

'You just emotionally break': understanding COVID-19 narratives through public health humanities

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Microphone. Credit: University of Missouri

A new health humanities essay from the University of Missouri highlights how the narrative of many news stories detailing the challenges of health care workers during the COVID-19 pandemic often emphasized individual experiences. However, many of these news stories

often left out broader public health, socioeconomic and environmental contexts that are critical to how consumers of news shape their thoughts about the pandemic and how to respond.

By introducing a storytelling framework that emphasizes the core tenets of public health, the authors hope to help journalists, policymakers and public health humanities experts reframe not just how they view and tell stories about the COVID-19 pandemic, but also how [scientific information](#) gets disseminated, absorbed or rejected, and what emotions that data conjures up in consumers of news.

Lise Saffran, an associate teaching professor in the MU College of Health Sciences and lead researcher on the essay, analyzed how health care workers were characterized during the COVID-19 pandemic in the narrative storytelling of American newspapers and television news stories. She then categorized the stories into three common themes related to clinicians as vulnerable front-line workers, clinician frustration with vaccine and masking resistance, and the clinician as a hero.

Clinicians as vulnerable front-line workers

While countless news stories highlighted the risk to individual [health care workers](#) assisting infected patients in the hospital, stories about the nearly 7 million essential low-wage workers, such as housekeepers and personal care aides, who are disproportionately women and people of color, were much rarer, even though they were being exposed to COVID-19 at a higher rate than the general public.

"It's not that the stories being told are inaccurate, they are just often incomplete or fail to incorporate the broader contexts that give a more holistic view of the situation," Saffran said. "For example, there were plenty of stories detailing bosses requesting their employees to return to in-person work instead of remote work, but a more wholistic story could

be also mentioning at-risk populations, such as grocery store workers, who had no option to work remotely in the first place. Broadening the story not only can help increase feelings of empathy and compassion, but it could also spark discussions for how policymakers can potentially address the structural and systematic inequities at play."

Clinician frustration with vaccine and masking resistance

Some news stories detailed clinicians who originally stated they had no sympathy toward people who chose not to get vaccinated and then suddenly gained compassion toward an unvaccinated patient once they realized the patient had been potentially misled or misinformed.

"Instead of only telling the story about these specific individuals, how do we broaden the conversation to think about unvaccinated individuals who have not gotten sick yet. How do we think about vaccine hesitancy in general rather than only thinking about it when someone gets sick," Saffran said. "Broadening the story helps us reframe the way we think about ideas of blame, responsibility, empathy and compassion. This is where a public health framework comes into play, by thinking about the upstream causes and broader contexts that impact overall populations, rather than just looking at the choices of an individual."

Clinicians as heroes

News stories often highlighted the heroics of clinicians in hospitals without the proper personal protective equipment (PPE) or adequate staffing levels who put their own health at risk to help patients.

"While these workers certainly are heroes, how do we frame the narrative around possible solutions to the structural and systematic

failures, whether it be a lack of PPE or staffing shortages, that are forcing the clinicians to be heroes in the first place," Saffran said. "We also tend to tell stories through the American lens, but in less developed, less industrialized countries, these gaps in health care, gaps in adequate PPE or gaps in staff are often larger. So how we frame these stories informs how we react. Do we ask clinicians to be heroes, or do we try to change the system to fill the gaps?"

Implications going forward

Saffran's ultimate goal is to help storytellers broaden their narrative through a more holistic public health humanities framework, which has implications for both increasing feelings of empathy and compassion, as well as influencing policy decisions to address societal inequities and help improve the health outcomes of underserved populations.

"Whether we realize it or not, when we consume news stories, this is how we develop our ideas of what policy should look like, we ask questions like 'why is this happening?' and 'what should we do about it?'," said Saffran, who teaches public health storytelling and earned a master's degree in fine arts and creative writing from the University of Iowa Writer's Workshop. "Humans don't approach science and data strictly through an analytical lens, we engage with material through our values, identity and fears, which incorporate the humanities as well."

The work is published in the journal *Medical Humanities*.

More information: Lise Saffran et al, 'You just emotionally break': understanding COVID-19 narratives through public health humanities, *Medical Humanities* (2023). [DOI: 10.1136/medhum-2022-012607](https://doi.org/10.1136/medhum-2022-012607)

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