

Editorial



Does Nursing Need a Brand?

Did you know that the title “registered nurse” is protected? The title “nurse” is also protected; according to Nurse Practice Acts in 35 states, this title should apply only to individuals who are licensed as professional nurses.¹ Despite this protection, the title “nurse” is frequently extended to include nonlicensed support personnel who often wear scrub uniforms in clinical settings. For example, in outpatient settings, an aide or assistant who walks a patient from a waiting room to the provider’s assessment room is often referred to as a nurse, both by the public and other support personnel. This misuse of the title “nurse” could negatively impact the brand image of nurses. To address this problem, leaders should encourage all team members who have contact with a patient or family member to introduce themselves, using their first name and title or role. This solution may be overly simplistic, however, because many of the support personnel titles include “nurse,” such as nurses’ aide or nursing assistant. As a nurse living in Florida, a state that protects the title “nurse,” I frequently hear nonlicensed personnel referred to as a nurse. I encourage nurses to engage in discussion

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about how to defend our title and define our brand, because nurses’ unique contributions add value to health care.

Nurses have been ranked the most honest and ethical profession for the 19th consecutive year²; still, we continue to experience a nursing shortage. In critical care, this shortage may be even more pronounced because of the COVID-19 pandemic. Studies have shown that nurses are underused and unrecognized despite their vast contributions to health care.³ Nurses are often perceived to lack influence and be subservient to the physician role. During the pandemic, the public has responded favorably to nurses, going as far as calling nurses heroes, yet physicians have been the most frequently interviewed health care provider.^{4,5} On a more positive note, many of the nurses interviewed have demonstrated expertise, caring, and grit. They have been excellent role models for nursing. The recent media attention has helped the public gain a better understanding of critical care nursing. This improved understanding of nursing’s value as an integral part of the health care team may also attract new nurses into the profession. In fact, some US schools are already seeing record volumes of applicants to BSN programs.⁶

Nurses have always exceeded the stereotypical images of nurses portrayed on television and in films. Presently, as our light shines brightly in the public eye, we can leverage this momentum to shape and maintain our brand. Branding is used as a marketing tool to intentionally communicate core values, identify products and services offered, and influence public perception.⁷ Symbols are also used to represent products

(eg, Google), services (eg, health care), and individuals (eg, Oprah).⁸ However, in the past, symbols of nursing such as white uniforms and nurses' caps have failed to capture the essence of nursing.⁸ The importance of symbols that represent nursing can be demonstrated by the response to comments made by Joy Behar on *The View* in 2015. On the show, Behar disparaged a Miss America contestant who was a registered nurse and wore a "physician's stethoscope" and a "costume" (in reference to her scrub uniform) in the talent portion of the competition.⁹ Several social media movements were started in response to these condescending remarks about nurses, including Show Me Your Stethoscope¹⁰ and #nursesunite. Additionally, the President of the American Nurses Association, Pamela F. Cipriano, PhD, RN, NEA-BC, spoke out in support of all nurses.¹¹ Nurses sent a clear message to the public that stethoscopes are a tool used by nurses to assess patients and save lives. In addition to stethoscopes, what symbols can represent the modern nurse and distinguish us from other health care roles?

In a qualitative study of 286 registered nurses in the United States, Godsey et al¹² addressed questions about the brand image of nurses. Half of the participants in this study were younger than 50 years of age, 74% had graduate degrees, 85% were White, and 2.8% were men.¹² Although these demographic characteristics underrepresent the diversity of the current US nursing workforce,¹³ these data can help us gain a better understanding about branding in nursing. Godsey et al¹² attributed the lack of a nursing brand image to 8 major factors: (1) variety of education/credentials; (2) image not a priority; (3) lack of leadership development; (4) lack of professionalism; (5) portrayals in the media and online; (6) patients' personal experiences; (7) treatment by other professional colleagues; and (8) gender role assumptions. After becoming aware of these branding challenges, nurses have a responsibility to develop a personal brand and become more mindful of the impression we convey to others.¹⁴ Several of the factors identified by Godsey and colleagues are within the individual's scope of control. Although a personal brand is on an individual scale, it may still fit into the bigger picture of the professional nurse brand.

Hospitals capitalize on the positive effects of branding when their nursing teams achieve Magnet status. Magnet designation, awarded by the American Nurses Credentialing Center, indicates a high level of achievement by nurses within an organization and an ongoing

commitment to excellence.¹⁵ Nursing students and other nurse job seekers associate Magnet institutions with quality employment, which demonstrates the positive impact of branding.¹⁶

The idea of branding raises questions about who nurses are and who nurses are not.¹⁴ We are challenged to ensure that our branding communication is inclusive of the diversity within our nursing population.⁸ For example, portraying a White female nurse in a recruitment ad for nurses will fail to attract new recruits and students from a variety of racial, ethnic, and gender backgrounds. Diverse nursing students have made it clear that they want to attend schools and work for organizations where other people look like them. We can all play a role to ensure that communications about nursing, such as marketing, recruitment, and publications, represent our diversity.

I often reflect on our responsibility to be good role models for the nursing profession. On the surface, being a role model may seem like a small contribution, but role modeling is threaded throughout all aspects of our lives. Nurses can shape the image of nursing by being professional role models. Trepanier and Gooch¹⁴ discuss the Disney brand and how Disney employees effectively portray "onstage" versus "offstage" behavior. I recognize that working in critical care is not comparable to working in the Magic Kingdom, but the idea of putting our best foot forward with our peers, colleagues, patients, and families each time we find ourselves in a hospital's public and patient spaces is intriguing.

Most of us are aware that our role as a nurse extends beyond our jobs. Whether we wear our uniform in a clinical setting, stand in line at a grocery store, or engage on social media, we are always a nurse. Although we are individuals, for people who are aware of our professional role, we are always a nurse. I try to be mindful of my nursing role when I post on social media. For example, during the COVID-19 pandemic, I have posted photographs of myself wearing a mask or being maskless in outdoor settings. I have felt it was important not only to share accurate information but to be a role model for evidence-based pandemic precautions, such as masking, social distancing, and vaccinations. The need for nurses to support scientific evidence has become especially important now that many health issues have become politicized. More than ever, a united front and clear, consistent communication are key to successful

implementation of health behavior and practice changes. Consistent role modeling by nurses is an impactful way to communicate our values and support our brand. Each time the title “nurse” is used, our brand should be reflected by competent, caring, licensed professional nurses. **CCN**



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References

1. American Nurses Association. Title “Nurse” protection. Updated July 2021. Accessed July 31, 2021. <https://www.nursingworld.org/practice-policy/advocacy/state/title-nurse-protection>
2. Gaines K. Nurses ranked most trusted profession 19 years in a row. Nurse.org. Accessed July 31, 2021. <https://nurse.org/articles/nursing-ranked-most-honest-profession>
3. Hoeve YT, Jansen G, Roodbol P. The nursing profession: public image, self-concept and professional identity. A discussion paper. *J Adv Nurs*. 2014;70(2):295-309. doi:10.1111/jan.12177
4. Mason DJ, Nixon L, Glickstein B, Han S, Westphal K, Carter L. The Woodhull Study revisited: nurses’ representation in health news media 20 years later. *J Nurs Scholarsh*. 2018;50(6):695-704. doi:10.1111/jnu.12429
5. Mason DJ. Nurses lack representation in media: recognize them for the leaders that they are. *USA Today*. June 6, 2020. Accessed August 10, 2021. <https://www.usatoday.com/story/opinion/2020/06/26/nurses-leaders-medicine-but-overshadowed-media-column/3223242001>
6. American Association of Colleges of Nursing. Student enrollment surged in U.S. schools of nursing in 2020 despite challenges presented by the pandemic. 2021. Accessed August 5, 2021. <https://www.aacnnursing.org/News-Information/Press-Releases/View/ArticleId/24802/2020-survey-data-student-enrollment>
7. Brodie RJ, Whittome JRM, Brush GJ. Investigating the service brand: a customer value perspective. *J Bus Res*. 2009;62(3):345-355. doi:10.1016/j.jbusres.2008.06.008
8. Dominiak MC. The concept of branding: is it relevant to nursing? *Nurs Sci Q*. 2004;17(4):295-300. doi:10.1177/0894318404269376
9. Best-Boss A. Hosts of “The View” Slam Nurses & Create a Movement. Hospitalrecruiting.com. September 21, 2015. Updated May 8, 2018. Accessed July 10, 2021. <https://www.hospitalrecruiting.com/blog/2811/hosts-of-the-view-slam-nurses-create-a-movement>
10. Show Me Your Stethoscope: A Nation of Nurses. Accessed August 3, 2021. <https://smyofficial.org>
11. Cipriano PF. Response to comments on ‘The View’. Pennsylvania State Nurses Association. Accessed August 1, 2021. <https://www.pсна.org/response-to-comments-on-the-view>
12. Godsey JA, Houghton DM, Hayes T. Registered nurse perceptions of factors contributing to the inconsistent brand image of the nursing profession. *Nurs Outlook*. 2020;68(6):808-821. doi:10.1016/j.outlook.2020.06.005
13. Smiley RA, Ruttinger C, Oliveria CM, et al. The 2020 national nursing workforce survey. *J Nurs Regul*. 2021;12(1 suppl):S1-S96. doi:10.1016/S2155-8256(21)00027-2
14. Trepanier S, Gooch P. Personal branding and nurse leader professional image. *Nurse Lead*. 2014;12(3):51. doi:10.1016/j.mnl.2014.03.005
15. American Nurses Credentialing Center. ANCC Magnet recognition program. Accessed July 10, 2021. <https://www.nursingworld.org/organizational-programs/magnet>
16. Fréchette J, Bourhis A, Stachura, M. The organizational attraction of nursing graduates: using research to guide employer branding. *Health Care Manage*. 2013;32(4):303-313. doi:10.1097/HCM.0b013e3182a9d81d