#WeGotThis: a new colonising script for nursing.
Trudy Rudge, Professor of Nursing, Sydney Nursing School

The purpose of this paper is to find a way to discuss colonising moves, or movers who present us with a solution – in a way that looks of good intention. I intend to explore using a history of ideas perspective, and critical discourse analysis (CDA) to expose how such an attempt may be positioned. I will use an email and a video scrap – that is the perfect size to facebook or tweet – as the data for this talk, with the understanding that this is a talk from the other side of the Pacific, that has a particular view on and jaundice about (in some quarters) colonising moves. Using aspects of CDA allows me to talk about the texts, video and the context set through this campaign. It shows up the thinking behind and about nursing implicit or explicit in the messages conveyed here.

The use of the term script comes from ways about how to think about talking or frameworks for activity. Another point about the use of this term, is that it frames the ways we can speak about nursing. A script provides actors with the words to present the plot, the narrative, allowing little space for improvisation, at least until the narrative gets well known. In talking about a new script, the assumption is that we had ‘a’ script in the first instance, and that there was a need for this ‘script’ to take up a new stance – to develop fresh way of talking about nursing. Others, such as Gordon & Nelson (2006) have made this call before. In speaking about changing from the use of a virtue script for nursing, they believed there was the need to not ‘project archaic images to the public. The public, media, and other professionals, and even patients in their turn, reflect this image of nursing as virtue work back to nurses’ (Gordon & Nelson, 2006: 15). Like the call we will see below and in the video, representations of nurses will be provided to combat this – in a call to change the image, representations – or more importantly the figurations that nurses are called upon to change. How much this reveals the transformation suggested in the texts with #WeGotThis, and how much of it contains shadows of familiar positions taken up by nurses and nursing; how much the changes presaged in the email use familiar ‘calls’ to nurses to enrol them in the campaign, and then in the end also set up resistance to the claims from one university, in one country, and from one health care system that requires challenging as the email calls us to do.
The Campaign: call to hashtag

In a group email, some of you may have received, me and my 182 fellow recipients were presented with a very smart email, on black background – an email with an embedded video entitled ‘I’M ALL IN!’ The picture is of an earnest-looking young man, with modern Nerd glasses facing to the front. Nothing from our symbol system is ‘present’, he could be anyone or any worker. And as you can see from the complete text of the email below the email was a call to think about nursing or talk about nursing with a new script.

Dear Colleagues

All of us know our profession is undergoing an extraordinary transformation and that nursing will never look the same. While we know this, there is a profound need to educate the general public about a broader scope of our work and expanding opportunities.

As the breadth and impact of our work increases, so does the need to recruit and retain nurses --- crucial elements during a nursing shortage throughout the world. Together we are writing the new script for nursing, and we have created a video that reveals the intensity and magnitude of our profession that is much more than meets the eye – researcher, clinician, change agent, inventor.

We purposely did not brand this video as our own because the advancement of our profession and the health care needs of the patients we serve are more important than individual or organisational needs. By not branding the message will go farther and have greater impact.

I encourage you to use it as your own and help spread the word of the new script of nursing.

Share it on social media, send it to your colleagues to push out, and join us in saying “We got this”

Patricia Davidson
Dean, Johns Hopkins School of Nursing

Brought to you by the Johns Hopkins School of Nursing
Then there are directives to send out email, FaceBook, tweet (haven’t seen it yet) people must be thinking what to do….

This is the link to the small ‘tweetable’ video – non branded as they say and presenting nurses and nursing activities – researcher, clinician, change agent, inventor.

http://www.wegotthisnursing.org/wegotthis.html?utm_source=WeGotThisCampaign&utm_campaign=a86b4feb49-New_Script_of_Nursing10_3_2016_deans&utm_medium=email&utm_term=0_0887bea8b7-a86b4feb49-169897645

We should use this video to talk about what is new about this script, and also to speak about what is not there, what dominates, and what figurations are present for us to work with to explore the power and political dimensions of this campaign.

Directions of this call out

As we can see from Gordon & Nelson’s (2006) earlier call, the need to get past nursing’s ‘old’ scripts is viewed as ‘urgent’. It is seen as imperative in both the Gordon & Nelson, and the email associated with it, that ‘today’ calls for a different nurse. The virtue script in its focus on the good in nursing led to a focus on ‘caring’ and subjective, emotional work of nurses as central to that identity. In looking at this video, the presentation of nurses’ work in it, there is some new, some old and some important things for nurses to be doing and showing. Some of them have a new set of understandings attached to them, but others of them would not have surprised our earliest nurses and leaders about what nurses do. The location of the nurses in each section does not surprise – neither does the collective nature of the call upset how we would think of nurses working more specifically. The accoutrements that accompany each nurse as they proclaim themselves to be nurses are not so different from many ways nurses are enrolled in campaigns to bring nurses and nursing to the foreground in health care practices.

The first part of the video, just as the email is a call ‘to be in’. How this happens with nurses and what is used to do this does not vary much at all. We have pictures of nurses in relation with others, nurses and those who they work with. The use of scientific technology, the sitting with patients, the emergency rescue and in today’s nursing the generic scrubs used as not differentiating nurses from other health professionals.
The contexts they present nurses as working in are not actually surprising either – reflecting many other visions used by marketing people in many universities around the world. It isn’t hard to see the prints of such a group, or the way they reflect back in the choices that are made on what counts as a way of figuring nursing. Also, I am not wanting to diminish the figures used to present, represent and attempt to change how we envisage what is a nurse. In keeping with the hash tag that is the front for this campaign — #WeGotThis — this nursing is active nursing, it is agentic, it is at the centre of what is happening, or pushed aside only by the patient who may be the centre of the image. The images show nurses presenting to senate hearings, working with scientific instruments, resuscitating in emergency, consoling a young person without hair, a woman with a bruised face – all important visions for public and nurses to see as activities that nurses do.

The dialogue presents nurses and says what they will do and presents us as a collective “We got this”. In the diagnostic work possible in CDA, pronouns are important positioning words. They present the singular ‘I’, the collective ‘we’, or patronising ‘we’, or us and them; or the mediating ‘you’. The denote separation, individuality, collectivity and assumption of particular positions – hence the ‘we’ of this hash tag is problematic from the socio-linguistics of CDA. It assumes collectivity, but at the same time it is about getting this – to say we’ve got this – is to say ‘we’ have swept what ‘you’ may want away. While it might mean asylum, it could as well mean rescue – where the rescued does not necessarily have a say in how and in what way this rescue occurs. Moreover, this is not the intellectual identity that is being pressed for by others (see Nelson & Gordon, 2006; Latimer 2014; Purkis & Bjornsdottir; 2006; Rudge 2011), but is probably centred in that well worn path of getting things fixed – a kind of pragmatics without necessarily offering anything else.

**Be careful what you wish for?**

In earlier work I have done, I have been exploring what is used to enrol and engage nurses in thinking about what they do (Rudge 2010; 2011; 2013). The pressures that many at this conference are talking about when austerity, economic rationalism and neo-colonialism are forces behind what may be happening for nurses at work. In this call to an active, agentic ‘we got this’ – and for us all to be in – while it speaks to activity, it does not speak to the politics of health care, or the forces that might actually need to be confronted before ‘we get this’. While the nurses’ voices in the video portray a comforting confidence, the forces and influences that might prevent such positive work to actually occur do not have a place. In
saying they will be there in outbreak, disaster or fight of some kind, we do not see how that might actually not be such a new call (Mann Wall, 2015); or might be about some very specific war that requires challenging (Perron et al., 2010); or challenge how nurses’ loss of status may well be part of economic rationalism, and its governmental allies actively discrediting accessible health care service more generally (Latimer, 2015). While a video with images of ‘actions’ is what was chosen for this campaign, the limitations of this are not part of its register – just be in! The email speaks to the fact that nursing is ‘more than meets the eye’, but using such a visualisation fails to see the contradiction deep in the heart of its call for action; neither does it meet the call for an intellectual identity for nurses and nursing –here ‘doing’ remains the dominant figuration of nurse as ‘fixer’. I must now follow this hash tag to see what, if any, intellectual conversation/engagement is happening to complete this project.

Questions:
How do we get past such a visual campaign?
What about the kinds of nurses and nursing missing from this?
So, who is #WEGOTTHIS?
References


