Heroism Science

Volume 8 | Issue 1 Article 2

2023

# Pressures to Comply or Defy: How Social Values Influence Perceptions of Healthcare Workers as Villains

James K. Beggan
*University of Louisville*, james.beggan@louisville.edu

Scott T. Allison
*University of Richmond*, sallison@richmond.edu

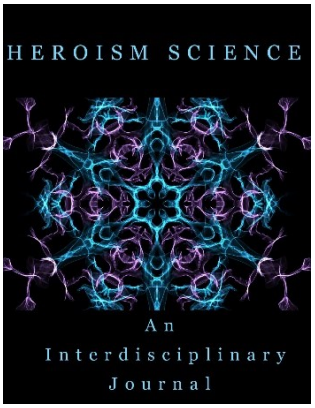


## Recommended Citation

Beggan, James K. and Allison, Scott T. (2023) "Pressures to Comply or Defy: How Social Values Influence Perceptions of Healthcare Workers as Villains," *Heroism Science*: Vol. 8: Iss. 1, Article 2.
DOI: 10.26736/hs.2023.01.01
Available at: https://scholarship.richmond.edu/heroism-science/vol8/iss1/2

**Heroism Science: An Interdisciplinary Journal** (ISSN 2573-7120)
https://scholarship.richmond.edu/heroism-science/

**Vol. 8 No. 1 (2023) pp. 1-32**




# Pressures to Comply or Defy: How Social Values Influence Perceptions of Healthcare Workers as Villains

***JAMES K. BEGGAN*** [1]

*University of Louisville*

james.beggan@louisville

***SCOTT T. ALLISON***

*University of Richmond*

***KEYWORDS:*** *heroes, heroism, social values, healthcare heroes, healthcare villains, hero contract*

**Article history**

*Received: September 29, 2022*

*Received in revised form: April 13, 2023*

*Accepted: May 7, 2023*

*Available online: June 5, 2023*


DOI 10.26736/hs.2023.01.01
ISSN: 2573-7120 | Licensed under the Creative Commons, Attribution-NonCommercial-NoDerivs (CC By-NC-ND)

**ABSTRACT**: During the Covid-19 pandemic, politicians, the media, and the public labeled frontline workers as heroes. The goal of this article is to examine how certain aspects of the Covid-19 pandemic—such as the nature of the Covid-19 virus, coupled with insufficient governmental and institutional responses—created a situation where it became possible for people to characterize healthcare workers as villains. This approach to medical professionals is rather novel in heroism studies and social sciences. A qualitative review of available data sources provided evidence that frontline healthcare workers were perceived negatively. Experiencing a lack of cooperation from patients and their families, healthcare personnel were forced to deal with institutional constraints that exacerbated these conflicts. Variables that could influence being villainized included the social value orientation and political persuasion of perceivers, as well as structural factors related to the transmission of effective and accurate information, including biased mass media presentations and genuine uncertainty from scientific sources.

# 1 INTRODUCTION

During the Covid-19 pandemic, politicians, the media, and the public labeled frontline workers (Sumner & Kinsella, 2021a) and especially nurses (Mohammed, Peter, Killackey, & Maciver, 2021) as heroes. In a study of Swedish mass media, Skog and Lundström (2022, p. 5) wrote, "healthcare staff in other words clearly occupy a moral high ground in public discourse during the pandemic."

Despite being conceptualized as heroes (Morin & Baptiste, 2020), the goal of this paper is to examine how certain aspects of the Covid-19 pandemic—such as the nature of the Covid-19 virus, coupled with insufficient governmental or institutional responses—created a situation where it became possible for people to characterize healthcare workers as villains. This approach to medical professionals is rather novel in heroism studies and social sciences.

The positivity of the hero concept may lead to unexpected consequences. It may encourage people to repudiate the label. According to Halberg, Jensen, and Larsen (2021, p. 2434, emphasis in original), "The nursing staff…rejected the hero narrative [because] many struggled with feelings of insecurities, fear of the virus, feeling insufficiently protected, suboptimal work conditions and other obligations outside their jobs. A hero narrative undermines these valid concerns as they do not seem *heroic*."

The positivity of the label may also distract from skill, knowledge, and effort components of the job of nurse. As noted by Stokes-Parish, Elliott, Rolls, and Massey (2020, p. 463), "While we recognize that the image of a nurse as hero or angel may be perceived as complementary…. the current angel and hero discourse creates a perception that skill, education, knowledge, and discipline are unimportant." According to Kinsella, Ritchie, and Igou (2017, p. 25), Allison and Goethals (2013) defined *transparent heroes* as "everyday heroes such as nurses…whose achievements often remain unnoticed." In the case of medical

frontline workers and heroism, it is not the nurses (or other workers) that remained unnoticed; rather, it was the requisite attributes, skills, and achievements that went unnoticed (or underappreciated).

Cox (2020) identified two problems with defining healthcare workers as heroes. The first was that doing so hinders meaningful discussion of the limits of duties of care that healthcare workers need to provide. The second involves the reciprocal relationships between healthcare workers and two other groups, specifically, the employers of healthcare workers who have a duty to provide adequate resources, and the patients and the families of patients, who have a duty to facilitate effective treatment, for example, by following medical recommendations and instructions.

The *psychological contract* refers to an "individual's beliefs regarding terms and conditions of a reciprocal exchange agreement between that person and another party" (Rousseau & Parks, 1993, p. 19). By extension, the *hero contract* (Sumner & Kinsella, 2021b, p. 3) is "a promise of conduct on the part of the person providing it—to behave in a way that supports the attribution of that label; and what frontliners appear to have experienced is a violation of that contract whenever there (sic) have witnessed instances of gatherings, non-compliance, or reneging on promises of adequate support and compensation from the legislature." In other words, we suggest that Covid-19 and institutional responses to it allowed for individuals to breach the hero contract because they felt that healthcare workers had violated it first, thus justifying their own breach.

### 1.1 HEALTHCARE WORKERS AS BOTH HEROES AND VILLAINS

Although a common representation of nurses—and other medical professionals—in our culture is positive, there are instances where nurses have entered the profession with less than well-intended motivations, including harming—or even killing—patients and have

operated with inadequate training (Field, 2008; McAllister & Brien, 2016). The *iatrogenic effects* of medicine refer to the potential clinical, social, and cultural harms caused by interventions from medical personnel and institutions (Milligan, 1998), which can include financial consequences of expensive treatments (Meessen, Zhenzhong, Damme, Devadasan, Criel, & Bloom, 2003).

An exploratory literature review indicated there is little academic research—though much reporting in the popular press—regarding the assertion that the Covid-19 pandemic led to the instantiation of negative attitudes toward healthcare workers. A Google Scholar search for the exact term "healthcare workers as villains" found only one match (Evans, 2016). A search for "nurses as villains" obtained only six hits, of which only two used the term in a relevant context. One study (Hall & Kashin, 2016) examined negative media portrayals of nurses in connection with the Ebola breakout. The second (Leary, 2017) merely cited the first. Variations of the term, such as singular rather than plural forms, yielded similarly few results. In contrast, the term "nurses as heroes" yielded 119. A general Google and AI search for the same terms yielded parallel results, with 610 hits for "nurses as villains" but 6690 for "nurses as heroes." A general Google and AI search for "healthcare workers as villains" yielded only 7 hits.

Just as the hero label can be "applied strategically (or at least viewed as such) with some negative consequences" (Kinsella, Hughes, Lemon, Stonebridge, & Sumner, 2022, p. 171), we suggest that certain practices required of healthcare workers during the Covid-19 pandemic led them to being regarded by the public as villains. In other words, although other researchers have shown that being valorized led to consequences that harmed healthcare workers, we contend that certain actions they were required to perform caused them to be vilified. Social networking sites may contribute to or exacerbate development of negative narratives about medical personnel (Silistraru, 2021). The idea that certain elements of a

positively regarded profession, such as nursing, can lead to negative consequences is consistent with an approach that focuses on the downside of heroism (Beggan, 2019).

As noted by Franco, Blau, and Zimbardo (2011, p. 99), "heroes of one era may prove to be villains in another time…." Further, as observed by Klapp (1954, p. 60), "In times of moral crisis, vilification movements tend to arise spontaneously as an urge to find and punish culprits. In such periods, there is a general mood of villain-making….The need for culprits may be so great as to provoke outright scapegoating." In other words, the Covid-19 pandemic encouraged using nurses and other healthcare workers as *scapegoats* (Draback & Quarantelli, 1967). According to Rothschild, Landau, Sullivan, and Keefer (2012, p. 1148), "Scapegoating is the act of blaming and often punishing a person or a group for a negative outcome that is due, at least in large part, to other causes."

During the pandemic, nurses and other frontline medical personnel were tasked with the dual and difficult jobs of restricting visitor access to patients and acting as a go-between for the patients and their loved ones. This job was made even more difficult by the uncertainties associated with Covid-19, including skepticism among lay individuals about the seriousness of the illness, and which, if any, safety measures were most useful (Latkin, Dayton, Moran, Strickland, & Collins, 2021). This process was exacerbated by conflicting information disseminated (Nagler, Vogel, Gollust, Rothman, Fowler, & Yzer, 2020) even by respected medical professionals. It was certainly intensified by the actions of conspiracy theorists (Oleksy,Wnuk, Maison, & Łyś, 2021)—and a White House (Kaiser Health News, 2020)—who trafficked in the belief that Covid-19 was created and released intentionally, that the vaccine was a Trojan horse to track people's locations, or that the illness was either not real or overblown in its alleged seriousness. To the extent that people see a safety protocol as unnecessary, they would view someone who enforces it—such as a nurse—in a negative

light, especially if enforcement meant that people would be denied their desires, such as the ability to visit with their loved ones, i.e., subject them to a high cost.

Allison and Goethals (2020) identified two defining features of villainy. One feature is that villains possess characteristics collectively referred to as the Dark Triad, i.e., Machiavellianism, narcissism and subclinical psychopathy (Paulhus & Williams, 2002). The second is that villains work to divide, rather than unify, people, an attribute they defined as a "litmus test" (p. 61) for villainy. In the present paper, we focus on the way healthcare workers were perceived as dividing people—specifically families—because they were required to follow Covid-19 protocols that required hospital staff to isolate patients from their family members, which created a "traumatic and lonely manner of death in COVID-19 patients" (Kinsella & Sumner, 2022, p. 199) and negative feelings within family members.

Morley, Grady, McCarthy, and Ulrich (2020, p. 38) said, "Some of the necessary steps to protect the public in this pandemic have created new and unfamiliar tensions between nurses and patients and their families." According to Feder, Smith, Griffin, Shreve, Kinger, Kutney-Lee, and Ersek (2021, p. 589), "Often, this perceived lack of communication with staff led to fear and angst on the part of the family."

During the Ebola crisis, nurses were sometimes seen as selfish or unprofessional if they engaged in behaviors that the public thought could spread the disease, even if that was not the case because they followed required safety protocols (Hall & Kashin, 2016). As noted by Halberg, Jensen, and Larsen (2021, p. 2434), "when nursing staff are applauded for being heroes, while at the same time become stigmatized for being the 'impure', and potential contaminators, who should restrain and self-quarantine to protect the society, the praise can appear hollow." As noted by Baggchi (2020), worldwide, healthcare workers were denied access to public transportation, asked to vacate rented apartments, and physically assaulted.

One reason why nurses and other healthcare workers were stigmatized is that people overestimated the likelihood healthcare workers had Covid-19 (Taylor, Landry, Rachor, Paluszek, & Asmundson, 2020).

According to Kinsella, Igou, and Ritchie (2019, p. 474), "when events or affective states threaten or reduce the overall sense of meaning, people draw psychological resources from the enhancing…moral modelling…and protecting…functions provided by heroes that serve the goal of meaning maintenance and meaning reestablishment." We suggest that an analogous process applied to judgments of villainy. Specifically, the stress and uncertainty created by the Covid-19 and the public and governmental responses to it challenged people's sense of meaning. They responded by scapegoating healthcare workers as villains. Goethals and Allison (2019, p. 37) used the *negative agency bias* (Morewedge, 2019)—the tendency to be more likely to attribute negative, rather than positive or neutral, events to human agency—to suggest that there is a "stronger preference to see villainy as the cause of bad events than to see heroism as the cause of good events." By extension, negative agency bias would have made people especially likely to view healthcare workers as responsible for healthcare system failures.

Objectively speaking, were healthcare workers villains? No. However, from the subjective experiences of people—patients and family members of patients—they were treated as such. From this perspective, the assignment of the villain label depends on the target of perception and the transformed state of the perceiver (Goethals & Allison, 2019). Just as "heroism defies an objective approach and is ultimately in the eye of the beholder" (Allison, Goethals, & Kramer, 2017, p. 5), it is also the case that "villains are designated as such by others; villainy is in the eye of the beholder" (Spector, 1998, p. 46).

## 1.2 HEALTHCARE WORKERS AS BOTH HEROES AND VILLAINS

The choice of individuals to adopt preventative health measures in response to Covid-19 can be conceptualized as a *social dilemma* (Johnson, Dawes, Fowler, & Smirnov, 2020), a situation where a number of people have to coordinate their actions by trading off the relative costs and benefits of a cooperative vs. competitive choice (Van Lange, Joireman, Parks, & Van Dijk, 2013). As noted by Kinsella and Sumner (2022, p. 199), "The general public and frontliners are interdependent—we depend on frontliners to keep us safe, save our lives and ensure we have the things we need, and they depend on us not to make their complex work more difficult." In a collective, the incremental gain of any one person's cooperative act and the incremental loss of any one person's competitive act are minimal; however, people are better off if everyone cooperates than if everyone defects (Dawes & Messick, 2000).

We conceptualized the need to adopt safety precautions in the Covid-19 environment in terms of a social dilemma where the actions of any single individual would have been unlikely to cause significant negative consequences; however, if a large number of people routinely flouted recommendations, then more outbreaks would result. (One possible exception to this rationale would be if someone were infected and had contact with a large number of people, then this person could become a super spreader.)

*Group solidarity* "depends both on the…proportion of activities that fall under some sort of normative regulation…and on…the degree to which a behavior is consistent with norms" (Heckathorn, 1991, p. 34). By extension, according to Sumner and Kinsella (2021b, p. 2), *solidarity appraisal* refers to the "extent that other people in the broader social context (external to one's organisational (sic) setting) are appraised as working toward related goals when success is contingent on this…." In other words, it is possible to conceptualize reacting to a pandemic in terms of a social dilemma; part of this reaction involves an awareness of the

interdependent dynamics involved, i.e., making a solidarity appraisal. Failing to make an accurate solidarity appraisal could diminish the likelihood that people who act cooperatively. Further, we suggest that the socially constructed meaning of defying, and complying with, safety precautions may be complex and multi-faceted, and could contribute to villainizing healthcare workers.

Researchers (e.g., Van Lange et al., 2013) identified factors that encourage cooperation in a social dilemma related to the structural aspects of the situation. These variables include the level of reward and punishment for cooperating or competing, asymmetries in costs and benefits for individual actors, the cognitive and emotional state of decision makers, and the degree to which individuals can communicate. For people whose loved ones were in isolation because of Covid-19, the potential costs (i.e., the death of a loved one) were great. As such, it would have been greatly beneficial for those people to have one final moment of contact with the sick person. A single instance of violating a quarantine measure would have been unlikely to have a significant impact of the threat posed by Covid-19, thus the cost of violating protocols would have been small. Further, the cognitive and emotional states of people with friends and relatives with Covid-19 were probably not well suited to processing information objectively, given that they were being confronted with the potential death of others close to them.

One variable that affects how people respond to social dilemmas is the individual difference known as *social value orientation* (Messick & McClintock, 1968). People can be classified as *cooperators* (maximize joint gain), *competitors* (maximize relative gain), and *individualists* (maximize own gain regardless of others' outcomes). Research (e.g., Balliet, Parks, & Joireman, 2009) indicates that social value orientation can explain variation in response to social dilemmas.

By extension, then, social value orientation—defined as the tendency to cooperate or compete in response to a social dilemma—could predict responses to the Covid-19 pandemic, such as with regard to the treatment of nurses and other healthcare workers. People with a cooperative social value orientation might have been more inclined to adopt a "big picture" perspective that considered the overall well-being of the group with regard to defense against Covid-19; in contrast, competitors and individualists would have been more inclined to focus on their own interests, i.e., spending more time with a sick loved one.

As noted by McAllister, Brien, and Dean (2020, p. 201), "portraying nurses as superheroes – as saviours (sic) who may be able to swoop in and save the populace from the effects of COVID-19– absolves everyone else from taking responsibility for the containment of the virus." If nurses (and other healthcare workers) exist as superheroes who will save the day, then individuals have less of a need to take actions into their own hands (by, for example, cooperating). Further, patient incivility could contribute to nurses engaging in on-task withdrawal (Yue, Nguyen, Groth, Johnson, & Frenkel, 2021), which could lead to more negative subjective impressions of nurses and their actions on the part of patients and patients' family. Framing nurses as heroes can lead others (specifically patients and their family members) to make the competitive choice of not following safety protocols.

To explore how framing healthcare workers as heroes can indirectly cause them to be villainized, consider the meaning that cooperation and competition can have for people with regard to the distinct dimensions of *power* (or potency), anchored with weak vs. strong, and *morality*, anchored with good vs. bad. In what has been termed the *might over morality hypothesis* (Liebrand, Jansen, Rijken, & Suhre, 1986), cooperation can be seen as good (moral) or as evidence of weakness. Similarly, competition can be viewed as a sign of strength or immorality (i.e., taking advantage of others). Research (e.g., Beggan, Messick, &

Allison, 1988; Liebrand et al., 1986) indicates the cooperators view cooperation as morally good whereas competitors view cooperation in terms of weakness.

Complying with protocols could be viewed as a cooperative action that maximized collective good (e.g., "flattening the curve") at a slight cost to the individual (e.g., wearing a mask). However, the cost would go up dramatically if compliance with health protocols meant the loss of contact with a loved one. Among Covid-19 skeptics, compliance could also be viewed as demonstrating two forms of weakness. The first was to acknowledge a fear someone was debilitated, in the sense of unhealthy, and that catching Covid-19 would be threaten his or her safety. This interpretation is consistent with the widely held belief in certain social spheres that Covid-19 was no worse than the flu (Niemi et al., 2021). A second kind of weakness was that by adopting Covid-19 protocols, an individual was mentally incapacitated, i.e., gullible, and had been brainwashed by the liberal media to overreact to the threat of Covid-19.

Further, there is evidence that, based on a U.S. sample, relative to Democrats, Republicans are more proself and less prosocial (Sheldon & Nichols, 2009). This ideological distinction was also observed in European countries (the Netherlands and Italy), where researchers (e.g., Van Lange, Bekkers, Chirumbolo, & Leone, 2012) found that social value orientation was related to voting and political preferences. Specifically, individualist and competitors endorsed stronger conservative political positions relative to prosocials. A similar pattern emerged for those high in right-wing authoritarianism, defined in terms of adherence to rules, social norms, and conventions (Chirumbolo, Leone, & Desimoni, 2016).

As noted by Niemi, Kniffin, and Doris (2021, no page number), "attitudes toward COVID-19 victims, but not other victims, are more likely informed by politics, likely in the form of messages from political figures or observations of what people with similar political

views consider reasonable COVID-19 protocol." A stronger association with the Republican Party in the U.S. was negatively correlated with adopting preventative health behaviors (Rabin & Dutra, 2022).

The politicization of the Covid-19 response in the United States made Republicans and Conservatives more skeptical of, and Democrats and Liberals more compliant with, safety protocols. We suggest that attitudes about healthcare workers—as heroes or villains—was determined by the degree to which individuals saw compliance with safety protocols as necessary for the greater good—and hence a sign of morality—rather than as evidence of weakness. By extension, we would predict that in the United States, Republicans would be more likely than Democrats to villainize healthcare workers.

## 2 METHOD

We adopted a qualitative exploratory strategy to examine the relationships among social value orientation, political affiliation, and the tendency to villainize healthcare workers because of the requirement that they follow and enforce Covid-19 protocols. The aim of our analysis was to provide insights into how the lived experiences (Creswell, 2007) of healthcare workers were consistent with the "villain" label.

We used archival data in the form of accounts in the popular press and Covid-19 support groups, a strategy that has been used effectively in the past (Skog & Lundström, 2022). Reddit, a social media website where users post comments and links about virtually any topic in relevant areas called subreddits (Shatz, 2017), has become a popular source for empirical data for social science analysis (Proferes, Jones, Gilbert, Fiesler, & Zimmer (2021). We consulted Reddit for potentially relevant material.

We used thematic analysis (Braun & Clarke, 2006) to identify themes expressed by mass media accounts as well as first-person experiences as reported in social media such as

Reddit. Thematic analysis is a widely used qualitative analytic methodology within psychology, offering an accessible, flexible, and theoretically meaningful approach toward understanding qualitative data. Part of this thematic procedure employs an analytic inductive process (Miles & Huberman, 1984) to organize accounts into meaningful groups.

# 3 RESULTS

## 3.1 VILIFICATION

Even a cursory internet search demonstrates that healthcare workers are often mistreated. Across the world, healthcare workers were discriminated against, threatened, and in some cases, physically assaulted (Semple, 2020). Negative experiences were common well before Covid-19. As noted by Harper (2021), "Half of all Texas nurses reported verbal and physical abuse at work in 2016—the last year Texas health officials surveyed them about it." Further, with regard to the Covid-19 environment, Harper (2021) added:

> Our staff have been cursed at, screamed at, threatened with bodily harm and even had knives pulled on them," said Jane McCurley, chief nursing executive for Methodist Healthcare System, speaking at a press conference five days after the incident in the children's ER. "It is escalating. … It's just a handful at each facility who have been extremely abusive. But there is definitely an increasing number of occurrences every day."

Anthes (2021) quoted school nurse Anne Lebouef as saying, "They just basically hate you…. They're yelling at you. They're accusing you of fear mongering."

Further, Harper (2021) said:

> We were seen as health care heroes and our community responded with love and support, food and gifts, drive-by parades, buses and motorcycles and airplanes, and

> we felt so much love and support. It gave us the courage to go in and face our own fears of the unknown in the beginning," McCurley said at the August press conference. "Today, those health care workers are experiencing abusive behavior by patient families. It's unfathomable that it's occurring, and it has to stop."

According to Hollingsworth (2021):

"A year ago, we're health care heroes and everybody's clapping for us," said Dr. Stu Coffman, a Dallas-based emergency room physician. "And now we're being in some areas harassed and disbelieved and ridiculed for what we're trying to do, which is just depressing and frustrating."

In a *New York Times* letter, J. Hagemann (2021) said, "Patients urinate on the floor on purpose while yelling abuses at me. Alarms on monitors and intravenous pumps go off nonstop. I found one patient in tears because I left her sitting in urine for an hour, unable to change her sheets because of my workload."

As noted by Harper (2021), "Visitors and patients assaulting hospital staff 'was an epidemic before the pandemic — it was just silent to the public,' she added. 'Health care workers have been dealing with this for years, and it's become more pronounced with the COVID pandemic.'"

## 3.2 LACK OF COOPERATION FROM PATIENTS

According to Sumner and Kinsella (2021b, p. 4), "The consequences of labelling frontline workers as heroes may also have inadvertently led to a shift in group behaviour (sic) where the responsibility for taking action to suppress the virus moved away from the larger collective (the public) to smaller subgroups (frontline heroes)."

In a letter to the *New York Times*, Karen Gregory (2021) wrote, "Get your vaccines, wear a mask, wash your hands, stay home. Is it really so hard? I never realized how selfish

Americans are until this pandemic. Some of my own nurse colleagues scoff as I put on my N95 under my surgical mask. I have to remind them that I have a 2-year-old grandson who is not immunized."

In a letter to the *New York Times*, Carinna Beyer (2021) wrote, "Seeing the resistance to vaccines and science, as well as our failure at global vaccine equity, thereby permitting variants to flourish, is devastating. Instead of making it to the light at the end of the tunnel, it seems that we are going to have to learn to see in the dark. And we will."

As noted by Anthes (2021), "Although 12- to 15-year-olds have been eligible for vaccination since May, uptake has been slow; just 48 percent of children in that age group have been fully vaccinated, according to the Centers for Disease Control and Prevention. The vast majority of elementary school students, who became eligible for the shots just two weeks ago, remain unvaccinated."

## 3.3 LACK OF COOPERATION FROM EMPLOYERS

As noted by Sumner and Kinsella (2021a, p. 19), "government strategy might impact the health and wellbeing of those staffing its frontline." In addition to the government, it is possible that institutional strategies will also affect frontline workers. As noted by Chen (2022, p. 1), "Institutions calling [healthcare workers] 'heroes' without providing them with adequate PPE seemed like a cynical strategy to divert attention away from their failure to protect their staff. The continued labeling of HCWs as heroes by these institutions further distracts from their responsibility to perform structural changes that would support HCWs…."

## 3.4 MEDICAL COUNTER RESPONSE

According to Hollingsworth (2021), "Cox Medical Center Branson in Missouri started giving panic buttons to up to 400 nurses and other employees after assaults per year tripled between 2019 and 2020 to 123, a spokeswoman said. One nurse had to get her shoulder X-rayed after an attack." In an article by Ungerleider and Warren (2022, "A physician friend shared a photo of a sign the staff posted in the hospital where she works. It warned readers: Do not assault us, we're here to help you. A year ago, health care workers were being called heroes, but now they're being attacked by the very people whose lives they're trying to save."

## 3.5 CONSEQUENCES OF HEALTHCARE WORKER COPING STRATEGIES

According to Karen Gregory (2021) in a *New York Times* letter, "The hopelessness is palpable and exhausting. I will retire sooner than I expected and leave a profession that I have loved." Corinna Beyer (2021) in a *New York Times* letter wrote, "Your health care workers will pull from deep wells of resilience and give everything, right up to the day we melt into tears, throw our badges down and leave with our middle fingers in the air. If you get sick, I hope there are health care workers left to take care of you. We stopped feeling like heroes long ago."

In a *New York Times* letter, Connie Ulrich (2021) wrote, "But it is understandable that they are exhausted, with little left to give. Many have moral scars from ethical issues and trauma they experienced while trying to provide the best care to sick and dying Covid patients — lack of personal protective equipment and other supplies, inadequate staffing and poor leadership, bedside attendance at multiple deaths daily, and shifting messages on how to protect themselves and their patients."

According to Peter Lazes (2021, emphasis in original), in a *New York Times* letter, "Yes, better staffing would surely reduce some of the burnout that nurses feel. But equally

significant is their increasing deep sense of overall *moral injury* from being unable to provide adequate care for their patients."

## 3.6 HEALTHCARE WORKERS VILLAINIZE THEMSELVES

As noted by Allison (2019, p. 20), "Villains, in fact, operate at such an unconscious level that they usually lack the awareness that they are doing any harm…." In contrast, nurses were very much aware of the harm they were doing by following protocols that were deemed necessary by those with more authority than themselves.

According to Anthes (2021), one nurse reported, "When I have to call this one particular mom, I get so sick to my stomach, and I just want to cry," she said. "I feel like a terrible person for cheating these kids out of an education."

## 3.7 CONSEQUENCES OF THE NURSING SHORTAGE

As noted by Sumner and Kinsella (2021b, p. 4), "This shift in responsibility away from the public may have a direct, negative impact on frontline workers (by increasing morbidity and mortality rates) and also, an indirect, negative impact by reducing the sense of collective and cooperative action to suppress this major health threat."

As stated by Ivey (2022), "I wrote a thread on Twitter chronicling my first year as a nurse during the pandemic, and it went viral. As the comments (that I tried not to read) rolled in, I learned that I'm a fake, crisis actor. I'm getting paid to make COVID look worse than it is. I'm getting paid when my patients die. Just give them ivermectin. It's that ventilator that kills them. Nurses and doctors are murderers. I wish I could say that these comments had no effect on me, but many of them, especially the ones accusing me and my colleagues of killing our patients, hit like a punch in the gut."

According to Anthes (2021), "They are, they say, exhausted and overwhelmed. Some say that, for the first time, they hate their jobs, while others are quitting, exacerbating a school nursing shortage that predated the pandemic."

# 4 DISCUSSION

The present analysis provides a counterpoint to the recent and growing literature examining the way frontline workers in general and healthcare workers in particular have been valorized and turned into heroes. Healthcare workers have tended to reject the hero label themselves. The extant literature has considered the adverse consequences of conceptualizing them as heroes. Kinsella and Sumner (2022, p. 199) noted, "Recently, the hero label may have been used to shift responsibility from self to other, and in that case, it is harmful to the overall rhetoric of heroism and to frontline workers." In other words, by defining healthcare workers as heroes, people—should they choose—can make competitive or self-interested decisions and yet maintain—both publically and privately—that they are acting as responsible citizens.

The present analysis goes further by suggesting that villainizing healthcare workers allows people to more aggressively make self-interested choices, using the rationale that healthcare workers are themselves acting in their own self-interests and perhaps against the self-interests of others, such as patients.

One issue is whether people who have villainized healthcare workers have done so strategically to advance an agenda focused on noncompliance or active resistance against health guidance. It is also possible that they had put themselves in an information bubble such that they were only exposed to mass media that advanced the idea that health protocols were unnecessary or actually the work of a conspiracy of liberals. Given that Right-Wing Authoritarianism has been shown to increase with pathogen threat (Pazhoohi & Kingsone,

2021) and right-leaning media (e.g., Fox News) downplayed the dangers of Covid-19, it is plausible to argue that people who villainized healthcare workers believed their attitudes were wholly defensible. Trust in science may moderate the degree to which people accepted conservative viewpoints that downplayed the dangers or Covid-19 or the benefits of following Covid-19 health protocols (Koetke, Schumann, & Porter, 2021).

In this paper, we have argued in favor of a parallel process where the villain label has been used to shift blame from the self to the other. While it is possible to argue that villainy and heroism are in the eye of the beholder (Allison & Goethals, 2011), i.e., determined by an "attributed quality, almost always based on perceptions," it is also possible to argue that some actions are clearly more harmful—and hence villainous—than others. In our approach, we suggest that villainizing healthcare workers operates as a subjective, perceptual process that can be explained with regard to three factors: lack of objectively correct information, a social value orientation that focuses on individual rather than collective gain, and possessing conservative rather than more liberal political orientations. Allison and Goethals (2020) defined villains in terms of possessing the three personality characteristics that are known as the Dark Triad and as motivated to divide, rather than unite, people. Paradoxically, although it is unlikely that healthcare workers themselves score high on the Dark Triad, it is possible that those who organized against safety protocols did so. This provocative assertion would require further research, however.

One important limitation of this analysis is that it is conceptual rather than empirical. We have identified several variables that may be related and plausibly contribute to healthcare workers being viewed as villains. Further research is needed to test these hypotheses.

As noted by Kinsella, Ritchie, and Igou (2017, p. 32), "Heroes exemplify rare agentic and moral virtues… Despite the power of heroic figures to act as a positive and everyday source of influence, heroes are currently an underused resource in health, education, and rehabilitation settings." In this paper, we used an interactionist approach to understand how a unique set of circumstances—as a function of situational and individual difference variables—could create an environment that would facilitate a process wherein a group of seemingly heroic individuals could be derogated and turned into villains. In a sense, villainizing healthcare workers represents a specific instantiation of the common practice of scapegoating.

As noted by Graso, Chen, and Aquino (2022, p. 4), "By definition, scapegoating of an individual or group implies that some of the blame is unfounded and directed towards people who may be either innocent or not entirely responsible for the harms attributed to them…." Scapegoating in response to disease epidemics and pandemics tends to operate on minority groups (Jedwab, Khan, Russ, & Zaveri, 2021).

Although healthcare professionals are technically a minority in that their population represents only a small subset of the entire population, because they are well-paid, highly educated, and typically valued in society, using them as the objects of scapegoating represents a unique and unexpected circumstance that deserves further investigation.

The Covid-19 panic provided an opportunity to stigmatize outgroup members, especially when the dynamics of stigmatization were reinforced by long-standing cultural or historic differences (Onoma, 2021). One such difference was political orientation.

The stress created by Covid-19 could also have created a *come together effect* such that a shared fate increased social cohesion (Jebwab et al., 2021). Neither patients nor healthcare professionals were responsible for the pandemic—a circumstance that would have

been expected to permit the beneficial social consequences of a shared fate. However, it is important to distinguish between the cause of the pandemic and the cause of the response to the pandemic, i.e., the health protocols put into place by hospital administrators and high-ranking experts at the CDC. Patients and the public were readily able to blame heath care professionals by characterizing them as potentially tainted by the disease or insensitive to the suffering of patients and their family members. But in doing so, these social perceivers ignored distal causes such as a lack of, or even presence of conflicting, information about Covid-19, a lack of support from institutions that employed front line healthcare workers, and active interference from certain types of conservative opinion leaders.

# 5 REFERENCES

Allison, S. T. (2019). Heroic consciousness. *Heroism Science*, *4*(2), 6.

Allison, S. T., & Goethals, G. R. (2013). *Heroic leadership: An influence taxonomy of 100 exceptional individuals*. Abingdon, UK: Routledge.

Allison, S. T., & Goethals, G. R. (2020). *The heroic leadership imperative: How leaders inspire and mobilize change*. Bingley, UK: Emerald Group Limited.

Allison, S. T., Goethals, G. R., & Kramer, R. M. (2017). Setting the scene: The rise and coalescence of heroism science. In S. T. Allison, G. R., Goethals, & R. M. Kramer (Eds.), *Handbook of heroism and heroic leadership* (pp. 1-16). New York, NY: Routledge.

Anthes, E. (2021). 'They see us as the enemy': School nurses battle Covid-19, and angry parents. *The New York Times*. (November 13, 2021). https://www.nytimes.com/2021/11/13/health/coronavirus-school-nurses.html.

Bagcchi, S. (2020). Stigma during the COVID-19 pandemic. *The Lancet Infectious Diseases*, *20*(7), 782-782.

Balliet, D., Parks, C., & Joireman, J. (2009). Social value orientation and cooperation in social dilemmas: A meta-analysis. *Group Processes & Intergroup Relations*, *12*(4), 533-547.

Beggan, J. K. (2019). On the downside of heroism: Grey zone limitations on the value of social and physical risk heroism. *Heroism Science*, *4*(2), 5.

Beggan, J. K., Messick, D. M., & Allison, S. T. (1988). Social values and egocentric bias: Two tests of the might over morality hypothesis. *Journal of Personality and Social Psychology*, *55*(4), 606-611.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Chen, L. L. (2022). The toxic healthcare hero narrative. *Journal of the American Association of Nurse Practitioners*, *34*(1), 1-2.

Chirumbolo, A., Leone, L., & Desimoni, M. (2016). The interpersonal roots of politics: Social value orientation, socio-political attitudes and prejudice. *Personality and Individual Differences*, *91*, 144-153.

Cox, C. L. (2020). 'Healthcare heroes': Problems with media focus on heroism from healthcare workers during the COVID-19 pandemic. *Journal of Medical Ethics*, *46*(8), 510-513.

Creswell, J. W. (2007). Qualitative inquiry and research design (2nd ed.). Beverly Hills, CA: Sage.

Dawes, R. M., & Messick, D. M. (2000). Social dilemmas. *International Journal of Psychology*, *35*(2), 111-116.

Drabek, T. E, & Quarantelli, E L. (1967). Scapegoats, villains, and disasters. *Transaction*, *67*, 12-17.

Evans, N. G. (2016). Ebola – from public health crisis to national security threat. In F. Lentzos (Ed.), *Biological threats in the 21st century: The politics, people, science and historical roots* (pp. 277–292). London, UK: Imperial College Press.

Feder, S., Smith, D., Griffin, H., Shreve, S. T., Kinder, D., Kutney-Lee, A., & Ersek, M. (2021). "Why couldn't I go in to see him?" Bereaved families' perceptions of end-of-life communication during COVID-19. *Journal of the American Geriatrics Society*, *69*(3), 587-592.

Field, J. (2008). Why nurses kill. *Nursing Standard*, *23*(9), 24-25.

Franco, Z.E., Blau, K., & Zimbardo, P. G. (2011). Heroism: A conceptual analysis and differentiation between heroic action and altruism. *Review of General Psychology*, *15*(2), 99- 113.

Goethals, G. R., & Allison, S. T. (2019). *The romance of heroism and heroic leadership*. Bingley, UK: Emerald Publishing Limited.

Graso, M., Chen, F. X., & Aquino, K. (2022). Scapegoating of the unvaccinated and the role of political ideology. *Available at SSRN 4056613*.

Halberg, N., Jensen, P. S., & Larsen, T. S. (2021). *We are not heroes*—The flipside of the hero narrative amidst the COVID19-pandemic: A Danish hospital ethnography. *Journal of Advanced Nursing*, *77*(5), 2429-2436.

Hall, L. M., & Kashin, J. (2016). Public understanding of the role of nurses during Ebola. *Journal of Nursing Scholarship*, *48*(1), 91-97.

Harper, K. B. (2021). Verbal and physical attacks on health workers surge as emotions boil during latest COVID-19 wave. *The Texas Tribune*. (September 1, 2021). https://www.texastribune.org/2021/09/01/coronavirus-texas-hospital-attacks-health-workers/.

Heckathorn, D. D. (1991). Extensions of the prisoner's dilemma paradigm: The altruist's dilemma and group solidarity. *Sociological Theory*, *9*(1), 34-52.

Hollingsworth, H. (2021). At the peak of the pandemic, health care workers were heroes. Now, they're getting threats. *Fortune*. (September 29, 2021). https://fortune.com/2021/09/29/health-care-workers-face-threats-covid-19-pandemic/.

Ivey, K. (2022). Nurses struggle through a new COVID wave with rage and compassion. *Scientific American*. (January 11, 2022). https://www.scientificamerican.com/article/nurses-struggle-through-a-new-covid-wave-with-rage-and-compassion/.

Jedwab, R., Khan, A. M., Russ, J., & Zaveri, E. D. (2021). Epidemics, pandemics, and social conflict: Lessons from the past and possible scenarios for COVID-19. *World Development*, *147*, 105629.

Johnson, T., Dawes, C., Fowler, J., & Smirnov, O. (2020). Slowing COVID-19 transmission as a social dilemma: Lessons for government officials from interdisciplinary research on cooperation. *Journal of Behavioral Public Administration*, *3*(1), 1-13.

Kaiser Health News. (2020). Conflicting COVID messages create cloud of confusion around public health and prevention. *U.S. News & World Report*. (June 19, 2020). https://www.usnews.com/news/healthiest-communities/articles/2020-06-19/conflicting-coronavirus-messages-create-confusion-misinformation.

Kinsella, E. L., & Sumner, R. C. (2022). High ideals: The misappropriation and reappropriation of the heroic label in the midst of a global pandemic. *Journal of Medical Ethics*, *48*(3), 198-199.

Kinsella, E. L., Hughes, S., Lemon, S., Stonebridge, N., & Sumner, R. C. (2022). "We shouldn't waste a good crisis": The lived experience of working on the frontline through the first surge (and beyond) of COVID-19 in the UK and Ireland. *Psychology & Health*, *37*(2), 151-177.

Kinsella, E. L., Igou, E. R., & Ritchie, T. D. (2019). Heroism and the pursuit of a meaningful life. *Journal of Humanistic Psychology*, *59*(4), 474-498.

Kinsella, E. L., Ritchie, T. D., & Igou, E. R. (2017). Attributes and applications of heroes: A brief history of lay and academic perspectives. In S. T. Allison, G. R. Goethals, & R. M. Kramer (Eds.), *Handbook of heroism and heroic leadership* (pp. 19-35). New York, NY: Routledge.

Klapp, O. E. (1954). Heroes, villains and fools, as agents of social control. *American Sociological Review*, *19*(1), 56-62.

Koetke, J., Schumann, K., & Porter, T. (2021). Trust in science increases conservative support for social distancing. *Group Processes & Intergroup Relations*, *24*(4), 680-697.

Latkin, C. A., Dayton, L., Moran, M., Strickland, J. C., & Collins, K. (2021). Behavioral and psychosocial factors associated with COVID-19 skepticism in the United States. *Current Psychology*, 1-9.

Leary, E. (2017). The Ebola experience: Media lessons for nurse leaders. Yale School of Nursing Digital Theses. 1069. https://elischolar.library.yale.edu/ysndt/1069.

Letters to the Editor. (2021). How nurses are feeling: Tired, angry and hopeless. *The New York Times*. (August 25, 2021). https://www.nytimes.com/2021/08/25/opinion/letters/nurses-covid.html.

Liebrand, W. B. G., Jansen, R. W. T. L., Rijken, V. M., & Suhre, C. J. (1986). Might over morality: Social values and the perception of other players in experimental games. *Journal of Experimental Social Psychology*, *22*(3), 203-215.

McAllister, M., & Brien, D. L. (2016). Narratives of the "not-so-good nurse": Rewriting nursing's virtue script. *Hecate*, *41*(1/2), 79-97.

McAllister, M., Brien, D. L., & Dean, S. (2020). The problem with the superhero narrative during COVID-19. *Contemporary Nurse*, *56*(3), 199-203.

Meessen, B., Zhenzhong, Z., Damme, W. V., Devadasan, N., Criel, B., & Bloom, G. (2003). Iatrogenic poverty. *Tropical Medicine & International Health*, *8*(7), 581-584.

Messick, D. M., & McClintock, C. G. (1968). Motivational bases of choice in experimental games. *Journal of Experimental Social Psychology*, *4*(1), 1-25.

Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis: A sourcebook of new methods*. Beverly Hills, CA: Sage.

Milligan, F. (1998). The iatrogenic epidemic. *Nursing Standard (through 2013)*, *13*(2), 46-47.

Mohammed, S., Peter, E., Killackey, T., & Maciver, J. (2021). The "nurse as hero" discourse in the COVID-19 pandemic: A poststructural discourse analysis. *International Journal of Nursing Studies*, *117*(May), 103887.

Morewedge, C. K. (2009). Negativity bias in attribution of external agency. *Journal of Experimental Psychology: General*, *138*(4), 535-545.

Morin, K. H., & Baptiste, D. (2020). Nurses as heroes, warriors and political activists. *Journal of Clinical Nursing*, *29*(15-16), 2733-2733.

Morley, G., Grady, C., McCarthy, J., & Ulrich, C. J. M. (2020). Covid-19: Ethical challenges for nurses. *Hastings Center Report*, *50*(3), 35-39.

Nagler, R. H., Vogel, R. I., Gollust, S. E., Rothman, A. J., Fowler, E. F., & Yzer, M. C. (2020). Public perceptions of conflicting information surrounding COVID-19: Results from a nationally representative survey of US adults. *PLoS ONE*, *15*(10), e0240776.

Niemi, L., Kniffin, K. M., & Doris, J. M. (2021). It's not the flu: popular perceptions of the impact of COVID-19 in the US. *Frontiers in Psychology*, *12*, 1376.

Oleksy, T., Wnuk, A., Maison, D., & Łyś, A. (2021). Content matters. Different predictors and social consequences of general and government-related conspiracy theories on COVID-19. *Personality and Individual Differences*, *168*, 110289.

Onoma, A. K. (2021). The allure of scapegoating return migrants during a pandemic. *Medical Anthropology*, *40*(7), 653-666.

Paulhus, D. L., & Williams, K. M. (2002). The dark triad of personality: Narcissism, Machiavellianism, and psychopathy. *Journal of Research in Personality*, *36*(6), 556-563.

Pazhoohi, F., & Kingstone, A. (2021). Associations of political orientation, xenophobia, right-wing authoritarianism, and concern of COVID-19: Cognitive responses to an actual pathogen threat. *Personality and Individual Differences*, *182*, 111081.

Ponizovskiy, V., Grigoryan, L., & Hofmann, W. (2022). Why is right-wing media consumption associated with lower compliance with COVID-19 measures?. *Journal of Media Psychology: Theories, Methods, and Applications*. PsyArXiv Preprints. https://doi.org/10.31234/osf.io/5b3cn.

Proferes, N., Jones, N., Gilbert, S., Fiesler, C., & Zimmer, M. (2021). Studying Reddit: A systematic overview of disciplines, approaches, methods, and ethic. *Social Media + Society*, *7*(2), 1-14.

Rabin, C., & Dutra, S. (2022). Predicting engagement in behaviors to reduce the spread of COVID-19: The roles of the health belief model and political party affiliation. *Psychology, Health & Medicine*, *27*(2), 379-388.

Riverhead Local. (2021). NY nursing homes villainized, scapegoated in COVID-19 pandemic, former East End facility administrator says. *Riverhead Local*. (March 18, 2021). https://riverheadlocal.com/2021/03/18/ny-nursing-homes-villainized-scapegoated-in-covid-19-pandemic-former-east-end-facility-administrator-says/

Rothschild, Z. K., Landau, M. J., Sullivan, D., & Keefer, L. A. (2012). A dual-motive model of scapegoating: Displacing blame to reduce guilt or increase control. *Journal of Personality and Social Psychology*, *102*(6), 1148-1163.

Rousseau, D. M., & Parks, J. M. (1993). The contracts of individuals and organizations. *Research in Organizational Behavior*, *15*, 1-43.

Semple, K. (2020). "Afraid to be a nurse": health workers under attack. *The New York Times*. (April 27, 2020). https://www.nytimes.com/2020/04/27/world/americas/coronavirus-health-workers-attacked.html.

Shatz, I. (2017). Fast, free, and targeted: Reddit as a source for recruiting participants online. *Social Science Computer Review*, *35*(4), 537-549.

Sheldon, K. M., & Nichols, C. P. (2009). Comparing Democrats and Republicans on intrinsic and extrinsic values. *Journal of Applied Social Psychology*, *39*(3), 589-623.

Silistraru, I. (2021). Healthcare workers-heroes and villains in Covid-19 pandemic. The ethical communication. *Journal of Intercultural Management and Ethics*, *4*(1), 39-44.

Skog, F., & Lundström, R. (2022). Heroes, victims, and villains in news media narratives about COVID-19. Analysing moralising discourse in Swedish newspaper reporting during the spring of 2020. *Social Science & Medicine*, 114718.

Spector, B. I. (1998). Deciding to negotiate with villains. *Negotiation Journal*, *14*(1), 43-59.

Stokes-Parish, J., Elliott, R., Rolls, K., & Massey, D. (2020). Angels and heroes: The unintended consequence of the hero narrative. *Journal of Nursing Scholarship*: *An Official Publication of Sigma Theta Tau International Honor Society of Nursing*, *52*(5), 462–466.

Sumner, R. C. & Kinsella, E. L. (2021b). 'It's like a kick in the teeth': The emergence of novel predictors of burnout in frontline workers during Covid-19." *Frontiers in Psychology, 12*.

Sumner, R. C., & Kinsella, E. L. (2021a). Grace under pressure: Resilience, burnout, and wellbeing in frontline workers in the United Kingdom and Republic of Ireland during the SARS-CoV-2 pandemic. *Frontiers in Psychology*, *11*, 576229.

Taylor, S., Landry, C. A., Rachor, G. S., Paluszek, M. M., & Asmundson, G. J. (2020). Fear and avoidance of healthcare workers: An important, under-recognized form of stigmatization during the COVID-19 pandemic. *Journal of Anxiety Disorders*, *75*, 102289.

Ungerleider, S. & Warren, S. (2022). Nurses get spit on, kicked, assaulted. Stop hurting us. We are here to help you. *USA Today*. (January 10, 2022). https://www.usatoday.com/story/opinion/voices/2022/01/10/covid-nurses-assaulted-pandemic/9117731002/?gnt-cfr=1.

Van Lange, P. A. M., Bekkers, R., Chirumbolo, A., & Leone, L. (2012). Are conservatives less likely to be prosocial than liberals? From games to ideology, political preferences and voting. *European Journal of Personality*, *26*(5), 461-473.

Van Lange, P. A. M., Joireman, J., Parks, C. D., & Van Dijk, E. (2013). The psychology of social dilemmas: A review. *Organizational Behavior and Human Decision Processes*, *120*(2), 125-141.

Yue, Y., Nguyen, H., Groth, M., Johnson, A., & Frenkel, S. (2021). When heroes and villains are victims: How different withdrawal strategies moderate the depleting effects of customer incivility on frontline employees. *Journal of Service Research*, *24*(3), 435-454.

## 6 CONFLICT OF INTEREST

*The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest*