

# SuperNurse? Troubling the Hero Discourse in COVID Times

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[journals.sagepub.com/home/hea](https://journals.sagepub.com/home/hea)**Rochelle Einboden** 

Associate Editor, Health

Lecturer, The University of Sydney Susan Wakil School of Nursing and Midwifery, Faculty of Medicine and Health, Sydney, Australia

Since March 2020, throughout the world people have been paying tribute to health care workers for their commitment in the context of the COVID-19 pandemic. In Wuhan they cheer in the night, in Italy they sing from balconies, in Canada they bang pots, and in the United Kingdom they clap for carers. Within the milieu of tangled popular media discourse, heroism has emerged strongly and consistently to describe health care workers, and in particular, nurses.

In early May, a powerful contribution to this discourse arrived at the Southampton Hospital, donated by the famous street artist, Banksy. The framed artwork, entitled ‘game changer’ depicts a young boy kneeling on the floor playing with a brand-new superhero doll. In the background, a waste bin holds two well-known but now discarded superheroes, Batman and Spiderman. The boy’s attention is on his new toy, SuperNurse. She is clad in a traditional nursing outfit, including a knee length nursing dress, sensible shoes, a nursing cap and apron. In addition, SuperNurse wears a white theatrical mask, surgical mask, and cape. The painting is black and white, with the exception of The Red Cross, painted on the bib of SuperNurse’s apron. This painting is described as “surprisingly earnest” and generous tribute to the workers of the United Kingdom’s National Health Service (NHS), somewhat of an anomaly to Banksy’s usual style of sharp social critique and political commentary (Goldstein, 2020). The painting was accompanied with a note from the artist that reads, “Thanks for all you are doing, I hope this brightens the place up a bit, even if it’s only black and white” (Goldstein, 2020).

Banksy has given form to a new discursive figuration of the nurse. SuperNurse has great timing, she has arrived in the early months of the International Year of the Nurse and Midwife, named by the World Health Organization in honour of the 200<sup>th</sup> year since the birth of Florence Nightingale. While contemporary, SuperNurse is modest, brave,

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**Corresponding author:**

Rochelle Einboden, The University of Sydney, Sydney, Australia.

Email: [rochelle.einboden@sydney.edu.au](mailto:rochelle.einboden@sydney.edu.au)

sensible and can fly. Her uniform is one of wartime nurses, conjuring notions of duty and honour. She is protected by two masks and the distinctive emblem of The Red Cross, a symbol of protection for wartime medical personnel since the 1864 Geneva Convention. Her identity, concealed behind her masks and her cape, alludes to her superpowers. I find SuperNurse very appealing. Yet, at the same time, she makes me uncomfortable.

Like many nurses, I became a nurse because I wanted to ‘make a difference’. This desire is taken up as an unquestionable ‘good’, but as a critical social scholar, I am well aware that it can get us into trouble. Nurses are sensitive to issues of marginalisation and social inequity, made tangible within our everyday practice. We witness the disproportionate burden of suffering shouldered by the most vulnerable members of our society. Witnessing suffering evokes anxieties about our own relative health and privilege, and can motivate reactive responses and rescue fantasies. I’ve studied these reactions in relation to humanitarian work (see Chouliaraki, 2013; Heron, 2007) and written about them in relation to child protection (Einboden, 2017). Yet, as the implications of the COVID-19 pandemic started to unfold, a friend asked me if I would go back to work on the frontlines of health care. My immediate response was, “Of course! I’m a nurse.” For myself, and many of my colleagues, our profession constitutes not just what we do, but who we are. Nurses remain vulnerable to hero discourses because our work is entangled with our identity.

According to Donna Haraway (1997), figurations are produced by the melding of material and semiotic elements of meaning making. As figuration, SuperNurse is produced from the bodies of real nurses mixed with hero discourses, knowledges, and aspects of our identity. She is compelling because she is not real, but *almost real*. Nurses easily identify with SuperNurse, as our need for superpowers have become increasingly critical within the pre-COVID-19 health care context. Banksy did not produce SuperNurse, but he has brought her into form and sharply into focus. Where did she come from? And perhaps, more importantly, what is her role in this pandemic?

The hero discourse is rife among political leadership across nations, replete with analogies of war and military metaphor. Popular news media and even medical leadership are producing and cementing an ideology that constitutes health care workers as the heroes in a war between COVID-19 and humankind. A JAMA editorial entitled “Health Care Heroes of the COVID-19 Pandemic”, closes with a “salute” to the troops (Bauchner and Easley, 2020). While the analogies of war have received some critical commentary, for example Wright’s (2020) Anzac Day article in the Guardian, the hero discourse seems largely untouchable. Who would argue against the constitution of nurses as heroes?

A closer look at what constitutes a hero is productive. In a conceptual analysis, Franco et al. (2011) describe heroism as outside rational decisions, where the action of a hero is not just altruistic but extraordinary and somewhat irrational, or risky. They argue that heroism defines actions that no one *should* take, but some do anyway. Further, they identify that the constitution of a hero is both context and outcome dependant. The context needs to be risky enough, and if the person succeeds, they are a Hero, but if the person fails, they are a Fool. Yet, most nurses enjoy the hero constitution and take it up uncritically. Southampton Hospital executive Paula Head reports how, “All the staff described this painting, and the impact it has had on the hospital, as ‘joyous’. It has made a huge difference to the morale of the hospital at this moment, and the people working here” (The Sun, 2020).

While outnumbered, there are some dissenting voices challenging the constitution of nurses as heroes. I've decided to highlight a few of these voices in detail, as they bring the operations of the figuration of SuperNurse into plain view.

First, Canadian nurse Amy Eileen Hamm expresses her uneasiness about the hero discourse in an alternative online media site, Quillette. She offers a warning:

“Will there be an expectation that the “heroes” we are celebrating (and their families) must take on an ever-increasing level of risk? If we can't adequately ramp up capacity, and work conditions become intolerably dangerous, will the public turn on health workers who abandon their posts? The health-care-workers-as-heroes narrative is alluring. As with the 9/11 first responders, it helps the public cope with their fears and anxieties. But it has its dark side” (Hamm, 2020).

Next, an article by *teenVOGUE* gives voice to the views of five American nurses, protesting about the systemic issues and conditions of their work, prior to and during the pandemic in New York City on 15 April 2020 (Wallis, 2020). The article opens with an image of Jillian Primiano wearing a cardboard sign that reads, “PLEASE DON'T CALL ME A HERO, I'M BEING MARTYRED AGAINST MY WILL”. Tre Kwon is pictured next. Using a local example she astutely points out the tension between philanthropy and state irresponsibility, “I obviously really appreciate the neighbors, the family, the friends who are sending us masks that they got on Amazon or a box of gloves, but that's also absurd — we cannot mutual-aid ourselves out of a systemic problem”. “Capitalism is The VIRUS”, is the sign worn by Dianna Torres who argues, “I don't want to be called a hero and die a hero because I lost my life to this because they [the state] failed us.” Challenging the idea of positioning the economy versus health, Sarah Dowd notes, “Hearing these conversations about when to reopen the economy, it's framed [as] a rational discussion into weighing the benefits of human life versus the potential economic destruction, instead of a question of why we live in a world where we even have to ask this question.” Finally, Sasha Winslow argues, “We need a national health care system. [. . . The current system,] it's a joke.” Her sign reads, “WE WILL Not Be your Bodybags!”

These strong voices of young nurses brazenly call attention to the operations of SuperNurse, who participates in instilling a sense of duty in the face of state irresponsibility. Austerity measures and neoliberal policies of the past four decades have lead divestments in health care across many wealthy countries, leaving the public services ill prepared to manage the COVID-19 pandemic (Harvey, 2020). Despite decades of clear evidence that demonstrates the cost-effectiveness of nursing care, Registered Nurses continue to be considered expensive and moved further away from direct care, in all but the most acute and technologically complex settings. Lack of state investment into nursing education has led to an erosion of the nursing workforce. Aged care settings in many countries employ very few, if any, Registered Nurses. Instead, they are staffed primarily by health care aids and assistants who have little opportunities for education and little power to influence patient care or their working conditions. Wealthy countries fill gaps by recruiting internationally, intensifying workforce issues in poor countries. Most health systems are left thin on the ground with very little slack. The United Kingdom's NHS is poignant example, already eroded to the breaking point, the government initially discussed a herd immunity response to COVID-19. Under international scrutiny, they shifted that position. Prior to

implementing shelter in place policies, retired health care professionals had their expired licenses reinstated and students were called to work before completing their training.

Internationally, women make up the majority of health care workers, teachers, and other essential services. SuperNurse is female. Despite that women bear the brunt of the work in managing the impact of COVID-19, decision-making is still largely in the hands of men. In Australia, Rubenstein and Bergin (2020) argue that the decision-makers have ignored the national expertise of women. Gender inequity has meant inaction in relation to the impact of social isolation on violence against women. Further, they argue that “Most State and Federal budgets are gender blind – that is, they are ignorant of the very different impacts of budget measures on women that stems from the prevalence of part-time, often precarious work, in low-paid sectors, along with the additional burden of unpaid work in the home” (Rubenstein and Bergin, 2020).

In a short documentary about her experiences, Kwon (2020) one of the American nurses featured in *teenVOGUE*, reflects on not only the gendered nature of the impacts of COVID-19 but the inequities for women of colour. She tearfully considers a nurse mentor who was ill with COVID and in intensive care, “I just can’t help but think that being a collective [work]force of primarily women, many immigrants, many women of colour, particularly in New York City, that our lives are somehow expendable”. Is SuperNurse a woman of colour? Possibly. Her theatrical mask is white, hiding her racial identity. But SuperNurse has her superpowers and the extra protection of her masks and The Red Cross. Nurses do not have access to such powers or protection, and neither does the vast population of carers, many of whom are women of colour.

Public responses to COVID-19 are reproducing neoliberal rationales about what bodies matter. The virus shows the limits of biomedicine and the fragility of the for-profit orientation of health care systems. The imposition of a business model on national health care services mean that they are now run ‘lean’, with limited human resources, lack of adequate space, inadequate laboratory services, limited personal protective equipment, and outstanding equipment orders that have been ignored for months or even years. These conditions are impossible to rectify in a scramble amidst an international health crisis. Instead, reflecting on the 2003 SARS-CoV1 outbreak in Toronto, Upshur and Nelson (2008: 262) advise that health care workforce strategies require open, collaborative discussions between health care professionals, government and the public, “drawing on the principles of solidarity, reciprocity, and wise stewardship”.

Ironically, the young nurses challenging the power of the SuperNurse figuration illustrate what Franco et al. (2011: 111) identify as “the true power (and perhaps the final measure of success) of a social hero.” Through their acts of resistance, social heroes “*can* ultimately guide us through the dissonance, *which they themselves produced*, to embrace a challenging new set of values that has the potential to drive further constructive action” (Franco, et al, 2011: 111).

Childlike, our society and its leaders have chosen SuperNurse as the favourite toy of the day. She serves as a temporary distraction for fears and anxieties that have become more acute within the context of COVID-19’s powerful lesson: our health is deeply connected to that of others, animals and the earth. The already overflowing waste bin remains poised in the background. Maybe Banksy has not veered too far from his usual sharp social critique and political commentary after all.

## ORCID iD

Rochelle Einboden  <https://orcid.org/0000-0002-9541-899X>

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