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Watch, Learn and Become: How Undergraduate Nursing and Medical Students Make Sense of Cultural Representations of their Professions

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Keywords: Culture as pedagogy; Work-related learning; Identity; Ethics

Abstract: This paper discusses preliminary findings of a study exploring the pedagogical functions of pop culture. We use *Grey's Anatomy* and *Scrubs* to explore cultural portrayals of and messages about work-related learning with undergraduate medical and nursing students. Thematically, our analysis emphasizes learning about identity, ethics and pedagogy.

Introduction

This paper discusses preliminary findings of a research project, funded by the University of Calgary Starter Grant and SSHRC Standard Research Grant programs, exploring the pedagogical functions of popular culture. We are interested in how the television shows *Grey's Anatomy* and *Scrubs*, both set in teaching hospitals, are understood by undergraduate medical and nursing students, and how the shows work alongside formal education and experiences. Conversations with students familiar with one or both of the shows extend our own analysis of the shows to an examination of how they function in participants' learning about identity, ethics and pedagogy.

Conceptualizing the Link between Pop Culture and Adult Learning

We begin with a constructivist understanding of learning as a socially contextualized process through which learners build up their knowledge, rather than receiving it from expert teachers. We see adult learning as multi-dimensional and recognize popular culture's potent emotional impact (Tisdell, 2008), and concur that popular culture can contribute to critical adult learning, even if it seems trivial and silly (Tisdell, 2008; Wright, 2007). One participant in our study said, "Even though it's a comedy, people take it seriously" (Lisa, 29 November 2010). Another participant, Katerax, explained that she raises incidents from *Grey's Anatomy* with her mother, who works in health care, although she does not admit that the show prompts her questions and scenarios. Furthermore, we see television as a unique medium. Unlike film or novels, television series are long running. As Allison Klein (2006) notes, "One of the benefits of the sitcom format is that the longer a series is on the air, the more the writers are forced to expand the boundaries of their characters in the unending effort to find new story ideas every week" (p. 162).

Portrayals of and Functions as Pedagogy: Researching Adult Learning in Pop Culture

Wright and Sandlin (2009) map out the ways that adult educators explore popular culture. In this paper, we focus on two of those areas: "representations of adult learning and adult development in popular culture (p. 122), and "analyses of popular culture products and processes as adult education curriculum" (p. 128). Fisher, Harris and Jarvis (2008) discuss liberal notions

of education as a path to advancement in the film *Educating Rita*. Along with Jarvis (2005), they also explore the show *Buffy the Vampire Slayer* which offers a more critical view. Buffy's most vital lessons about herself occur outside school, and important school-based learning illuminates power dynamics between young, low income students and well heeled faculty. Contrasting versions of the show *The Office*, Armstrong (2008) asserts that differences in tone and focus reflect varied discourses of work, and teach audience members about cultural workplace-related assumptions and practices. Focusing on gender and leadership, Kruse and Prettyman (2008) argue that the play *Wicked* both challenges and reiterates gender stereotypes about leadership. Women who aspire to leadership positions are advised to adopt masculine habits or embody and enact a stereotypically female demeanour and style; women who defy hegemonic gender binaries stand a poor chance of success. These studies clarify ties between work-related and broad social identity, work and learning, formal and informal learning, and cultural portrayals of these issues.

There has been little relevant participant-based research. With her colleagues, Tisdell (2008) studied how instructors can bring popular culture into critical media literacy curriculum. That study, however, emphasized formal adult learning. Wright's (2007) study of an early version of the 1960s show *The Avengers* is notable for us. She explores how that show influenced female fans' sense of themselves and the social, political and cultural project of feminism.

Design and Methods

Like Wright (2007), we are using qualitative case study methodology, which overlaps with other approaches. The study involves two forms of data. First, we watched and analyzed the shows, recalling narrative inquiry's focus on "temporality," "sociality" and "place" (Clandinin, Pushor, & Orr, 2007). This resembles Armstrong's (2008) note that the "representation of workplace can itself be an important part of learning about work and the culture of the workplace, around location, positionality and space" (p. 389). Similarly, Jarvis (2005) explains that "the situated, concrete, narrative power of popular culture...gives it its impact" (¶5). Watching episodes also resembles the ethnographic process of participant observation. Of course, fictional characters are not living participants, but careful viewing over time does have an ethnographic quality.

In phase 2, we have been talking to undergraduate medical and nursing students who watch one or both of the shows. Participants have been recruited through student listservs and, in Calgary, leafleting. Although we prefer group sessions, students' schedules are hectic and unpredictable. If people withdraw from a session suddenly, we proceed even with one person. We expect to include about 40 students, who choose or receive pseudonyms. Final analysis will be conducted with qualitative analytical software. Coding categories of identity, ethics and pedagogy/learning reflect the study's core questions, and sub-themes are emerging as we review the data.

Preliminary Notes on Participants and Findings

These findings relate to 25 participants (13 nursing students, 12 medical students, distributed across year in program) from all three study centres. All but three participants are women. Given an ongoing feminization of nursing and the growing proportion of women in

Canadian medical schools, the predominance of women is not surprising. Most participants self-identified as white or Caucasian, with a range of ethnocultural affiliations; three are of Chinese descent and two were born in the Philippines. Participants ranged in age from early 20s to early 40s. Most self-identified as heterosexual or straight, three as gay/lesbian and one as “undetermined.” While medical students were more likely to describe themselves as middle to upper class and to report having grown up around doctors, nursing students described more diverse class backgrounds. Several participants, aware of the fact that they were students with limited incomes, whether or not they came from wealthy families, characterized their class positions tentatively.

Most participants were familiar with both shows, but only two watched *Scrubs* more often than *Grey’s Anatomy*. Participants enjoy the shows’ storylines and characters, and the presentation of relevant, interesting cases, but recognize that many storylines are far-fetched. They refuted the use of on-call rooms as sites of sexual escapades in *Grey’s Anatomy*, chuckled at its extreme scenarios, and understood the comedic purpose for having *Scrubs*’ characters break into song and dance in hospital corridors. Still, they relate to characters’ uncertainties and insecurities as they too encounter new challenges. In the following analytical discussion, excerpts from the shows suggest how they raise themes and sub-themes, and what we asked participants to respond to.

Identity

In this analytical section, we explore participants’ reflections related to identity construction. Despite their differences in genre and characters, both *Grey’s Anatomy* and *Scrubs* convey some common messages about health care professions, identity and broad social relations.

Professional Status

And like that I was back in high school.....Surgical interns, they’re all slice ‘em and dice ‘em. They’re the jocks. Medical interns, we’re trained to think about the body. Diagnose, test. Medical interns...we’re the chess club. (Lawrence, 2001)

Health care can be seen as a microcosm of society, in which those closest to the centre enjoy the greatest social, cultural and material status. One can envision doctors at the centre of this sector, followed by nurses, aides, and others in more peripheral roles which remain largely invisible in fiction and real life. Both *Grey’s Anatomy* and *Scrubs* feature interns or doctors and nurses, and illustrate time and again the difference in status between these two occupations. Gyan, a medical student, suggested that such cultural portrayals of relations between doctors and nurses reflect reality. She never thought about becoming a nurse “because I have an ego” (21 February 2011).

Nurses might bring vital knowledge and skills to hospital workplaces; however, in *Grey’s Anatomy* especially, they remain on the side lines. Asked if she sees herself in *Grey’s Anatomy*, nursing student Lisa responded that she feels “part of the show because I’m in health care, but I’m not represented” (29 November 2010). Jhan, also a nursing student, similarly commented on the portrayal of nurses as phantom health care workers and doctors’ handmaidens:

Yeah, it's more of like an assistant to them, but seriously nurses are there 24/7. Who knows the patient? Like they [the doctors] don't even take the blood pressure. They ask you 'what's the blood pressure of this patient?' And...you know the...imbalance of power because they are thinking they've been to school longer...compared to a nurse but it's just, it's BS. Sorry [giggles]. (26 November 2010)

Clara, a nursing student, relayed conversations with acquaintances who wonder why she is not pursuing medicine; she even knows of a physician who pulls aside bright nursing students and advises them to apply to medical school. Medicine might seem like the default choice for bright people interested and showing promise in this field; however, Clara was clear about her reasons for pursuing nursing: "I think there are aspects of nursing that I much prefer over medicine. I think having that opportunity to have that relational aspect of care. I think you have the opportunity for different relationships in nursing than you have in medicine" (27 February 2011).

Moreover, there are status differences among various specialities within each profession. These differences are articulated in the shows, through JD's reflection cited above and similar sentiments expressed by characters on *Grey's Anatomy*. Nursing students confirmed that similar status issues arise in nursing. As we establish in the following section, the distinctions between doctors and nurses and, in some cases, among specialties encompasses more than occupation; they also involve broad social categories and identities.

Health Care as a Social Arena

Okay, Evil Spawn, you can nurse your pride. Key word being "nurse," or you can pass your test and be a doctor. (Vernoff, 2005)

People do not just become doctors or nurses; they are gendered, raced, classed and sexualized. Participants appreciate how the shows highlight strong female characters. In *Grey's Anatomy*, women are tackling hurdles in the historically masculine domain of surgery. In *Scrubs*, Carla, a Latina nurse, is appealing because she is "not afraid of doctors and she's not afraid to stand up to them" (Jane, 20 July 2010). But even strong characters, in fiction or real life, do not eliminate the impacts of social categories. Carla stands up to sexism, but that does not put an end to it. She understands herself as subjected to sex-, race- and class-based constraints, even as she plays into stereotypes. Like Callie, the main Latina character in *Grey's Anatomy*, Carla is feisty, emotional and sexually assertive. Many, albeit not all, participants were aware of this complexity. Some commented on representations of gender and race, including "the Asian as the brain child" (Lisa, 29 November 2010), an image embodied in *Grey's Anatomy's* Cristina, the most competitive, hard-edged intern. For Brian, a medical student of Chinese descent, Cristina is the least favourite character, "because she's so stereotypically Asian, and I'm both afraid of becoming like that and also I just don't like that everyone perceives us like that" (21 February 2011).

Consistent with neoliberal rhetoric, participants reported that, when raised in class, social identity is often framed in terms of diversity and tolerance. Although women have made strides in the medical field, participants are aware of the historical gender-based biases in health care, and the ongoing masculinization of some specialities and feminization of others. (See Paul

Williams, 1999 for a discussion of how professional performance continues to be assessed in relation to a masculine norm.) Seeing female characters preparing to enter male-dominated specialities confirms for participants that medicine is becoming less sexist and more open.

Still, as Gyan's comment in the preceding section and the *Grey's Anatomy* excerpt which opens this section suggest, the feminized profession of nursing is seen as lesser than the medical profession. When Michelle told a friend about her decision to study nursing after completing an undergraduate degree in women's studies, "he was like, 'What? I thought you were a feminist!' [laughs]" (20 July 2010). Jane, another participant in the same group, admitted, "I think I probably struggled with that too when I went into nursing. I was saying to someone, like, 'The only thing that bothers me is that it's traditionally regarded as women's work.'"

Ethics in the Everyday

Dr. Cox: If she declines dialysis, there is no ethical dilemma.

JD: But what about our duty, as doctors, to do everything in our power to –

Dr. Cox: [sarcastically] What about our duty as doctors? Look, this has nothing to do with the patient. This is all about you. You are afraid of death. And you can't be. You're in medicine. You gotta accept the fact that everything we do here, everything, is a stall. We're just trying to keep the game going, that's it. But ultimately it always ends up the same way. (Lawrence, 2001)

Participants recognized that the shows help them think about dilemmas they might encounter in practice. They discuss episodes with classmates, whether or not instructors bring the shows into their classes. Watching the shows helped participants think critically about ethics in practice, and being in a medical or nursing program helped them learn how to watch the shows more critically. When asked about characters that he liked and disliked, Alex responded, "They all irritate me sometimes...in different ways since I started in medicine.... Before they would irritate me just based on personality traits, and now sometimes they actually bother me when they're doing things that seem, that we would have been taught are unethical..." (14 October 2010).

Participants understand that ethics are everyday matters, closer to the excerpt from *Scrubs* above than to melodramatic episodes that *Grey's Anatomy* often highlights. Cathy, a nursing student in Calgary, explained that "when you're working with people, right, ethics come up all the time.... [On *Grey's Anatomy*] they are overblown, but you do see them. But you don't see the patient involved and...it's not...quite how we would probably go about dealing with it" (20 July 2010). Furthermore, participants recognized that ethics are implicated both in what people do and what they do not do. In contrast to the tendency on *Grey's Anatomy* for characters to "cover" for one another, participants recognized that failing to intervene when a colleague is not coping well or has violated ethics is itself an ethical breach. Of course, how participants actually will respond to ethical dilemmas encountered in practice remains unknown by us and participants themselves.

Pedagogy/Learning

I am implementing a new protocol here at Seattle Grace....First, second and third year residents will no longer be allowed to de facto specialize. The practice interferes with the development of a fully rounded surgical education....Personal relationships, personal loyalties and personal favourites will no longer be a factor in our training program....In addition, we will refocus our attention on patient communication and bedside manner.... Residents, your interns reflect on you. If they fail, you fail. If they succeed, you succeed. Attendings, that goes for residents as well. Teach with enthusiasm. Learn with enthusiasm. (Vernoff, 2008)

Participants agreed that strategies including readings, discussions and assignments, electives, peer support and mentorship, are useful and important in both the shows and real life. Different participants found particular strategies appealing or intimidating, depending on their own personalities and learning styles. Regardless of individual preferences, participants found the approach of Richard, the Chief of Surgery in *Grey's Anatomy*, reassuring. His perspective, articulated in the excerpt above, was welcomed by Madelyn, a first-year medical student:

I like messages like the one that the Chief is giving...about...being nice to the people that you're trying to teach and encouraging them because...I'm terrified of going onto the wards. You hear these horror stories of residents and attendings...being brutal to... students. And if I get angry or embarrassed I cry and I'm just so afraid that I'm going to be...in an OR and have someone yell at me and burst into tears and completely humiliate myself...I just hope that it's actually like that. (14 October 2010)

Not only do the shows portray pedagogy, they also exert pedagogical impacts. One of the most interesting impacts is their ability to help participants understand that, like characters, they will undertake new procedures and solve new problems. Seeing characters succeed at new challenges helps affirm participants' capabilities. Even when characters try something new and fail, they learn from their mistakes and continue to progress in their practice. Brian started watching *Scrubs* while he was waiting for his acceptance letter from medical school, and found it "quite comforting" because he realized that "I don't need to be perfect" (21 February 2011).

Closing Thoughts

Conceptually, this inquiry contributes to adult education scholarship exploring popular culture as a source of informal adult learning, and ties between the cultural and the social or work-related and broader social identity. Methodologically, it builds on a still rare approach combining participant-based and cultural studies strategies to research how popular culture both conveys messages and helps audiences engage in informal learning about themselves and their world.

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