

# THE WORLD OF MEDICAL DRAMA

TELEVISION, HEALTHCARE, AND SOCIETY  
IN A GLOBAL PERSPECTIVE

eds. Guglielmo Pescatore Matteo Tarantino Stefania Antonioni



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MEDIA SPETTACOLO PROCESSI CULTURALI

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# Hospital Worlds, Gendered Roles: Mapping Gender Dynamics in Italian Medical Dramas

## 1. *Introduction*

As highlighted by scholarship on the evolution of the medical drama genre, the contemporary model is characterised by a set of defining traits. First, it is a choral product built around an ensemble cast, structured through clearly delineated professional roles and organised as “a microcosm that replicates bigger social organizational systems”<sup>1</sup>. Second, it typically hybridises medical plots with melodramatic elements, articulating multiple emotional and sentimental narrative arcs: on the one hand, those that emphasise the social and moral value of the medical profession in confrontation with illness, death and “the unpredictable nature of life events”<sup>2</sup> through episodic medical cases; on the other, those centred on romantic storylines, which are almost invariably present. Finally, the ensemble structure is articulated through hierarchies, power dynamics, and relationships. This dimension inevitably intersects with gender and, together with numerous other aspects of the medical drama phenomenon<sup>3</sup>, has been extensively analysed in scholarship on the genre and its representational effects on the medical profession.

For instance, studies have focused on the stereotyping of doctors and nurses in prime-time television, particularly the feminisation of nursing roles<sup>4</sup> and the historically negative or ambiguous forms of masculinity

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<sup>1</sup> M. ROCCHI - G. PESCATORE, *Narration in Medical Dramas I. Interpretative Hypotheses and Research Perspectives*, in «La Valle dell'Eden», 34 (2019), p. 108.

<sup>2</sup> G. PESCATORE, *Why Medical Drama? An Interdisciplinary Study of Narrative Layers and Societal Impact*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series. Approaches and Perspectives*, Bologna, Media Mutations Publishing, 2023, p. 8.

<sup>3</sup> See A. SONEGO - M. ROCCHI, *Medical Drama TV Series: A Semi-Systematic Literature Review*, in «Online Journal of Communication and Media Technologies», 14 (2024), 4.

<sup>4</sup> P. A. KALISCH - B. J. KALISCH, *Sex-Role Stereotyping of Nurses and Physicians on Prime-Time Television: A Dichotomy of Occupational Portrayals*, in «Sex Roles», 10 (1984), 7-8, pp. 533-553.

associated with representations of male nurses<sup>5</sup>, as well as the effects these portrayals have on physicians<sup>6</sup>, nursing and medical students<sup>7</sup>, and the audiences more broadly<sup>8</sup>.

This paper aims to examine the interplay among these defining traits, particularly focusing on the third dimension. Specifically, it analyses the relationship between gender and professional roles in Italian medical dramas, addressing the distribution of medical positions across genders through both quantitative and qualitative approaches.

As a long-standing and popular television genre, medical dramas have undergone significant transformations since their emergence on American broadcast television in the 1950s<sup>9</sup>. Over time, as medical dramas have increasingly adopted ensemble-based structures, they have also expanded the diversity of their gender and racial representations, while the personal lives of doctors and nurses and their relationship with patients have gained increasing prominence within medical narratives<sup>10</sup>. A decisive moment in the genre's formal development occurred with *ER* (NBC, 1994-2009), which combined an increased degree of realism with multistrand narrative complexity, and achieved widespread global popularity, paving the way for subsequent successes such as *House M.D.* (Fox, 2004-2012) and *Grey's Anatomy* (ABC, 2005-).

Owing to their close connection to a professional and experiential field familiar to most viewers, medical dramas are «uniquely situated to incorporate both social discursiveness [...] and social change<sup>11</sup>». Like

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<sup>5</sup> R. WEAVER ET AL., *Men in Nursing on Television: Exposing and Reinforcing Stereotypes*, in «Journal of Advanced Nursing», 70 (2014), 4, pp. 833-842.

<sup>6</sup> D. CARDINI - F. MALGIERI, «Television Can Damage your Health?» *Italian Doctors and Medical Drama: A Qualitative Approach*, in S. ANTONIONI - M. ROCCHI (eds.), *Investigating Medical Drama TV Series*, cit., pp. 31-44.

<sup>7</sup> R. WEAVER ET AL., *Nursing on Television: Student Perceptions of Television's role in Public Image, Recruitment and Education*, in «Journal of Advanced Nursing», 69 (2013), 12, pp. 2635-2643.

<sup>8</sup> J. COMELLES - S. BRIGIDI, *Fictional Encounters and Real Engagements. The Representation of Medical Practice and Institutions in TV Medical Shows*, in «Nova Època», 7 (2014), pp. 17-34; S. ANTONIONI - D. HOLDAWAY, *TV Reception via Social Media Analysis: The Case of Doc-Nelle Tue Mani*, in G. AVEZZÙ - M. ROCCHI (eds.), *Audiovisual Data: Data-Driven Perspectives for Media Studies, 13th Media Mutations International Conference*, Bologna, Media Mutations Publishing, 2023, pp. 141-161.

<sup>9</sup> M. ROCCHI, *History, Analysis and Anthropology of Medical Dramas: A Literature Review*, in «Cinergie - Il cinema e le altre arti», 15 (2019), p. 71.

<sup>10</sup> J. TUROW, *Playing Doctor: Television, Storytelling, and Medical Power*, Ann Arbor, University of Michigan Press, 2010, pp. 3-4.

<sup>11</sup> G. PESCATORE, *Why Medical Drama?*, cit., p. 10.

all fictional worlds, medical dramas do not merely reflect existing realities but also imagine and propose alternative articulations of them, potentially fostering public debate and envisioning social arrangements as they might be, or ought to be, even when they are not.

Building on these considerations, this chapter examines the relationships between medical and healthcare professional roles, and the gender of characters in a selection of Italian medical dramas broadcast on free-to-air television, the platform traditionally associated with this type of programming. The analysis combines two complementary perspectives: a quantitative assessment of the distribution of professional roles across gender, focusing on the connection between gender and leadership or non-leadership positions; and a qualitative content analysis of key characters and their relational dynamics within these roles.

The series analysed, listed in chronological order of release, are as follows:

*Oltre la soglia* (Canale 5, 2019), cancelled after one season due to low ratings, is set in a psychiatric emergency unit for minors led by the head of psychiatry, Tosca Navarro (Gabriella Pession). While its limited success and relatively small number of medical characters make it less prominent in the qualitative analysis, it is nevertheless included as an example of a Mediaset-produced medical drama.

*Doc - Nelle tue mani* (RAI1, 2020-), a major success for Rai and inspired by a true story, centres on physician Andrea Fanti (Luca Argentero), who loses the memory of the previous twelve years following an attempt on his life.

*Cuori* (RAI1, 2021-) stands out for its period setting in the 1960s and for its combination of the pioneering medical research conducted at Turin's Molinette Hospital with the romantic and emotional dramas of the protagonist, cardiologist Delia Brunello (Pilar Fogliati), and of the men in her life, cardiac surgeons Cesare Corvara (Daniele Pecci) and Alberto Ferraris (Matteo Martara).

*Lea* (RAI1, 2022-2023) focuses on the nurse Lea Castelli (Anna Valle) across two seasons (*Un nuovo giorno* and *I nostri figli*). It is set within the specific, localised context of the paediatric ward of Ferrara Hospital and it presents a more linear narrative structure, in which the romantic dimension carries greater weight than the strictly medical one.

These series are all fictional productions, yet they differ markedly in narrative and formal ambition, scope, setting, and audience reception. *Oltre la soglia* revolves around a psychiatric rather than a general medical context; *Cuori* pursues broader historical and socio-cultural ambitions; *Doc* develops a complex, dynamic, multistrand narrative across multiple timelines; and *Lea* adopts a more linear storytelling approach. Together, however, they offer a nuanced and representative overview of the med-

ical drama as it has taken shape within Italian free-to-air television in recent years.

## 2. *Gendered Roles: Gender and Profession in Italian Medical Dramas*

The initial perception when watching these series, was that although there appeared to be a balance between genders in terms of the number of male and female characters, there is a tendency to privilege men in medical leadership roles. To formally assess whether a representation bias is present, a chi-square test was employed.

Firstly, the characters were classified by gender (man, woman)<sup>12</sup> and hierarchical position (leadership/non-leadership). Leadership positions are defined as those involving greater responsibility and decision-making power, such as heads of department, attending physicians, and medical directors; non-leadership roles include positions that, in various ways, depend on the decisions of superiors, such as residents, trainees, as well as nurses and similar professional categories (see Table 1). Secondly, a 2x2 contingency table was built based on the observed counts (see Tab. 2) and compared with a contingency table of expected counts, which represent the distribution that would be expected if there were no correlation between gender and leadership<sup>13</sup> (see Table 3). Finally, the test statistic was computed by applying the chi-square formula (see equation below).

Table 1 - *Character classification by gender (F=female, M=male) and role (L=leadership, NL=non-leadership)*

<i>Character name</i>	<i>Gender</i>	<i>Role</i>	<i>Tv series</i>
Tosca Navarro	F	L	<i>Oltre la soglia</i>
Alessandro Agosti	M	L	<i>Oltre la soglia</i>
Francesco Negri	M	L	<i>Oltre la soglia</i>
Barbara Cappello	F	NL	<i>Oltre la soglia</i>
Andrea Fanti	M	L	<i>Doc - Nelle tue mani</i>
Giulia Giordano	F	L	<i>Doc - Nelle tue mani</i>
Lorenzo Lazzarini	M	L	<i>Doc - Nelle tue mani</i>

<sup>12</sup> In this case, only two genders were considered, as among the characters in the series analysed there are none who identify with genders other than man or woman.

<sup>13</sup> The value in each cell equals the product of the corresponding row total and column total divided by the overall total.

<i>Character name</i>	<i>Gender</i>	<i>Role</i>	<i>Tv series</i>
Damiano Cesconi	M	L	<i>Doc - Nelle tue mani</i>
Agnese Tiberi	F	L	<i>Doc - Nelle tue mani</i>
Marco Sardoni	M	L	<i>Doc - Nelle tue mani</i>
Cecilia Tedeschi	F	L	<i>Doc - Nelle tue mani</i>
Enrico Sandri	M	L	<i>Doc - Nelle tue mani</i>
Riccardo Bonvegna	M	NL	<i>Doc - Nelle tue mani</i>
Elisa Russo	F	NL	<i>Doc - Nelle tue mani</i>
Gabriel Kidane	M	NL	<i>Doc - Nelle tue mani</i>
Alba Patrizi	F	NL	<i>Doc - Nelle tue mani</i>
Carolina Fanti	F	NL	<i>Doc - Nelle tue mani</i>
Teresa Maraldi	F	NL	<i>Doc - Nelle tue mani</i>
Federico Lentini	M	NL	<i>Doc - Nelle tue mani</i>
Martina Carelli	F	NL	<i>Doc - Nelle tue mani</i>
Lin Wang	F	NL	<i>Doc - Nelle tue mani</i>
Delia Brunello	F	L	<i>Cuori</i>
Cesare Corvara	M	L	<i>Cuori</i>
Alberto Ferraris	M	L	<i>Cuori</i>
Enrico Mosca	M	L	<i>Cuori</i>
Ferruccio Bonomo	M	L	<i>Cuori</i>
Andrea Foschini	M	L	<i>Cuori</i>
Eva Pellegrini	F	L	<i>Cuori</i>
Serenella Rinaldi	F	NL	<i>Cuori</i>
Virginia Corvara	F	NL	<i>Cuori</i>
Suor Fiorenza Bertoni	F	NL	<i>Cuori</i>
Fausto Alfieri	M	NL	<i>Cuori</i>
Agata Vezzani	F	NL	<i>Cuori</i>
Bino Mazzini	M	NL	<i>Cuori</i>
Helmut Becker	M	NL	<i>Cuori</i>
Marco Colomba	M	L	<i>Lea</i>
Pietro Verna	M	L	<i>Lea</i>
Anna Galgano	F	L	<i>Lea</i>
Lea Castelli	F	NL	<i>Lea</i>
Rosa Gori	F	NL	<i>Lea</i>
Favilla Mancuso	F	NL	<i>Lea</i>
Olga Francesio	F	NL	<i>Lea</i>
Michela Idiong	F	NL	<i>Lea</i>
Donato Nibbi	M	NL	<i>Lea</i>

Table 2 - Contingency table of observed counts - aggregated data based on 44 characters from 4 series

	Men	Women	Total
LEADERSHIP	14	7	21
NON-LEADERSHIP	7	16	23
<i>Total</i>	21	23	44

Table 3 - Contingency table of expected counts - aggregated data based on 44 characters from 4 series

	Men	Women	Total
LEADERSHIP	10.2	10.98	21
NON-LEADERSHIP	10.98	12.02	23
<i>Total</i>	21	23	44

The chi-square statistic expresses, in a single number, the distance between the table of observed data and the theoretical expectations. The null hypothesis (H0) here is that these variables are independent, that is, that the categorical variable “gender” has no effect on hierarchical position, and vice versa. The alternative hypothesis (H1), by contrast, posits a dependency between the two variables, indicating a gendered asymmetry in access to positions of authority.

The chi-square value obtained from this calculation is 5.7761, and its associated probability value (p-value) is 0.01625, or 1.625%. This means that there is a probability of less than 2% – a very low one<sup>14</sup> – that this contingency table could be generated by two independent variables. The null hypothesis can therefore be rejected, and the alternative hypothesis accepted: in the series examined, there is a statistically significant correlation between gender and leadership positions, where male characters are more likely to hold a leadership position.

This quantitative approach, based on categorical variables, might suffice to identify the tendency towards a representation bias, but fails to capture all the nuances of the serial text. Therefore, it needs to be integrated with qualitative content analysis capable of accounting not only for *what* and *how much* is represented, but also for *how* representation operates within a complex cultural product such as a TV series.

<sup>14</sup> Traditionally, a statistical test is considered significant if its p-value is below 5%.

### 3. Gendered Characterisations

Through content analysis of the gendered characterisation of doctors and healthcare professionals in the selected series, recurring character types and relational patterns emerged, which will be illustrated in the following paragraphs to examine whether characters reinforce or challenge gender stereotypes.

#### 3.1. The Broken Doctor Hero

One character type can be referred to as the “broken doctor hero”, defined by exceptional professional competence and moral intuition combined with a deep personal fracture, often caused by trauma. Versions of this figure recur in contemporary medical dramas, typically embodied by doctors capable of profound human gestures and willing to bend or break professional rules, yet marked by secrecy or by a dramatic event in their past. A recurring tension between clinical rationality and empathy frequently emerges in narratives centred on this character type. The protagonist of *Doc - Nelle tue mani*, Andrea Fanti, fits this characterisation closely: the traumatic event he endures grants him a second chance, one that hinges on empathic engagement as a central discriminating factor between his former self – cold, authoritarian, and hyper-rational – and the physician he becomes thereafter. This transformation is particularly evident in the first season of *Doc*, where, following the shooting and the resulting memory loss, Fanti loses his formal position as head of the department but retains an informal role as an inspirational leader for his younger colleagues. This role is repeatedly articulated through motivational speeches delivered at key moments across the season.

This type of characterisation, which combines repellent or abrasive traits with a pervasive sense of inner darkness and a fundamental psychological fracture, is more commonly associated with male doctors, most famously embodied by *House MD*'s Dr Gregory House. A notable exception is Dr Tosca Navarro in *Oltre la soglia*, a character explicitly inspired by Dr House, as confirmed by the series' writer Laura Ippolito<sup>15</sup>. Like House, Navarro is conflicted and rebellious, inclined to challenge institutional regulations and, at times, openly aggressive. Unlike House, however, she displays a pronounced empathic engagement with her young patients suffering from mental health issues. As with House, she conceals a personal vulnerability: in her case, a diagnosis

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<sup>15</sup> F. GUARNACCIA, *Oltre la soglia. Intervista a Laura Ippoliti*, in «Link - Idee per la TV», 6 November 2019, <https://www.linkideeperlatv.it/oltre-la-soglia/>.

of schizophrenia in adolescence. This experience functions as a crucial entry point for empathy, since Tosca discovered her condition as a teenager and has herself confronted the same struggles and forms of marginalisation in everyday life and social relationships faced by her young patients.

The doctors in *Cuori*, namely surgeons Cesare Corvara and Alberto Ferraris, and above all cardiologist Delia Brunello, are fully oriented toward medical progress, understood also in technological terms, yet they are persistently unhappy due to their inability to reconcile professional commitment with their emotional lives. At the same time, Delia, inspired by the American cardiology pioneer Helen Brooke Taussig, embodies a struggle against male dominance and gender prejudice in the workplace<sup>16</sup>.

While in *Cuori* the theme of prejudice surrounding female characters who work in intellectually demanding fields, occupy leadership positions, and challenge traditional models of femininity is closely tied to the series' period setting, forms of gender bias can also be observed in contemporary-set medical dramas, where female characters are frequently shaped by stereotypical gender roles.

### 3.2. Gender and Power

As Philips observes, “a doctor is professionally required to demonstrate qualities of decisiveness and authority, and the woman doctor is expected to have knowledge and intelligence, qualities which are much less comfortably ‘feminine’”<sup>17</sup>, even though in media representations rationality and intelligence are often coded as masculine qualities.

Even when, in the examples discussed here, the tension between rational efficiency and empathy does not coincide neatly with a gender-based division, the inflection attributed to these qualities tends to shift when female characters are involved. In *Doc*, for instance, while Andrea is granted a multifaceted, three-dimensional characterisation designed to elicit strong viewer empathy, a different dynamic emerges in the portrayal of women who occupy positions of power and narra-

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<sup>16</sup> “Through Delia, in fact, the series leans towards a more contemporary sensibility for gender equality by narrating her struggle that a gifted female cardiologist had to face to gain the respect of the all-male surgical team”, E. FARINACCI - E. ROSSI, “No Pulp Scenes on Raiuno!” *The Case of Cuori, Investigating Medical Drama TV Series, an Italian Medical Drama on Broadcast Television*, in S. ANTONIONI - M. ROCCHI (eds.), cit., p. 359.

<sup>17</sup> D. PHILIPS, *Medicated Soap: The Woman Doctor in Television Medical Drama*, in B. CARSON - M. LLEWELLYN-JONES (eds.), *Frames and Fictions on Television. The Politics of Identity within Drama*, Exeter, Intellect, 2000, p. 53.

tive relevance. In these cases, intellectual or managerial competence is frequently associated with forms of friction and abrasive traits. The head of Infectious Diseases, Dr Cecilia Tedeschi, is initially constructed as an outright villain, characterised by ambition and a lack of empathy. Although she later becomes an ally over the course of the series, she remains a secondary character. For more central female characters, leadership roles appear to require counterbalancing through unhappiness or personal tragedy, functioning as strategies to elicit sympathy from viewers. This is the case with Agnese Tiberi, Fanti's ex-wife and hospital director, and Giulia Giordano (Matilde Gioli), a doctor on the rise and Fanti's love interest. Agnese wields significant decision-making power within the hospital and is characterised, on the one hand, by her conflicted position between institutional imperatives and doctors' interests, and on the other by a victimising framing that positions her as a martyr bearing the weight of others' mistakes. This dynamic is exemplified in the third season, when Agnese sacrifices herself by taking responsibility for actions she did not commit in order to protect her ex-husband from an elaborate blackmail scheme. This narrative arc culminates with a diagnosis of recurrent cancer, which in the final episode allows Fanti to step back from his professional role to assume a position of care toward his ex-wife, while offering the position of head physician to Giulia Giordano.

Over the course of the series, Giulia advances professionally and is initially portrayed as inflexible and highly rational, emotionally distant, and determined not to let her now unreciprocated love for Andrea Fanti interfere with her work. This capacity for detachment, however, is counterbalanced by personal tragedy: the substance abuse of her mother and brother and, most notably, the death of both her partner and the child she was expecting. As will be discussed further, denied or interrupted motherhood functions as a recurring traumatic burden placed upon female characters in these series.

### 3.3. Gender and Care

At the other end of the spectrum of gendered professional characterisation, opposing leadership is the realm of care, embodied by nurses. Philips argues that, within medical series, the reassuring figure of the female nurse operates as a counterpoint to the woman doctor.

The fictional nurse offers a means of reconciling the new expectations for professional skill and training for women within the traditional attributes of 'femininity'; it is made clear here that the "power of a nurse" is strictly limited, and subject to the authority of a doctor. While a nurse is by definition in a service role to patients and to doctors, such

qualities as ‘patience and tenderness’ are not so valued in a doctor<sup>18</sup>.

In *Lea*, nurses are characterised through a conventional correlation between caregiving roles and femininity. Significantly, there are more female doctors in *Cuori*, a series set in the 1960s, than in *Lea*, where the only woman doctor, Anna Galgano, is a gynaecologist who abandons medical practice after becoming pregnant by the head physician Dr Marco Colomba, Lea’s ex-husband and romantic interest. In *Cuori* as well, the only other woman doctor is a gynaecologist, Eva Pellegrini, a marginal character who disappears in the second season, replaced by another female doctor with even less screen time.

The group of nurses in *Lea* represents a set of stereotypically feminine traits: understanding, kindness, helpfulness, and maternal instinct. Among them, there are single women whose primary goal is to find a husband and settle down, as with Olga, and others who combine disinterest in men with a caustic and malicious attitude, as with Favilla, who is nevertheless highly competent in her work with children. This dimension explicitly reinforces an essentialist view of gender roles in episode 2x03, when the nurses await the arrival of a new colleague, Linda Bruno, and are surprised to see that the new hire is actually Bruno Linda, a man. Favilla articulates the gender bias by declaring, «This work is not for men», asserting in absolute terms that men are incapable of caring for infants, even when such care is technically their job.

Innate qualities of nurturing also emerge in Teresa from *Doc*, who, like Rosa in *Lea*, is both head nurse and mother, but unlike Rosa, is granted a romantic narrative with a superior, psychiatrist Enrico Sandri. In *Cuori*, the nurse Serenella Rinaldi is another professionally competent character who, on the one hand, embodies emancipatory impulses, but on the other, is sexualized and subjected to the attention of male staff.

### 3.4. Gender and Parenthood

In *Lea*, one of the series’ central themes, and a defining aspect of the protagonist’s narrative arc, is motherhood. Initially, motherhood is denied for Lea, as the end of her marriage to Marco is marked by the grief over the loss of their unborn child. Later, she engages with forms of extended motherhood, expressed through her care for various children in need, and especially the daughter of her new partner.

Motherhood here is also employed as a largely functional narrative device, as when Anna, Marco’s new partner, discovers she is pregnant

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<sup>18</sup> *Ibidem*.

just after he has left her. The series ultimately presents an idea of the extended family that express conflicting tendencies: on the one hand, it appears progressive, valuing parent-child relationships regardless of biological ties or the status of current and former partners; but on the other hand, concludes a second season in which horizons beyond marriage and motherhood seem nonexistent for women. This is further emphasised in an episodic storyline in which, even when a teenage girl becomes accidentally pregnant, abortion is not even considered as an option.

Dr Delia Brunello in *Cuori* also confronts the theme of parenthood and adoption, already present in the series through various single mothers and absent fathers. In the second season, a patient dies shortly after giving birth, and the newborn comes into Delia's care, triggering a desire for motherhood at a moment when she has lost both men in her life, even as her great love, Alberto Ferraris, is himself becoming a father.

The capacity to have, or not have, children is addressed in different ways across these series, but it consistently functions as an emotional burden and a narrative device for female characters, reflecting an essentialist and traditional conception of parenthood. Even when other narrative dynamics are explored to offer a wider range of possibilities, gender constraints remain: in *Cuori*, for instance, Alberto's sister Luisa is a single mother who also struggles with psychiatric disorders; while nurse Agata Vezzani, also a single mother, receives help from the head physician Dr Mosca, with whom she becomes romantically involved – conferring a persistent boss-employee power-imbalance dynamic.

### 3.5. Identities at Play

It is worth mentioning further dimensions through which gender and professional roles intersect with other identity markers, shaping characterisation and interpersonal dynamics among characters. Some series use their choral structure and ensemble cast to encompass a range of minoritised identities and to include forms of physical, racial, cultural, and class diversity.

In *Doc - Nelle tue mani*, for instance, Dr Riccardo Bonvegna's physical disability is narratively compensated by his empathy, professional brilliance, and desirability as a romantic interest for several female residents. At the same time, his disability primarily functions as a narrative arc of self-rejection and eventual self-acceptance. Bonvegna is also marked by personal loss, namely the death of his partner Alba, a trauma that is later balanced through a new, yet initially guilt-laden, affective bond with another resident (the relationship's power imbalance is not mentioned). Meanwhile, Dr Gabriel Kidane's Ethiopian origins allow

the series to address migration and the experience of torture in a Libyan detention centre.

Such identity traits, however, risk becoming the characters' defining, and limiting, features. This tendency becomes particularly visible in the third season of *Doc*, when three characters whose narrative arcs have been exhausted exit the series and are replaced by new ones, whose identities are again anchored in single defining traits: Federico Lentini, the privileged son of a wealthy doctor; Martina Carelli, who fraudulently enters the hospital system without completing her degree in order to escape a rural, opportunity-less background; and Lin Wang, a resident of Chinese origin whose affluent, Milan-based family challenges stereotypes of economically disadvantaged migrants, but is nonetheless portrayed through a restrictive and ghettoising form of cultural traditionalism.

Within the professional sphere, solidarity, particularly among younger women, remains largely absent. Workplace rivalries frequently intersect with romantic competition across all hierarchical levels: from the prolonged conflict between Elisa and Alba, to Martina and Lin's initial rivalry over Bonvegna, to the overlapping love triangles involving Giulia Giordano, Agnese Tiberi, and Andrea Fanti. Similar dynamics recur across the series analysed, from *Lea* to *Oltre la soglia*, where Tosca Navarro's romantic relationship reproduces at work the same conflictual patterns she experiences in her private life. Most notably, these series consistently foreground heterosexual romantic relationships between characters occupying asymmetrical positions of power, most often with men in roles of institutional or professional superiority. Examples include the already mentioned doctor-nurse relationships in *Cuori*; in *Doc*, the relationship between Fanti's daughter Carolina, and the head of surgery; in *Oltre la soglia*, Dr Agosti rescuing the young psychologist Barbara from a toxic marriage; in *Lea*, Dr Verna disrupting his marriage for Michela, a second-generation nursing trainee from a lower socio-economic background.

#### 4. Conclusion

By no means exhaustive, this analysis shows that Italian free-to-air medical dramas appear to distribute female and male characters relatively evenly across a range of professional roles. However, while women are not absent from positions of leadership and decision-making power, representations continue to privilege male leaders, with men more frequently occupying the most stable leadership roles. Female leaders, by contrast, are often characterised through forms of personal suffering that function as compensatory or counterbalancing devices to professional rigidity.

When it comes to gendered characterisation, persistent recurrences can be traced back to stereotypical conceptions of gender difference. Trauma emerges as a recurring narrative device for both male and female characters; yet denied or frustrated parenthood is disproportionately deployed as a dramatic burden for women, including those portrayed as professionally successful and career-oriented. In these narratives, maternity, and its absence, operates as a recurring lens through which female subjectivities are tested, shaped, and ultimately reinscribed within traditional norms.

From the perspective of cultural and identity-based diversification, the series analysed reveal significant limitations. Most notably, LGBTQ+ identities are still absent from relevant medical staff characters, while non-white or migrant characters tend to be included in symbolic or instrumental ways, often serving as tokens whose narrative functions are confined to specific, self-contained storylines.

To conclude, these series display a disposition to distribute professional roles across genders and to incorporate forms of diversity within ensemble casts, but these developments remain circumscribed by persistent representational limits. Across these cases, the intersection of gender, power, and other identity markers reinforces hierarchical relational models, even within narratives that otherwise lean toward forms of diversity and inclusivity. Italian free-to-air medical dramas thus remain essentially rooted in comforting boundaries, frequently mitigating or re-domesticating those characters whose potential for disruption might otherwise challenge established characterisations. This exploration, however, would undoubtedly benefit from complementary audience research to investigate how viewers respond to these largely reassuring characters and normative relational models.

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