Professionalism in a pandemic: shifting perceptions of nursing through social media

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Introduction

Nurses are the largest professional group in global health systems, and a key resource in the ongoing drive for high quality care, cost improvements and service innovation. Yet, traditionally, nurses have struggled to successfully leverage a significantly influential role in the organization of care beyond their professional jurisdiction. However, the COVID-19 pandemic has brought the important, yet previously under-valued, role of nurses to the forefront of public consciousness. In particular, nurses around the world are taking to social media to emphasise the importance of the profession to the pandemic response, and to promote the reality of their highly skilled modern roles to an unusually engaged public. In this chapter we examine how nurses' expressions of their professional identity and professional work has changed over the course of the pandemic, and explore how this change has created the potential for the emergence of new models of professionalism, influencing the organizing processes of health systems as nurses leverage new-found political influence.

The findings we present in this chapter build on the work of a research project ongoing at the outset of the global pandemic, analysing over 600 social media blogs by nurses to understand how they communicate their profession to others. As COVID-19 progressed, we noted changes in the way nurses attempted to explain the complexities of their many and varied clinical skills, increased the frequency of posting pictures of themselves in uniform, and agentically positioned themselves as a key

resource in the pandemic response. We subsequently engaged in additional data collection of over 600 nurses' social media blogs and posts in 'real time', to gain insight into a professional group's use of social media before, during, and potentially after, a time of crisis. To aid the data collection process a series of hashtags were used as search terms (e.g. #NHSNurse; #NHSPayRise #ICUNurse). We then engaged in snowball sampling as we further engaged with content which was re-tweeted, re-posted, or linked to a blog on a different social media site.

Social media platforms give opportunities for individuals to communicate their opinions, views and desired identity (Stieglitz, Bunker, Mirbabaie, & Ehnis, 2018) in relation to other users and to an imagined audience (Cassinger & Thelander, 2020). However, there are some limitations to this approach. We acknowledge that social media platforms are not utilized by everyone, and may only cover specific audiences of a certain demographic such as age[1]. Our search was limited by a reliance on the use of hashtags. Unless hashtags are actively used some posts may not be widely viewed and their visibility and impact subsequently reduced. Finally, social media accounts may be private, meaning individuals may actively engage in debates but their responses cannot be seen by others without permission.

We acknowledge these limitations in terms of the intersubjective nature of social media use. However, the use of social media data also gives valuable real-time insight into the opportunity for a profession to create their own online community, and influence others outside of that professional community, through the use of hashtags and trends. Where certain posts gain traction (i.e. through the most number of interactions), they are often highlighted as the 'top' post and can gain immense

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[1] As of September 2020 in the UK, the highest percentage of Instagram users fell into the age bracket of 25-34 years old (Statista, 2020)

visibility within a broader argument (likes, retweets, shares) – a benefit for sharing interests quickly in 'real-time' (comparative to print news articles or academic papers). Social media posts which gain visibility outside of the professional community on the internet may also be reported by traditional media outlets, further enhancing the ability of the profession to communicate their desired message to a more general audience (Parmelee & Bichard, 2011).

Through comparative analysis of over 1361 articles of social media content, we identified three intertwined areas in which nurses' communication changed: challenging stereotypes about the profession; highlighting the physical and emotional demands of their work; and leveraging increased political influence. We continued to track social media 'conversations' over time, with a focus on how shifting narratives of professional identity, work and political influence have the potential to influence broader processes of organizing.

We propose the COVID-19 pandemic has the potential to influence models of professionalism, as groups which have not traditionally been at the forefront of public consciousness, with regard to the organizing of healthcare, now take centre stage on social media. We suggest the pandemic acts as a communal space through which professional groups are able to shift public perceptions about their identity, work and potential role in organizing processes, leveraging increased political influence over more powerful actors. We explore the potential implications of shifting models of professionalism on organizing care, and set out a research agenda to further enhance understandings of how under-represented professional groups may communicate, perpetuate or change perceptions of their profession through agentic use of social media platforms.

Organizing professionalism and nursing

The benefits of engaging health professionals in processes of organizing have long been established in both management research and international policy (Ham & Zollinger-Read, 2012; Shortell, Addicott, Walsh, & Ham, 2014). Professional actors working across managerial and professional boundaries theoretically have the ability to exert influence over organizational decision making, while at the same time enjoying continued influence amongst professional colleagues (Coburn, Rappolt, & Bourgeault, 1997; Currie, Lockett, Finn, Martin, & Waring, 2012; Martin, McKee, & Dixon-Woods, 2015; McDonald, Checkland, Harrison, & Coleman, 2009). However, the increased involvement of professionals in organizing processes has raised interesting questions about the resultant influence of that involvement on models of professionalism, the means by which workers are organized beyond explicit managerial or bureaucratic control (Evetts, 2013). Traditional models of professionalism, often termed 'occupational professionalism', rely on internal forms of professional control, governed by collegial authority and shared meaning (Freidson, 1994). However, as professional groups become more engaged with organizing processes, models of professionalism change in response to the interaction of hierarchical, market and community influences (Adler, Kwon, & Heckscher, 2008).

The involvement of professionals in organizing processes is viewed by some as a process of co-option, to encourage proliferation of managerial priorities among a professional group. This represents a form of 'controlled professionalism', whereby professionals are controlled by top down processes encouraging them to behave in organizationally desirable ways (Evetts, 2013; Faulconbridge & Muzio, 2008). Conversely, to resist managerial encroachment on their autonomy and jurisdiction, professionals may become competent in management practices, co-opting

managerial expertise into professional practice through a process of reverse colonization (Waring & Currie, 2009). Noordegraaf (2015) suggests this merging of professional and managerial principles are now common in modern day organizations. Termed 'organizing professionalism', modern professionals embed managerial processes within professional work, to establish connections across multiple domains to jointly tackle complex issues of organizing. Going beyond a model of controlled professionalism in which professionals become involved in organizational decisions to buffer the profession from managerial intrusion, Noordegraaf (2015) argues that, for modern professionals, 'organizing is part of the job'.

Problematically, extant understandings of the interplay between models of professionalism and processes of organizing draw conclusions from the experiences of more dominant professional groups. In healthcare, this is reflected in a plethora of research considering how models of professionalism develop among doctors taking on increasing roles in organizing processes, where they are assumed to occupy an established, powerful role and voice within a dominant coalition with general managers, controlling health services (McDonald et al., 2009; Noordegraaf, 2007; Veronesi, Kirkpatrick, & Vallascas, 2013). While we acknowledge there is variation within the medical profession about the nature of their role in organizing (McGivern, Currie, Ferlie, Fitzgerald, & Waring, 2015), there is limited consideration of how models of professionalism in other professional groups shape, and are shaped by, involvement in organizing processes.

One professional group where involvement in processes of organizing is distinct from the medical profession is nursing. Globally, the last twenty years has highlighted the potential role of nurses in leading organizational innovation and service improvement, driving calls for more engagement of nurses in organizing health

systems (Allen, 2014; Kan & Parry, 2004; Neubert, Hunter, & Tolentino, 2016). Problematically, nurses engaging in organizing processes commonly suffer emotional distress as they struggle to align expectations associated with stereotypes of their professional identity with a model of organizing professionalism (Croft, Currie, & Lockett, 2015). Despite the increasing technical skills and academic education required by modern nurses, prior to COVID-19, nursing was often perceived as a 'girl's job' with nurses positioned as angels, sex objects, or hardened matrons (Apesoa-Varano, 2007; Goodrick & Reay, 2010). Compounding these challenges, the role of nurses is further undermined by the 'invisibility' of their work, and their exclusion from organizing processes by political leaders who often devalue the non-medical, caring work central to nursing practice (Allen, 2014; Bishop & Waring, 2019).

In short, nursing has historically aligned more with models of occupational or controlled professionalism than organizing professionalism, complicating, and at times undermining, the widespread involvement of nurses in organizing processes (Blomgren, 2003; Croft et al., 2014, 2015). However, as we outline below, the COVID-19 pandemic unexpectedly created an opportunity for nurses to challenge outdated professional stereotypes, promote the skilled reality of their day to day work and increase their political influence to emphasise the importance of their potential role in organizing health services, facilitated through agentic use of social media.

The proliferation of social media platforms has seen an increased interest in the way traditional models and understandings of professionalism manifest through social media (O'Connor et al., 2020). While some have voiced concerns about the potentially negative influence of the misuse of social media on societal perceptions of nursing (Wang, Wang, Zhang, & Jiang, 2019), others view agentic use of social media as an opportunity to redress stereotypical perceptions of the nursing profession, which

do not reflect the experiences of modern nurses (Castro & Andrews, 2018; Hoeve, Jansen, & Roodbol, 2014; Kelly, Fealy, & Watson, 2012). Social media content also gives researchers insight into how nurses from across the profession deal with, respond to, and perpetuate ideas about nursing held within wider society (Castro & Andrews, 2018).

In sum, social media platforms offer a vehicle through which to challenge and reconstruct assumptions about nurses' professional identity and work, increasing the potential for alignment with models of organizing professionalism. Additionally, social media campaigns hold the potential for nurses to leverage increased political influence outside of their profession. For example, Blomberg (2016) previously illustrated how Swedish nurses harnessed social media platforms to engage in political debates and increase public awareness around nurses' professional identity, working conditions, and limited role within organizing processes. However, prior to COVID-19 the extent to which nurses' social media activities were successful in leveraging influence over organizing processes remained unclear, largely due to the ongoing 'invisibility' of nursing work (Allen, 2014). In contrast, as we outline below, the pandemic brought nurses to the forefront of public consciousness, and social media became a powerful tool through which they were able to challenge and reconstruct stereotypical assumptions about the profession and their work, and leverage increased political influence.

Findings

Challenging stereotypes

Before the COVID-19 pandemic nurses on social media often referred to the need to address widely held, but incorrect, societal perceptions of nursing held by the public. Such misconceptions "*come from the media, from both TV and the movies. How nursing is portrayed in those settings embeds itself to people's minds and influences their perception of nursing. The point I'm making is that for many, this becomes nursing, this stereotypical view or misrepresentation becomes linked in the public minds, it forms part of their expectations when seeing a nurse. To be frank it damages us as individuals and also greatly harms our profession (644920)*". There was a sense of frustration that nurses were often perceived in terms of stereotypes, such as 'the sexy nurse': "*Some of you may recall the sexualised view of nursing given in the Carry On movies; some may even remember the main nurse from M.A.S.H, "Hot lips"… Representations like these lead the public to perceive nursing as almost a "fantasy" profession, one in which the staff seem to become objects of male desire rather than professional care providers*" (644920).

The influence of stereotypical perceptions undermined the extent to which the important role of nurses was recognised by those outside of the profession: "*I believe nurses should be recognised to their fullest extent, for at the minute, nurses are undervalued and underappreciated.*" (599781). Public perceptions based on nursing stereotypes were seen as undermining the ability of nurses to construct and communicate a professional identity to others outside health services which aligned with the reality of their skilled role: *"so sick of nurses being undermined by the angel trope. We aren't inherently good - no-one is. We are professionals, doing our job; our complex, multifaceted, dynamic & disgustingly underpaid job. Don't present us with invisible halos & pointless badges, just pay us accordingly"* (21866).

The COVID-19 pandemic created an opportunity for nurses to challenge these stereotypes and communicate to an audience outside of the profession that *"nurses do more than wipe arses and make tea"* (16958); *"Pre pandemic I am not sure that positive public perception in its entirety was well married to the profession. COVID has absolutely enhanced public perception. It's needed. Hoping it has positive impacts on lobbying post pandemic!"* (19646). Nurses turned to social media to enhance the public perception of nursing by communicating their pivotal role in managing the crisis, and raising awareness of the highly skilled nature of their work: "*I think the handmaiden image exists - my grandparents have a very narrow view of what I do. But #COVID19 has shone a light on the skill, science and understanding behind nursing, as well as the humanity #NurseBloggers2020*" (14779); *"#COVID has put the world's spotlight on the very best of our skills & professionalism"* (13386). Their identity as skilled professionals, rather than handmaidens or sex objects, was further strengthened when UK Prime Minister Boris Johnson was admitted to Intensive Care due to COVID-19, following which he extolled the professionalism and skill of the nurses caring for him (The Sun, 2020).

However, while the pandemic gave nurses the opportunity to combat some of the stereotypes undermining their profession, it also gave rise to a new stereotype. Internationally, conceptualisations of nurses outside of the profession were communicated in both social and print media as the 'heroes' of the pandemic. This perceived heroism was supported by pictures of nurses with marks on their faces due to the heavy protective equipment they were required to wear. Problematically, the 'hero' stereotype was almost as constraining as the 'sexy nurse' stereotype, as it normalised the horrific working conditions nurses found themselves in due to inadequate provision of PPE (personal protective equipment such as masks, visors,

hazmat suits, aprons etc.), low pay, and increasing number of COVID-19 deaths among healthcare professionals: *"calling us "heroes" takes the onus off of the government for treating NHS HCPs (healthcare professionals) like excrement for the past 10 years. It means they can get away with providing us with inadequate PPE, stripping our resources and paying us less than we deserve. THAT'S why I can't stand the word...They KNEW this war was coming and they sent us into battle armed with pea shooters."* (13537).

In a departure from the enduring stereotypes characterising nursing pre-pandemic, nurses were quick to turn to social media to actively reject the hero stereotype. Although proud to step up to the frontline and help in the pandemic, nurses were strongly against being called heroes: "*we're not heroes, we're human. We too have a breaking point*" (20817). This was also publicly re-affirmed by Chief Nurse Officer for England Ruth May: *"I've seen a few (misconceptions) about us being heroes, about us being there with our hat,"* Ms May said. *"No, we're not heroes – we are expert professionals who are doing our jobs and providing skilled, compassionate care, and nurses and midwives across England should be very proud of themselves right now."* (57284).

Initially, social media was used as a platform through which nurses could challenge societal stereotypes. Problematically, these stereotypes were replaced with the 'hero' stereotype. However, due to their increased exposure on social media nurses were able to reject this narrative and communicate their professional identity in their own terms. In particular, they did so by emphasising the reality of the emotional and physical demands of their work.

Communicating the emotional and physical demands of nursing work

Prior to the pandemic nurses frequently referred to the lack of recognition for how *"physically, mentally and emotionally demanding"* (585057) their work was: "*I do not believe nurses or nursing students are offered enough mental health or emotional support in what is a very demanding, all-consuming profession. Nurses are expected to be able to deal with anything that is thrown at them.*" (599569). Supporting their attempts to challenge stereotypical perceptions of their professional identity, nurses used their increased exposure on social media to demonstrate the emotional and physical aspects of their work.

First, nurses highlighted the emotional toll of altruism which is central to the profession: "*we signed up to help people in possible the lowest moments of their life and that's what we will continue to do*" (13230). For example, they used social media to talk about leaving their families and staying in hotels to protect them from exposure to the virus: "*It was a super hard decision to leave my beloved family but they knew as soon as I got the call to go to Nightingale[2] that I wouldn't turn it down*" (34633); "*I have made the heartbreaking decision to leave my children safe with their grandparents for the foreseeable. It's so I can continue to educate our NHS heroes and join them on the units in the fight. If I can do this. YOU CAN STAY HOME*" (18890).

In addition, they talked about the emotional labour of their role in caring for extremely unwell patients: "*I've looked after the sickest patients that I've ever come across, nursed them on ventilators on their fronts as it's the only way that we could get enough oxygen in for them to breathe. I've held the hands of terrified patients who have watched every other patient around them die and are worried that they are next*"

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[2] In the UK several 'Nightingale' hospitals were built to cope with surge demand from the COVID-19 pandemic. They were commonly established in large conference or exhibition centres and had capacity for 4000 patients. Many frontline staff volunteered to be re-deployed to the Nightingale hospitals during the pandemic. It is interesting that these field hospitals were named after Florence Nightingale, one of the enduring stereotypes of the profession.

(39499); *"as much as I try and show that I care I'm limited by how much I can do to keep them and me safe. I cannot begin to imagine how frightening this is to people. I'm frightened"* (41013).

Nurses openly used social media to discuss the emotional toll they had to manage due to their own fears about working on the frontline, and to highlight the impact this was having on many people within the profession: "*I know I'm not alone (particularly in my profession) in suffering with anxiety at the minute. I have always been a confident and outgoing person but COVID has really knocked me and I am more anxious than ever*" (41159); "*everyone is COVID +ve and poorly. And I mean really, really poorly. You move - roll them, they desaturate, you suction them, they desaturate. All you do is touch them and they literally desaturate… it's impossible to deal with*" (36323).

Nurses also used social media to emphasise the physically demanding nature of the work. In particular, they used PPE as a sociomaterial resource in two ways. First, as an image through which they could directly challenge perceptions of nursing work. Nurses often posted photographs of themselves donned in PPE, and gave detailed descriptions of working in such conditions: "*My ears are red and swollen, my face indented and I've never been more dehydrated in my life.*" (20334). They discussed the physically uncomfortable reality of having to perform nursing work in such conditions *"It has been really tiring and hot and sweaty wearing this PPE on 12.5 hour shifts. It's hard to communicate too as you can't hear each other speak clearly and the patients struggle to hear you too"* (37825); "*As an ICU nurse at one point, I had not eaten, drank or passed urine for more than 6 hours*" (19579). Alongside this, nurses talked about their concerns for patients they were attempting to care for, giving insight into the harrowing experience of being hospitalized with COVID-19, beyond the

associated medical illness: "*surrounded by 'space aliens' wearing PPE, cut off from your family! Can't see our faces. Cannot feel our touch thru 3 gloves. Voices muffled by PPE.*" (13222).

Second, nurses used PPE, or more specifically the lack of it, as a sociomaterial resource to illustrate how nurses are often undervalued in the organizing of health services. Poor logistical planning on the part of the UK government led to significant shortages of PPE for frontline workers as the pandemic progressed, and became a prominent theme on social media "*We're making massive sacrifices. We don't have PPE*" (62709); "*I didn't sign up to have little PPE, exposing myself to a deadly virus*" (18908). However, the government did not take responsibility for the lack of PPE and refused to apologise to nurses for it "*Hancock (Secretary of State for Health and Social Care) didn't only refuse to acknowledge that there had been failures. Instead, he went on to disgustingly talk about how complicated the 'logistics' of delivering PPE are*" (57289).

In response to what was seen by many as a dismissive attitude from the government, nurses took to social media to highlight the lack of PPE and the way the nursing profession felt undervalued as a result "*I was really upset to see the health secretary not apologising to the poor nurses and healthcare workers who have lost their lives because of a lack of PPE, something that should just not be the case. A builder wouldn't go to work without a toolbox or a hairdresser wouldn't go to work without scissors, so why on earth are nurses 'expected' to not wear PPE when they are risking their lives, breaks my heart to see the lives lost.*" (36070). They posted pictures of themselves in improvised PPE and campaigned for better provision: "*Three nurses who wore bin bags on their shifts due to a shortage in personal protective equipment (PPE) have reportedly tested positive for coronavirus. Just weeks ago, the*

nurses had shared a photo of themselves with clinical waste bags on their heads and feet as they issued a plea for proper masks, gowns and gloves" (59450).

Communicating the emotional and physical demands of their work further strengthened their attempts to reconstruct stereotypical perceptions of nursing outside of the profession and highlighted the reality of their role. In particular, by using PPE (or a lack of it) as a sociomaterial resource, nurses were able to communicate two key messages about the profession: the physically demanding nature of their work which required them to put their own comfort aside for the sake of their patients; and a continual undermining by political leaders who were seen as dismissive of nurses' concerns. This dismissive attitude drove nurses to social media to campaign for better working conditions, leveraging changing societal perceptions of the profession to enhance their political influence.

Increasing political influence

Prior to the pandemic nurses often felt they had little ability to politically influence broader processes of organizing beyond the profession: "*I wonder why sometimes in nursing we are conditioned to ask first and prove ourselves before being allowed to try? Is it because we don't want to appear to be too pushy, a throwback to our female dominated profession acting collectively in the culturally manner associated with women? Or similarly, are we too afraid to step out of line in case we fail?"* (599485). As a result, nurses often found themselves excluded from political discussions about organizing healthcare, "*Some nurses have often felt as though their voice cannot make a difference"* (599569) or found their role in organizing processes undermined: "*There was no recognition or acknowledgment of my dedication, my*

professionalism or of my continuous 43 years services as a committed nurse"
(661570).

During the first wave of the pandemic, an increased public awareness about the importance of nursing, and the skilled nature of their work (particularly in critical care), gave nurses the opportunity to use social media to leverage increased political influence. COVID-19 generated public awareness of the centrality of nurses in providing health care and nurses reinforced this by using social media to share images of themselves in PPE, and narratives around their role on the frontline of the pandemic response. Combined with their strengthened professional identity, nurses used their social media platforms to position themselves as leaders of the health service alongside doctors, managers and politicians; "*Nurses are the same people who don't take our own kids to hospital unless we see a bone poking through So when we tell you this is real you might want to listen #Covid19 #StayAtHome #Stay2mApart #WashYourHands U can spread the virus even if you don't have symptoms*" (15469). Aligning themselves with messages from UK central government about the need for non-key workers to socially isolate, nurses would often accompany their pictures on social media with hashtags such as #StayAtHomeSaveLives #StayAtHome #StopTheSpread.

Soon after the first wave of COVID-19 began to subside in the UK, the government announced a public sector pay rise which excluded nurses. The news provoked uproar from the profession who turned to social media to highlight the injustice of this decision given their central role in the pandemic response: "*Pay rise for everyone in the public sector! Wait...WHAT? Not for nurses? This government is really, openly, laughingly shitting on us, right? I'm only going to say one thing, trying not to disrespect the rest of the public sector. Even though I could. Easily. But anyway,*

without nurses, ALL patients would've died. And I don't mean now, I mean always. We are the constant presence at the bedside. Hospitals cannot survive without nurses. Never. But especially during this pandemic, we have been the absolute main reason for patients surviving. Yes, NURSES. We deserve more. What a joke" (34565).

Nurses' increased political influence was leveraged through social media to promote a campaign for more equitable pay for nurses, creating a social media 'trend' through the use of hashtags. #NHSPay15 and #NHSWorkersSayNO subsequently gained significant traction with an audience outside of the profession on social media platforms: *"And we are off! When our patients are under attack, what do we do?? Stand up, fight back! #NHSPay15 #NHSWorkersSayNO @NurseSayNO"* (19342) and *"Proud to be part of the NHS protest yesterday. #NHSPay15 #NHSWorkersSayNO #nhsfairpay #NHSheroes #proudtobeastudentnurse @SUSTNU @HumanandHealth"* (19444).

In addition to trending hashtags, nurses used the 'Clap for Carers'[3] campaign to highlight the hypocrisy of refusing them a pay rise: "*Now, gonna go see if my mortgage supplier will accept a round of applause as payment this month..."* (34551); "*It's ok though, I've got 10 weeks of Thursday night clapping stashed in the bank #payrise #NHS #nhspayrise #nursespay"* (19124); *As if a clap is enough to recognise the dedication, hard work, loss and ongoing struggles we STILL face day to day"* (38489). They talked about how the transience of the appreciation for their work, and the constraining political influences over their role in organizing healthcare was enough to make them want to leave the profession: "*A proud NHS nurse was reduced to tears as she told James O'Brien how the government's mishandling of the*

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[3] The 'Clap for Carers' campaign was initiated in the UK during the first wave of the pandemic. Every Thursday at 8pm people would stand outside their door and clap or cheer to show their appreciation for those working in the NHS

coronavirus crisis has made her want to quit. It scares me to live in this country. I used to adore being part of the UK. I made sure I worked in the NHS and I would never work anywhere else. But after all this, I've questioned even being a nurse." (65699). The continued refusal by UK politicians to consider a pay-rise for nurses was seen as hypocritical by nurses who took to social media to post a widely shared image relating to 'backstabbing' (Figure 1): "*The hypocrisy of them all standing clapping on their doorsteps, whilst undermining the value of our work is deafening"* (79110).

Figure 1 – The widely shared 'backstabbing' image

Copyright: https://www.instagram.com/p/B-18ciyqcrQ/
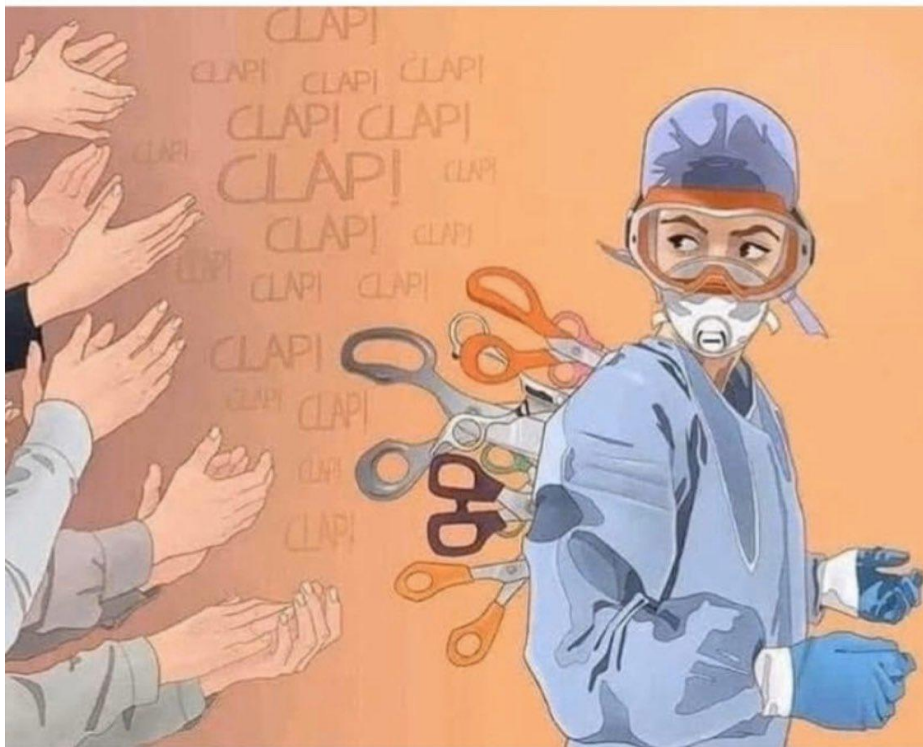
While nurses were ultimately unsuccessful in persuading the UK government to provide better pay and working conditions, they were able to leverage political influence on another matter. In the English NHS, final year student nurses were asked to qualify early and take on paid roles to assist with staffing pressures. After they had

started working Health Education England stated they no longer had funding to honour this payment, and that student nurses would not be paid for the work they undertook during the crisis as "student nurses are not deemed to be providing a service". The nursing community took to social media using the hashtag #IamProvidingAService, documenting the importance of their work and the value they offered alongside registered nurses: "*I am a student nurse, I smile, I listen, I observe the smallest changes, I advocate for my patients, I make your voice heard, I comfort, reassure ,and do my best everyday. We are here everyday for you until your very last day always by your side. #IAmProvidingAService* (11363). Registered Nurses also supported the message, highlighting "*Without students there are no nurses. Without nurses there is no NHS. #IAmProvidingAService*" (16991); *"#IAmProvidingAService qualified ITU (intensive care unit) RN (Registered Nurse). Without our student nurses helping when we had wards full of incredibly sick COVID patients, we would of never been able to provide the level of care the patients deserve, as well as complete all of our paperwork and jobs to make it safe"* (13423). A public outcry followed, forcing the UK government to reverse their decision and honour the payment contracts.

The COVID-19 pandemic gave nurses an opportunity to use social media to increase their political influence within the health system. They were successful in positioning themselves as leaders of the health service with regard to public health messaging, and were able to reverse a government position on the non-payment of student nurses by campaigning on social media. While they were not successful in securing a pay rise, they used social media to raise awareness with a wider audience about the hypocrisy of this decision, drawing on the 'Clap for Carers' campaign to highlight the injustice, and further strengthening reconstructed public perceptions about the skilled and highly valuable nature of nurses as a profession.

Discussion and conclusions

The COVID-19 pandemic created an opportunity for nurses to communicate the reality of their skilled role to an unusually engaged general public. While the use of social media for professional advocacy is not a new phenomenon (Blomberg, 2016; Castro & Andrews, 2018; O'Connor et al., 2020), nurses have hitherto not experienced much success in elevating the perceived value of the profession within society. However, during the pandemic nurses used social media in three key ways: challenging professional stereotypes; communicating the emotional and physical demands of their role; and increasing their political influence.

Professionals wearing personal protective equipment (PPE) has become one of the most enduring images of the COVID-19 crisis. As a sociomaterial resource, nurses were able to use images of themselves in PPE alongside communications of the more skilled, technical aspects of their work. In doing so they were able to challenge the stereotypical imagery of Florence Nightingale which perpetuates unrealistic assumptions about nursing (Apesoa-Varano, 2007; Goodrick & Reay, 2010) and align perceptions of the work they do with a modern professional identity. Further to this, amplifying the importance of their role to the pandemic response began to redress the challenge of the invisibility of nursing work (Allen, 2014; Bishop & Waring, 2019). Photographs of nurses in PPE created a tangible image in the public consciousness of nursing work beyond misconceptions of their role as making beds or acting as doctor's handmaidens (Fealy, 2004), elevating the perceived value of nursing work and the centrality of the profession in organizing health services.

An elevated awareness of the important role of nurses had a subsequent influence on the ability of nurses to leverage political influence. We highlighted how they used their social media presence to initially align with government policies

(#stayhome) and manage the immediate response to the virus, before later challenging policies which undermined the profession (#Iamprovidingaservice). These hashtags can be seen as 'action' tags (Lovejoy & Saxton, 2012) through which professionals attempt to get others to 'do something' in response to their campaigning. The public support for nurses emanating from their increased visibility as central to the pandemic meant that, during the first wave, nurses briefly enjoyed enhanced political influence and increased social appreciation for their work as skilled professionals.

However, the amplified political voice of nursing quickly became muffled by more powerful groups, most notably politicians. Following the first wave of the pandemic, after the initial crisis had passed, the UK government returned to systematic undermining of the profession – rejecting pleas for pay increases and suggesting that student nurses did not perform valuable work. While nurses had managed to move away from 'angel' stereotypes by posting their pictures in PPE, a 'hero' stereotype soon replaced it. By positioning nurses as 'altruistic heroes', influential political actors were once again able to undermine nurses' professional role in organizing healthcare, perpetuating the challenges previously experienced by nurses in taking on those roles (Allen, 2014; Bishop & Waring, 2019; Croft et al., 2015).

The constraining influence of more powerful groups rendered nurses' political voice and influence transient, limited to the emergency context of the first wave. However, a societal change in perceptions about nursing's professional identity and work seems to have had a more permanent impact (at least for the moment). Confidence in the skills of nursing, and public appreciation, seem to remain high – reflected in a 15% increase in applications to study nursing at University in the UK in September 2020 (Lintern, 2020). Further to this, and perhaps more importantly, the profession itself seems to have found a common voice through social media platforms,

creating a shared space for a more cohesive professional community. As a result, they may have more potential for influencing political decisions in the future.

What does this mean for our understandings of shifting models of professionalism? As previously highlighted, nursing has traditionally been more aligned with occupational or controlled professionalism, which ultimately undermines their involvement in organizing processes (Blomgren, 2003; Croft et al., 2014; Evetts, 2013). A key limitation in moving towards a model of organizing professionalism (Noordegraaf, 2015) has long been identified as the misalignment between the work associated with nurses and the work associated with organizing, generating internal and external tensions (Croft et al., 2014; Currie et al., 2010; Hogg, 2001; Jung et al., 2009). However, shifting constructions of professional identity emerging from nurses' social media use during the COVID-19 pandemic can give insight into how these tensions may be changing. Increased public awareness of the complexity of their professional role and centrality to health provision, coupled with an increased, albeit bounded, political voice and influence, has set the stage for the nursing profession to move towards a model of organizing professionalism.

More work is needed to continue to observe the emergence of this new model of professionalism, framed by a volatile and ever changing backdrop of a global health crisis. Research should continue to track how nurses construct and reconstruct their professional identity and work over time as the COVID-19 pandemic continues, and consider how this changes again when the crisis is over. Similarly, the extent of nurses' political influence should be of ongoing interest to researchers interested in changing models of professionalism. Our work has focused on nurses, who were focal actors in the health service response to the pandemic, but other professional groups are now emerging as key actors in other sectors; for example teachers. Future research should

consider how different professional groups move in and out of the public consciousness and interrogate how social media acts as a vehicle through which they can change public perceptions about their profession and leverage increased political influence.

In conclusion, we acknowledge the difficult circumstances faced by health professionals around the world in responding to COVID-19, and do not seek to promote the contribution of nurses to that response above the role of others, such as Doctors, Healthcare Assistants or Allied Health Professionals. However, the unique and extreme circumstances of the pandemic have created an unprecedented opportunity for a professional group whose work is largely invisible, and broadly undervalued in society, to more accurately communicate their profession. While talk of 'heroes' has the potential to normalize the marginalisation or devaluing of nursing work by political groups, it has at least allowed nurses to move away from an enduring idea that they are passive 'angels'. Social media allowed nurses to reiterate the message that *"No, we're not heroes – we are expert professionals who are doing our jobs and providing skilled, compassionate care",* moving them into a more opportune position from which to step forward into more central involvement in organizing processes. It is our view that the pandemic has acted as a catalyst for the nursing profession to evolve into a new model of organizing professionalism and begin to challenge enduring assumptions which have, for so long, inhibited nurses from unleashing their full potential within healthcare organizing.

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