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# The angels and heroes of health care: Justified and appropriate, or harmful and destructive?

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## INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic continues to impact health care, particularly the health-care workforce.<sup>1</sup> Arguably, the spotlight for the burden of the pandemic has been chiefly on nurses. This is most likely because of their highly visible clinical role. It may also be influenced by the historical connotations of servitude, self-sacrifice, and associations with the religious origins of nursing. Terms such as heroes and angels have been used to describe the efforts of nurses during the pandemic, both in mainstream media and in organizational recruitment campaigns.<sup>2</sup> The impact of this narrative on nurses' professional role, identity, and working conditions is not yet known. However, critical care nurses appear to have rejected this narrative.<sup>3</sup>

## BACKGROUND

The health-care worker hero and angel narrative have evolved throughout the pandemic. Two years ago, the terms began to emerge in the mainstream media to describe the role of the so-called "frontline workers," for example, in publicity campaigns, artwork, and political commentary. As pandemic fatigue took

hold, the public and the media turned their attention to the everyday news items—but the hero/angel narrative endures. We believe that the continued use of this narrative is problematic because "heroes" and "angels" do not require workplace protections and the level of remuneration that other workers receive.<sup>4</sup> In our work (interviews with critical nurses in Australia, the United Kingdom, the United States of America, and Canada) participants highlighted their frustration about the unwanted consequences of the narrative.<sup>3</sup> The term hero or angel was perceived to be political and actively ignored workplace safety, and reinforced gendered stereotypes that served to disempower nurses and nursing.

This persistent narrative appears not to have been applied to other health-care workers, despite the impact of the COVID-19 pandemic on the entire health workforce, the reasons for this are not known. The efforts of many professions have arguably been largely unseen and even ignored.<sup>5</sup> For example, academics, allied health, and primary health-care providers have received little attention for their extensive efforts to provide education, holistic, and preventative health care. In this commentary, we outline the hero and angel health-care worker narratives during the last 2 years of the pandemic from three perspectives: the well-being of health-care workers, effects on workplace conditions, and remuneration and professional reputation.

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## DISCUSSION

### Effects on health-care workers' well-being

Several studies have outlined the psychological impact of COVID-19 on the health-care workforce.<sup>6-8</sup> A scoping review on the psychological status of emergency health-care workers highlighted high levels of anxiety, burnout, and other symptoms.<sup>8</sup> Strategies for preventing health-care workers' psychological stress include reducing the risk of infection (testing, personal protective equipment [PPE]), providing adequate resources, and clear communication.<sup>6,8</sup> These may be viewed as (unconsciously) less urgent as "heroes" can endure anything—thus adding to the potential for psychological distress and infection. In addition, the hero and angel narrative contributes to health-care professionals' perceptions that they should be able to cope with anything and do not need additional support. Health-care professionals did not frequently access well-being programs during the pandemic as the concept of formal psychological support was not routine or normalized prepandemic.<sup>9</sup> The hero and angel narrative is unlikely to help engender confidence in health-care professionals to seek psychological support by health professionals and may have a long-term negative impact on the well-being of the health-care workforce.

### Effects on workplace conditions

In 2020, we argued that the hero and angel narrative reduced PPE availability for nurses.<sup>2</sup> At that time, there was some hesitation on behalf of employers and scientists to apply universal airborne precautions. Consequently, the World Health Organization estimated that at least 115,500 health-care workers died following COVID-19 infection up to the end of 2021.<sup>10</sup> While it is difficult to determine the exact number and whether an infection was community-based or occupational, the angel and hero narrative undermines the priority to protect the health-care workforce. Importantly, the impact on potential relaxed and expanded scope of practice as a result of workforce challenges has yet to be explored in the literature. The hero narrative particularly reinforces the notion of extraordinary capacity in extraordinary circumstances. This was evident when individuals "upskilled" to specialty areas over days, as opposed to months and years, and the health-care workforce worked with lower staff-to-patient ratios.<sup>11</sup> In some locations, dentists were given scope to administer vaccines,<sup>12</sup> and transitional nurse practitioners waived the requirement for physician supervision.<sup>13</sup>

### Effects on remuneration and professional reputation

The angel and hero narrative deflects from the core challenges of health-care professionals' work by "remunerating" in dividends of praise rather than cash currency and other tangible benefits, including safe working conditions. This creates tension for health-care workers because there is a need for public sympathy to support health-care needs, and the portrayal of self-sacrificing heroics fosters

this sympathy.<sup>14</sup> However, this may only work in the short term. Arguably this "sympathy" does nothing to improve the public's understanding of the complexity of health-care professionals' work and employment conditions and the cost of preregistration and ongoing education and equipment and thus does nothing to engender motivation to improve funding and conditions. In some ways, we have also seen this commentary backfire as the pandemic progressed beyond the early phase. Instead of being seen as the hero, health-care workers are, in some circles, now perceived as a villain that is "doing the government's bidding." This sentiment was echoed by the critical care nurses we interviewed.<sup>3</sup> In an example from the United States, nurses reported that "Our patients don't trust us anymore" and patients refused life-saving care.<sup>15</sup> The lack of tangible rewards also creates a cloak of invisibility that masks the scope, role, and skill set of health-care practitioners and so the status quo is maintained.

Our earlier commentary proposed that the angel narrative is gendered.<sup>3</sup> Thus, the artist, Banksy, chose to represent a female in his famous drawing of a toy "flying" nurse, which was held by a small boy who had discarded some "hero" toys in a bin beside him.<sup>16</sup> Other artists have chosen female doctors in their murals because "a woman better represents someone who takes care of other people."<sup>14</sup> Connotations of caring work (aka health care) being "women's work" that is vocational, focused on servitude and self-sacrifice detract from the multifaceted nature and expertise of health-care professionals' work, the need for extensive education, and thus remuneration.

The angel narrative suggests that health-care professionals are morally superior to others. Ascribing moral superiority firstly may be damaging because health-care professionals are not superhuman and thus should be allowed to "learn from their mistakes," but secondly, dangerous because a professional who can "do no harm" may perceive this as a license to do whatever they please. Similarly, a recent commentary outlining the physician's perspective suggests that the most significant challenge related to the hero narrative is that it "threatens the very fabric of person-centered care" by not allowing the health-care worker to admit mistakes and reflect and learn.<sup>17</sup> From a sociological perspective, this narrative may reinforce the biomedical health-care model, that is, the passive patient accepting the actions of the "hero" doctor.<sup>18</sup>

Notably, the narrative (particularly "angel") continues to reference nurses rather than other health-care professionals. Historically society has viewed medical doctors as the leaders of health care and therefore possessors of health knowledge.<sup>19</sup> Thus, during this pandemic, medical doctors have appeared to be more often at the forefront of communications and efforts to disseminate information and decision-making than nurses, once again reinforcing the invisible work of other health-care workers.

## CONCLUSION

The angel and hero narrative persists despite health-care professionals' discomfort and rejection of the terms. This is coupled with the negative impact the terms may have on professional identity,

development, recruitment, and retention. Evidence is emerging that interventions are required to maintain and enhance health-care workforce numbers and work conditions. At an organizational level, such interventions should include a proactive approach to resolving systems issues. This might include addressing staffing deficits and access to leave training and well-being supports (such as employer-funded counseling). Organizations should resist the temptation to promote health-care workers as heroes, instead, they should highlight their skill and professional capabilities for safe and innovative care in media campaigns. At a governmental level, policymakers should engage so-called frontline workers on workplace decisions and policy, and involve them in their communication campaigns. The hero and angel narrative does not contribute to the public's awareness about the skill of health-care workers—and may even be counterproductive to their safety—so therefore should not be used.

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### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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