choose death, post "do not resuscitate" orders, and try to weigh with their families whether the pain and suffering of medical interventions are worth the advantages.

In television hospitals, the few ethical issues that arise are resolved by an acknowledgment that medical intervention is always the right answer. This is the message in one episode of "St. Elsewhere", when an older physician suffering from Cancer, Dr. Auschlander, is persuaded by the ideas in a book called Death with Dignity recommending that terminally ill patients think about abbreviated medical interventions. At the happy end of the episode, however, an unexpectedly favorable outcome for one of his patients improves Dr. Auschlander's mood, which prompts him to discard the book and pledge to undergo all possible medical interventions to fight his cancer ("A Wing and a Prayer, 1983).

Mandatory medical intervention is a theme in another episode of "St. Elsewhere" when a woman in labor is given general anesthesia ("Black's

Magic," 1986). When the patient asks if there is any way to avoid the anesthesia, the physician replies, "I'm sorry, it's safer this way." Since exactly this scenario repeated in real hospitals sparked a large and successful movement for natural childbirth, the old-fashioned doctor-knows-best attitude in the script was disguised by including a clinical scenario in which the childbearing woman failed to take prescribed medicine while pregnant. According to the plot this creates a situation in which the anesthesia may kill the baby, but will enhance the mother's chances of recovery--certainly an ethical ambiguity the patient ought to be aware of. Nonetheless, the appropriateness and legality of the physician's judgment in unilaterally making this complex life-threatening decision is never questioned in the script. When the mother eventually dies the physician expresses anger at the perplexities of fate but there is no suggestion in the script that mistakes were made. The patient died not because she submitted to doctor's orders in the delivery room, but because she failed to follow doctor's orders during her pregnancy. Death is the villain, the patient is the victim, and the physician is always the hero.

### Violence and Surgery

The villain/hero/victim trilogy suggests that invasive medical interventions undertaken by the television physician are analogous to violence and constructed to convey the same message. As cited earlier, researchers have observed that violence is an expression of communication in television, a way of conveying who has power and who is morally correct (Gerbner, 1974). Similarly, curative intervention is used to communicate a

moral message about the correct intentions of the cure giver (the physician), and the wrongfulness of the enemy (death, disease). In the episode of "The Equalizer" mentioned earlier ("Reign of Terror", 1985), this analogous relationship between medical intervention and law enforcement violence is made explicit.

As described above, the plotline centers on Dr. Wharton supervising a clinic in an "inner-city" area in which Nurse Portman serves a secretarial function. Dr. Wharton prevents Nurse Portman from giving a local gang its usual "protection" booty, consisting of a supply of drug paraphernalia. Predictably, the gang is unhappy about this new clinic policy, yet despite Nurse Portman's demonstrated centrality in the conflict, there is never any suggestion that the nurse faces physical danger. Nor is Nurse Portman afraid for herself, although she does beg help from McCall, the vigilante private detective known as the "Equalizer".

PORTMAN: You've got to help us.

MCCALL: Dr. Wharton is a brave woman. I respect her desire to handle the problem alone.

PORTMAN: She can't. Look at the street. Mr. McCall, on Third Street this clinic is all the hope there is and they're going to kill her.

MCCALL: (McCall sees the woman's desperation).

I can't promise anything, but I will take a look around.

(He smiles and pats her on the head).

("Reign of Terror", 1985)

Nurse Portman's fear is that the gang will kill Dr. Wharton, not herself. Nurse Portman's intervention to protect her employer without regard to her

own personal welfare might be worthy of some respect or even admiration, especially in retrospect at the conclusion of the episode when McCall saves the clinic in a violent showdown. But she never receives any accolades; on the contrary Portman is continually patronized, dismissed, and made to look cowardly and desperate. Nurse Portman's selflessness is treated as a given, not unusual or heroic. Indeed, selflessness is natural in this context because the Nurse Portman character has no selfhood. The gang will no sooner kill the nurse than they would kill the examining room or the filing cabinet: it is a nonsensical option to kill a prop, and so it is never once considered or contemplated in the course of the drama. Like "Nurse" in "Dukes of Hazzard" and other nurse characters, Portman is not a character to be contended with, but a tool to facilitate the "real" characters' interactions. Nurse Portman would seem to be the embodiment of the nurse observed in the Cultural Indicators data: not victimized by violence, no personal life, not fully developed as a character, and willingly conforming to the social order.

Dr. Wharton tries to cure her mostly Hispanic patients, prominently the Rodriguez baby who needs a shot to avoid death and whose parents are portrayed alternately as too ignorant or too scared to seek appropriate medical attention. Dr. Wharton does not use violence or weapons; McCall, on the other hand, uses violence to kill and mutilate the bad guys. Wharton and McCall are authorized users of violence and medicine respectively; by contrast the bad guys are unauthorized users of violence when they commit assaults and unauthorized users of medicine when they run an illegal drug operation.

The scriptwriters tried to mask the racial, sexual, and class offenses in this plot by making the central physician character, Dr. Wharton, African American, female, and raised in an inner city neighborhood. However, the main message remains clear: that women and minority men are either villains or hapless dependents of white males (and in this case one authorized physician substitute). Violence and medical authority are used legally and rightfully only by endowed power brokers to enforce their dominance in the natural moral and social order.

Similarly, in an episode of "Cutter to Houston" ("The Life You Save...", 1983) nurse characters evade victimization, a female physician character is used to convey the message that white male dominance is the natural order of things, and violence and medical intervention are used similarly. The episode is set in a typical television hospital with five physicians and two nurses. Dr. Beth Gilbert, the one female physician, does not realize she is being stalked by a hidden figure. The stalker, identified only as a "large man" in the script, tries to rape Beth in the parking lot until Dr. Andy Fenton comes to her rescue; after a scuffle the villain gets away.

After Andy examines Beth, the Sheriff arrives to ask a few questions, beginning with a request for Beth to describe the perpetrator.

BETH:	I can remember faces from grammar school--the faces of most every patient I ever treated. Damn! Why can't I remember his face?
SHERIFF:	Andy? What about you?
ANDY:	(Andy puts X-Ray down) Caucasian...dark hair...dark eyes...tall and thin. I can't draw a picture but I'd know him if I saw him again.

BETH: And he was strong...God, he was strong.

("The Life You Save, 1983)

Beth is so awed by male power she is unable even to draw on resources of her scientific background to defend herself or describe her experience. By contrast, Andy the male physician suffers no such lapse in his reasoning ability; he remains composed, handles Beth's objectified medicalized self in the X-Rays, and coolly describes the violent perpetrator. The message of the violence—that the natural social order puts males on top—has been sent by a symbolic male rapist, reinforced by the objectivity of the male physician, and received by this professional woman. In case the viewer misses this message, Beth makes it more explicit later, when she is confiding to Andy what she thinks about men:

BETH: You're all stronger—bigger. I can make myself anything—smarter, richer...but I can never be as big—as strong. In my whole life, I never thought I'd say this, but I feel like a born victim just because I'm a woman.  
(beat)

And I thought I'd made it in a man's world...

ANDY: I know you're angry right now...

BETH: You're right I'm angry. Because all the equal rights and constitutional amendments in the world can't change the simple fact that one man can grab me and in a few minutes drag me back to the stone age. (Beat) Five thousand years of history and nothing has changed!

(Andy is silent as Beth winds down)

Damn him!

Andy, don't feel like you have to make conversation.

("The Life You Save", 1983)

Andy has no argument with this stunningly reactionary speech: Men are innately more powerful than women, women are born victims, men and women are not equal and they never will be, and there is nothing women can do about this state of affairs because it is the natural order of things. Only through the devices of television "entertainment" can such a speech be made to a mass audience without public scrutiny.

Later a nurse confides to Beth that she was raped years ago, to which Beth responds as Andy did in the above passage, with no words or articulated empathy. The plot subtext emerges: is Beth a physician or a woman? She cannot be both. The question is settled when the rapist is rushed to the emergency room with a gunshot wound only Beth is capable of operating on. She reluctantly performs the surgery, and the patient survives. In the final scene Beth hugs two male physicians while the nurses behind the desk, including the rape victim, look on. Beth answered the rapist's violence with surgical intervention, the one way she could have life and death power the way the rapist did. Violence and medical intervention convey the same message: that the power to invade others' bodies belongs to a designated group of powerbrokers and everyone else should conform to the social order lest they be the next victim/patient.

#### Physician Females and Nurse Males

Within the hospital Beth is a physician and therefore a socially constructed man, wielding male power including the power to inflict or deny death and the power to subordinate specific others, usually nurses. Yet although she has this specially authorized male power, the plotline makes



clear Beth is not ultimately an equal to men, including other physicians. She is a male surrogate under certain conditions, a privilege temporarily granted her by the benevolence of fate which can be removed by any man at any time. Beth's deliberate separation of herself from the nurse rape victim clarifies that she is willing to pay the price of male privilege with her complete loyalty to men and disassociation from other women.

Indeed, almost every woman physician in the scripts participates in one incident or another that reinforces without subtlety the same message. On "St. Elsewhere" two women physicians have a conversation that illustrates exactly how women physicians are supposed to handle their opposing personal and professional identities. Dr. Armstrong is recounting her first surgical tour:

ARMSTRONG:	This girl [the patient] is lying on the table and all she's wearing is her tan.
CAVERNO:	Lot's of jokes, right?
ARMSTRONG:	They were going crazy.
CAVERNO:	That bother you?
ARMSTRONG:	That's not a problem. I can handle that okay. But when they cut across the abdomen, I got sick. Dammit, that made me so angry. Like I wasn't tough enough or something. Sometimes I feel like I don't belong here. I'm afraid medicine is still a man's world.
CAVERNO:	It's a lot better now than when I first came here. There were two surgical dressing rooms: doctors and nurses.
ARMSTRONG:	What did you do?
CAVERNO:	Well, I knew I wasn't a nurse. (She smiles) I shook things up in there.

("St. Elsewhere", "Samuels and the Kid", 1982)

Dr. Armstrong is not troubled by the misogynist treatment of the woman patient in the operating room, but is instead angered at herself for failing to act macho enough. Like Dr. Beth Gilbert in "Cutter to Houston" Dr. Armstrong reserves her anger for the biological experience of being female (however it is defined by the scriptwriters), not for the problem of how females in general are treated. Anger, an emotion capable more than others of provoking remedial action, is used by these female physicians to protest the one thing they cannot change: their biological gender. In the guise of an act of feminist protest, Caverno suggests that the way to "shake things up" is to insist on separation from the other women/nurses. These women characters do not argue for sexual equality, but instead want special permission to share in the bounty of male supremacy.

While female physicians can become surrogate men in the television hospital, it is unthinkable for a male nurse to become a surrogate woman. "St. Elsewhere", for instance, had numerous incidents with women physicians but included no male nurses and studiously avoided the concept that men could ever choose nursing. In one episode the African American male orderly, Luther, seeks advice on continuing his education. Originally he planned to become a paramedic, but found he missed caring for patients following the emergency intervention. Given his desire for emphasizing ongoing patient contact over emergency intervention, an obvious consideration for him would be nursing: he could become a licensed practical nurse (LPN) in as little as a year or a registered nurse (RN) in a minimum of 2

or more years, or an advanced practice nurse with management authority in five or more years. Yet these options are not mentioned by any of the numerous people Luther consults, not even the head nurse. Later Luther decides to take the advice of one of the physicians who suggests Luther become a "physician's assistant" (PA), although it will require two years post-graduate education in a medical school and Luther has not been to college ("St. Elsewhere," Black's Magic, 1986).

One male nurse appeared in the scripts, Greg, in the pilot of "Nurses" (1991). Greg is combative with physicians, accusing them of misdiagnosis, refusing to take their orders, and belittling them. These job threatening behaviors are not exhibited by any other nurse character in the scripts. Despite his decided lack of passive conformity to the social order—the mark of a good television nurse—Greg is portrayed as competent and skilled. As one physician said about Greg's performance during a hurricane emergency: "He did great. He organized, he delegated, and he ran this floor like nothing I've ever seen. Nobody around here is going to forget this for a long time." ("Begone the Wind", 1991) This compliment is recounted with admiration by Annie, the head nurse who apparently is not troubled by the physician's belief that nobody, including her, runs the floor with Greg's Supernurse acumen. Greg is the stereotypical male worker: he resists subordination, takes charge, runs things, delegates. He is not like other nurses, he is like other men.

The concept but not the reality of a male nurse is introduced in the pilot of "Nurse", which concludes with a declaration from Head Nurse

Mary's son that he intends to drop out of Dartmouth and go to nursing school. But the suggestion is rejected in the next episode, when Mary offhandedly comments that she "bribed" her son to go back to Dartmouth ("Nurse", "Going Home", 1981). Even Mary, a head nurse who apparently takes pride in her chosen profession, will assiduously avoid allowing her son to become a nurse. Ultimately, the television message is that female physicians and all men are supposed to avoid association with nursing.

#### Nursing or Family, Never Both

If women physicians are permitted to be men by day and women by night, nurses are not permitted such a complicated life: they are always on the job, always nurses. Indeed, data from the literature suggesting that women on television cannot have both a professional and a personal life is richly exemplified by nurse characters who, as the Cultural Indicator data suggested, have no homelife. Only three episodes in the scripts ever depicted nurse characters in settings other than work, and all of them were from programs that featured nurse characters: "Nightingales", "Nurse", and "China Beach". The home setting of "Nightingales" was a different version of the work setting with the same people populating it; nursing students lived in the "Nightingale House" attached to the hospital with the director of student nursing moonlighting as the "house mother". Colleen McMurphy, the leading nurse character on "China Beach", is also depicted with a homelife commingled with her work as a military nurse living on a military medical unit in Vietnam.

Mary Benjamin on "Nurse" is the only nurse in the scripts shown to

have an apartment, a son, and a few friends not associated with the hospital. She is depicted as a well-to-do widow who gives up her comfortable suburban life, moves into a shabby apartment near the hospital to pursue her nursing career, and complains frequently about the frustrations of her work and the loneliness of her homelife. Nonetheless, for Mary joining the hospital was like joining a convent, a self-sacrifice for saintly purposes. As she explains to a friend, whereas her dead husband Bill used to be her security blanket, "Now I've lost my blanket. And as much as I miss it, as much as I miss Bill, I think, I hope. I'm a better person for it, more caring, more responsive." ("Going Home," 1981). Poor Bill died for Mary to better herself. Mary is either a married woman with a husband to protect her or better yet a single woman sacrificing homelife to conform to second-class citizenship in the workplace.

### Sex

When primetime men and women get together under one roof, sparks usually fly. In hospitals, with physician-males and nurse-females, sex is a constant topic of discussion but there is minimal sexual action. All sexual themes, whether discussion or innuendo or intimate behavior, seem to be used in three ways. The first way is to establish that women are less professional and more interested in the opposite sex than men are. This occurs when women characters talk incessantly about sex while male counterparts discuss professional matters—as mentioned, a television trend widely accounted for in the literature (Turow, 1974, p. 139). In a typical example, "St. Elsewhere" nurses are shown reading a lingerie catalog and talking about what their boyfriend will buy them while the male physicians

are shown dealing with emergencies. The title characters in "Nurses" talk about nothing but sex. By the first half of pilot episode of "Nurses", for instance, Gina discusses her crush on one of the physicians and announces she is a virgin, Annie imparts details of her sex life with her husband in fairly embarrassing detail, and Sandy frets about returning to her ex-husband. Meanwhile, male Supernurse Greg, the consummate professional, alerts the nurses a patient needs attention and confronts a physician about misdiagnosis.

Greg was removed from the series after the pilot, and other male characters including an orderly, Paco, and a white collar ex-con serving his community service requirement, Jack, assumed a more prominent role. With this change sex was used in the second way: as a tool for men to personally demean women who professionally outrank them. While Greg's professionalism and hierarchical equality segregated him from his sexually obsessed colleagues, the new men wield sexual topics like a club and used them to harass the nurses. In one episode the nurse Julie arrives at work and immediately details for the entire staff her one-night stand with a hospital parking-lot attendant. Jack is apparently titillated by this story not only because it is sexual but also because of the man's working class job. Jack observes to another nurse, "Julie may have the blank stare of a doorknob but behind it lie the sexual urges of a jungle cat. An asphalt jungle cat. Meow." He continues to harass and demean Julie throughout the episode in exchanges like the following:

JACK: ...Ever been to New Jersey? I know the most incredible spot right outside Giant Stadium.  
 JULIE: Giant Stadium?  
 JACK: Home of North America's largest parking lot. Twenty acres of solid asphalt. Hot, sticky, asphalt.  
 JULIE: That sounds disgusting.  
 JACK: Doesn't it though.

("Nurses", "Julie Gets Validated", 1992)

Jack's proficiency with sexual parking jokes extends into another episode entirely, when he responds to his boss Annie's attempt to discipline him for slacking off, "Why are you so uptight? Is Fred not doing enough parallel parking the bedroom, if you know what I mean?" The harassment escalates to the pathological in another episode in which characters continually harass a nurse about her bestiality after she uses mouth-to-mouth resuscitation on a dog ("Playing Doctor," 1992).

The final usage of sexual themes is to structure relationships between men and women in a way that makes hierarchy appear consensual and biologically pre-determined. This is surprisingly rare among the nurse characters in the scripts. In "Nightingales," and "Nurse" there is an unconsummated flirtatious relationship established in the scripts between the top nurse and the top physician, and "Nightingales" featured several consummated relationships between nurses and physicians. Particularly in the flirtatious relationships, the fact that the nurse is the professional subordinate of the physician seems carried into the personal realm by the flirtation. In "Nurses" Gina's ongoing crush on one of the physicians is

eventually consummated, but the establishment of the relationship is talked about, not seen, since the action never moves away from the hospital.

However sex is used on television, at the very least it manages to communicate on television the distinction between the genders as natural and desirable to both parties (sexual activity is always heterosexual in this sample of scripts). The difference between males and females appears to be crucial on television, where as noted earlier in Table 5 only 0.6% of men possess feminine traits while 77.3% of women do, and characteristics of men and women such as strength and supportiveness tend to follow stereotypical patterns. Perhaps nurse characters do not get involved in sexual behavior because there is no need to communicate that they are not men—the fact that they nurses accomplishes that. In addition, since they are always seen at the worksite the opportunity and need for sexual behavior is minimized. With few exceptions, notably "Nightingales," nurse characters are not "bimbos", finding sexual entertainment in every corner, or simple "sex objects" as the Kalisches observed in film. Nonetheless, they are interested in sex and affected by sexual activity, insults, and commentary going on around them, even if they are not engaging in it.

### Patients

The male physicians and female nurses have symbolic medical offspring in the form of patients. Patients are dependent on the hospital and highly obedient; only three patients of the 79 in the scripts showed any rebellion toward a provider. More typical were attitudes like Mary Benjamin's in "Nurse" when she confronts the bodyguard of her politician



patient. "I'm in charge of the Congressman's care. Not you, and not the Congressman." ("Nurse", "A Matter of Privacy", 1981). Indeed, in these television hospitals patients are not in charge of their own care and appear to willingly sacrifice their rights to bodily self-determination.

Women and elders are represented among the patient population more than they are in the television population as a whole, as Table 6 outlines. While there are two men for every one woman on television, among patients there are proportionately more women-- though men are still the majority. Most dramatically, patients over 50 represent 41.8% of all patients, whereas they are no more than 5% of the population on television overall. Among the older patients, women tend to be completely passive or unconscious while men are more likely to demonstrate some sign of life such as wisdom or rebelliousness. Elders generally come into the hospital with high-tech emergency needs, from CPR to surgery. Four of the six patients shown to die in the course of treatment were elder characters, the other two mortalities included an 11-year-old male and a childbearing woman.

Female patients who are not older passive types are almost always in the process of giving birth. Nearly all adults of childbearing age, between 20 and 50, are shown with curable ailments, the women pregnancy and the men broken bones or other injuries soon healed; only one of the women and none of the men die. The men in this age group are usually shown as jocks or soldiers with injuries sustained during their related actions. While it is obvious that men could not be among the patients giving birth, it is less obvious why there were no women with injuries related to an active lifestyle.

The rigidity of stereotyping may be taken to an extreme in this characterization of patients, with women depicted as mothers and men jocks and soldiers.

If patients are relegated to childlike positions of vulnerability, the ultimate patient is an actual child. There are two kinds of child patients: healthy newborn infants and unhealthy 10-12 year olds. The latter age category avoids adolescence but optimizes the verbal acumen of the child. The older children were depicted as sweet and compliant, never questioning medical advice and endearing the providers. In one episode of "St. Elsewhere" an 11-year old boy comes in with an injury to his leg, and Dr. Samuels is so taken with the child he spends every moment with him, joking about girls and sports, while the parents are enraptured by the special attention of the physician. With the child anesthetized in the operating room, a peculiar dialogue occurs between a nurse and Dr. Samuels.

NURSE SAFFORD:       What a cute boy.  
 SAMUELS:               It's against the law in Massachusetts, Louise.  
 NURSE SAFFORD:       A fantasy is not a felony, Doctor.

(St. Elsewhere, "Samuels and the Kid", 1982).

Although the nurse is given the pedophilic line, it is Dr. Samuels who has been seen with the child throughout the episode, and since he brings up the possibility of sexual attraction, the implication is quite clear that Dr. Samuels may share the same fantasies as the nurse. Whether they use it or not, providers and particularly physicians have the power and even in some cases the right to literally exploit patient vulnerability.

**Table 6: Key characteristics of health care patients in primetime television, by age category and gender, 1980-1992**

Type of Patient	Females		Males		All	
	N	%	N	%	N	%
<b>Children</b>						
Infant/Young child	—	—	—	—	6	7.6
10-12 Year Old	1	3.6	4	8.9	5	6.3
Total All Children	1	3.6	4	8.9	11	13.9
<b>Adults Age 20-50</b>						
Giving Birth/Immediate Pre-or postpartum	10	35.7	—	—	10	12.7
Athlete/G.I. with related injury	0	0	10	22.2	10	12.7
Silly minor illness and/or patient in ridiculous costume	2	7.1	9	20.0	11	13.9
Total All Adults Age 20-50	12	42.9	19	42.2	31	39.2
<b>Adults Age 50+</b>						
Kindly, wise	0	0	8	17.8	8	10.1
Unconscious or Extremely Depressed	13	46.4	9	20.0	22	27.9
Angry/rebellious	0	0	3	6.7	3	3.8
Total All Age 50+	13	46.4	20	44.4	33	41.8
<b>Other</b>	2	7.1	2	4.4	4	5.0
<b>All patients</b>	28	100.0	45	100.0	79	100.0

Certain kinds of patients are reserved for particular humiliation and exploitation by providers: adults 20-50 with trivial ailments and/or dressed up in funny costumes, and elder men who refuse to conform to hospital order. The patients with minor disorders include Larry Haber mentioned earlier on "Nurses" who claims he is dying despite his healthy diagnosis (Pilot, 1991), and Mrs. Jessmer in "St. Elsewhere" who is in the hospital to have her bunions removed ("A Wing and a Prayer, 1983). Providers feel no

compuncture being rude and demeaning to these patients; a nurse explains to Haber, who worries he has a tumor the size of a melon: "You had a tumor. It was the size of a grape and they removed it. If you don't shut up, I'll have them put it back." Mrs. Jessmer is treated with similar insensitivity when she worries that her toes are healing together. "Tell her it'll make her a better swimmer," jokes one of the physicians, who later enters Jessmer's room "exasperated" explaining, "I don't have time to chat right now. What's the problem?"

There seems to be no end to the scenarios scriptwriters will create in order to construct a patient who can be easily put down and ridiculed by providers. In addition to the patients with minor ailments are numerous under-50 male patients who subject themselves to provider humiliation by being dressed in peculiar costumes, such as a man is dressed in a "ladies ballet costume" ("E/R", "Mr. Fix-It", 1984) or a man in a turkey suit on Thanksgiving (St. Elsewhere, "A Wing and A Prayer," 1983).

The other kind of patient treated with disdain by providers is the rebellious older man. Three such patients appeared in the scripts: Dewey Hogg, the villainous character faking illness on "Dukes of Hazzard" ("How to Succeed in Hazzard," 1983), and two characters on "Nurse", a homeless, mentally ill Black man named "Gripps", ("Pilot", 1980), and Mr. Milligan ("A Matter of Privacy", 1981). Dewey Hogg has no contact with health providers except the character "Nurse" noted earlier. Hogg orders the nurse around, refuses to see a doctor or follow doctor's orders, and is ultimately humiliated and victimized. "Gripps" appears as a source of humor in the episode as he

rants about being the King of Europe, refuses to obey orders, annoys the nurses, and is eventually committed temporarily to a mental hospital. Mr. Milligan is the only patient who complains about costs, suggests he needs a second opinion, and outright refuses to follow doctor's orders. Milligan is portrayed as needlessly annoying and treated with disdain by providers, who contrast him unfavorably with his roommate, the kindly, wise Mr. Milani, who shows negative feelings only for the "bellowing" Mr. Milligan.

Milani is the kindly old man patient type that resurfaces a few times. Two of the kindly older men hold high professional positions but are covertly manipulated by their staff. Eventually this type of patient learns of his staff's deceit, realizes the physicians are superior and better for him, and submits to medical procedures. One of these patients is Vladimir, a Russian diplomat admitted to the hospital in an episode of "Trapper John, MD" ("Russians and Ruses", 1982). In the typical overrepresentation of physician presence, three physicians, including Trapper and Jackpot, and one unnamed nurse begin working on the unconscious Vladimir in the Emergency Room. Vladimir's staff and various diplomatic attaches wait, until eventually the physicians stabilize the patient. Vladimir awakens in his hospital room with a glee described by scriptwriters, "He's impressed by Trapper, and now he looks around the Examining room, all the medical gadgetry, the cleanliness, the obvious competency of Trapper and Jackpot." ("Russians and Ruses", 1982). Vladimir's awe at the redemptive power of hospitals continues when he later discovers the consumer pleasures of America in his hospital room: "This is good, clean hospital. How you say...groovy place, nyet? I like nurse.

I like TV...food is good.." Eventually he defies his objecting staff to stay in the hospital for an operation he needs.

### The Middle Class Oasis

The nurse is literally a piece of furniture, listed along with the TV and food as aesthetic and pleasurable hospital objects. Vladimir is clearly infantilized in this portrayal, depicted "channel surfing" and asking cute questions about American culture. He is the innocent child, victim of his country's supposed inferiority, and growing to realize the advantages of American consumerism through his experience as a hospital patient. Indeed, in this portrayal the hospital is a beacon of capitalism, embodying the technological and cognitive achievements of American society even as it offers patients a chance to bask in the delights of consumerism—television, a woman serving you, cleanliness, good food. The producers must have meant to be anti-Soviet, but ironically they created a message that could be used as a Communist propaganda tool: a pinnacle consumer experience in America is to be hospitalized.

The concept that health care transforms people into healthy middle class consumers pervades other scripts, especially "Nurse", "St. Elsewhere", "Nightingales," and "Cutter to Houston" which set health care delivery in poor communities. As mentioned above, in "Nurse" the title character severs ties with her upper middle class suburban neighborhood and relocates to an "inner city" neighborhood in order to take up nursing; there were apparently no hospitals in her suburban neighborhood ("Pilot", 1980). "The Equalizer" ("Reign of Terror", 1985) centers on a clinic physician's struggle to

provide care in the poor community despite gang violence. Her success in the end, after much violent carnage, makes her a hero and apparently uplifts the neighborhood.

In one episode of "St. Elsewhere" Dr. Auschlander ventures into his hospital's economically deprived neighborhood only to find himself taken hostage by a minority teenage boy. At the conclusion of the episode, Auschlander laments the tragic circumstances in the kidnapper's life but is comforted by observing Luther, an African American hospital orderly, who is ambitiously seeking more education and a promotion. The message is that the hospital provides the opportunity for minorities to go from the squalor of their current existence to the middle class.

Similarly, the hospital in "Nightingales" offers redemptive employment opportunities for poor minorities. Two of the nurse characters come from poor ethnic backgrounds and learn in the hospital how to be disciplined, clean, on time, and orderly. Similarly, a white "Nightingales" nurse, a former drug addict, chooses nursing as a means of establishing enough respectability to regain custody of her child. The hospital's healing powers appear economic as well as biological.

## **VI. Conclusion**

These initial observations from the Cultural Indicators Database and the sample of scripts suggest that nursing is the quintessential female profession and medicine its male counterpart. Nurses appear to conform to a social order in which they are clearly subordinate to men; as a result they are protected from some violence but at the same time diminished as fully developed characters. The subordinate position of the television nurse appears to be an all encompassing lifetime experience; nurses rarely have a homelife and when they do it is unhappy.

The scripts depict nurses with job descriptions that most often involve paperwork and occasionally require them to fulfill a random clinical task. Nurses are never depicted accurately in relation to other nursing professionals in the hospital setting; nursing leadership and management were depicted erroneously in 100% of the episodes examined. Nurses rarely interact with each other on professional topics, but instead talk almost exclusively about sex—even though they are rarely depicted in sexual liaisons.

In comparing these observations with the analyses of nursing image in the literature, the typological categories of nursing stereotypes proposed by the Kalisches (Kalisch & Kalisch, 1987) remain insufficient to describe the dimensions of the image problem. While nurse characters in the scripts can be found to fit categories including "sex object", "angel of mercy", and "Doctor's handmaiden", these did not seem to be characteristics of nurses that distinguished them from other women characters. Indeed, the distinguishing



factors were not nurses' maidenly, angelic, or even sexual qualities but their lack of them. Nurse characters were more often wooden hospital furniture, involved in the plotline to affect the progress of other more fully developed characters. Despite nurse characters' clear subordination, even the "doctor's handmaiden" typology fails to fully account for the stereotypical nurse, because so many nurse characters do nothing but fulfill their paperwork responsibilities. While the Kalisch typologies do not seem sufficient to describe the typical nurse character, these observations concur with the Kalisches additional finding that nurses were nonentities, important only insofar as they serve others and relay plot-tingling information (Kalisch & Kalisch, 1982a, p. 361).

The fourth typology identified by the Kalisches, the "battle-ax", did not seem as evident from these data. The only character in the scripts identified as cruel was the Nun character in "Benson" ("We Deliver", 1984) who is more concerned with perfecting her paperwork than the helping the patient, whom she contemptuously interrogates. While the Nun is not referred to as a nurse in the scripts, her position as an admitting officer will suggest as much to viewers. Nonetheless, despite this one "battle-ax", the rest of the nurses in the scripts showed no such consistent rudeness or cruelty.

Moreover, data from the Cultural Indicators' Database suggested nurse characters were as likely as other women characters to be "good", and they are less likely to commit violence or be victimized. Indeed, the tendency to be a "battle-ax" did not appear associated with the nursing role, and on the contrary being a nurse seemed to suggest some protection from the

contentious plotlines that might welcome a "battle-ax".

There are additional observations here about television's representation of health care delivery and nurses' place within it. The hospital setting in television seems to mimic a nuclear family; physicians are the men, nurses the women, and patients the extremely vulnerable children. Characters whose gender made them exceptions to this sex-stereotyped rule proved the rule. Good patients are like good children, compliant and nice, while bad patients are naughty children, yelling and lying, complaining about the quality and cost of care, and demanding second opinions.

In this worldview, television seems to send the message that being a patient means losing adult self-determination and submitting to powerlessness, passivity, and even humiliation in the hands of more "knowing" others. Nursing becomes an entirely dependent profession without need for leadership, unique expertise, or autonomy. Physicians become possessors of technical as well as metaphysical knowledge and ethical prophesy about the line between life and death.

This view of health care and nursing is at odds with many initiatives in the politics of health care reform. As Table 7 outlines, television health care glorifies exactly the problems that many policymakers now agree led the nation into a movement for health care reform. While there is little consensus on specific reform measures, for over a decade, since the Reagan Administration initiated policies to limit the length of hospital stays, there has been broad bipartisan agreement about what some of the problems have been. These include allowing physicians to order every clinical intervention

**Table 7: Commonly cited problems in American health care and related primetime television images**

<b>Health Care Problem</b>	<b>Primetime Television Image</b>
Unchecked physician authority causes cost overruns	Physicians have unquestioned authority on all matters including administrative. Cost is never an issue.
Too many unnecessary procedures and operations	<ul style="list-style-type: none"> <li>–Surgery used to communicate heroic physician power</li> <li>–Nurses' most frequent clinical tasks carrying out tests</li> </ul>
Patient's overreliance on hospitals for all health needs, including primary care	Hospitals most frequent site of all health care
Excessive, painful, and costly medical intervention used to keep very sick people alive regardless of patient's wishes	Medical intervention always the right answer
Patients fail to assert rights, demand second opinions, question costs	<ul style="list-style-type: none"> <li>–The ideal patients are passive, compliant children</li> <li>–Complaining patients suffer violence, ridicule, or death</li> </ul>
Uninsured lack access to care	Hospitals welcome all, and transform the poor into middle class
Women's health needs misdiagnosed by physicians; biomedical research fails to adequately include women	<ul style="list-style-type: none"> <li>–All female patients need either childbirth services or lifesaving acute care</li> <li>–Even women physicians go along with sexism</li> </ul>
Too many administrative overhead costs	Paperwork glorified as a symbol of medical power
Need for advanced level nurses to handle increasingly complex technological and social needs	<ul style="list-style-type: none"> <li>–Nurses are willing conformists</li> <li>–the higher the level of nurse the more abject the paperwork</li> </ul>

they could think of without any audit or monitoring, subsequent unnecessary tests and procedures, devaluation of the kinds of work nurses do such as preventive, ongoing, and long term care, prolonged expensive patient stays in hospitals, overuse of emergency rooms, and the passivity that inhibits patients from getting second opinions, justifications for treatment, and optimally cost effective treatment.

By direct contrast, in television hospitals, physicians are always right and given extraordinary power over patients and other providers, ordering and conducting of tests is the most common clinical task of nurses while nursing's clinical responsibilities are ignored or devalued in favor of physician curative interventions, hospitals are seen as the primary settings for health care delivery, and patients are reduced to extreme passivity and vulnerability and expected to undergo every known medical intervention if any possibility of recovery exists. Indeed, the only health policy problem television fails to idealize as a positive aspect of the delivery system is the uninsured's lack of access to care. To the contrary, television portrays health care as a system that welcomes all into the hospital, particularly poor and disenfranchised people and the elderly who find there a chance for redemption, cure and transformation into healthy members of the middle class.

Why would television portray the problems in health care as positive aspects? One reason must be that this inaccurate and antisocial idealism of health care sells to sponsors. Health care spending represented over the 12% of the U.S. Gross National Product, meaning it is an economy larger than

most countries in the world. Health related programming can help sell over the counter medications and other health products, but it also sells a view of the world and of one's life that is in line with merchandising in general: there are cures for everything, but you must be willing to submit yourself to them and to the power of the curative provider without question, no matter how vulnerable that makes you. The consumer paradigm emphasizes this by suggesting that every product provides some solution to something; similarly, health care services can provide a solution to the problem of suffering and death. Television health care brings joy and a clean, textual aesthetic to essentially painful, disorderly, and sometimes tragic experiences in people's lives.

Yet the main message of health programming seems unrelated to health care per se. If delivering fast cures was a central plot occurrence, the presence of patients might be stronger. Yet many programs had few or no patients. For instance, the 1991 pilot of "Nurses" depicted three patients; by 1992 episodes of the same program included zero or at most one patient ("Julie Gets Validated", "Playing Doctor", "Illicit Transfers", "Dirty Laundry"). A similar decline occurred on "Nurse," in which the 2-hour pilot featured 12 named patients (1980) while the later one hour episode "My Life as a Woman" (1982) features only 3. Particularly for the paper- pushing nurse characters but also for the physicians, patient care seems less important than the intrigues of interpersonal relations among the staff.

The health setting seems to have been chosen for these televised dramas not because it symbolizes something in and of itself, but because it is a

good place to dramatize messages about the appropriate place for different people in society. These television images construct the social order as one in which women, minorities, poor people, children, the elderly, and others volunteer to be disempowered. Likewise, by their televised job description, nurses are women who by their very choice of career already accede to subordination.

By concentrating on messages about the appropriate social order and how much people enjoy conforming to it, with one exception these television programs missed the much more interesting drama of nursing's reality. That exception was Colleen McMurphy, RN, lead character on "China Beach". The program was produced by John Sacret Young, a Vietnam veteran who wanted to honor the nurses whom he felt did not get deserved credit for their contributions. Like most television nurses, McMurphy was young, female, white, single, had no homelife on an Army medical unit in Vietnam, and treated mostly young men with injuries. In one episode she was portrayed as married when the producers "flash forward" from the Vietnam era to the 1980's and find McMurphy has given up nursing and suffers from post-traumatic stress syndrome. Like other television nurses McMurphy cannot reconcile both nursing and a full homelife.

Yet this is where the similarity between McMurphy and other television nurses ends. McMurphy is in charge of patient care, takes few direct orders from physicians, and performs triage. The two episodes reviewed in this sample included no mention of paperwork but clear evidence of the things paperwork whitewashes: blood, pain, suffering, ethical dilemmas, and

death. In a veteran's support group McMurphy joins after the war, she recounts to the other veterans in the room what it was like:

MCMURPHY: You made me your mothers or your sisters or your girlfriends. And you'd make me promise you'd be fine--cuz I was--an angel. I wasn't out in the bush. I was there--when you came in looking like--not even human bodies--pieces of meat that could still talk and cry and look at me...beg me to lie: 'Am I okay? Am I gonna be okay?' Stop the bleeding--start the IV--'Fine. You're gonna be fine'--tourniquet--more blood--more blood--'fine'--stop the bleeding--breathe. Damn it, breathe. Don't quit on me.  
(Right at them)  
You made me lie and then you quit on me.

("China Beach", "The Always Goodbye",  
1990, p. 28).

There is enough talent in this country to write, produce and perform drama of this quality, and no end to the amount of source material available from real providers to inform the cultural environment. The McMurphy character could exist in an otherwise hostile televised environment because she met specified criteria: the right gender, race and age, and a complete dedication to serving men. Yet within that construct the writers took a few moments of reality from the experience of real nurses and created brilliant, Emmy-award winning drama. It would be make for better drama if television producers cast aside their tired, anti-social construction of health care delivery and produced truthful and socially responsible portraits of American health care.

There are numerous areas for further research suggested by these

observations, including detailed content analyses of broadcast programs looking at some of the specific issues mentioned here. An examination of actual episodes would enable enhanced analysis of racial and ethnic issues which seem problematic from the scripts, but cannot be fully explored because the scripts do not always describe the character's appearance. Other broadcast medium such as daytime drama, children's programming, and cable should be investigated as well. There is also a need for a cultivation analysis to observe whether the public's impressions about health care and reform policies might be informed by primetime imagery. Most of all, research is needed to examine what appear to be serious problems in television's presentation of health care. As suggested in this analysis, the image presented by entertainment television may well inhibit efforts to reform health care even as they misrepresent the role and importance of nurses in the delivery of care.



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## **APPENDIX**

### **Scripts Analyzed from the Annenberg Script Archives**

#### **Benson**

Boulware, B. "We Deliver," Witt Thomas Harris Productions, final draft Jan. 18, 1984.

#### **China Beach**

Woodward, L. "The Always Goodbye," Sacret Inc. in Association with Warner Brothers TV, final draft Dec. 10, 1990.

Woodward, L. "Through and Through," Sacret Inc. in Association with Warner Brothers TV, final draft Jan. 13, 1991.

Woodward, L. "Home," Sacret Inc. in Association with Warner Brothers TV, final draft Jan. 27, 1988.

#### **Cheers**

Lloyd, D. "The Stork Brings a Crane," final draft Aug. 31, 1989.

#### **Cutter to Houston**

Goldfarb, S. and Rosenfarb, B. "The Life You Save..." United Artists Television, final draft Oct. 12, 1983.

#### **Designing Women**

Bloodworth-Thomason, L. "Old Spouses Never Die," Bloodworth/Thomason/Mozark Productions in association with Columbia Pictures TV, final draft Jan. 19, 1987.

Bloodworth-Thomason, L. "Pilot", Bloodworth/Thomason/Mozark Productions in association with Columbia Pictures TV, final draft Mar. 15, 1986.

### The Dukes of Hazzard

Michaelian, M. and Severeid, M. "How to Succeed in Hazzard," Two-Step Productions in Association with Warner Brothers Television, final draft Nov. 1, 1983.

### E/R

Turteltaub, S. and Orenstein, B. "Mr. Fix-It," An Embassy Television Production, final draft Nov. 3, 1984.

### Empty Nest

Gallay, P. "The Sting," Witt Thomas Harris Productions, final draft December 12, 1992.

Lazebnik, R. "Emily," Witt Thomas Harris Productions, final draft Nov. 20, 1992.

Price, P. "Overboard," Witt Thomas Harris Productions, final draft Nov. 13, 1992.

Richardson, D. and Manoff, D. "The Return of Aunt Susan", Witt Thomas Harris Productions, final draft Feb. 8, 1992.

Kogen, A. "Surprise! Surprise! Surprise!" Witt Thomas Harris Productions, final draft Dec. 11, 1992.

### The Equalizer

Bello, S. and C. Luck. "Reign of Terror", Universal City Studios, final draft 11/20/85.

The Golden Girls

Harris, S. "Empty Nest," Witt Thomas Harris Productions, final draft Mar. 25, 1987.

Gamble, T. and Vaczy, R. "72 Hours," Witt Thomas Harris Productions, final draft Jan. 31, 1990.

Apter, H. "Once in St. Olaf," Witt Thomas Harris Productions, final draft Aug. 22, 1990.

L.A. Law

Brennert, A. and Kenney, A. "Great Balls Afire," Twentieth Television, final draft Jan. 30, 1992.

The Love Boat

Swift, D. and Swift, M. "The Christmas Presence," Douglas S. Cramer Co. Productions in Association with Aaron Spelling Productions, final draft Sept. 8, 1982.

NightingalesNurse

Katkov, N. "Blackout," Robert Halni, Inc. in association with Viacom, final draft Feb. 18, 1982.

Grafton, S. "Nurse" (TV Movie Pilot), Robert Halni, Inc. in association with Viacom, final draft Apr 9, 1980.

Radnitz, B. "A Matter of Privacy," Robert Halni, Inc. in association with Viacom, final draft Dec. 18, 1981.

Brooks, H. "My Life as a Woman," Robert Halni, Inc. in association



with Viacom, final draft Nov. 18, 1981.

Marchetta, C. "Going Home," Robert Halni, Inc., in association with Viacom, final draft Sept. 10, 1981.

### Nurses

Harris, S. "Pilot," Witt Thomas Harris Productions, final draft Aug. 9, 1991.

Hale, B. "Julie Gets Validated," Witt Thomas Harris Productions, final draft Aug. 26, 1992.

Straw, T. "Playing Doctor," Witt Thomas Harris Productions, final draft Sept. 9, 1992.

Smith, D. "Illicit Transfers," Witt Thomas Harris Productions, final draft Oct. 14, 1992.

Ferber, B. "Begone the Wind," Witt Thomas Harris Productions, final draft Nov. 9, 1991.

Kagan, M. "Dirty Laundry," Witt Thomas Harris Productions, final draft Oct. 7, 1992.

### St. Elsewhere

Masius, J. "Samuels and the Kid," MTM Enterprises, final draft June 21, 1982.

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DeLaurentis, R. and DeLaurentis, R. "A Wing and a Prayer," MTM Productions, final draft Aug. 19, 1983.

Trapper John, M.D.

Small, E. and Stephens, G. "Russians and Ruses," a Frank Glicksman Production and a Don Brinkley Production in association with Twentieth Century Fox Television, final draft Oct. 22, 1982.