The role of the print media in informing the community about safety in public hospitals in Victoria, Australia: the case of ‘golden staph’

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Abstract

Objective. In this article the authors explore how the print media contribute to information and education of the community on issues of safety and quality in the health services, since this is an important avenue of such information and education for many members of the community.

Study design. The authors undertook a qualitative study of a random sample of articles in the Australian print press between 1996 and 2004 where ‘golden staph’ was presented as a major issue of risk to the safety of consumers of health services. The content of each article was examined with reference to several criteria including title, the source of the article, and the metaphorical language employed by the journalist.

Results. Results show that while the articles are substantially accurate as sources of information on concrete events, they do not serve as sources of education on issues of safety, typically apportioning blame and serving to maintain the status quo.

Conclusion. The authors conclude that print media are not a good source of community education in areas of safety and quality and do not assist members of the community to participate in addressing issues of safety in health services.

Keywords: antibiotic resistance, community education, consumer participation, ‘golden staph’, infection control, media, popular press, safety

It was recently asked in the Weekend Australian [1]: ‘How safe are our hospitals?’ The answer given was that hospitals are risky places in terms of patients dying or being permanently injured through errors in hospital procedure. Hospitals are, it was argued, implementing safety and quality systems to reduce the incidence of adverse events. The article reflects the ‘systems approach’ to safety in hospitals, which portrays adverse events as generally resulting from breakdown in communication, poor responses to emergencies, or some other systemic error, and seldom as the result of individual incompetence or negligence [2–4]. According to the systems approach, blaming individuals for causing adverse events promotes a culture of secrecy among health professionals, which is unconducive to addressing the problems of adverse outcomes for hospital patients, and promotes the culture of blame and litigation. In contrast, the systems approach is seen by its supporters as encouraging transparency in, and beyond, hospitals and as diffusing power and expanding the site of knowledge creation concerning health matters to include the participation of lay people alongside the scientifically trained [5,6]. This approach is evident in Victoria in the Metropolitan Health Services’ publication of quality of care reports [7,8].

The perspective informing our discussion is Beck’s image of contemporary society as risk society [9]. The issue of nosocomial infections provides a confirming example of how, in the development of late-modern society, many sites that were assumed to be relatively safe are now perceived as threatening. Beck writes that ‘The discourse of risk begins where trust in our security and belief in progress end . . . The concept of risk . . . characterizes a peculiar, intermediate state between security and destruction, where the perception of threatening risks determines thought and action’ (p. 213). With the increase in hospital bacterial infection, the calculus of risk becomes, according to the present writers, an increasingly significant facet of the discourse concerning hospitals and hospitalization. The hospital becomes a more visible site in risk society [10–12].

In a model that aims to restore trust by better dealing with problems of infection in hospitals, partnerships with

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the community come to the fore. A partnership approach empowers members of the community by providing them with access to the same sources of information as health professionals and administrators of health services [3,13]. The approach depends for its success on the resources and willingness of members of the community to engage in self-education and in the mutual exchange of information [14–17].

While Victoria’s metropolitan health services have community advisory committees [8] and produce quality of care reports [7], for the vast majority of Victorians information on the safety of Victoria’s public hospital health services comes from a melange of reports in the media with little to assist them make sense of the issues and contribute to a more open system [18].

As argued by Beck and others, what is of social significance is not risk as such but the perception of some state or process as posing a risk, and in late modernity the media are of decisive importance in forming the public recognition of risk. For Gabe [19] the mass media consist in ‘filters’ through which both lay people and experts receive news and interpretations of events. The media’s reporting of adverse events conditions how the community views hospitals as sites of risk.

The present article appraises the accuracy and informativeness of a sample of press articles on a topical health concern involving hospitals, inquiring as to whether this sample indicates a valid source of community information and empowerment. We explore what the contents of the sample reveal in terms of accuracy, and offer an assessment of whether the contents assist in educating the community about issues of safety so that it might provide partners in improving safety and quality of health services. We acknowledge that newspaper articles may not be written primarily to educate the community but to alert it to the risks to which patients are exposed in hospitals, this being the prerogative of the individual journalist, consistent with editorial policy.

### The case of *Staphylococcus aureus*

We set out to explore how daily newspapers presented the issue of *S. aureus* (‘golden staph’), examining the role the press plays in informing the community about matters of safety and quality in Australia’s public hospital system. We use ‘golden staph’ throughout as the term most often used in the newspaper articles and best known to their readers.

In 1984, an Australia-wide survey found that 6.3% of all infections were nosocomial (hospital acquired). More recently, the Australian Council for Safety and Quality in Health Care estimated there are more than 150 000 incidents of health-care-related infections each year, resulting annually in some 7000 deaths in Australia. The Australian Council for Safety and Quality in Health Care estimates that total bloodstream infections cost $A686 million per year. Some 30% of these infections are estimated to be related to health care procedures [20].

‘Golden staph’ is a major cause of health-care-associated infections. It has led to increased use of antibiotics, exacerbating antibiotic resistance and strengthening the relationship between mortality and morbidity [21].

### Methods

#### Identification of articles

Using Electronic Library Australasia, we searched ‘golden staph’ in the national daily broadsheet *The Australian* for the 8 years between 1996 and 2004 and this produced 39 results. A parallel search of the Victorian daily broadsheet *The Age* produced no result, but a search of ‘staph’, ‘aureus’ using AUSTROM produced 14 results from *The Age*. Articles where ‘golden staph’ was only mentioned in passing were manually eliminated resulting in a total of 53 articles dealing with ‘golden staph’.

#### Analysis

The authors undertook a qualitative analysis. Articles were recorded and reviewed by both authors. We developed analytical themes under the following headings: the title; the sources of information for the article, such as the release of a new report, new research findings; the stated objective of the journalist in producing the article; the style(s) of language (scientific, polemical) employed in the article. We then each reviewed two articles independently of each other to test the themes, then compared our results. The themes did not require modification.

A sample was chosen randomly by a third person and the authors each analysed articles independently.

### Results

In this article we present a discussion of the findings from 14 (26%) of the daily newspaper articles, randomly selected from the total (Table 1).

#### Titles

Titles were principally designed to attract, rather than to inform readers. Examples such as ‘Chemist’s potion beats killer staph’ [22], ‘The modern miracle of antibiotics may be losing the war against bacteria’ [23], and ‘Designers must stave off bacteria’ [24] attract readership with the promise of medical heroics. ‘Hospital oversight highlights dangers of nasties in the works’ [25] is both titillating and ambiguous. Titles containing ‘bug’, ‘deadly’, ‘infesting’, and ‘killer’ produce a sense of crisis and loss of control. The titles are emotive, buying into views already established in the community of a medical system involving increased risks, in need of medical heroics to rescue the system.

#### Sources for the article

Most of the articles were occasioned by the release of a report or a conference paper. ‘Deadly bugs are infesting hospitals’ [26] epitomized the report by the Victorian Infection Control Surveillance project which compared infection rates after coronary bypass surgery across five metropolitan hospitals.
Designers must stave off bacteria' [24] reported a speech by Peter Collignon at the ‘Horizons of Science Forum’ organized by the University of Technology Sydney and the Australian National University. ‘Resistance to drugs cracks’ [27] described a speech by Grant Sutherland at the 1998 conference of the Genetics Society of Australia at Sydney University. ‘The modern miracle of antibiotics may be losing the war against bacteria’ [23] and ‘Bugs bite back’ may be exceptions since their source is not cited. ‘Super bug infects 33 babies’ [29] was based on documents received by The Age ‘Insight’ team under freedom of information laws.

The ‘Hospital oversight’ [25] article encapsulated information released by the New South Wales (NSW) Department of Health, or the hospital itself, on an adverse event in a NSW hospital. The journalist shows no awareness that the release of such information is a new approach to making public what would previously have been kept secret.

The source of any newspaper article is of paramount importance. Sources of material influence journalists’ accounts of medical science and technical fixes. In the case of material derived from a conference or a media release the emphasis is on the positive: ‘golden staph’ is a serious problem that medical professionals have in hand. Where articles are investigative, ‘golden staph’ is a serious problem, possibly out of control, with the potential to kill, about which the public is not necessarily being adequately informed by the hospital and medical authorities.

While conference- and report-derived articles emphasize the need to reduce reliance on antibiotics, investigative articles point to the role of hospital staff in spreading infections such as ‘golden staph’ through lapses in infection control standards or the application of inadequate standards.

‘Though journalists are influenced by the sources of their articles, there is little evidence that they are aware of the degree to which they are influenced. For example, both ‘How safe are our hospitals?’ [1] and ‘Hospital oversight’ [25] were based on information released by authorities in a spirit of openness but the articles suggest that the contents are paraphrased, without any appreciation that making this information available is a new approach.

**The depiction of ‘golden staph’ in the articles**

The titles by themselves do not indicate how ‘golden staph’ is portrayed in articles. The content of the articles, ‘Resistance to drugs cracks’ [27], ‘Chemist’s potion beats killer staph’ [22], and ‘Deadly bugs are infesting hospitals’ [26], is less emotive than the titles would suggest.

Some articles provide informative descriptions of the problem that ‘golden staph’ poses. For example, ‘Bugs bite back’ [28] explains in simple English how ‘golden staph’ develops resistance to antibiotics, while the argument for adequate infection control staff is clearly explained in ‘Deadly bugs are infesting hospitals’ [26].

Some articles are, however, plain confusing. ‘Hospital oversight . . .’ [25] begins by describing a lapse in infection control at a NSW private hospital, claiming that some 123 consumers were exposed to HIV and hepatitis. Describing
why it is important to disinfect endoscopes, the article goes on to argue that endoscopies are of less concern than are intravenous lines such as drips and catheters, which are responsible for 42% of all blood-poisoning cases. Experts estimate that 10,000 hospital patients per year develop blood poisoning with 4000 of them infected by plastic catheters. About 10–29% of the 4000 die as a result. Because of the problem of drug-resistant bacteria, notably ‘golden staph’, hospital-based infections assume their true proportions. A close reading of the article suggests that its author was merely parroting an expert who attempted to provide the journalist with a contextual understanding of the initial problem. ‘Resistance to drugs cracks’ [27] is also confusing: it begins by applauding the development of new generation drugs to supersede antibiotics and then argues for the retention of the current ones.

‘Bug’ is a common descriptor of ‘golden staph’. It appears in the titles of four of our sample of articles. While it is associated with ‘deadly’ in one title, in the context of the same article ‘bug’ is watered down to ‘antibiotic resistant’, reflecting the more temperate language of the expert being paraphrased. In ‘Resistance to drugs cracks’ [27], ‘bug’ is changed with the term organism, and in ‘Bugs bite back’ [28] it is interchanged with bacteria.

‘Bug’ is a metaphor (alluding to garden pests), without ‘a few hardy bugs survive—these survivors then pass on their ability to outsmart the antibiotic onto their offspring’ [28]. ‘Bug’ is a metaphor of war and of heroic medicine. ‘Golden staph’ is a ‘dreaded’ ‘killer’ that ‘invades’ bodies and people are ‘taken out’ by it. Antibiotics are part of an ‘armoury’ and ‘golden staph’ a ‘superior foe’. The experts are portrayed as the warriors who are fighting back. Imagery of this sort is particularly evident in ‘Resistance to drugs cracks’ [27]. The ‘Hospital oversight’ [25] article uses the language of indignation, such as ‘bungle’, to portray people who, ‘in every patient’s nightmare’, were ‘tragically’ exposed to the risk of infection as helpless victims. In ‘Super bug infects 33 babies’ [29], the babies are victims of a hospital whose standards are inadequate. The victimhood theme is reinforced with the use of words such as ‘fatal’, ‘deaths’, ‘serious risk’.

The language of risk and blame is common to all articles, being strengthened by metaphors of war and strife. Most salient is the language of risk: ‘warned’, ‘risked’, ‘fear new outbreaks’, ‘more dangerous’, ‘concerned’, ‘careful about hygiene and safety’, ‘seriously or fatal complications’, ‘at risk’, ‘outbreak’. Where there have been lapses in infection control, risk is blamed on ‘human error’ and poor administration. Consumers who ‘demand’ antibiotics and medical practitioners who continue to prescribe them are held culpable for rising antibiotic resistance.

Articles may, however, qualify the images of the battlefield and of heroic resistance with a language of reassurance. Antibiotic resistance is a serious problem that medical science can fix. In those articles derived from conferences and reports, even those reporting on lapses in infection control suggest that the problem is more widely under control and that the lapses under report, while serious, will be checked by following guidelines. Terms such as ‘prevent the spread of infection’, ‘safety precautions’, ‘precautionary closure’, ‘trying to restrict’, ‘very innocuous’, and ‘strengthening infection control’ follow on from those of risk and blame.

Conclusion

This discussion began by pointing out that the new model of quality and safety requires that the community be informed of issues that impinge on safety in the health system generally and public hospitals specifically. Access to accurate information provides members of the community with a basis from which to enter into a partnership. While certain members of the community have access to more authoritative sources of information and educational material, most community members only have the media for their information in this respect.

The problem with a poorly informed community is that the cultural shift required to develop a more open system where the community is a partner is extremely limited. This is because the community has no reservoir of informed people with the potential to participate in quality and safety projects. While the language of risk and blame remains, litigation remains the community option for dealing with the results, rather than cooperatively seeking preventive measures.

We have used the example of ‘golden staph’ to examine the accuracy and informativeness of a sample of articles in the media, and to assess whether they are a source of education for those members of the community whose objective is to participate in improving safety and quality in the community.

What we find from this examination of a small number of articles is that there is no reason to doubt the accuracy of the reporting, which generally relied on experts in the field to explain an event or new medical scientific approaches. However, newspaper articles do not provide an appropriate means to educate the community.

Largely, this is due to the limitations of the journalistic format. Articles have word limits and must attract readership. They therefore report ‘newsworthy’ events, in a journalistic style that does not allow for detailed information or background material. The articles that we have examined fall into two categories: one suggesting that ‘golden staph’ will be
overcome through medical scientific intervention, the other pointing out that inadequate measures or lapses in measures to control ‘golden staph’ place an unsuspecting public at risk. Consequently, these two issues were seldom seen as ‘two sides of the same coin’: that ‘golden staph’ is a growing problem because of both antibiotic resistance and lapses in infection control.

The lack of this context in the reporting may suggest that journalists are little more educated about problems surrounding ‘golden staph’ than the rest of the community. Indeed the need to present stories that accentuate risk and blame perpetuates an unhealthy reliance on experts, being, in this case, typically medical scientists with a miracle ‘fix’. Consequently, the two articles based on information released by health authorities on adverse events did not applaud this release of information as part of the new ‘systems’ approach, but portrayed it as titillating evidence of risky health practices.

Another limitation of the newspaper format is that articles are published when events take place. They are seldom read by interested members of the community, as we have read them, in a group, but one at a time. The typical reader of newspapers will rarely if ever make a connection between a report on an outbreak of ‘golden staph’ in a Melbourne public hospital with another report on the need for a national coor-dinated collection of data on infection rates, when the articles are published months apart.

What then does this sample of articles indicate about the likelihood of developing partnerships between community and the agents of health services to improve the safety and quality of these services?

Examining the articles as a composite provides some further insights into how media attitudes are likely to prevent the development of such partnerships. Those articles portraying health services as sites of high risk of infection strongly suggest that there were health professionals and administrators anxious to defend their service by arguing that issues of safety were immediately addressed or had been greatly exaggerated. It is likely that in attempts to avoid such adverse media attention, any critical information will be suppressed. This places advocates of openness in such matters at odds with those anxious to protect the reputation of a health service. At the same time suppression of the information means that those who would like to cooperate to fix the problem, either in the health service or in the community, do not have the requisite information to do so.

Thus, there are two underlying problems revealed by this analysis in addition to the problem of the quality of the media reports themselves. These are: that the increasing portrayal of modern life in general, and health services in particular, as risky environments is a strong motivator for secrecy, and equally a strong motivator to rely on medical science to fix the problem. These underlying motivators, combined with divisions in the way experts approach problems such as ‘golden staph’ and a lack of community focus, suggests that journalism will continue to merely report, rather than be a source of education about historical and social-contextual aspects of, and about extra-scientific responses to, ‘golden staph’ and hospital infection.

References


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