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NURSE-THEMED INDONESIAN HORROR FILMS: A QUALITATIVE DESCRIPTIVE STUDY

ABSTRACT

Indonesian horror films often portray female nurses, or "suster," as ghostly, sexualized, or subservient figures, raising concerns about the impact on public perceptions of nursing. Although the representation of nurses in the media has been studied for decades, scholarly interest in the topic has significantly increased in recent years. This research aims to analyze Indonesian nursing students' perceptions of nurse-themed horror films. The study employed a qualitative descriptive design within a constructivist–interpretivist framework to explore how Indonesian nursing students perceive these portrayals and how such representations shape their views of professional identity. Eight undergraduate nursing students from a private university in East Java participated in the study. Data were collected through in-depth interviews and a focus group discussion conducted after the viewing of five commercially released Indonesian horror films featuring prominent "suster" characters. Reflexive thematic analysis was used to examine how participants described and interpreted these portrayals. Methodologically, the study pairs shared media stimuli with reflexive thematic analysis, applies the principle of information power rather than data saturation to warrant sample size, and treats translation between Bahasa Indonesia and English as an analytic operation. Three primary themes were generated: (1) exploitation and eroticization of nurse bodies, encompassing ghostly nurse portrayals and sexualized nurse uniforms; (2) misleading portrayals of hospitals and nurse–doctor relationships, including haunted hospital imagery and reinforced nurse–doctor hierarchy; and (3) responses to nurse stereotypes in horror films, including personal coping strategies and intentions for collective resistance. Participants reported that these portrayals conflicted with their understanding of nursing ethics, professionalism, and identity. The study suggests that integrating media literacy into nursing education may help students critically assess and respond to media stereotypes and that the methodological design developed here offers a replicable template for future inquiries into how popular culture shapes professional identity.

Keywords

Horror film; Indonesia; Nurses; Nursing student; Suster.

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1. Introduction

The representation of nurses in the media, particularly in horror films, has been a topic of critical discussion and analysis because of its potential to misrepresent the profession and perpetuate damaging stereotypes. Although the portrayal of nurses in the media has been studied for more than four decades, media coverage of nurses has attracted greater scholarly interest in recent years than ever before (González et al., 2023). Research indicates that media portrayals significantly influence public perceptions of various professions, including nursing (Stanley et al., 2019). These portrayals often present inaccurate or stereotypical images that can have adverse effects (Calvo-Calvo, 2014; De Souza, 2017). Such portrayals frequently present nurses as subordinate to doctors, engaged in routine tasks, or as objects of sexual desire, failing to acknowledge the complexity and expertise of modern nursing (De Souza, 2017). Furthermore, they may dissuade potential nursing students and create misconceptions about the scope and responsibilities of the profession (Weaver et al., 2013).

Indonesian horror films have consistently been a significant draw for audiences in the country, often occupying top box office positions throughout the history of Indonesian cinema (Guild, 2023; Indra, 2024). The growing popularity of Indonesian horror films can be attributed to several factors, including the effective use of jump scares, cultural influences, and the exploration of controversial themes. Additionally, these films often leverage elements of fear and objectification, which resonate deeply with audiences (Adiprasetyo, 2023; Lestari & Sihombing, 2022; Setiawan & Halim, 2023; Widagdo, 2021). However, some Indonesian horror films have been criticized for their portrayal of women as victims and for potentially inappropriate content (Azizah & Rahayu Z, 2023; Meliala & Bezaleel, 2018). These negative aspects may have a detrimental impact on audiences, particularly by reinforcing gender stereotypes and desensitizing viewers to violence.

One of the female characters often exploited in Indonesian horror films is the nurse, referred to as “suster”. The portrayal of the female nurse is a recurring theme, spanning a wide range of roles from eerie to alluring. Notably, these films depict female nurses far more frequently than male nurses. The representation of nurses in horror films has the potential to adversely affect public perceptions of the nursing profession. This portrayal is significant, as it shapes not only how the public views nurses but also how patients and the nursing community understand their roles within the healthcare system (Stanley et al., 2019).

The nursing profession is frequently misrepresented in horror films, adversely affecting public perception (Ogunleye, 2021; Stanley et al., 2019). Nurses are often portrayed in a sexualized manner, perpetuating stereotypes that inaccurately depict their profession (Stanley, 2008). Nursing, a profession widely regarded as noble and dedicated, depends heavily on collaboration. Working alongside other healthcare professionals, nurses are able to deliver patient care efficiently and effectively (Vandali, 2017).

The International Council of Nurses defines a nurse as a professional who has an education in scientific knowledge, skills, and nursing philosophy, and is regulated to practice nursing based on established standards of practice and a code of ethics (International Council of Nurses, 2025). The film industry therefore needs to provide more accurate and respectful portrayals.

To our knowledge, this paper is the first attempt to understand how Indonesian nursing students perceive the representation of their future profession in contemporary horror films. Previous studies indicate a significant gap in the academic literature specifically examining the intersection of nursing, gender, and horror in Indonesian cinema. Most research examines gender dynamics or horror tropes separately, with little attention to healthcare professionals in horror narratives (Frolova, 2021; Wijaya et al., 2025). Additionally, methodological gaps in audience experience studies limit understanding of how viewers perceive nursing and gender roles in horror (Richardson et al., 2025). To address this gap, we employed a descriptive qualitative study to examine Indonesian nursing students' experiences of viewing nurse-themed horror films. Qualitative research allows participants to express their experiences in their own words and captures context, language, emotions, and reasoning that are often lost in quantitative studies. The research question of this study is: how do Indonesian nursing students describe and evaluate the portrayal of nurses in contemporary Indonesian horror films? The purpose of this research is to analyze perceptions of the portrayal of nurses in contemporary horror films.

2. Methodology

This study employed a qualitative descriptive design within a constructivist–interpretivist framework to investigate Indonesian nursing students' perceptions and evaluations of nurses' portrayals in contemporary horror films. The qualitative descriptive approach was selected to provide a clear and comprehensive account of the participants' language, meanings, and assessments (Colorafi & Evans, 2016). The primary focus was to articulate the students' expressions and interpretations of the films, rather than to engage in abstract theoretical interpretations. Phenomenology and discourse analysis were not utilized in this study, as the objective was pragmatic and evaluative. The aim was to document the students' reactions to specific film portrayals, rather than to explore the essence of their experiences or to conduct detailed discourse analysis.

The research team consisted of media studies and nursing academics with training in qualitative research, with specific interests in media, health communication, and professional identity. It is important to note that none of the facilitators were involved in teaching, supervising, or assessing the participating students during data collection. We acknowledge our understanding that cinematic portrayals can significantly influence both public and professional perceptions of the nursing profession. To address this potential bias, we implemented several measures: (i) we documented our assumptions through reflexive memos before and during the analysis; (ii) we employed open, non-leading questions to facilitate discussion; and (iii) we engaged in peer debriefing sessions to rigorously evaluate our interpretations.

Furthermore, we included a brief positionality paragraph to enhance transparency and trustworthiness in our findings.

2.1 Film Selection

Five Indonesian horror films featuring female nurse characters were purposively selected to illustrate the genre's prevalent tropes and diverse representational patterns. The inclusion criteria were as follows: (a) the film must have been commercially released in Indonesia; (b) it must belong to the horror genre; (c) one or more central nurse characters must play a significant role in the plot or marketing; (d) the film must be accessible through legitimate sources (DVD or streaming); and (e) the corpus as a whole should exhibit variation in narrative type and time period to enhance representational diversity. The first and second authors independently examined potential titles, met to refine the shortlist, and ultimately reached consensus with the third author to finalize the selection. To maintain clarity and transparency, the manuscript presents a concise table rather than lengthy narrative summaries. In Table 1 we present the five selected films, their directors, release years, and the justification for their inclusion.

Table 1. Film Selection

Film Title	Director	Year	Justification for Selection
Suster Ngesot	Arie Azis	2007	The central ghost/nurse figure drives plot. Canonical “suster” trope; high cultural salience
Kutukan Suster Ngesot	David Poernomo	2009	Recurring nurse apparition. Continuity of trope; teen ensemble context.
Suster Keramas	Helfi C.H. Kardit	2009	A missing/deceased nurse is central to the mystery. Cross-cultural casting; eroticized marketing.
Suster Keramas 2	Findo Purwono HW	2011	Hospital-based nurse hauntings. Hospital setting foregrounded; franchise effects.
Bangkitnya Suster Gepeng	K Team (alt listings: Nuri Dahlia)	2012	The iconic “gepeng” nurse returns. Historical backstory; enduring media motif

2.2 Sample and setting

Participants were recruited through purposive sampling from an accredited undergraduate nursing program at Universitas Muhammadiyah Surabaya, a private university located in East Java, Indonesia.

The inclusion criteria for participation were as follows: enrolled undergraduate nursing students aged 18 years or older, with the capacity to provide informed consent, and a willingness to view Indonesian horror films featuring nurse characters. Exclusion criteria included a self-reported history of severe distress associated with horror media or a preference to avoid horror content. Recruitment was conducted through classroom announcements and messaging platforms, ensuring that participation was completely voluntary and not connected to academic performance or grading. In alignment with established information-power principles, we determined that a sample of 8 students was adequate for the study's focused aims. The specific nature of the sample, combined with the rich, film-based prompts employed, supports our assertion of sufficiency for achieving the stated objectives, rather than claiming data saturation. In Table 2 we present the demographic characteristics of the eight participants, including their sex, age, and semester level.

Table 2. Demographic Characteristics of Participants (N=8)

Participant Code	Sex	Age (years)	Semester Level
P1	M	21	6th
P2	F	21	6th
P3	F	20	6th
P4	M	19	4th
P5	M	22	8th
P6	F	19	4th
P7	F	22	8th
P8	M	21	6th

2.3 Data Collection Procedure

Screenings were conducted over one month, featuring collective viewings organized into five weekly sessions. To minimize expectancy bias, the titles of the films were not disclosed prior to the screenings. Following the final screening, each student participated in an individual interview lasting approximately 60 to 90 minutes, during which they provided cumulative reflections on all five films. Subsequently, a focus group discussion (FGD) was held with all participants, lasting about 120 minutes. This discussion aimed to explore the socially co-constructed meanings arising from participant interactions, including areas of agreement, disagreement, and elaboration. All sessions were conducted in Bahasa Indonesia, audio-recorded with consent, and accompanied by detailed field notes.

The following open-ended prompts were carefully crafted to minimize confirmation bias during interviews and focus group discussions (FGDs): "Could you describe what aspects stood out to you across the five films in relation to the portrayal of nurses?" "In what ways were nurses characterized regarding their appearance, roles, and actions?"

What led you to these conclusions?" "What emotions or thoughts were evoked by these portrayals from your perspective as a nursing student?"

"What similarities or differences did you observe across the films?" "How might audiences unfamiliar with the nursing profession interpret these portrayals?" and "In what ways might these portrayals influence the nursing profession or your own professional identity, if at all?" Additionally, FGD probes such as "What perspectives do others hold?" "Can you provide an alternative interpretation?" and "What informs your interpretation of this portrayal?" were included to facilitate discussion. For a comprehensive guide, please refer to Appendix 1, which also notes that previously leading questions, such as "Will this film create a negative image...?" have been revised to ensure they are open-ended and non-leading.

To mitigate hierarchical pressures during focus group discussions (FGDs), the primary facilitator refrained from participating in the teaching and assessment of participants throughout the study period. The consent form explicitly outlined that participation would not influence any coursework or grading outcomes. Group norms consciously emphasized the principles of voluntariness, turn-taking, and the respectful consideration of diverse perspectives. Furthermore, the seating arrangement and moderation approach were intentionally designed to bridge the gap between the lecturer and students, incorporating circle seating, first-name addressing, and transparent disclosure of the facilitator's role.

Interviews and focus group discussions (FGDs) were conducted in Bahasa Indonesia, and the transcriptions were completed verbatim in the same language. The English excerpts presented in the manuscript were subjected to a two-step translation process: forward translation by a bilingual research assistant, followed by back-translation by an independent bilingual translator who was not involved in the data collection. Two bilingual team members reconciled any discrepancies identified between the translations to preserve semantic equivalence, idiomatic meaning, and appropriate tone. Edited quotations are indicated with [...] to denote insertions or clarifications, and ... to represent minor omissions. Grammatical adjustments were made sparingly to maintain the integrity of the original meaning.

2.4 Data Analysis

We employed reflexive thematic analysis (RTA) as outlined by (Braun & Clarke, 2019). Our approach involved several systematic steps: first, we familiarized ourselves with the data; then, we generated initial semantic codes, constructed candidate themes, and reviewed these themes against the coded dataset. Subsequently, we defined and named the themes, accompanied by vivid extracts that illustrated our findings. The coding process was primarily directed by the first author, with co-authors providing valuable support as critical friends. They engaged in reflective dialogues to examine our assumptions and consider alternative interpretations. Consistent with the interpretivist framework of RTA, we opted not to calculate inter-coder reliability or employ consensus coding as measures of validity. Instead, we ensured rigor in our analysis through a commitment to reflexivity, transparency, and analytical depth.

Please consult Appendix 2 for a detailed overview of the theme maps. In addition, a concise analytical flowchart is provided in Appendix 3.

2.5 Trustworthiness

The trustworthiness of the collected data was evaluated based on the principles of credibility, transferability, dependability, and confirmability, as outlined by (Guba & Lincoln, 1981). First, participants contributed to the credibility of our findings by verifying the accuracy of the transcripts through a thorough review, although full interpretive member checking was not conducted. Triangulation across interviews and focus group discussions (FGDs) further strengthened our interpretations, ensuring that discrepant cases were analyzed. Regarding dependability, we maintained a meticulous audit trail that included memos, multiple iterations of the codebook, and decision logs to document procedural consistency. Peer debriefing occurred at critical milestones, specifically after the coding process and prior to finalizing themes. Confirmability was supported through reflexive journaling, preservation of analytic products, and an external review conducted by a qualitative colleague not involved in the author team. Lastly, we provided a comprehensive description of the program context, including the type of institution, curriculum stage, and cohort characteristics, enabling readers to assess the applicability of our findings to similar settings.

Audio files and transcripts have been securely stored on a password-protected drive managed by the institution, which is accessible solely to the research team. To ensure confidentiality, identifying information has been maintained separately from the data. For analysis and reporting, only de-identified transcripts have been used. The data will be retained for 5 years.

3. Results

Three main themes were generated from the interviews and focus group discussions: exploitation and eroticization of nurse bodies; misleading portrayals of hospitals and nurse–doctor relationships; and responses to nurse stereotypes in horror films. Each theme comprised specific subthemes. The findings below are presented with illustrative participant quotes attributed using coded identifiers (P1–P8) with semester information where relevant.

Theme 1: Exploitation and eroticization of nurse bodies

Participants reported that horror films often exploit female nurses' images in ways that conflict with professional norms. Two subthemes were identified:

Ghostly nurse portrayals

Participants observed that presenting a nurse as a ghostly or devil-like figure was at odds with the profession's image.

They noted that a nurse's appearance and conduct should reflect her personality and professional ethics, implying that the ghostly portrayal was incongruent with nursing identity.

"Presenting a nurse as a ghost or devil-like figure is at odds with the profession's image... a nurse should have an [appearance and conduct] that reflect her personality and ethics." (P1, 6th Sem)

"Nurses [do not] hurt patients... scenes where a 'nurse' injures people clearly violate our ethics." (P2, 6th Sem)

"When the costume and makeup turn a nurse into a monster, viewers forget the real nurse's role—care, safety, and compassion." (P1, 6th Sem)

"These films mix fear with the nurse symbol... and people start to associate our uniform with something dangerous." (P5, 8th Sem)

Sexualized nurse uniforms

Another concern was the frequent depiction of nurses in revealing or "sexy" uniforms. Participants observed that in these films, nurses often wear "sexy or mini clothes" that emphasize their bodies. They explained that this clashes with nursing dress codes, noting that nurses' attire is supposed to be "neat and polite."

"In these films, nurses often wear 'sexy' or mini [uniforms] that highlight their bodies." (P3, 6th Sem)

"Our dress code should be neat and [professional], not revealing." (P4, 4th Sem) "It feels like they sexualize the nurse first, then add horror." (P1, 6th Sem)

"Constantly showing nurses as seductive or caricatures is... 'destroying the image of the nursing profession.'" (P5, 8th Sem)

Theme 2: Misleading portrayals of hospitals and nurse–doctor relationships

A second theme concerned inaccurate images of the hospital environment and of nurses' roles relative to doctors. Two subthemes emerged:

Haunted hospital imagery

Participants commented on the eerie depiction of hospitals in horror films. Participants remarked that horror films often make people see hospitals as scary.

"Because of the film, hospitals are [often] identified with horror, even though they should be calm and pleasant." (P6, 4th Sem)

"My younger relatives now think 'hospitals are creepy at night' after watching a popular horror series." (P2, 6th Sem)

"That mood of flickering lights and empty corridors makes people anxious about real wards... it's the opposite of therapeutic care." (P6, 4th Sem)

Reinforced nurse–doctor hierarchy

Participants also noted that the films tend to portray nurses as subordinate to doctors. Participants explained that the old perception of nurses as a doctor’s helpers comes from earlier training programs, but stressed that this view is outdated.

Participants emphasized that “nurses are partners with doctors” and that many now have advanced degrees, implying that horror films should not perpetuate the antiquated “doctor’s helper” image.

“The old idea that nurses are just a doctor’s helper comes from earlier training... but now nurses are partners with doctors, and many have advanced degrees.” (P7, 8th Sem)

“Many films still accentuate the image that the nurse is a helper [to the doctor] ... some participants may be less sensitive to how problematic that is.” (P1, 6th Sem)

“In ward rounds we collaborate as equals with physicians, not just follow orders.” (P3, 6th Sem)

Theme 3: Responses to nurse stereotypes in horror films

The third theme describes how the participants reacted to these negative portrayals. Two subthemes were identified:

Personal coping strategies

Some participants expressed a sense of helplessness but focused on their own professional conduct as a form of resistance. They said they did not feel able to formally protest against the films, but instead aimed to embody a nurse who projects the right image. They also explained that they try to encourage their classmates to do the same, believing this is the best way to counteract the stereotypes presented in the films.

“I can’t formally protest, but I try to be a nurse who shows the right image... and I encourage classmates to do the same.” (P8, 6th Sem)

“I practice ‘reflective posting’ on social media to showcase accurate nursing roles after encountering stereotype-heavy films.” (P4, 4th Sem)

“Day-to-day professionalism is our best reply to the films... patients will see the difference.” (P8, 6th Sem)

Intentions for collective resistance

Participants mentioned plans for more active resistance. They noted that awareness of the issue had only emerged recently. Participants expressed an intention to invite their friends to boycott film screenings if such films continued to appear, because they violate nursing ethics.

“Our awareness of this issue has only emerged recently... if films like this keep coming, I’ll invite friends to boycott the screenings because they violate nursing ethics.” (P3, 6th Sem)

“We’ve talked about raising concerns with student groups... so producers hear from future health professionals, not just fans.” (P3, 6th Sem)

4. Discussion

This study explored Indonesian nursing students' responses to Indonesian horror films featuring nurse ("suster") characters.

The student participants consistently described the horror films' nurse characters as sexualized, subordinate, and malicious. They perceived these portrayals as starkly contrary to their understanding of nursing, that is, as skilled and autonomous professionals. For example, students noted that “suster” ghosts in these films appear as titillating or helpless figures rather than competent caregivers. Participants interpreted such imagery as undermining the profession's dignity, describing it as a form of derogation toward nurses. Importantly, we have framed these conclusions as participants' perceptions and interpretations of the films, rather than objective facts about the nursing profession. Nonetheless, they align with international literature showing that the media often depicts nurses.

A recent scoping review highlights that representations of nurses in film and television frequently depict them as subordinates and sexual objects, contributing to a largely negative perception of the nursing profession (González et al., 2023). Such portrayals do not accurately reflect the true character or positive image of nursing (Stanley et al., 2019). Global studies have raised important concerns that these stereotypes—characterizing nursing as a low-status, feminized profession devoid of autonomy—may undermine public understanding of the field and adversely impact nurses' self-perception (Moghbeli et al., 2025; Teresa-Morales et al., 2022). For example, a detrimental public image can discourage individuals from pursuing careers in nursing and adversely affect retention rates (Moghbeli et al., 2025). Participants in our research expressed similar concerns, noting that misleading narratives in films, which often portray nurses as primarily serving doctors and represent hospitals as unsettling environments, could reinforce misconceptions about nursing roles and diminish respect for the profession.

These portrayals must be seen in Indonesia's unique cultural context. Indonesian cinema operates under social norms and censorship constraints that emphasize modesty and tradition. Women in popular Indonesian films are often framed by patriarchal values. Social values thus become the primary determinants of how women are portrayed on screen, with *good* girls being chaste and aggressive women fated to punishment. In this landscape, horror films exploit folklore about female spirits as a vessel for cultural anxieties. The recurring “suster” (nurse) ghost motif combines a trusted female caregiver with eroticized horror. Such films have been hugely popular – for example, *Suster Ngesot* (Crawling Nurse, 2007) drew 800,000 viewers and *Suster Keramas* (Evil Nurse, 2009) over 840,000. Producers even cast adult film stars in nurse-ghost roles to attract audiences (Pangastuti, 2019).

These choices reflect broader trends: women's bodies and sexuality have historically been regulated in Indonesian society, making the nurse-as-female-ghost both titillating and transgressive.

Prior research notes that Indonesian horror routinely "sexploits" female characters to sell films (Pangastuti, 2019), often reinforcing rather than challenging traditional gender norms. In short, our findings about students' reactions must be interpreted against this background: the *suster* trope is a culturally loaded symbol, shaped by patriarchal ideology and market forces (Pangastuti, 2019). These films may reflect societal views of women (and by extension female nurses) more than nursing realities.

The significant following of horror films in Indonesia underscores the need for filmmakers to prioritize quality over short-term profits. Research suggests that improving the quality of films can lead to higher profits (Lestari & Sihombing, 2022). Furthermore, there is potential for horror films to stimulate critical thinking and cultural revitalization through the deconstruction of repetitive elements and the incorporation of urban legends (Tiwahyupriadi & Ayuningtyas, 2020). Additionally, it is essential to recognize that the portrayal of female ghosts in these films often reflects and perpetuates patriarchal ideologies (Permatasari & Widisanti, 2019). Regrettably, the nursing profession is frequently misrepresented in horror films (MacGregor, 2022). Many Indonesian horror films, particularly those centered around the theme of 'nurse,' fail to deliver positive messages, especially with respect to the nursing profession. These films frequently depict female nurses as eerie, provocative, and subservient to doctors.

By treating participants' viewing experiences as contextual interpretations, rather than merely measurable responses, this study demonstrates how a constructivist-interpretivist design can reveal the cultural and professional logic that underpins nursing students' interactions with media representations. Therefore, the thematic patterns reported here are not generalizable claims about all Indonesian nursing students, but rather context-based insights whose credibility rests on interpretative depth and analytical transparency. This approach repositions nursing media research from merely describing what the audience thinks to explaining how professional identity is negotiated through cultural texts. This emphasis complements rather than replaces survey-based studies of the image of nurses.

5. Methodological Reflection

The study was grounded in a constructivist-interpretivist epistemology that treats meaning about media as co-produced through situated interactions between viewers, texts, and researchers. Consequently, the analytic goal was not to verify whether the films "really" misrepresent nurses, but to understand how Indonesian nursing students construct and negotiate professional identity in dialogue with these representations, a stance consistent with reflexive thematic analysis (Braun & Clarke, 2019).

Several deliberate methodological decisions followed from this position.

A qualitative descriptive design was preferred over phenomenology or critical discourse analysis because the research question concerned how participants describe concrete on-screen portrayals. In-depth interviews were combined with a focus group discussion to capture both private, identity-laden narratives and the negotiation of meaning among peers.

Reflexive thematic analysis was used rather than a coding-reliability approach because coding was treated as an interpretive act rather than a measurement procedure. Sample size was justified through the principle of information power rather than data saturation, given the focused aim, homogeneous sample, and rich film-based prompts.

Several dilemmas qualify these choices and extend beyond conventional limitations.

Requiring participants to view five horror films created a dual-exposure dilemma between affective risk and analytic necessity, mitigated through separate consent, opt-out provisions, and debriefing. Selecting canonical “suster” titles ensured cultural salience but inevitably privileged the tropes under examination. Translation between Bahasa Indonesia and English was unavoidably interpretive, particularly for culturally embedded terms such as “suster,” and was addressed through back-translation and team reconciliation. The hierarchical Indonesian educational culture also shaped what participants felt able to voice, even after procedural safeguards were in place.

Reflexivity was applied throughout. The team kept reflexive memos, treated prior assumptions about the trope as data rather than premises, conducted joint evaluations with fellow researchers, and removed initial codes (such as ‘harassment’) that implied a stronger moral judgement than was warranted by the participants’ statements. Overall, these decisions yield methodological lessons applicable to other fields. Combining media stimuli with reflexive thematic analysis is a productive design for audience reception research in nursing. Information power provides a more justifiable basis for sample size than data saturation in highly focused investigations. Focus groups within a hierarchical educational culture require more than mere assurances of confidentiality. Translation must be treated as an analytic operation. Nursing studies can productively engage with media and cultural studies, offering a framework for further investigation into how popular culture shapes professional identities in the Global South.

6. Final Considerations

This study examined Indonesian nursing students’ perceptions of horror films featuring nurse (“suster”) characters. Participants noted that these films often depict female nurses as ghosts, sexualized figures, or submissive characters, reinforcing negative stereotypes that conflict with their view of nursing as a professional and ethical field. Although grounded in participants’ perceptions rather than audience-effect measures, the findings suggest that such portrayals could undermine the professional image of nursing, and many students expressed frustration at their limited capacity to challenge these narratives.

Beyond these substantive findings, the study makes a distinct methodological contribution.

It demonstrates the value of combining shared media stimuli with reflexive thematic analysis as a design for audience-reception research in nursing; it justifies sample size through the principle of information power rather than the often-overstated claim of data saturation; and it treats translation between Bahasa Indonesia and English as an analytic operation rather than a merely logistical step.

Together with the constructivist–interpretivist framework and the reflexive practices documented in the Methodological Reflection section, these choices offer a transferable design for future qualitative research on how popular culture shapes professional identity in non-Western contexts.

The findings also carry clear implications for nursing education. Because participants felt ill-equipped to confront stereotypical media portrayals, media literacy and advocacy should be intentionally integrated into the nursing curriculum. This may be achieved through structured film-analysis sessions that contrast media portrayals with actual nursing practice, reflective essays that connect media images to professional values, and collaborative multimedia projects—such as short films or interviews with practicing nurses—that enable students to produce counter-narratives representing nursing authentically. Cultivating critical viewing skills in this way may strengthen students’ professional identity and better prepare them to advocate for accurate representations of the profession.

Several limitations should be acknowledged. The sample was relatively small and drawn from a single institution, which limits the transferability of the findings, and the focus on a bounded set of films introduces potential selection bias. The use of interviews and focus groups raises the possibility of social desirability and leading-question bias, and conducting interviews in Indonesian before translating them into English may have affected nuances of meaning. Finally, the researchers’ backgrounds and perspectives inevitably shaped interpretation; although reflexivity and team discussion were employed to mitigate this, some degree of subjectivity is unavoidable.

To build on these preliminary findings, future research should pursue multisite studies across nursing schools to identify shared perceptions, comparative analyzes among nursing students, practicing nurses, and general audiences, and evaluations of whether media-literacy training empowers students to challenge stereotypes. Replicating, adapting, or critiquing this methodological design across institutions, professions, and cultural contexts represents a productive direction for further inquiry into the influence of media representations of nursing beyond the classroom.

Ethical Approval: Full ethical approval has been granted under number 089/II.3.AU/FKIP/F/2024 by the Ethics Committee of the Faculty of Education and Teaching, Universitas Muhammadiyah Surabaya.

Informed Consent: All participants were duly informed about the study and provided their written consent by signing a consent form prior to participation. Participation was voluntary, and there was no element of coercion.

Declaration of Conflicts of Interest: The authors affirm that there are no potential conflicts of interest concerning this article's research, authorship, or publication.

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Appendix 1 — Interview & FGD Guides (open-ended, non-leading)

A. Individual Interview Guide (60–90 min; Bahasa Indonesia)

Opening/rapport

- “Ceritakan pengalaman Anda menonton lima film tadi—apa yang paling menonjol?” (*“Tell me about your experience watching the five films—what stood out the most?”*)

Portrayals & meaning

- “Menurut Anda, bagaimana perawat digambarkan (peran, tindakan, penampilan) di film-film itu?” (*“In your view, how are nurses depicted (roles, actions, appearance) in these films?”*)
- “Adegan apa yang membuat Anda berpikir seperti itu? Mengapa?” (*“Which scenes made you think that? Why?”*)

Comparisons across films

- “Di mana Anda melihat kemiripan atau perbedaan antarfilm dalam menggambarkan ‘suster’?” (*“Where do you see similarities or differences across the films in portraying ‘suster’ (nurses)?”*)

Audience reception & impact

- “Jika penonton awam melihat gambaran ini, kemungkinan mereka memahami profesi perawat seperti apa?” (*“If a lay audience sees these portrayals, how might they understand the nursing profession?”*)
- “Apakah, dan bagaimana, gambaran ini memengaruhi cara Anda memandang identitas profesional Anda?” (*“If at all, how do these portrayals influence how you view your professional identity?”*)

Gender/sexualization/power

- “Adakah unsur gender, seksualisasi, atau relasi kuasa yang Anda tangkap? Dampaknya apa?” (*“Did you notice elements of gender, sexualization, or power relations? What are the effects?”*)

Context & realism

- “Bagian mana yang terasa sesuai/tidak sesuai dengan praktik keperawatan di Indonesia? Mengapa?” (*“Which parts felt consistent or inconsistent with nursing practice in Indonesia? Why?”*)

Reflection

- “Apa yang Anda ingin penonton atau pembuat film pahami tentang perawat setelah menonton film-film ini?” (*“What would you like viewers or filmmakers to understand about nurses after watching these films?”*)

Closing

- “Apakah ada hal penting yang belum sempat Anda sampaikan?” (*“Is there anything important that we haven’t discussed yet?”*)

Probe umum: “Bisakah beri contoh?” “Apa yang membuat Anda menarik kesimpulan itu?” “Adakah kemungkinan pembacaan lain?” (*General probes: “Could you give an example?” “What led you to that conclusion?” “Are there alternative interpretations?”*)

B. Focus Group Discussion Guide (-120 min; Bahasa Indonesia)

Moderator script (power dynamics)

- “Partisipasi sukarela, tidak terkait kuliah/penilaian. Semua pendapat valid; silakan saling menanggapi.” (*“Participation is voluntary and not tied to coursework/assessment. All viewpoints are valid; please feel free to respond to one another.”*)

Warm-up

- “Apa kesan bersama kelompok tentang gambaran ‘suster’ di lima film tadi?” (*“What are this group’s shared impressions of how ‘suster’ (nurses) are portrayed in the five films?”*)

Co-construction & contestation

- “Siapa yang melihat hal berbeda? Mengapa?” (*“Who noticed something different? Why?”*)
- “Apakah ada adegan yang memicu interpretasi bertentangan? Bahas perbedaannya.” (*“Were there scenes that prompted conflicting interpretations? Let’s discuss the differences.”*)

Influence on profession & publics

- “Sejauh mana gambaran ini bisa memengaruhi publik dan profesi? Dalam cara apa?” (*“To what extent might these portrayals influence the public and the nursing profession? In what ways?”*)

Responsible media & suggestions

- “Jika memberi masukan ke pembuat film, apa yang perlu diubah atau dipertahankan?” (*“If you were advising filmmakers, what should be changed or retained?”*)

Wrap-up/debrief

- “Bagaimana perasaan kalian setelah diskusi?” (cek kenyamanan; ulangi info dukungan/konseling jika perlu) (*“How do you feel after this discussion?” (check comfort; reiterate information about support/counseling if needed)*)

Language/translation note for manuscript: Interviews/FGDs were conducted in Indonesian; transcripts are verbatim (Indonesian). English quotations were translated and back-translated by an independent bilingual translator; discrepancies were reconciled by a bilingual team.

Appendix 2 Mapping theme and sub-theme

Data Code	Quotation	Participant	Semester	Initial Codes (open-coding keywords)	Theme	Subtheme
E001	Presenting a nurse as a ghost or devil-like figure is at odds with the profession's image... a nurse should have an [appearance and conduct] that reflect her personality and ethics.	P1	6th	professional image incongruence; ghost/devil figure; professional appearance	Exploitation and eroticization of nurse bodies	Ghostly nurse portrayals
E002	Nurses [do not] hurt patients... scenes where a 'nurse' injures people clearly violate our ethics.	P2	6th	nursing ethics—non-maleficence; violence incongruent with role; misrepresentation	Exploitation and eroticization of nurse bodies	Ghostly nurse portrayals
E003	When the costume and makeup turn a nurse into a monster, viewers forget the real nurse's role—care, safety, and compassion.	P1	6th	monstrification of nurses; obscuring care/safety/compassion role	Exploitation and eroticization of nurse bodies	Ghostly nurse portrayals
E004	These films mix fear with the nurse symbol... and people start to associate our uniform with something dangerous.	P5	8th	associating uniform with danger; nurse symbol → fear; stereotyping effect	Exploitation and eroticization of nurse bodies	Ghostly nurse portrayals
E005	In these films, nurses often wear 'sexy' or mini [uniforms] that highlight their bodies.	P3	6th	uniform sexualization; mini outfits; body emphasis	Exploitation and eroticization of nurse bodies	Sexualized nurse uniforms
E006	Our dress code should be neat and [professional], not revealing.	P4	4th	professional dress code; appropriateness/neatness; rejection of revealing attire	Exploitation and eroticization of nurse bodies	Sexualized nurse uniforms
E007	It feels like they sexualize the nurse first, then add horror.	P1	6th	sexual commodification; sequence 'sexualize → add horror'; image manipulation	Exploitation and eroticization of nurse bodies	Sexualized nurse uniforms
E008	Constantly showing nurses as seductive or caricatures is... 'destroying the image of the nursing profession.'	P5	8th	erosion of professional image; sexual stereotype; long-term impact	Exploitation and eroticization of nurse bodies	Sexualized nurse uniforms
E009	Because of the film, hospitals are [often] identified with horror, even though they should be calm and pleasant.	P6	4th	hospital = horror; anti-therapeutic environment; public misconception	Misleading portrayals of hospitals and nurse–doctor relationships	Haunted hospital imagery
E010	My younger relatives now think 'hospitals are creepy at night' after watching a popular horror series.	P2	6th	media influence on younger relatives; 'creepy at night' perception; negative generalization	Misleading portrayals of hospitals and nurse–doctor relationships	Haunted hospital imagery
E011	That mood of flickering lights and empty corridors makes people anxious about real wards... it's the opposite of therapeutic care.	P6	4th	horror audiovisuals (flickering lights/empty corridors); patient anxiety; non-therapeutic	Misleading portrayals of hospitals and nurse–doctor relationships	Haunted hospital imagery
E012	The old idea that nurses are just a doctor's helper comes from earlier training... but now nurses are partners with doctors, and many have advanced degrees.	P7	8th	legacy hierarchy; interprofessional partnership; advanced nursing education	Misleading portrayals of hospitals and nurse–doctor relationships	Reinforced nurse–doctor hierarchy
E013	Many films still accentuate the image that the nurse is a helper [to the doctor] ... some students may be less sensitive to how problematic that is.	P1	6th	reinforcing subordination stereotype; low critical literacy; educational impact	Misleading portrayals of hospitals and nurse–doctor relationships	Reinforced nurse–doctor hierarchy
E014	In ward rounds we collaborate as equals with physicians, not just follow orders.	P3	6th	collaboration in ward rounds; practice autonomy; team equality	Misleading portrayals of hospitals and nurse–doctor relationships	Reinforced nurse–doctor hierarchy
E015	I can't formally protest, but I try to be a nurse who shows the right image... and I encourage classmates to do the same.	P8	6th	personal coping—professional role-modeling; micro-advocacy; behavior modeling	Responses to nurse stereotypes in horror films	Personal coping strategies
E016	I practice 'reflective posting' on social media to showcase accurate nursing roles after encountering stereotype-heavy films.	P4	4th	reflective posting; public literacy; digital counter-narrative	Responses to nurse stereotypes in horror films	Personal coping strategies
E017	Day-to-day professionalism is our best reply to the films... patients will see the difference.	P8	6th	day-to-day professionalism; counter-stereotype; patient-focused	Responses to nurse stereotypes in horror films	Personal coping strategies
E018	Our awareness of this issue has only emerged recently... if films like this keep coming, I'll invite friends to boycott the screenings because they violate nursing ethics.	P3	6th	intent for collective action—boycott; nursing ethics; student protest	Responses to nurse stereotypes in horror films	Intentions for collective resistance
E019	We've talked about raising concerns with student groups... so producers hear from future health professionals, not just fans.	P3	6th	collective advocacy; producer engagement; voice of future health professionals	Responses to nurse stereotypes in horror films	Intentions for collective resistance

Appendix 3 Pipeline: Films → Data Collection → Analysis → Reporting

