

# Nurse Author & Editor

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### Editorial: Always Make Nurse Come First!

Leslie H. Nicoll

Every year, since 1999, nurses have landed at the top of the list for the annual Gallup poll as “honest and ethical practitioners” (Gallup, 2013). When the ratings come out, there are a flurry of self-congratulatory articles, lauding our 82% (in 2013) rating of “very high/high” and noting the fact that, once again, we beat out pharmacists, chaplains, medical doctors, lawyers, and (at the very bottom of the list), lobbyists.

While the survey is announced annually, it’s generally been a blip on my radar—something I have noticed but haven’t paid too much attention to (sort of on a par with the announcement of Oscar nominees for Best Picture). But events in recent weeks have made me realize that perhaps this accolade is a double-edged sword. Yes, we are receiving high ratings for honesty from the general public, but exactly *who* is being rated? “Nurses”—a large, amorphous, unnamed group made up of primarily women. If we kick up our heels a little bit, dare to step out of the proscribed box that society has drawn for us—suddenly “nurses” are seen in a whole new light, one that is not entirely positive.

I bring this up because of recent events surrounding Kaci Hickox, RN, MSN, MPH. Nurse Hickox, as a quick refresher, was the woman who spent a month caring for patients with Ebola in Sierra Leone. On her arrival back in the US, through Newark Liberty International airport, she was quarantined for three days in a tent outside a New Jersey hospital. The story caught my eye when she left New Jersey and came here to Maine, where she hoped to settle down quietly with her boyfriend in the home they shared in Fort Kent.

Because she was angered by her treatment at the hands of government officials in New Jersey, Nurse Hickox authored an op-ed article that was published in the *Dallas News* (Hickox, 2014). She wrote frankly of what she went through, a degrading experience that left her wondering if others returning to the US would be treated like “criminals and prisoners.”

That article, and subsequent articles in nationwide papers including the *New York Times* and the *Portland Press Herald*, opened the floodgates. Suddenly every “average American citizen” had something to say about Nurse Hickox, and the vast majority of these opinions were not positive. She was described as selfish, narcissistic, a spoiled brat, and a disgrace to the profession. Many opined that she had gone to Africa “on a whim” as a way to gain her fifteen minutes of fame, with subsequent hefty paychecks from various media outlets who would willingly go along with her nefarious plan for celebrity. These “average Americans” had a striking knowledge of Ebola transmission, public health, governmental policy, and nursing licensure and regulation, and were able to assert, with absolute certainty, that everything Nurse Hickox was doing was wrong (like standing up to the Governors of two states), her career was ruined, and her nursing license was in jeopardy. Some of these “experts” went so far as to call the Maine State Board of Nursing demanding that her

license be revoked. When they learned that Nurse Hickox is not licensed in Maine (at the present moment), they became more incensed and fumed that she was practicing nursing in Africa illegally, thus doing even greater damage to world health with her thoughtlessness and irresponsibility.

The other undercurrent that ran through many of the articles (and comments): reporters were writing in ways that kept Nurse Hickox invisible, as a person and a professional. Headlines referred to her as “Ebola Nurse.” Her education and experience (a joint MSN/MPH from Johns Hopkins, two year fellowship at the CDC as an infectious disease specialist) were minimized or never mentioned. Although this information was readily available (it had been included in the original article in the *Dallas News*, and in a subsequent article in the *New York Times* [Fitzsimmons, 2014]), reporters chose not to include these details which had the unfortunate effect of further flaming the fires of ill will towards Nurse Hickox.

Coming back to my original point: nurses are widely seen as ethical and honest. But as this case demonstrates, venture just a little bit outside the box, demonstrate some spine, gumption, and standing up for oneself—and the public can quickly turn nasty. So what are the takeaways?

- **One:** The issue of anonymity versus explicit identification. It seems to me that when nurses are a large, homogenous group, people like us, just fine. People also like us when they get to know us on a one-to-one basis, whether that’s in the primary care office or caring for a loved one. But when we get a little assertive and uppity—like Nurse Hickox—the public reaction is swift and vicious.

- **Solution:** We need to be writing about uppity nurses. I don’t think Kaci Hickox is an n of 1; there are others like her out in the world. But the fact that she came across as so unusual, and people were so vocal about her in their reactions, is a sign of the problem. Authors and editors, here is your call to action—write about outspoken nurses at every opportunity!

- **Two:** The work that nurses do. Again, reading the myriad online comments about Nurse Hickox, the underlying theme was that nurses work at the bedside in a staff role. This is certainly an important job in nursing, but there are countless other jobs in the profession. Everywhere you look, there is likely a nurse in an important position. But those other jobs are not paramount in the public’s mind, and we need to change that. The fact that many thought Nurse Hickox went to Africa “on a whim” supports this need.

- **Solution:** Take advantage teachable moments to describe nurses’ work—settings, activities, and responsibilities. The stereotype of a nurse in white hose and a cap is persistent, even though that reality hasn’t existed for close to 50 years. We need to change the public perception of what we do.

- **Three:** Nurse education and qualification. For me, this perhaps was the most galling oversight in all the reporting about Nurse Hickox. She has dual degrees from Johns Hopkins University (MPH and MSN) and was spurred on to pursue this education when she was turned down for a job! Nurse Hickox did not “fall into” her job or know people or officials in high places to receive an assignment in Africa. Rather, she had a specific, clear career path and took appropriate steps to achieve her goals. But the reporting minimized all this and made it seem that she was just “lucky” (and foolish) and her foolishness would be rewarded with the loss of her chosen career.

- **Solution:** Don’t be shy about writing about nursing education, credentials, and expertise. I realize that nursing education is confusing (a problem that we in the profession have created, but that’s a different story for another day) but most people understand things like “Master’s degree” or “PhD.” Nurses work hard to earn these degrees and we should honor our accomplishments by acknowledging them in our reporting.

- **Fourth:** The persistent, “She’s just a nurse.” Harkening back to my second bullet point (above)—

the public has a stereotyped perception of who nurses are and what we do.

**o Solution:** We can work to change this with what we write and report, but we can also change it by living being a nurse every single day. Note that throughout this article I have referred to "Nurse Hickox," and opted not to call her Kaci or Ms. Hickox. Is this stilted? Perhaps. But do we think it is stilted to commonly refer to physicians as "Doctor"? Similarly, I take every opportunity to tell people that I am a nurse, first and foremost. To the question, "What do you do?" I say, "I am a nurse and I own my own business." "I am a nurse and I work at a free clinic." "I am a nurse and I am the editor of two nursing journals." I always **"Make Nurse Come First"!**

Nursing is a strong and vibrant profession, full of intelligent women and men doing extraordinary things in a multitude of settings. I know this and I suspect most of the people reading this editorial know it too. We don't need to change what we are doing but we do need to change the general perception out in the world. One person can't do it alone but if we each take small steps, using Nurse Hickox's experience as a guide, I think we can make a difference.

### References:

Fitzsimmons, E. (2014, Oct 26). Nurse who spoke out about quarantine felt a calling for health care, friends say. Available at: <http://www.nytimes.com/2014/10/27/nyregion/nurse-who-spoke-out-about-quarantine-felt-a-calling-for-health-care-friends-say.html>. Retrieved November 30, 2014.

Gallup Poll, (2013). Honesty and ethics in professions. Available at: <http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx>. Retrieved November 30, 2014.

Hickox, K. (2014, Oct 25). Her story: UTA grad isolated at New Jersey hospital in Ebola quarantine. Available at: <http://www.dallasnews.com/ebola/headlines/20141025-uta-grad-isolated-at-new-jersey-hospital-as-part-of-ebola-quarantine.ece>. Retrieved November 30, 2014.

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