

To the Editor:

We read with great interest the important paper on “Nursing Voices during COVID-19: An Analysis of Canadian Media Coverage”[1] and commend the authors for undertaking this study. It’s an important addition to our understanding of nurses’ voices in news media. As the lead researchers on the Woodhull Revisited Project, we want to share a correction and some additional thoughts.

First, the 2017 replication of the 1997 Woodhull Study of Nurses and the Media did not find that nurses’ representation as sources in health news stories decreased. The difference between the 4% of health news stories including nurses as sources in 1997 and the 2% in 2017 was not statistically significant, so we concluded that there has been no change in 20 years.[2] That, in itself, is astounding given the higher levels of education of nurses and, in the United States, the visibility of the Future of Nursing,[3] a landmark report that is the most downloaded document published by the National Academies of Science, Engineering, and Medicine.

Second, the authors describe the 83 news reports that included nurses’ voices as “extensive media coverage” (p110). While 83 is probably more than what one would find pre-COVID-19, it represents perhaps two instances per week of nurses’ voices being included in news stories between 1 January and 21 May. We suspect that physicians were included in at least one news story every day (and probably much more often) during that same time period in Canada. We have not systematically analyzed nurses’ representation in news media in the United States during that time, but we were impressed with seeing nurses every day in some news outlet, talking about their experiences of caring for people with COVID-19, how to prevent its spread, and the crucial issue of inadequate personal protective equipment (PPE) early on. Now, as the virus wanes in New York and early surge areas in the U.S. while it spreads to more rural areas, one seldom sees a nurse in the national news media. We contend that during pandemics such as Ebola and SARS-CoV-2 that dominate the news for a period of time, journalists compete for stories from all angles. It’s not surprising, then, that we see a bump in nurses’ being included in news stories; but what will happen when the pandemic eases? One of us (DJM) was president of the American Academy of Nursing during the Ebola pandemic and was called upon frequently when American nurse Nina

Phan was diagnosed with the disease, but calls stopped as the spread was stopped in the U.S.

Third, this leads us to encourage all nurses to be proactive in helping journalists to see nurses as experts in health, health care, and health policy, and help them to find the right nurses for their stories. Gagnon and Perron note that the Woodhull Revisited Project found that nurses and nursing organizations need to be more strategic in engaging health journalists. Our qualitative study of health journalists also found that nurses' under-representation as sources in health news was due to bias in newsrooms about women, nurses, and positions of authority in health care. [4] Journalists don't understand what nurses do and how they could inform a news story. We all have a role to play in raising journalists' awareness of the importance of adding this diverse and unique voice to stories. As we have written in a blog to journalists at the Association for Health Care Journalists,[5] we tell journalists, 'if you're not interviewing a nurse, you may be missing the best part of the story.'

The union voices that Gagnon and Perron found to be well represented in their analyses have an important role to play in developing an organized approach to educating journalists about what nurses do, finding the right nurse experts for interviews, and suggesting story ideas. They also can develop nurses' media competencies through continuing education sessions on media training, as Gagnon and Perron suggest. (For more ideas on how to increase nurses' representation in health news stories, go to www.go.GWU.edu/Woodhull.) We have been taking these actions in the U.S. and finding great interest among journalists who are women; but we have longstanding relationships with some national journalists who are men who have welcomed our story ideas that we pass along from the frontlines. We help to find journalists' nurses with the expertise the story needs. We've also coached nurses to be "media-ready" and have written Op Eds and commentaries about nurses' expertise.[6] We want to ensure that nurse experts don't disappear in a post-COVID world.

Finally, we want to applaud Gagnon and Perron for speaking about the war metaphor. We agree that we must break out of this image of nurses as expendable soldiers and replace it with one of nurses as experts in health and healing. We have a long way to go before our voices are truly valued by news media; but concur that we can and must raise the visibility of nurses as true experts in health. This includes school nurses who are so essential during this pandemic, hospice

and home care nurses, and public health nurses. And as we told one journalist who said he didn't use nurses as sources because he covered the business of health care, 'Who better to understand the business of health care and its impact on patients, families, and communities than the chief nurse of a hospital who probably is responsible for close to 70% of the hospital's budget?'

It's up to all of us to make sure that the public has access to nurses' views, experiences and advice.

1. <https://uottawa.scholarsportal.info/ottawa/index.php/aporia/article/view/4842/3941>
2. <https://sigmapubs.onlinelibrary.wiley.com/doi/full/10.1111/jnu.12429>
3. <https://www.nap.edu/download/12956>
4. https://journals.lww.com/ajnonline/Fulltext/2018/10000/Original_Research___Journalists___Experiences_with.24.aspx
5. <https://healthjournalism.org/blog/author/diana-mason-and-barbara-glickstein/>
6. <https://www.usatoday.com/story/opinion/2020/06/26/nurses-leaders-medicine-but-overshadowed-media-column/3223242001/>

Diana J. Mason, PhD, RN, FAAN
New York, NY, USA

Barbara A. Glickstein, RN, MS, MPH
New York, NY USA