

Media presentation of hospital discharge to care homes during the COVID-19 pandemic

ABSTRACT

Purpose

At the outset of the COVID-19 pandemic the United Kingdom Government implemented a policy to rapid discharge hospital patients into care homes. This study aimed to examine how the media in the United Kingdom portrayed hospital discharge to care homes during the COVID-19 pandemic.

Design

This study was a qualitative document analysis. Four sources (*Daily Mail*, *The Independent*, *The Guardian*, and *BBC News*) were selected to represent political orientations encompassing right-wing, centrist, and left-wing perspectives, and were searched for mention of hospital discharge, care homes and Covid-19 pandemic between 1st January 2020 and 24th February 2022. Article text was copied verbatim into Microsoft Word documents prior to analysis. Data were thematically analysed, followed by coding the sentiment in the included articles as well as coding the sentiment of themes and sub-themes.

Findings

Of 722 identified articles, 133 were eligible for inclusion as the final corpus. Data represented a moralistic narrative consisting of four themes: (1) *Government as villain*, (2) *care homes as antiheroes*, (3) *patients as ideal victims*, and (4) *moral outcomes*. Most of the corpus had a negative sentiment (78.1%). One theme, *moral outcomes*, had considerably more positive sentiment (32.4%) than others (range 15.1% to 21.9%).

Originality/Value

A moralistic argument for improving cross-boundary interactions between health and social care services is provided, and the media can play a role pushing cross-boundary working higher up the policy agenda. Future work should examine how direct stakeholders, including those working in healthcare and care home settings, perceived the discharge policy.

INTRODUCTION

The COVID-19 (SARS-CoV-2) pandemic constitutes the worst public health emergency since the Spanish flu of 1918 (Barro et al., 2020), with global confirmed cases of 611,421,786 and 6,512,438 confirmed deaths, reported to the World Health Organization (WHO) as of 23rd September 2022 (World Health Organization, 2022), with actual numbers likely to be far in excess of this. The first time someone in the UK tested positive for COVID-19 was reported on 31 January 2020. Prior to reporting COVID-19 cases in England, the National Health Service (NHS) had declared COVID-19 a Level 4 National Incident due to concerns about the disease's severity (Amnesty International, 2020a). Following the declaration, the United Kingdom's (UK) Government rapidly identified populations that should be prioritised for protection (often referred to as shielding) based on risk stratification (Smith and Spiegelhalter, 2020) as well as putting in place a policy for rapid discharge of patients to care homes as part of measures to curtail COVID-19 transmission (Clark et al., 2020, HM Government, 2020).

Care homes provide care and accommodation for older and frail people and remain the cornerstone of adult social care in the UK. They are responsible for promoting the wellbeing of clinically vulnerable people, often with underlying health challenges that make them susceptible to infections such as COVID-19 (Daly et al., 2022, Challis et al., 2000). Concerns about COVID-19's impact on care homes became pronounced following the UK Government's directive to discharge patients to care homes without testing them (HM Government, 2020) which was linked to the subsequent death rate recorded in the UK during the pandemic (Public Health England, 2021), though this has since been challenged by evidence that suggests care home size, not discharge policy, was the greatest risk factor for outbreaks (Emmerson et al., 2021, Hollinghurst et al., 2022).

At the outset of the pandemic the media helped people to develop a better understanding of COVID-19 (Osisanwo, 2022). This, thereby, influenced public behaviour and helped disseminate knowledge and government policies targeted toward curtailing disease spread (Mach et al., 2021). Given the significant role that the media plays in framing public opinion, particularly in relation to pandemics (Klijn and Korthagen, 2018, Pieri, 2019), and the controversy surrounding the decision to discharge patients into care homes at the start of the COVID-19 pandemic (Daly et al., 2022, Daly, 2020, HM Government, 2020), it is important to understand how the media framed this policy decision. This study, therefore, aimed to

examine four broad-demographic media sources in the UK to understand how the media portrayed hospital discharge to care homes during the COVID-19 pandemic.

METHODS

Data sources

The articles considered in this study were from electronic media platforms in the UK. The study prioritised the inclusion of a mix of both traditional and new (online) media which include the *Daily Mail*, *The Independent*, *The Guardian*, and *BBC News* to ensure representative balance; these sources are characterised by traditionally diverse political orientations encompassing right-wing, centrist and left-wing orientations and therefore differ in the target audience. All except *BBC News* provide both print and online media.

Search strategy

We devised a search strategy to reflect the aim of the study, combining together key phrases related to care homes, COVID-19 and discharge. Search terms were chosen to limit the range of contents that reflected media representations of hospital discharge to care homes. A systematic search was conducted between 9 and 13th June 2022 using Google's advanced search to retrieve relevant articles by combining terms from three categories: (a) ("care home"), (b) ("discharge") (c) COVID-related content ("coronavirus", "COVID-19", and "pandemic") in strings including site:www.dailymail.co.uk, site:www.independent.co.uk, site:www.theguardian.com, and site:www.bbc.co.uk/news. We searched for articles published between 1st January 2020 and 24th February 2022 which reflect approximately the start of media reporting related to COVID-19 and the end of domestic legal requirements in the UK relating to COVID-19, respectively.

Eligibility

The criteria for inclusion were developed to describe the samples based on the source, substantive content, and time period. The prerequisites for eligibility of articles were:

- (a) published in *Daily Mail*, *The Independent*, *The Guardian*, or *BBC News*.
- (b) discuss COVID-19 and hospital discharge to care homes in the main body of article text.
- (c) a text-based column article and not videos or photo series.
- (d) published since January 2020.

Screening

Following completion of searches, the first 50 articles from each source, stratified based on relevance according to the Google search, were compiled into a Microsoft Excel spreadsheet, including study ID, article ID, title, source, hyperlink, publication date, and author name. Authors EA and JS independently assessed all articles for eligibility. Disagreements were reviewed and discussed in a series of meetings until an agreement could be reached. Independent double screening is important to establish study trustworthiness and ensure the credibility of inferences made in this study (Amin et al., 2020).

Data extraction

Following eligibility checks, a separate Microsoft Excel spreadsheet was established for articles included in the study. The same data used in eligibility screening (study ID, article ID, title, source, hyperlink, publication date, and author name) were copied into this spreadsheet. Articles included in the study were copied from the sources into Microsoft Word documents, separately on an individual article basis, and then arranged by date with the newspaper and order of publication captured (e.g., BBC001, IND001, DM001, and GUDN001) to create a link to the data spreadsheet. The final corpus for analysis was constructed from the articles.

Data analysis

We conducted two types of analyses of the data: thematic analysis and sentiment analysis. Thematic analysis was conducted inductively, using NVivo 12 (QSR International, Burlington, MA, USA), following a six-stage process (Braun and Clarke, 2006, Braun and Clarke, 2019) consisting of (1) familiarisation, (2) generating codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes and (6) generating the report. The first stage of analysis, *familiarisation*, consisted of the primary researcher (EA) reading all data items. The second analysis stage then consisted of two authors (EA and JS) independently *generating codes* using 51.6 per cent of the data items, which were deemed to be representative of the broader sample based on the media sources. These codes were then discussed before EA then *generated codes* from the remaining data items. When generating codes, data were coded at the sentence level, ie a sentence was the smallest unit to be coded, an approach used previously (Zhang and Shaw, 2021). The third phase of analysis, *searching of themes*, consisted of two researchers (EA and JS) jointly examining the codes and identifying relevant patterns. A third researcher (PD) then *reviewed the themes* in discussion

with EA and JS. Finally, JS *defined and named* the themes using a lens of moralistic storytelling and incorporating themes relating heroes, villains and victims that have previously been used to examine media representation in relation to the COVID-19 pandemic (Skog and Lundström, 2022). We used moralistic storytelling as both an analytical and narrative heuristic device to capture and report on how the media tell and use stories to influence public discourse and policy. Analytically, we identified the importance of morality within the reporting on the policy of hospital to care home transitions, whilst narratively we overlaid our themes with the heuristic of storytelling to make the findings accessible to a range of audiences, including policymakers, health and social care staff, patients and the media.

Following completion of the thematic analysis we used Nvivo 12 (QSR International, Burlington, MA, USA) to auto-code sentiments at the paragraph level to identify the categories and proportion of sentiments expressed in the articles. Sentiment analysis – with sentiment score being the polarity of the sentence's positive or negative sentiment – was chosen as an approach to further examine the opinions and emotions contained within the text (Deshpande and Sarkar, 2010), and allowing for triangulation with the thematic analysis. For the initial sentiment coding, each article represented a unique data item. Additionally, auto-coded sentiments of each major theme from the thematic analysis were analysed, incorporating all sub-themes, with the sentiment analysis conducted at the sentence level (Deshpande and Sarkar, 2010). Sentiment scores were converted into a percentage (%) of each data item to adjust for skewed data. We triangulated the sentiments with the generated themes during the final stage of thematic analysis, using both the themes and sentiments to shape our application of the moralistic storytelling heuristic.

Ethics

This study was granted ethical approval via Northumbria University's Ethics Online system (reference 50839).

FINDINGS

Included data

The initial search identified 722 potentially eligible articles from *BBC News* (n=290), *Daily Mail* (n=300), *The Independent* (n=90) and *The Guardian* (n=42). The first 50 articles returned were included in eligibility screening except for *The Guardian* where all 42 articles were

considered. Following eligibility screening, 133 articles were included in the final corpus. A flowchart indicating the data set search and inclusion criteria are shown in figure 1.

[Insert Figure 1 about here. Legend: Flowchart indicating data set search and inclusion processes]

Characteristics of included media articles

A total word count of 154, 926 was obtained from the corpus, with a mean of 1,165 words per article (standard deviation=2,849, range=179–33,226). The source with the smallest word count was *BBC News* (20,756 words) whilst the highest was *Daily Mail* (78,320 words). The mean, standard deviation, and range for each media source are shown in table 1.

[Insert Table 1 about here. Legend: Characteristics of included articles]

Sentiments

The corpus was skewed heavily towards negative sentiments, with the majority being moderately negative (45.0%) or negative (31.1%) compared with moderately positive (18.0%) and very positive (5.9%) sentiments. There were notable differences between the four sources when grouped into dichotomous negative or positive sentiment categories (figure 2). Sentiments within the positive category range between 19.7 per cent and 28.2 per cent while the negative sentiment ranges between 71.8 per cent and 80.3 per cent. *BBC News* (80.3%) had the highest negative sentiment (80.3%), while *The Independent* had the lowest negative sentiment (71.8%). As examples of sentiment, the following quoted sentence was auto-coded as very positive sentiment, “One resident, Alan Washbourne, who has been living at Waterside House since he was discharged from hospital during the first wave of the pandemic, said: “I feel quite safe here”.” (BBC049), whilst the following quoted sentence was auto-coded as very negative sentiment: “‘Terrible situation’ Ms McKeown, whose mother was a resident at the home, said the policy left the home “exposed”.” (BBC028)

[Insert Figure 2 around here. Legend: Positive and negative sentiments in the media sources]

Themes

Four themes, which also include additional subthemes, were identified (figure 3), including (1) *Government as villain*, (2) *care homes as antiheroes*, (3) *patients as ideal victims*, and (4) *moral outcomes*. Data extracts are provided for illustrative purposes. Analysis of the sentiments of these themes are overall supportive of their meaning (figure 4), with the moral outcomes having the highest level of positive sentiment (32.4%).

[Insert Figure 3 around here. Legend: Relationship between themes and sub-themes]

[Insert Figure 4 around here. Legend: Coded sentiments of each theme at sentence level]

Government as villain

This theme presents how the Government was portrayed as the villain within the story through negligence. There were three elements to this; the decision to rapidly discharge patients to care homes was negligent because of *inadequate care processes* being in place, which were associated with the *policy to discharge patients*. Together, these were reported as being *unlawful and subject to legal challenges*.

Inadequate care processes

Media sources attributed inadequate care processes, defined as any action or inaction that could endanger a recipient physically or psychologically, to perceived government poor handling and management of the social care system during the COVID-19 pandemic, especially at the onset when there was no testing capacity and hospital patients were rapidly discharged to care homes. For example, *BBC News* reported a lack of testing capacity at the onset of the pandemic, which emphasised the care homes' inability to manage the responsibilities required of them in terms of response and case management. Data were lacking on the COVID-19 outbreak and deaths in care homes for a long period of time, and when released the data were criticised for lacking in detail, which became a serious concern for the stakeholders and the public. Policy implementation at the onset of the pandemic was perceived as negligent, especially by families and care professionals who asserted that the Government prioritised freeing up hospital beds instead of protecting care home residents. The media sources' descriptions of the process demonstrate how unpopular the discharge policy was with the public (DM007) and how this framed the Government as villains.

“The ones we sent back didn’t need medical/hospital treatment but we definitely seeded it into the care homes.” *IND003 (Rebecca Thomas, 28 April 2022)*

Policy to discharge patients

The assertions that discharging patients was negligent were challenged by the Government’s pronouncement that a study revealed there was no link between the discharge of untested patients and outbreaks in care homes (BBC049), suggesting a counter-narrative that the Government was not villainous but rather was following evidence.

“A Scottish government spokeswoman said the Crown Office data was "consistent with the findings" of a Public Health Scotland report which "did not find statistical evidence that hospital discharges of any kind were associated with care home outbreaks"". *BBC049 (Andrew Picken & Marc Ellison, 19 April 2021)*

Furthermore, these decisions were often reported as being made in the context of complexity and uncertainty surrounding COVID-19. There were reports that Government considered themselves to be proactive in curtailing COVID-19 transmission, with emphasis on providing guidance to care homes to protect the residents while discharging hospital patients into the facilities. Meanwhile, representations in the media portrayed that the Government's poor decision-making on guidance policy caused a series of mistakes with considerable consequences. This attracted criticism and scrutiny of government officials for the poor handling of the discharge processes and that the decision that led to the discharge policy at the onset of the pandemic was not entirely evidence-based due to poor knowledge of the disease epidemiology and a lack of understanding of the care sector.

“Shadow social care minister Liz Kendall said the report confirmed the government "was too slow to act to protect older and disabled people". "A series of mistakes were made despite clear warnings from what was happening in other countries, " the Labour MP added.” *BBC005 (No name, 29 July 2020)*

There were calls by the public and different stakeholders that the government should account for their actions and take responsibility for the perceived lack of transparency in the handling of care home processes during the pandemic. Media sources, especially *The Guardian* and *The Independent*, extensively covered these calls.

“At no time in the last year have ministers accepted they made mistakes in their care home discharge policy. Now this has been admitted, then MSPs must be able to hold those in power to account.” **IND032 (Andrew Woodcock, 10 April 2021)**

Unlawful care processes and legal challenges

The decision to discharge untested hospital patients to care homes and the increased deaths in these facilities following discharge processes were ruled unlawful by the High Court when bereaved family members approached the court to seek justice against the government's handling of the care processes. The High Court ruling and portrayals of the consequences attributed to the care processes by the media sources fuelled calls for a public inquiry by residents' families and other stakeholders.

“Government says it will NOT appeal High Court ruling which found care home pandemic policy was unlawful after 40,000 residents died of Covid in a year.” **DM019 (PA Media & Adam Solomons, 4 May 2022)**

Care homes as antiheroes

The notion that care homes were presented as antiheroes stems from conflicting findings where they were presented as both villainous and heroic. Villainous presentations consisted of *care homes being blamed for failings* associated with COVID-19 outbreaks by failing to adhere to COVID-19 policy, yet by *care homes declining patients' discharge* and *care homes speaking up but being ignored* they were presented as being heroic. This provides the basis for their antihero position, which further framed the Government as villains.

Blamed for failings

The narratives portrayed by the sources assessed in this study show that the Government attributed COVID-19 outbreaks in the care homes to staff failure to effectively adhere to government procedures provided in the policy guidance.

“On 6 May Mr Johnson conceded there is an “epidemic going on in care homes, which I bitterly regret” but he tried to push the blame onto care homes, saying: “We discovered too many didn't really follow the procedures.”” **IND022 (Sophie Gallagher, 28 August 2020)**

“The [Department of Health and Social Care] told the committee in the same session it believed the clearest correlations between social care outbreaks related to staff rather than the discharge of hospital patients.” *GUDN034 (PA Media, 29 July 2020)*

Declining patients' discharge

Some care homes were reported to have expressed their displeasure regarding the policy by declining untested hospital patients' admission into their settings, especially during the first wave of the pandemic. The media portrayed the situation as being chaotic because the staff were pressured to admit untested patients into their facilities in compliance with the guidance policy, thus reinforcing the Government as villain. However, sources reported that some care homes were happy to admit untested patients for financial viability so that they could remain financially solvent.

“Some care home managers were so worried about Covid outbreaks they refused to accept hospital patients in the first wave of the pandemic.” “Pauline Shepherd, chief executive of the Independent Health and Care Providers organisation, told the BBC's Good Morning Ulster programme that several homes contacted her after the 3 April guidance was circulated.” “I was getting lots of calls from members expressing concern about the pressures they felt under to take in discharges from hospitals, “ she said. “Some of them had facilities that they were able to isolate people and could manage it. Others didn't, and they refused to have discharges into their care homes.” *BBC002 (Eimear Flanagan, 28 April 2022)*

Speaking up but ignored

Care homes were reported to have raised concerns about the potential danger of receiving COVID-positive patients, but the Government reportedly ignored the sensitivity of the social care sector by putting the wellbeing of the vulnerable residents at risk by exposing them to the danger posed by the pandemic with the discharge policy.

“The charity's director of research Fiona Carragher said: “Right from the start, we raised concerns about discharging patients into care homes hastily and this report sadly vindicates these concerns.”” *IND016 (Ashley Cowburn, 29 July 2020)*

Disregarding the risk associated with the implementation of the discharge policy to the care homes and the eventual disease outbreak and deaths in the care homes which were attributed to policy implementation further raised concerns about the Government's view of the social

care sector. Many of the media representations implied that social care was an afterthought and not prioritised during the pandemic.

“He said there had been too much emphasis on protecting the NHS at the expense of care homes, which had been treated as an “afterthought” in the fight against Covid-19.” *GUDN029 (Patrick Butler, 11 June 2020)*

“Residents and staff were an afterthought yet again: out of sight and out of mind, with devastating consequences.” *IND005 (Samuel Lovett, 12 June 2020)*

Patients as victims

Whilst the Government was framed predominantly as villains and care homes as antiheroes, patients were often framed as victims. One example was using emotion, where patients were passive recipients of harm that was associated with the policy to discharge hospital patients into care homes. This also coincided with reflections on how the discharge policy breached their human rights.

Emotion

Media representations of the discharge policy failure were emphatic in their use of emotive language. Representations such as ‘tragic consequences’, ‘grave concern’, ‘devastating policy failure’, ‘reckless and appalling error’, and ‘appalling death toll’ were used across multiple sources.

“The appalling death toll was entirely avoidable - it is a scandal of monumental proportions”.
IND018 (Andrew Woodcock, 5 October 2020)

“By the time the government said they were going to introduce testing [for hospital discharges on 15 April] people had already died. My father died on 3 April. The time to protect the care homes was at the beginning.” *GUDN005 (Robert Booth, 12 June 2020)*

Media sources also indicated that bereaved families whose loved ones died in care homes expressed mixed feelings as a result of the high court ruling that the discharge of untested patients to care homes was unlawful.

“Ms Barrie told BBC Scotland the High Court ruling for England came as a "bolt out of the blue" with a "mixture of sadness and relief” **BBC046 (No name, 27 April 2022)**

““It brings renewed hope for justice for us families, but it’s also devastating – devastating because so many of us lost our loved ones in care homes needlessly,” she said.” **IND014 (Benedict Smith, 27 April 2022)**

Violation of human rights

The media further portrayed patients as victims through the discharge policy as a violation of the residents’ human rights, which partially reflected that the media was reporting on legal challenges to the policy.

“Legally the state is required to protect citizens and Gardner’s lawyers say government policy breached this legal duty to residents and workers in the advice and guidance it gave.” **IND022 (Sophie Gallagher, 28 August 2020)**

“Amnesty said the treatment of care homes during the spring was 'a violation of residents' human rights' and to repeat the same mistake again would be 'irresponsible and unacceptable'.” **DM050 (Connor Boyd, 21 October 2020)**

Moral outcomes

As presented in this analysis, the theme *moral outcomes* denotes what is required to resolve the conflict between the *villains* and *antiheroes* so to avoid future harm to the *victims*. *Moral outcomes*, therefore, provides the ultimate meaning to the story by highlighting some improvements to the health and social care systems that are required. There were two elements to this narrative, with a requirement to improve (1) the prioritisation of social care, and (2) planning for future pandemics.

Prioritisation of social care

Media urged the government to prioritise social care sector reform to boost the sector's performance, reflecting a perception that social care was not equal in importance or priority to the NHS. The narratives by *The Independent* emphasised that the social care sector should be given the attention it deserves and be made to be on par with the NHS including in resourcing.

“She added: “The government must learn from its mistakes, treat the NHS and social care as equally important, and ensure that all care homes and home-care services get the priority, focus and resources they need.”” *IND012 (Shaun Lintern, 2 June 2020)*

“As we emerge from this pandemic ministers must put in place a plan to transform social care and ensure that care homes never again face a crisis of this scale.” *DM026 (PA Media, 26 May 2021)*

This prioritisation extended to improving testing capacity so that care homes had the required information to provide safe care.

“The committee says that, by September, the government should review which care homes took discharged patients, and how many went on to have outbreaks. In its evidence to the committee, Public Health England said nationwide testing capacity was limited to 3,500 tests per day at the start of the crisis. The agency added that it had agreed with the NHS and chief medical officer to prioritise testing for those in intensive care and those with respiratory illnesses, along with limited testing in care homes to detect outbreaks. However the committee said the policy of discharging untested patients continued "even once it was clear there was an emerging problem". Regular testing for staff and residents in care homes in England was rolled out earlier this month” *BBC005 (No name, 29 July 2020)*

Planning for future pandemics

Narratives from media sources represented lessons that must be learned from a pandemic of this magnitude to prevent a repeat of similar mistakes in the future.

“The most important thing is that we learn from what happened. We learn those lessons as a country, how to handle pandemics, because there will be a future one” (Matt Hancock). *IND004 (Jemma Crew, 29 April 2022)*

“He added: “We now need to see those responsible for those dark days held accountable and lessons learned to save lives, ensuring the grim scenes of spring 2020 are never repeated again.”” *DM016 (PA Media, 27 April 2022)*

DISCUSSION

This is the first study to examine how the media represented hospital to care home transitions during the COVID-19 pandemic. In interpreting and presenting the findings through a lens of storytelling, we have presented how three major actors, the UK Government (villains), care homes (antiheroes) and patients (ideal victims) were considered in select media during the pandemic. Similar themes have previously been reported in relation to how the media portrayed the outset of the COVID-19 pandemic in Sweden (Skog and Lundström, 2022), and our study highlights how narratives were presented in relation to hospital discharge to care homes in the UK. More specifically, we note that there was not a clear demarcation between villains and heroes in our study, but rather care homes were portrayed as having some villainous qualities, making them ‘antiheroes’, supporting a reflection that only negligence, abuse and scandals were reported on in care homes prior to the pandemic (Hinsliff-Smith et al., 2020). The personification of care homes and the framing as antiheroes potentially hides the positive roles of individuals working within them. Furthermore, it has long been established that care is fragmented across health and social care services, which has been described as a ‘wicked problem’ (Shaw and Rosen, 2013) – a problem defined by its complex interactions between multiple people and organisations in disagreement without an obvious solution, but where a desired change is recognised (Rittel and Webber, 1974) – when spanning organisational and sectoral boundaries. Improving the quality and safety of integrated care in part relies upon relational aspects of care between professionals (Lalani et al., 2023) and person-centred care with service users (Davidson et al., 2021), yet media framing of narratives surrounding care homes during the pandemic may further marginalise care home staff and thus influence these relational aspects of care, as well as minimising potential moral injury amongst care home staff that has been identified during the COVID-19 pandemic (Gaitens et al., 2021).

The focus on morality as a defining outcome, particularly moral outcomes, generates implications for health and social care sectors, including the integration of care. The media, which has a significant role in influencing both policy and public perceptions (Osisanwo, 2022, Mach et al., 2021), provides a moral basis for making improvements to health and social care. It has been suggested that COVID-19 is the biggest problem the health and care system has faced recently (Charles and Ewbank, 2021), and so it is essential that lessons are learned from this experience, including holistic reforms of the care sector that bring greater parity of esteem with healthcare services, and how health and social care organisations can together deliver person-centred integrated care through shifting boundary work from being competitive to collaborative (Comeau-Vallée and Langley, 2020).

Media representations of the discharge policy explicitly demonstrated ideas deployed to contest the social boundaries between the health and social care sectors implemented by the government in their role as the villain. The media, in this regard, served as an intercepting actor that filtered policies or messages intended by the government, largely because political information is mediated by media coverage (van Duijn et al., 2022) in public discourse. This also serves as a potential opportunity for raising the profile of integration of care and collaborative boundary work; in the field of patient safety, the media was recognised as playing an important role by bringing patients' safety to the forefront of the policy agenda, despite patient safety being researched for over fifty years prior to this (Millenson, 2002). However, the active role of the media in defining boundary configurations is largely ignored during boundary work discussions, and when discussed, it's usually done so as background information or in passing (Zietsma and Lawrence, 2010, Grodal, 2018). Previous findings have shown that rarely is media discourse employed as a foundation for analysis, much less as a key element in establishing boundaries. Given the well-known importance of media narratives on policy formulation initiatives, the paucity of research attention to the effect of the media on symbolic boundaries is striking (Hallam, 2002, Klijn and Korthagen, 2018, Wolfe, 2012). Furthermore, it can be argued that both the government and the media are engaged in configurational boundary work when they attempt to discursively frame other people's perceptions of the parties involved in the social care reforms and their underlying challenges (Creed et al., 2002, Langley et al., 2019). The COVID-19 pandemic therefore has the potential to act as a catalyst for boundary work and improved integration across health and social care sectors, but would benefit from media attention.

Alongside the moral improvements around boundary work and integration of care, we identified that care home residents were not just victims, but instead were 'ideal victims' (Christie, 1986), in that they were deserving of victim status. The positioning of patients as being ideal victims could be seen as a further example of ageist reporting on older people during the COVID-19 pandemic. In the early stages of the pandemic in China, ageism was demonstrated in the media through a homogenous view of older people, including people who were lacking in autonomy (Zhang and Liu, 2021). The ideal victim of the discharge policy was therefore presented as older people who were vulnerable and helpless, as demonstrated through the use of emotive language (Lewis et al., 2021), whereas it is well established that service

users in a variety of settings are essential to person-centred care and integrated care initiatives (Barken and Lowndes, 2018, Davidson et al., 2021).

Finally, the Government was framed as the villain of the story through negligence. Policy decisions and poor care processes, which were surrounded by uncertainty and a reported lack of information, were linked to the increased risk of harm from discharging patients without testing into the high-risk setting of care homes, including the dehumanisation of care home residents (Newman, 2023). Whilst the basis of this paper is not to comment on the veracity of these claims, evidence has recently identified that the policy decision to discharge was not the most significant risk factor for infection in care home settings (Hollinghurst et al., 2022, Emmerson et al., 2021), though similar links between a lack of testing and outbreaks have been described in the literature (HM Government, 2020, Public Health England, 2021). Notably the NHS had little representation in our findings, reflecting that media reporting of discharge to care homes focused predominantly on policy decision making at national governmental level. Care homes were poorly targeted for preventative measures (Newman, 2023) and, in many ways, abandoned until late in the pandemic when a reaction was unavoidable. The NHS received priority for a national response without the same type of scrutiny (Daly, 2020), which reinforces the perception that care homes, and possibly broader social care, are considered to be less of a priority for policymakers and therefore become an easier target for the media than the NHS.

Limitations

There were several avenues for bias to potentially influence the study findings. Firstly, one of the four online media sources sampled (*BBC News*) is only available as electronic media, while the others are available as print media. Evidence suggests that there are no differences between online and print media (Ghersetti, 2014), but it is unknown whether this applies specifically to our chosen sources. Future research could incorporate articles from more electronic media-only outlets to determine if these findings can be generalised. Secondly, the language used to describe the findings may have influenced how the meta-inferences associated with the thematic and sentiment analyses were perceived. Particularly, semantics in the vocabulary we used to interpret the data may provide the impression of overgeneralization even when that was not our intended result (Collins et al., 2007). Lastly, we did not attempt to distinguish between the UK Government's policy, which was targeted at NHS Trusts in England (HM Government, 2020), and policies initiated in the devolved nations of Northern Ireland, Scotland and Wales

where decisions about healthcare are made separately. The media sources had a UK- and even England-centric focus, which may have influenced our findings. It will be important for future studies to examine either within or beyond the UK how the media represents boundary working between health and social care sectors to determine transferability of our findings. Finally, sources were searched using the Google search engine. It is unknown whether and/or how search engine optimisation and personalisation influenced search results.

Conclusion

This study demonstrates the importance of the media in creating awareness in society and influencing policy. Our findings have revealed novel insights into how the media interpreted and reported on the policy to discharge patients from hospital to care homes during the COVID-19 pandemic. Specifically, we have provided a moralistic argument for improving cross-boundary interactions and integration of care between health and social care services. We have highlighted that the media can play further important roles in influencing both policy and public perceptions of interactions between health and social care and, in doing so, can help to push cross-boundary working and integrated care higher up the policy agenda. Triadic interaction between media, public and policymakers may give rise to ideas that promote open, flexible policymaking, and broad public support for novel policy initiatives.

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Figure 1: Flowchart indicating data set search and inclusion processes

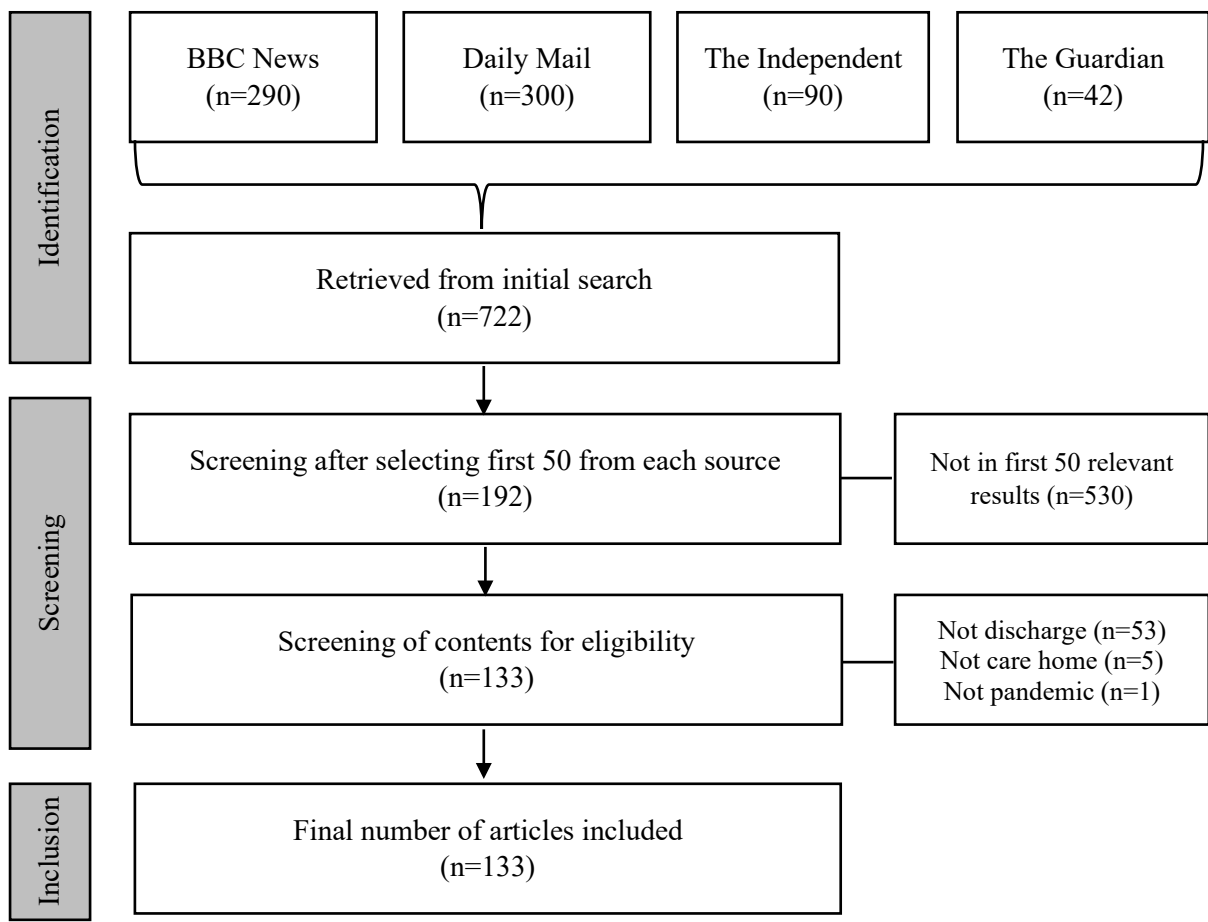


Figure 2: Positive and negative sentiments in the media sources

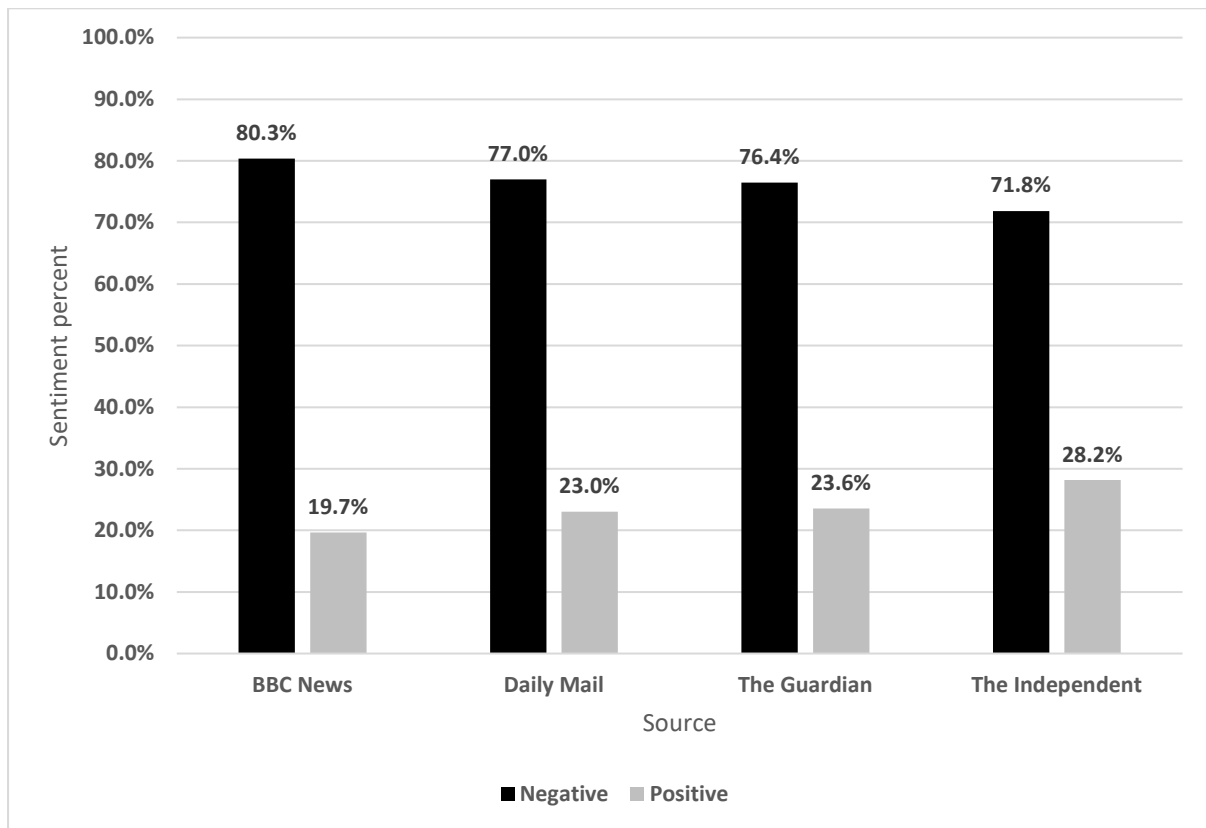


Figure 3: Relationship between themes and sub-themes

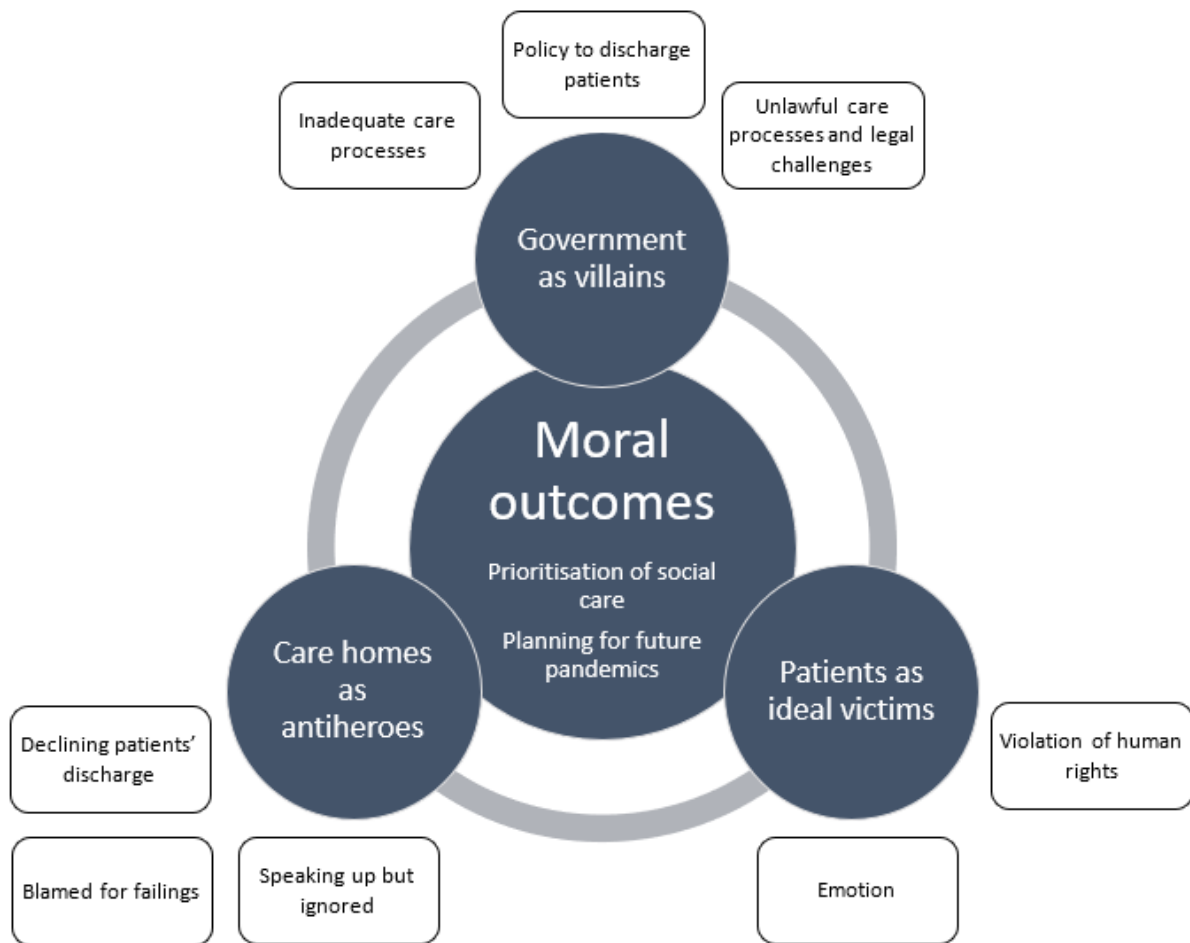


Figure 4: Coded sentiments of each theme at sentence level

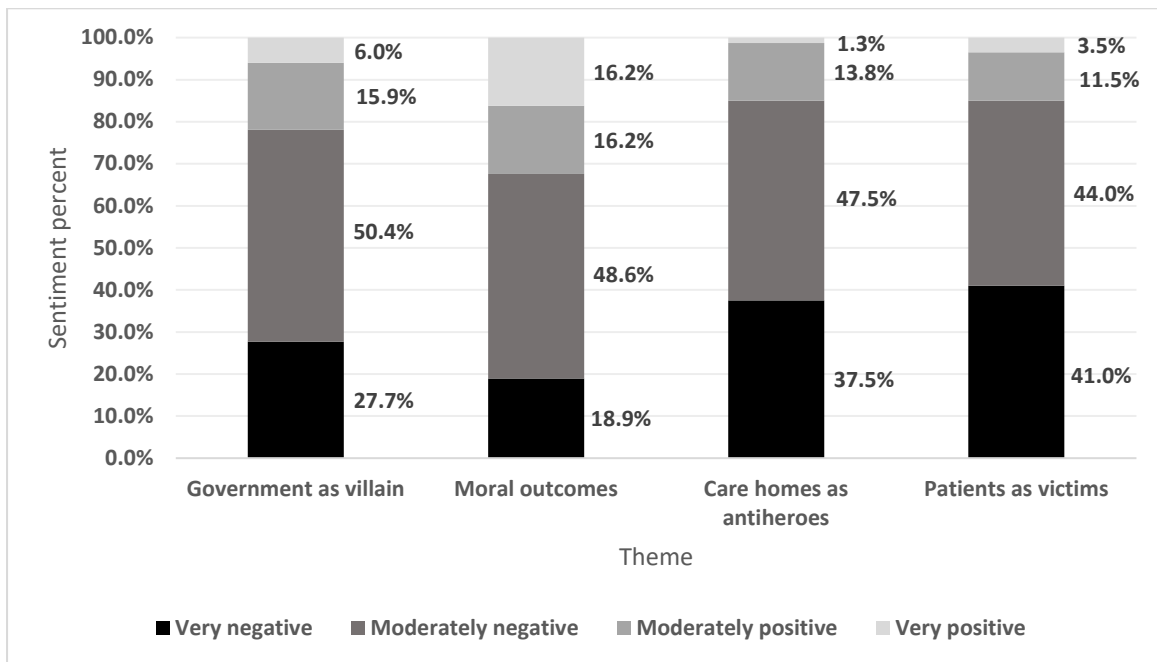


Table 1: Characteristics of included articles

| Sources | Number of articles | Total Word Count | Mean | SD | Lowest | Highest |
|-----------------|---------------------------|-------------------------|--------------|--------------|---------------|----------------|
| BBC News | 27 | 20,756 | 769 | 440 | 228 | 1,885 |
| Daily Mail | 42 | 78,320 | 1,865 | 5,005 | 179 | 33,226 |
| The Independent | 34 | 29,874 | 879 | 359 | 403 | 1,931 |
| The Guardian | 30 | 25,976 | 866 | 384 | 265 | 2,285 |
| Total | 133 | 154,926 | 1,165 | 2,849 | 179 | 33,226 |

SD = Standard Deviation