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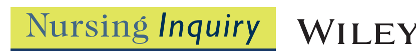
FEATURE



In search of the changeable: An analysis of visual representations of nursing in Norwegian and Danish professional nursing journals, 1965–2016

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Abstract
In this study, we demonstrate how perceptions of nursing are constructed in close connection with the development of the Nordic welfare states. Drawing on Gillian Rose's framework for analysing the social and political implications of visual materials, we analysed selected visual representations of nursing published in Danish and Norwegian professional nursing journals in the period 1965 to 2016. The analyses were conducted in an iterative process in three phases. First, we reviewed all visuals spanning the entire period to obtain an overview of developmental trends in the material. Second, selected visuals and associated captions were subjected to more thorough analysis. Third, we further examined and discussed the visuals in light of societal and political movements and ideologies in Danish and Norwegian healthcare policies over this period. Our analysis shows that visual representations of the nurse–patient relationship and of the patient's and the nurse's roles and responsibilities changed over this period and that the visualisations corresponded with and supported developments in the Danish and Norwegian welfare states as these first consolidated and then moved towards individualisation and the competition state. Our study demonstrates that nurses in these states are political actors implementing health policies embedded in various knowledge regimes.

KEYWORDS
nurse–patient relationship, nursing theory, politics, professional issues, social constructionism

1 | INTRODUCTION

In this article, we challenge a tendency in the nursing and research literature to represent nursing as an unchanging phenomenon untouched by developments in society and politically decontextualised. We are not alone in problematising the tendency to view nursing as historically and politically decontextualised. Malone (2005) argues that nursing literature rarely takes account of the impact of the policy environment on nursing practice, despite the formative influence it exerts not only on the physical but also the social aspects of patients' surroundings. Malone's argument is that the environmental setting of nursing practice is frequently conceptualised solely in terms of the physical aspects of the immediate care setting or of patients' home surroundings, a conceptualisation that is underdeveloped. In addition, O'Byrne and Holmes (2009) argue that the majority of nursing philosophies, theories and models fail to address any political discussions and implications, while Spenceley, Reutter, and Allen (2006) argues

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that nurses themselves consider public policy to be of little relevance to nursing practice. Purkis (1994) and Purkis and Ceci in Lipscomb (2017) have also called attention to 'an absence of the social' in the body of research literature, and they assert that this accounts for the way in which nursing practice is produced and reproduced (Purkis & Ceci, 2017, p. 10).

According to O'Byrne and Holmes (2009), this lack of social awareness in nursing literature tends to produce a 'patient-focused nursing practice being conceptualised, taught, and promoted as an apolitical process' (O'Byrne & Holmes, 2009, p. 153), while Spenceley et al. (2006) argues that nurses are often depicted as lacking power and political agency. Lipscomb, in his editorial introduction to the volume *Social Theory and Nursing* (2017), furthermore identifies a lack of awareness of the social and political dimensions of nursing. Lipscomb states that the demonstrable and latent capacity of social and sociological theory to guide, shape and inform research, education and practice receives little overt attention in this field and that social and sociological concepts tend to be presented and discussed in an ahistorical and decontextualised manner.

This picture is not entirely unambiguous. Some researchers (Holmes & Gastaldo, 2002; Perron, Fluet, & Holmes, 2005) working from a governmentality perspective have argued that the nursing profession is profoundly political and that nurses, through their use of knowledge and their social mandate, act as agents of the state and thus play an important role in shaping both individual and collective behaviours. This understanding challenges the widely held view that nurses always act altruistically and in their patients' best interests.

1.1 | The social construction of nursing

The research literature reviewed above argues that there is a connection between mainstream perceptions of nursing and nursing practice, including the alleged lack of impact on healthcare policy-making at various levels. Our study originates from a research co-operation between Danish and Norwegian scholars on social constructivist approaches in nursing research in the context of a discussion on whether the nursing profession is an agent with societal and historical influence. According to Burr (2003), no single unique feature can be said to identify a social constructivist position, but a fundamental premise of social constructivism is that knowledge is a human construction and thus a consequence of the individual's interaction with the environment. This social constructivist approach inspired us to critically reflect on the lack of studies that explore the social and political dimensions of nursing and the tendency to represent nursing as an unchanging phenomenon.

From a social constructivist standpoint, perceptions of what nursing *is* are seen as constructed in an active process through a fluid set of understandings shaped by those who produce it and those who consume it. Clinicians act upon knowledge by transforming information based on pre-existing experiences and understandings, relating it to existing knowledge, and imposing meaning on it. In this sense, meaning is constructed by the user, and the clinician is thus an active agent rather than a passive receptacle of information. In this perspective, perceptions of the nursing profession are thus an ongoing and active process of understandings shaped in an interplay between the views of society at large (the macro level), those managing the profession (the meso level), and the nurses themselves (the micro level). In line with this, we might say that a social constructivist approach can help to reveal how both individuals and groups participate in creating their own perceived professional identity. Such an approach involves looking at how phenomena are produced and reproduced, become institutionalised, and acquire the status of tradition.

The study of expressions of professional identity is a complex process. Our focus has been on the study of visual representations of nursing in Norwegian and Danish professional nursing journals in the selected time period, from 1965 to 2016. Their potential to visualise the implicit means that visual representations carry additional information to, for instance, an interview (Rose, 2016). They can therefore document underlying assumptions about perceptions of nursing and can therefore constitute a source for exploring whether and how differing constructions of nursing are portrayed throughout the selected time period. A visual representation of a nurse or nurses with patients in a nursing journal is a construction, and as such, it carries (consciously or most likely unconsciously) an idea or message about who the nursess patients are and what nursing is. We therefore assume that visuals of patients and nurses can be seen as reflecting contemporary societal and political movements and consequently as reflecting and shaping the dominant view of nursing—and thus, ultimately, what nursing is.

The foundational principles of the Nordic welfare model are that all citizens have access to social services regardless of social background or origin, and that benefits are not linked to insurance contributions or any other form of co-payment. Over the past fifty years, however, the impact of financial crisis, globalisation, neoliberalist economic policies, climate change and migration has caused the Nordic welfare states to undergo certain changes, leading to a significant restructuring in the way the tasks of the welfare state and how they are to be funded are viewed. Although the foundational principles behind the Nordic welfare model still form the backbone of these states and the objective is still to secure equality in health, the Nordic welfare states seem gradually to have moved a little way away from the emphasis on equality and generosity regarding welfare benefits (Pedersen, 2011, 2014). Our understanding of social constructivist perspectives on knowledge led us to expect that these societal developments would consequently be reflected in the realm of nursing, and the view of the patient embodied in nursing practice to be influenced by these movements.

1.2 | Aim

The aim of the study was to investigate whether and how visual representations of patients and nurses in Danish and Norwegian

professional nursing journals have changed or have remained the same in line with societal developments in these two countries. The article therefore illuminates how visual representations of nursing reflect healthcare policy movements in the Nordic welfare states. In so doing, the article contributes to discussion of the relationship between nursing and society and the impact of nursing on society.

2 | METHODOLOGICAL FRAMEWORK

2.1 | Visual research

Our study draws on Rose's discussion of visual methodologies and how to take visual materials seriously based on their effects on social practices (Rose, 2016). For Rose, visual materials are constructions which, rather than mirroring 'a reality', are products of particular ways of categorising the world. These constructions are not static: they are embedded in specific cultural and historic features. The present study is therefore based on the assumption that visual materials have the potential to visualise the 'ordinary' or the 'taken for granted'.

For Rose (2016), visuals are an important part of social life. Her emphasis on their effects is therefore an incentive to focus not so much on what visuals *show* as what they *do*. A consideration of the way visuals are 'viewed by the viewer' thus entails recognising that the audiences for these visuals are nurses who will attach meaning to—and be affected by—such visuals *as nurses*. In the last instance, the question of how differing visual representations of patients and nurses influence the readers of these journals points us towards insights into changes over time both in perceptions of nursing and in the focus, ideals and values of the nursing profession. By documenting the portrayal of changes in nursing in visual representations of the patient, the nurse, and the patient and the nurse from 1965 to 2016, we thereby investigate whether and how these visuals reflect differing constructions of nursing.

Following Rose (2016), we acknowledge that while these visuals do signify something 'in themselves' that can be captured through exploration of their signs, they are also to be seen as relational; the meaning of one sign is related to other signs, and will in some cases illustrate a movement through such interconnections to wider systems of meanings and wider ideologies in society. Embedded in seeing nursing as constructed is also the recognition that visuals do something to the viewer; as Rose puts it, 'visual images have their own effects' (Rose, 2016, p. 22). In considering these effects, Rose underlines the need to pay attention to who is looking. The Danish and Norwegian professional nursing journals are published by the national nurses' organisations and are distributed to all nurses who are members of the union (most are). The visual representations of patients and nurses that they publish are thus seen through the eyes of nurses socialised within the nursing profession, which in turn will influence the ways of seeing. The larger context is that the nurses' organisations are framed in part by national health policy. Thus, these visualised constructions of nursing should be interpreted in light of the development of the Scandinavian welfare state.

2.2 | Data material and analysis

The data used in the study are a select collection of visuals with their accompanying captions published in Danish and Norwegian professional nursing journals between 1965 and 2016. Although visuals can be seen as having their own agency, we also included the captions associated with the visuals and their context, drawing on Rose's point that the surrounding text can make a big difference to interpretation (Rose, 2016). To observe continuity and change across the material, we needed sufficient frequency to enable us to catch changes within the selected time period but on a scale that was feasible for us to survey. Based on the literature (Esping-Andersen, 2010; Pedersen, 2011), we assumed that the peak of the building of the Scandinavian welfare state occurred in the late 1960s. We therefore chose to include all nursing journals for the years 1965, 1970, 1975, 1980, 1985, 1990, 1995, 2000, 2005, 2010, 2015 and 2016. Although the selection of visuals was originally intended to be an inductive process, it was to some extent the result of a dialogue between the study aim, our interests and knowledge, and the material. The analysis was conducted in an iterative process, roughly organised in three phases.

2.2.1 | Phase one

First, we iteratively reviewed all visuals from 1965 to 2016, to obtain an overview of the entire collection of material throughout the selected time period and to form a general idea of the whole span of publication in each country. During this first phase, we conducted extensive analyses of a large number of visuals, focusing on content and overall composition. We looked for stability as well as change in the images.

2.2.2 | Phase two

Next, we singled out visuals and their associated captions for more thorough analysis, using Rose's (2016) critical visual methodology. The visuals selected were either those that appeared to be stable in the total material through the selected time period, or those that stood out as noticeable or striking because they represented a break from previous trends. Drawing on Rose, we focused in both phases one and two on the 'site of the *image* itself' (Rose, 2016, p. 24), studying formal components such as visual effects, composition and visual meanings, and paying specific attention to content and spatial organisation. In addition, we looked for important signs such as how signs related to other signs: for example, the context of the visual in the home, in hospital, in indoor or outdoor settings. Representations of bodies, manner, activity, props and settings were used to explore the visuals' social effects. Elements such as colour and light were tools to analyse atmosphere or expressive content (Rose, 2016).

2.2.3 | Phase three

In the third stage, we analysed and discussed the visuals further in the light of contemporaneous societal and political movements and ideologies in healthcare as these came to the fore in Danish and Norwegian healthcare policies. Based on our epistemological assumptions, we expected the visuals to be influenced by developments in healthcare policy, and our analysis focused specifically on what the visuals did. Did they reflect or contrast ideologies in healthcare policy movements? Finally, we selected seven visuals to illustrate our main findings in this article.

The research team from Denmark and Norway collaborated closely throughout the analytical process. Visuals were selected separately in our respective countries, before we met to exchange reflections on how to proceed with the next steps of our analysis.

3 | RESULTS OF THE ANALYSIS

The Danish journal *Sygeplejersken [The Nurse]* (originally entitled *Tidsskrift for Sygepleje [Journal for Nursing]*, then from 1950 to 1972 *Tidsskrift for Sygeplejersker [Journal for Nurses]*) was founded in the year 1900 and is the publication of the Danish Nurses' Organisation. The Norwegian journal *Sykepleien [Nursing]* was founded in 1912 and is the publication of the Norwegian Nurses' Organisation. Both journals have been published sometimes weekly, sometimes monthly at various stages. Their readership in both countries consists mainly of registered nurses. Both periodicals performed two functions from the start: presenting scholarly knowledge and raising organisational issues related to the profession for debate. As the function of a large part of the visuals is to illustrate topics relevant to the nursing profession, the focus is on nursing and nurses. Thus, we found that the volumes we analysed across the whole time span contained relatively few visuals of patients, or of patients and nurses together, but many of nurses (although the earliest volumes contained fewer visuals). The early years often showed portraits in close-up of head nurses, leading health visitors or chairs of organisations, together with visuals of nurses attending events such as union meetings and board meetings. We identified that some themes, for instance 'nurse–patient relations,' recurred consistently in the visuals throughout the selected time period. However, the accumulation of visuals in the total material over time revealed distinct developments that were not visible on casual inspection. These developments revolved around particular basic and recurring elements in nursing that presented themselves in different forms across the total time period. In the following section, we present what we found to be the major developments in the total material across time. The seven visuals presented here have been selected from the total pictorial material with the aim of illustrating these major developments.

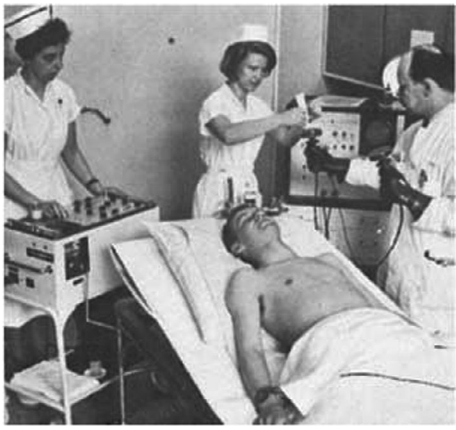

FIGURE 1 Headline: 'Developments in the treatment of cardiac patients'. Photo caption: The patient is anaesthetised, and the physician who is wearing large rubber gloves is holding the electrodes that are pressed against the patient's thorax. The background shows an electrocardiograph on the left and a defibrillator on the right. The nurse on the left is holding the electrode paste, and the nurse on the right is standing by to trigger the desired surge. Published in: Tidsskrift for Sygeplejersker, 1965. Photo credit: Unknown

3.1 | Changing relations, roles and responsibilities

The major finding of our analysis is that visual representations of the nurse–patient relationship and of the patient's and the nurse's roles and responsibilities did indeed change over the selected time period from 1965 to 2016. Overall, our analysis shows that patients who early in the period were portrayed as anonymous and passive recipients of care were later portrayed as actively involved and self-caring. In train with this, nurses who were originally portrayed in the role of nursing patients were later portrayed as facilitating and coaching them. In the following subsections, we elaborate on these developments in the pictorial material and discuss our findings in the context of developments in the Danish and Norwegian welfare states during this same period. The presentation of the basic movements is organised into two themes: (a) the changing nurse–patient relations and (b) the changing roles and responsibilities of nurses and their patients. The organisation of these themes is an analytical construct, as the themes are represented simultaneously in the individual images.

3.2 | Changing relations: From expert-driven, paternalistic care to collaborative care

The very first few visuals illustrating nursing portray a patient lying passively in a hospital bed. Here, nursing is frequently illustrated as being busy with technical tasks. These nursing tasks are portrayed as knowledge-intensive, and the nursing role portrayed here could be described as moving from 'pure care' towards more treatment-oriented tasks. In this period, however, nursing tasks are very clearly of lower status than those of physicians, even though the nurses' unions were endeavouring at the time to lift the prestige of the profession through the quality and duration of training.

Figure 1, taken from the Danish article 'Developments in the treatment of cardiac patients' (Andersen, 1965, p. 424), shows a passive patient, surrounded by nurses (and a physician to the right) occupied with technical tasks. There is no eye contact between patient and nurses, and the spatial organisation of the visual is typically top-down, with the nurses' heads shown above the patient's head. Unlike Figure 1, however, many visuals from this period place the nurse or nurses at the front of the visual field, with the patient in the background.

The welfare states that emerged in both Denmark and Norway after World War II were marked by a discourse about social equality and solidarity as guiding values in their development (Juul Hansen, 2016). A foundational principle of both Danish and Norwegian welfare states is that all citizens have the right to receive a number of shared services based on statutory requirements (Esping-Andersen, 2010; Mik-Meyer, 2017; Vallgårda, 2008, 2010). Central is the notion that the public sector has primary responsibility for the welfare of all citizens. The illustrations of nursing in this period echo the idea of 'the state taking care of you' in their portrayal of nurses as active and knowledgeable.

From 1965 to 1975, the visuals focus predominantly on the nurse and on instrumental nursing. Most visuals from this period portray nurses working with and around patients and those parts of the patient's body that require care. The development of the welfare state meant, among other things, that all groups within society should be supported by the system as part of society's safety net. The development of services strengthened the healthcare professions, and their 'expert knowledge' gave them a prominent role within this system, where they were tasked with helping to treat vulnerable patients and groups in a professional manner (Hjelmtveit, 2009).

From 1975 onwards, several images show a higher degree of interaction between nurse and patient. The patient is still bedridden and hospitalised, but a clear interaction is portrayed between patient and nurse. From 1975, several images show nurses and patients looking into one another's eyes, and from 1980, we see an increasing emphasis on the nurse–patient relationship, for example reflected by placing both nurse and patient at the centre of the image. Figure 2 from the Danish article 'Problem-solving should take place in clinical nursing' (Laursen, 1980, p. 4) illustrates these features. Although the patient is still passive and is portrayed as confined to bed, she is sitting upright on the edge of the bed. The nurse has no instrumental tasks, and her attention is completely concentrated on the patient. She is looking into the patient's eyes and is holding the patient's right hand with both of her own. The two heads are close and are at the same height, thereby underlining an equal relationship. The only artefact visible is the bed. On the wall behind the two figures is a semicircle of light, which lends the visualisation of the nurse–patient relationship a religious or a spiritual connotation (Laursen, 1980, p. 4).

This change aligns closely with the emerging critique in this period, following the tremendous growth of the welfare state in Denmark and Norway, that growth had led to dehumanisation. Charges of instrumentalisation and dehumanisation were also raised in the nursing profession in connection with the campaign for greater formal professionalisation of nursing (Martinsen, 1993). The centralisation and specialisation of hospitals in the 1970s had led to significantly increased expenditure on the health sector (Hubbard, 2006). To reduce costs, nursing homes, the home help service and home care were comprehensively developed from the 1980s. This development is reflected in the illustrations in the nursing journals.

Figure 3 from the Norwegian article 'Lung patients with longterm oxygen therapy – a neglected group in Norwegian healthcare' is set in a patient's home environment (Gravdal, 2000, p. 57). The patient is an elderly man, sitting in his armchair in his own home, with coffee cups and plates on the table. The nurse is looking at the patient as she leans towards him to demonstrate the use of a piece of technical equipment. She is not wearing uniform, but is dressed in ordinary clothes except for wearing shoe covers. The text explains how nurses visit patients in their own homes to help patients with pulmonary diseases manage their illness while living at home. The visual emphasises contact between the two figures and shows the nurse as an active helper (Gravdal, 2000, p. 57).

In line with economic and demographic developments in this period and the increase in the numbers of older citizens, much attention is given in this period to the importance of advanced healthcare provisions in the patient's own home as an alternative to hospitalisation. The home environment in this visual represents a contrast with the sterile and impersonal atmosphere of a hospital. Nursing taking

FIGURE 2 Headline: 'Problem-solving should take place in clinical nursing' Photo Caption: The tendency to describe nursing as equalising the nursing process is slowing down at the beginning of the 1980s, as many have realised that the nursing characteristics cannot be described as a nursing process model, writes the head of Skanderborg Hospital, Inger Lund Laursen, in this article. Many exciting tasks await solutions—but not as a goal in itself, but as a means of working to further improve and develop the clinical nursing practice. Published in: Sygeplejersken, 1980. Photo credit: Morten Bo

place in the patient's own home reflects a profession that is flexible and can meet the patient halfway in helping them in the setting in which he or she lives.

The expansion of the welfare state led to criticism of the system for its expense, inefficiency and paternalism, as a totalising system colonising people's life world (Hjelmtveit, 2009). From the 1980s, increasing globalisation and changing demographic development, among other factors, contributed to welfare policies in both Denmark and Norway moving further and further away from the universal welfare model, which had aimed to ensure the universal rights of individual citizens, to a model that increasingly required the individual citizen to be responsible for his or her own problems (Mik-Meyer, 2017). Since the 1980s, welfare services in both countries have undergone reforms intended to increase their quality, efficiency and transparency with respect to costs and outcomes in the processes of welfare production. In both countries, these reforms drew their inspiration from New Public Management (NPM) and the idea that the traditional core welfare services should be opened up to inspection based on evaluation criteria that were not integral to the character of traditional care services (Jensen & Villadsen, 2016; Lian, 2007).

New public management policy represented a clear rupture with the postwar focus on collective needs. It was linked to an increased focus on privatisation, competition, co-payment and individual rights. In tandem with this development, a new ideology developed of the autonomy and freedom of choice of the beneficiary of the welfare system. Over the last ten to fifteen years, the increasingly widespread NPM regime in both Danish and Norwegian welfare institutions has been hotly debated—especially with regard to the question of whether NPM has assisted in moving the welfare states towards becoming competitive states (Mik-Meyer, 2017). The focus on liberalisation through a policy that provides consumer choice gives rights to citizens, but also increases their responsibility for their own health. This development has been identified as one factor behind increasing social inequality in health (Dahl, Bergsli, & van der Wel, 2014). One aspect of the trend towards a greater emphasis on citizens seeking their own health and overall well-being has been the verification of welfare service users' needs.

FIGURE 3 Headline: ‘Lung patients with longterm oxygen therapy – a neglected group in Norwegian healthcare’. Photo caption: It is important for patients receiving oxygen therapy to be given follow-up in rehabilitation groups or in their home. This archival image from 2000 shows Margit J. Hansen while she instructs one of her patients in using the equipment [oxygen tank] from the Lung Team at Bærum Hospital. Published in: Sykepleien, 2000. Photo credit: Kari Anne Aase

During the 1990s, the theme of user participation became increasingly prominent in public policy documents in health and social welfare (Askheim, Christensen, Fluge, & Guldvik, 2017). Several articles from 1990 frame the nurse–patient relationship by stressing the importance of the patient's need to participate in their own healthcare, and from 1995, several articles discuss whether recent developments in working conditions have had the effect *of industrialising nursing* and whether nursing practice has become a *care factory*.

Figure 4 from the Norwegian article ‘Satisfied patients at Radiumhospital [Radiumhospitalet]’ is an image captured in a hospital department, perhaps an outpatient cancer department. The visual stresses the importance of the ‘correct attitude’ on the part of the nurse towards the patient, involving increased collaboration and seeing the patient as an equal (Mathiesen, 2000, p. 4). This development can be seen as a desire to show nurses working with patients as partners, in line with the ideals of NPM. The portrayal of the nurse–patient relationship as one of collaborative teammates working together underlines the importance of more active patient involvement and a new role for patients in society and healthcare. During this timeline, we see the changing images of nursing practice—from visuals showing skilled experts carrying out instrumental nursing to visuals portraying nurses as allied teammates—as reflecting some of the changes in the welfare state.

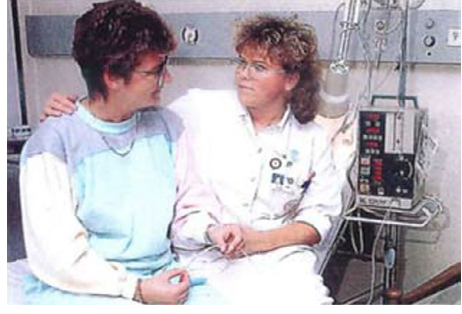

FIGURE 4 Headline: ‘Satisfied patients at the Radium Hospital [Radiumhospitalet]’. Photo caption: Nurse Elin Lien finds that nine out of ten patients are satisfied with their treatment at the Radium Hospital. Published in: Sykepleien, 2000. Photo credit: Anne Sidsel Herdelvær

3.3 | Changing patient roles and responsibilities: From passive patient to active participant

Another distinct development in the total material across time is in the portrayal of patients. From 1965 to 1975, the patient is predominantly depicted as a bedridden, passive recipient of care, as in Figure 1. Over time, the bedridden patient is increasingly pictured as active, self-caring and self-responsible. In 1980 and especially in 1985, a growing number of images show patients engaged in everyday activities, often in interaction with others. Several images show patients being physically active—during exercise, for example. This contrasts with Figure 1 from 1965, where the patient is presented as passive and not engaged in human contact, while the nurses are busy performing tasks related to the patient (Andersen, 1965, p. 424).

In 1985, we see an increasing emphasis in the pictorial material on the importance of the patient's *involvement*, *participation*, *self-determination* and *joint responsibility* for their own care, as well as their right to be as active as their own resources permit. The importance of viewing the patient as a *collaborator* and partner in their own *activation* is highlighted. Self-care is frequently emphasised as important in the prevention of chronic disease, as shown in Figure 5 from the Danish article 'In their own home'. The visual shows a rehabilitation effort intended to increase self-care by the elderly in their own homes (Danielsen, 1985, p. 4). From 1982 onwards, reflecting the increasing numbers of the elderly and those living with chronic disease, we see a growing focus on self-care. The concept of self-care, which stresses the importance of patients' attention to their health and well-being to promote their own health as well as the importance of preventative nursing, treatment and rehabilitation measures, has been a significant element in both national and international health discourses since the mid-1970s.

After 1990, more articles are centred on the need to support patients as they take responsibility for their own treatment in order to avoid becoming passive recipients of care. While numerous images still portray the patient as passive and bedridden, more and more images and captions emphasise the importance of promoting active patients. From 1995 to 2016, individual images and captions even suggest a reconfiguration of the roles and boundaries between patient and nurse. More than ever, the focus is now on patients 'living life fully' in spite of disease or illness.

This transformation of the patient from passive recipient of healthcare to someone who is becoming actively involved is illustrated in Figure 6 from the Norwegian article 'Out of bed', captioned 'It's all about getting the body to function so I can work' (Hernæs, 2010, p. 35). The image shows a young female patient walking with crutches in the hospital grounds. She is smiling as she lifts one of her crutches in the air, and she looks active and happy, balancing playfully on the stones lining the grass verge. Spatially, the visual is organised so that the hospital is behind the patient, who is outdoors and 'on the move,' dressed in a tracksuit and sneakers. The headline says, 'Out of bed. With medication and facilitation, she lives almost just like everyone else'. Her chronic medical condition is not mentioned (Hernæs, 2010, p. 35).

Figure 6 represents a new trend in portraying the patient neither in hospital nor at home, but out of doors. Disease is constructed here as something that can be overcome by self-discipline, and the patient is constructed as motivated by the desire to work and live like other people, that is, like healthy people. It is emphasised that patients can 'tolerate' being physically active, something that can be achieved by 'reassessing mental barriers and motor constraints' (Hernæs, 2010, p. 35). It is notable that the emphasis on the importance of overcoming barriers could be said to characterise sick people as lacking in initiative. The norms coming up in the visual include the understanding that patients need to be kept active to be healthy, and that engaging in

FIGURE 5 Headline: 'In own home'. Photo caption: Work at the institution is guided by three major principles: self-care, individual treatment and interdisciplinary co-operation. Published in: Sygeplejersken, 1985. Photo credit: Heine Pedersen

FIGURE 6 Headline: 'Out of bed. With medication and facilitation, she lives almost just like everyone else'. Photo caption: It's all about getting the body to function so I can work. Published in: Sykepleien, 2010. Photo credit: Erik M. Sundt

outdoor activities is recommended. One of the differences between the pictorial material from Denmark and Norway is that the Norwegian visuals depict patients out of doors several times from 2010, while the Danish visuals present patients in the home environment. One Danish visual, for example, shows elderly patients being coached in hoovering their homes so as to enable them to become independent of their caregivers (Aabling, Dybro, & Jordt, 2000, p. 36).

Another representative trend in Figure 6 and more widely among the Norwegian visuals is that the patient is portrayed not only as active, but also giving the impression of being happy and positive. The depiction of the happy active patient points to a normativity embedded in the visual through its association of activity with positivity and (though unstated) passivity with negativity, thus establishing a connection between personal traits and actions. This link is recognisable in today's health discourses, in which notions of how a person deals with illness emanate from the ideal of personal responsibility. Self-management has become ‘a hallmark of chronic illness management’ (Wilson, Kendall, & Brooks, 2006, p. 804).

3.4 | Changing nursing roles and responsibilities: From caregiver to coach and facilitator

Consistent with this development, our visual analysis reveals an evolution in the role and responsibility of nurses. In the first part of the selected time period, nurses are predominantly depicted as having a clear and expert role and responsibility in relation to patients. Visuals and captions showcase the nurse or the nursing activity and tell us nothing about the patient in the image. Figure 7 from the Norwegian article ‘From patient to active player’ shows a nurse sitting in front of a computer and talking to a patient. This visual could just as well have been of a consultation with a doctor. It thus illustrates a new discourse related to new campaigns over nursing tasks (Vestaby, 2010, p. 57).

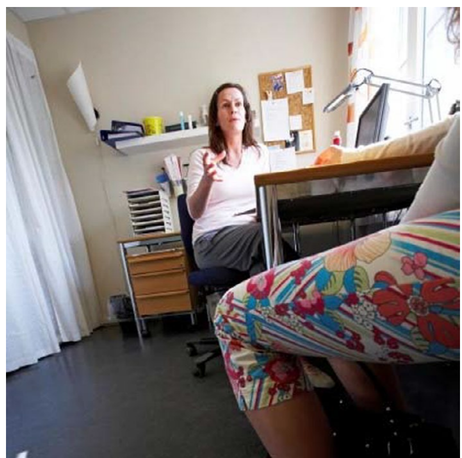

FIGURE 7 Headline: ‘From patient to active player’. Photo caption: None. Published in: Sygepleien, 2010. Photo credit: Unknown

This development is matched in the literature on nursing. There the role of the nurse as consultant is frequently discussed in connection with new training programmes in specific skills with advanced specialty titles such as head nurse, charge nurse, nurse practitioner and so on. Discussions about the nurses as consultant in these texts are set in the context of demographic change, professional skills development and economic constraints, all of which are seen as leading to increased professional autonomy in the practice of nursing consultation. The text accompanying Figure 7 states that the consultant role offers nurses greater autonomy. Working on her own with the patient, the nurse takes initiatives, makes decisions and makes choices based on skills developed through advanced education, or, if necessary, refers the patient for further advanced medical examinations. The attribute of the central concept of autonomy is played out through the discourse of ‘consulting’ nurses (Vestaby, 2010).

4 | DISCUSSION

In this study, we wished to challenge the tendency to characterise nursing as unchangeable and politically and historically decontextualised. Our analysis of visual representations of nursing in the Danish and Norwegian professional nursing journals across fifty years found that although certain themes such as the theme of the nurse–patient relationship have remained stable, representations both of nursing practice and of patients have changed. We understand these visuals of nurses and patients as illuminations and constructions of nursing practice on the micro level. In the nursing journals, visuals play a role in constructing nursing as a professional practice. Since the nursing profession forms one element of these countries' institutionalised public health service, professional nursing practice can also be understood and discussed on the macro level as part of the welfare state. In this analysis, we have drawn connections between these three levels, enabling us to discuss the changes in the nurse–patient relationship and in the patient's and nurse's roles and responsibilities in light of policy changes in the welfare states.

Despite specific differences, the Nordic welfare states are often characterised as similar (Vallgårda, 2011). The basic principle is that all citizens have the right to a number of shared services based on statutory requirements and not on an assessment of whether or not the individual is in need (Esping-Andersen, 2010; Mik-Meyer, 2017; Vallgårda, 2008, 2010, 2011). Since World War II, and especially since the 1960s, the costs associated with health and welfare have expanded dramatically. Reforms were therefore enacted to increase efficiency and cost-effectiveness, particularly after 1980 (Jensen & Villadsen, 2016; Juul Hansen, 2016; Lian, 2007), as described in the section on our findings.

The analysis of these images from 1965 to 2016 reveals that they are powerful representations of nursing, and the lines of development illuminate changing representations of nurses and patients. In the first part of the period, the nurse is constructed traditionally as

a knowledgeable and powerful caregiver and expert, with the patient constructed as dependent on nursing care. Nurses are portrayed as 'second'-level health workers, traditionally tasked with preparing surgical instruments and assisting physicians during medical procedures. Nurses are shown as providers of direct care and intervention to patients who are passive recipients of this support. Later, the relationship between nurse and patient becomes more of a partnership and is to an extent coloured by the ideals of collaboration, equality and participation. Nurses are portrayed as highly skilled and deploying advanced knowledge. In this role, nurses are perceived to 'empowering' patients by working collaboratively with them and teaching them the skills they need to enhance their mobility and health habits—a role that ultimately produces self-sufficient and independent patients who have an improved quality of life. After 1990, nurses are increasingly portrayed as facilitators and coaches, while patients are similarly visualised as active, resourceful, even happy in their approach to living with chronic disease. The contexts in which interactions are displayed also change as nurses are portrayed to a greater extent performing their role outside specialist institutions—for example in the patient's home or even, in some cases towards the end of the period, out of doors.

Drawing on Foucault, Nicholas Rose discusses how medical jurisdiction has gradually expanded from illness and disease to cover a much larger area including not only chronic illness and death but also the government of risk and the maintenance and optimisation of the healthy body (Rose, 2007). The maintenance of the healthy body has come to be seen as central through ways of stimulating 'empowerment' and self-management, increasingly combined with an emphasis on 'active citizenship' and the transformation of patients into 'consumers.' In this process, medicine has played a central role in governing the ways we conduct our lives, making governmentality a central concept in today's health politics. Seeing health and illness as a political issue allows the governing of people's lives to be exercised and played out in decentralised social relationships, for example when the nurse meets the patient in an outpatient clinic or in home services.

Governmentality involves approaches that maximise people's capacities and lead towards making individuals governing themselves as free individuals (Foucault, 1982). This dynamic is reflected in these visuals, which represent nursing as increasingly comprising not only directly medical-related activities, but also providing advice on how citizens should shape their lives in the name of health. In optimising individuals' capacities and resources, health professionals such as nurses are involved in the governance of individuals by employing strategies of disciplining and caring. Governmentality and self-care can thus be understood as political strategies to moderate the burden exerted on society by individuals. In so far as nurses have become actors in moderating, disciplining and motivating patients to handle their illness and life situation, they can be understood as co-creators of state policy, and in promoting patients' self-conduct in their everyday lives, nurses can be understood as political agents.

Holmes and Gastaldo point out that the nursing profession is inherently political because nurses deal with 'biological existence and generates knowledge about it' (Holmes & Gastaldo, 2002, p. 560). As one of the largest professional groups in the health sector, nurses play an important role in the population's health education. Through supervising and intervening over biological processes, nursing practice cares for the population by preventing disease and rehabilitating vulnerable groups in society. Our analysis of images from 1965 to 2016 shows nurses as political actors implementing health policies embedded in specific knowledge regimes. It follows that nurses exercise power in different ways, and patients dependent on healthcare are frequently in vulnerable situations. It is therefore important that the theoretical foundation of the nursing profession is founded on concepts and analysis of the power of professional practice set firmly within a social and political context. If power is perceived solely in terms of relational power in the individual nurse–patient relationship, there is a risk that the consequences of political agendas and objectives may find their way covertly into nursing research and nursing practice. It would be easy to characterise nursing practice as falling victim to policy, and nurses as actors subordinated to political developments.

In their work, nurses come face to face with and relate to the consequences of health policy developments and changing conditions. Nursing can make a difference by inscribing societal awareness and perspectives in their professional mandate. Rather than understanding nursing as a neutral and apolitical profession, we follow Holmes and Gastaldo (2002) in finding that nursing practice is influenced by changes in society, and accordingly that nurses are part of the political reality of healthcare. This means that they have the power to influence society. The images in our study illuminate that nursing is not apolitical; on the contrary, the societal perspective is important and should be emphasised. Social awareness and attention to policy in nursing research and in clinical nursing theory and practice are necessary to capture a broad understanding both of the patient's situation and the conditions for clinical practice that can offer the best both for our patients and for professional nursing standards.

5 | CONCLUDING REMARKS

Our aim in this article was to investigate to what extent visual representations of patients and nurses in Danish and Norwegian professional nursing journals have changed or have remained consistent compared to developments in the Nordic welfare states. Hence, we did not address internal developments in the nursing profession like, for example, the development of nursing science in this study. However, it would be of relevance to look further into the internal development in a future study.

The article demonstrates that visualisations of nursing correspond with and support the changes that occurred between 1965 and 2016 as the Nordic welfare states first consolidated and then subsequently moved towards individualisation and the competition state. Nurses are shown to be political actors, implementing health policies embedded in different knowledge regimes.

As mentioned, some themes such as the nurse–patient relationship are emphasised repeatedly throughout the period, giving

an initial impression of stability and 'core' nursing values. Analysis of the visuals, however, made it possible to unveil the underlying 'taken for granted' embedded within them and also clarified that although the visuals continued to address the same themes, the content of those themes had undergone considerable change. As one illustrative example, the change in the nurse's portrayed role from carer to facilitator or coach means that the nurse–patient relationship cannot be characterised as a stable entity carrying the same values. It is not the same relation that was portrayed previously.

Our study indicates that visuals are a valuable source for studying the relationship between nursing and health policy and the impact of nursing on health policy. Furthermore, visuals are valuable sources for exploring how individuals and groups participate in creating their perceived professional identity—and thus in reflecting and shaping the dominant view of patients, and, ultimately, in forming the conception of what nursing is.

We therefore propose that the study and analysis of visuals of nursing in additional regions beyond Scandinavia is an under-explored area that offers the potential and the opportunity for investigation in nursing research. Digital developments and developments in social media, which generate a 'world full of images' open to various forms of analysis, make visual methodologies increasingly relevant.

However, the findings in this article should be considered in light of certain limitations. We have striven to attain transparency by uncovering the underlying assumptions from which we operate and by being explicit about the process of identifying data in the process of analysis. We recognise, however, that the use of visual methods has limitations to the same extent as other methods. In our review of the entire collection of visuals for the selected time period, we analysed images that either appeared to be consistent—for example, the overall focus on instrumental nursing tasks—or images that were noticeable or striking in representing a break with previous images. Our primary focus and concern was, however, to identify and describe developmental changes in the nursing profession over decades.

We recognise that multiple sources are capable of investigation in examining the relationship between the body of nursing practice and society, and the impact of nursing on society. We acknowledge that visuals are just one source among several. However, social categories are constructions, and visuals are central to the construction of social categories. As John Berger said fifty years ago, 'We never look at just one thing; we are always looking at the relation between things and ourselves' (Berger, 1972, p. 9). In so doing, Berger was pointing to the ways in which images 'invite the viewers' by making the viewers attach values and norms to the images. Tacitly and subtly, visuals 'carry' associations, often of the 'unspoken'—and perhaps unconscious and thus uncensored—values that reflect ideologies and norms in society.

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