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The Ebola Experience: Media Lessons For Nurse Leaders

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THE EBOLA EXPERIENCE:
MEDIA LESSONS FOR NURSE LEADERS

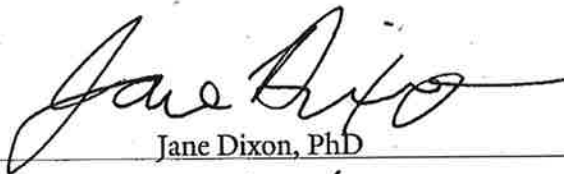
Submitted to the Faculty
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In Partial Fulfillment
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Doctor of Nursing Practice

Elizabeth Ford Leary

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Jane Dixon, PhD

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March 27, 2017

The Ebola Experience:
Media Lessons for Nurse Leaders
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Introduction

In October, 2014 the nursing profession gained unprecedented media attention when two nurses became infected with the Ebola virus (Fernandez, 2014), and another nurse who cared for Ebola patients defied two gubernatorial quarantine orders (Miles, 2015). Although nurses consistently top the annual Gallup professions poll, in which Americans consistently rate nursing as the most honest and ethical profession (2015), nurses have traditionally been invisible in news media (Norwood, 2001; Sieber, et al., 1998). Therefore, the unprecedented media attention during the Ebola crisis presented new challenges for the nursing profession.

Although the impact of the 2014 Ebola news coverage on public perceptions of nursing remains unknown, McGillis-Hall and Kashin (2016) examined 125 Canadian news articles which focused on nursing coverage during the 2014 Ebola outbreak. While the initial Ebola news stories portrayed nurses as Florence Nightingale type war heroes, the media began to cast nurses as villains by the fall of 2014. “Little or no focus was paid to the voices of nurses who worked through the Ebola event, the knowledge and expertise they bring and the role they have in global health” (McGillis-Hall & Kashin, 2016, p. 93). As a result, nurses were generally unhappy with the Ebola media coverage. In a survey of 945 nurses and nurses’ aides, 68 percent of the respondents believed the media had characterized the two Ebola infected nurses as unprofessional (Speroni, Seibert & Mallinson, 2015).

McGillis-Hall and Kashin (2016) point out that nurses typically receive little to no media training, and that it is critical for nurses to learn about how the media operates in order to better communicate with journalists and, by extension, the general public. Like many nursing scholars (Buresh & Gordon, 2000; Cabaniss, 2011) the authors call for a new media image for the nursing profession. “This document analysis highlights the need for the profession to clarify public information on the role of nurses generally, and in particular with major health events like Ebola,

to dispel the myths that exist and create a new image for nursing” (McGillis-Hall & Kashin, 2016, p. 96).

The Ebola News Story: A Learning Opportunity for Nurse Leaders

The Ebola news story presents several learning opportunities which nursing organizations may use to improve future dealings with the media and educate the public about the nursing profession. In this context, it is important to understand factors which fueled the Ebola story, including media mistrust in health authorities’ assurances that there was nothing to fear from the disease. While authorities’ assurances ultimately proved to be correct with only four cases diagnosed in the U.S. (Centers for Disease Control, 2014), there was no reason for the media to believe those assurances at the time the Ebola story broke. Several thousand people had died from Ebola in West Africa (Centers for Disease Control, 2015), and there were informational missteps both by Texas Health Presbyterian Hospital (THPH) officials, where index patient Thomas Duncan was treated, as well as the Centers for Disease Control (CDC) which greatly exacerbated media misinformation and mistrust (The Editorial Board, 2014).

In an article published in the *Journal of Nursing Administration*, THPH Chief Nursing Officer Cole Edmonson, et al. (2016) emphasized that clear, accurate and open communication is essential for effective crisis management. Citing the Ebola news story as an example, Edmonson, et al. (2016, p. 418-419) wrote:

In the absence of frequent and transparent communication, misinformation spreads, heightening fears and chaos. Much of the public’s anxiety was an epidemic of fear driven by media coverage, misinformation, and a lack of understanding and mild hysteria An organization’s chief nursing officer (CNO) must work closely with his/her communications team to help infuse the human perspective to an organization’s public response to a situation.

Clear and accurate communication proved to be elusive during the Ebola news coverage, as THPH officials wrongly alleged that a nurse failed to accurately record Duncan's travel history and, officials also initially claimed that the electronic record was flawed (Hunt & Jacobson, 2014). After backtracking from those statements, hospital officials admitted that an ER physician initially misdiagnosed Duncan, leading to his re-hospitalization and infection of two nurses who cared for him (Dunklin & Thompson, 2014). CDC Director Dr. Tom Frieden alleged that the nurses' illness resulted from a "breach of protocol and that breach in protocol resulted in this infection" (Centers for Disease Control, 2014). However, there was no evidence of a protocol breach and both Ebola infected nurses said they followed CDC protective protocols, stating they had no idea how they contracted the disease (Shoichet, 2014; Yan, 2014).

Frieden also accused one of the nurses, Amber Vinson, of irresponsibly travelling on a commercial airline. "She was in a group of individuals known to have exposure to Ebola," Frieden said. "She should not have traveled" (McClam, 2014). It was later confirmed that Vinson had in fact checked in with the CDC and was cleared by the agency before she traveled (NBC News, 2014). "I was never told that I couldn't travel," Vinson said. "The CDC said it was ok to go" (Timm, 2014).

The conflicting accounts fueled media mistrust in health authorities and, as a result, press scrutiny intensified. In a review of media coverage during the 2002 severe acute respiratory syndrome (SARS) outbreak, Wilkins (2005) concluded that the media plays a key role in disseminating information to the public as well as monitoring the performance of public health institutions. Due to the above mentioned communication missteps by THPH and CDC officials, journalists began to question not only the performance of health authorities but, also, their veracity (The Editorial Board, 2014).

Losing Trust and Lengthening the Story Arc

Journalists have a tendency to mistrust public relations spokespersons, and media mistrust may be intensified during a public health crisis. Len-Rios, Hinnant and Park (2009) conducted a review of research on journalist perceptions of public relations professionals, and they concluded that journalists view public relations spokespersons as sources with vested interests who tend to be untrustworthy. In a qualitative study of 40 journalists, reporters described public relations professionals as "enemies" in crisis communication (Austin & Jin, 2015). As one journalist told the researchers, "They are the enemy because they are between us and the truth, and the public and the truth. They want to filter it and put their own gloss on it" (Austin & Jin, 2015, p. 14).

Due to the media's tendency to mistrust public relations spokespersons, officials emphasize the importance of maintaining credibility during a public health crisis (Holmes, Henrich, Hancock & Lestou, 2009). As one official told researchers in a qualitative survey of 22 health communication professionals:

You have to be as certain as you can be and, even if you need to share it and you're not certain, you've got to convey that uncertainty. I think conveying uncertainty is more reassuring than conveying certainty and being proven wrong very soon thereafter because that is once again about trust" (Holmes, Henrich, Hancock & Lestou, 2009, p. 799).

THPH and CDC officials were proven wrong on numerous occasions throughout the Ebola crisis. CDC Director Frieden's initial proclamation that "We're stopping Ebola in its tracks" (Berman, et al., 2014) proved to be incorrect with the infection of two nurses who cared for Ebola index patient Thomas Duncan (Fernandez, 2014). Hospital officials initially told reporters that Duncan was discharged with a benign temperature of 100 degrees during his first ER visit, and that his symptoms were not severe (Fernandez & Sack, 2014). Yet the Associated

Press reported that Duncan's temperature had spiked to 103 during that same visit, and Duncan also reported a severe pain level of 8 on a scale of one to 10 (CBS Houston, 2014). Although Duncan's temperature dropped to 101 before he was discharged, the temperature reduction occurred after he was given intravenous fluids and Tylenol which could have temporarily masked his symptoms (Winter, 2014).

In a qualitative survey of nine state government public information officers (PIOs), officials confirmed the paramount importance of accurate media communication. "PIOs consistently characterize trust as that 'one chip' that a PIO builds up with reporters ... In the event they lie to reporters, PIOs fear the media uncovering that deception, forever ruining their reputation in the community" (McCollough, 2015, p. 16). The potential negative reputational effects of the Ebola story were immediately felt by THPH, which saw a 53 percent drop in ER visits and a corresponding \$12 million drop in revenue during the Ebola crisis (Goodman, 2014). Although some loss in revenue might have been inevitable due to the fact that THPH was the first hospital to treat an Ebola patient in the United States, hospital officials' continued misstatements throughout the crisis fueled media scrutiny and lengthened the story arc, prolonging bad publicity for the hospital (Jervis, 2014).

As one health journalist advised, "If your organization has done something bad, put it out as quickly as you can. Do it practically and accurately, and the story arc will shorten" (Austin & Jin, 2015, p. 14). Rather than shortening the story arc, the Ebola story was prolonged since the ER doctor who initially misdiagnosed Duncan did not speak to the press until two months after the story first made headlines. As *The Dallas Morning News* reported, "Absent from hospital statements, government hearings, and wall-to-wall news coverage was almost anything about the person most central to Duncan's initial care — the doctor" (Dunklin & Thompson, 2014).

Nurse Scapegoating

In a review of media discourse during the Ebola controversy, Menzel (2015) asked the fundamental question, “Why was this healthcare facility so quick to blame a nurse instead of the physician who missed the initial diagnosis?” (p. 663). The reason, Menzel argues, is organizations’ tendency to scapegoat less powerful individuals i.e. nurses in order to protect higher level figures in the organizational hierarchy. Gender may have also played a role. “Females may be singled out as safe targets for blame or fear of Ebola (and other safety lapses) because of the stereotypical feminine attributes of passivity and subordination” (Menzel, 2015, p. 664).

Bonazzi (1983) writes that individual scapegoating designed to hide flaws in the social structure is a common defensive tactic employed by high level executives and government officials during a crisis, since such tactics may effectively distract public opinion. Nurses continue to struggle to obtain independent professional status in the patriarchal health care system (Bell, Michalec & Arenson, 2014). Menzel (2015) argues that nursing organizations should employ effective media communication in order to prevent nurse scapegoating in the future.

Professional organizations, such as the American Nurses Association and the Royal College of Nursing, should advocate for their members’ occupational health and safety, counteract scapegoating, and challenge the media’s perpetuating stigmata not based on science. Otherwise, nurses will continue to be targeted by those in power when the next health crisis prompts the need to avert blame for shortcomings in organizational responses (Menzel, 2015, p. 664).

Nursing Organization Media Responses

Nursing organizational media responses during the Ebola crisis were mixed and essentially split into two camps: 1) the American Nurses Association (ANA) and other hospital affiliated nursing organizations, and 2) nursing unions led by National Nurses United (NNU), the California-based 185,000 member union which represents bedside nurses. While the ANA expressed sympathy for one of the Ebola infected nurses in a press release, the ANA's statement also reiterated CDC Director Frieden's controversial statement that a breach in protocol may have occurred (2014). "The nurse wore full protective gear while caring for (the Ebola patient). CDC officials report that a breach in protocol may have occurred at some point" (American Nurses Association, 2014).

National Nurses United, by contrast, used much stronger language in defending the Ebola infected nurses. At a press conference displaying signs which read "Stop Blaming Nurses," NNU Disaster Relief Program Director Bonnie Castillo said, "You don't scapegoat and blame when you have a disease outbreak. We have a system failure. That is what we have to correct" (Steenhuysen, 2014). The "Stop Blaming Nurses" press conference was carried by the Reuters News Service and other major news outlets (FoxNews.com, 2014).

National Nurses United appeared to generate more press coverage than the American Nurses Association throughout the Ebola controversy. A search of the Google News Archive during the month of October, 2014, when the Ebola news coverage was at its peak, reveals nine pages of results, with each page listing tens of thousands of articles quoting National Nurses United Executive Director Roseann DeMoro. While DeMoro is quoted in 33,000 stories on the first page alone, a similar Google News Archive search featuring American Nurses Association President Pamela Cipriano produced only one page of results, in which Cipriano was quoted in less than 10,000 news stories.

Why was National Nurses United successful in generating so much press coverage? The number of press releases issued by each organization could be an indicator. While the ANA (2014) issued nine Ebola-related press releases from October to November, 2014, NNU (2014) issued more than double that amount with 23 Ebola-related news releases during the same time period. Research indicates that organizational press releases both influence and generate news coverage. “Numerous studies confirm that many journalists rely on and use public relations materials to create news content” (Park, Len-Ríos, & Hinnant, 2010, p. 489). A qualitative survey of 15 local television health journalists revealed that most reporters generate ideas for health stories by reading press releases (Tanner, Friedman & Zheng, 2015) and, after reviewing 500 health news stories, Schwitzer (2008) determined 35 percent of the stories were based largely or entirely on press release content.

However, the number of press releases does not solely determine successful news coverage. In a review of 95 research articles published in the *Journal of the American Medical Association* and the *New England Journal of Medicine*, Stryker (2002) found that press releases did predict newspaper coverage, but only due to the selection of “more newsworthy” research studies which were featured in the press release content (p. 519). Stryker defines newsworthiness as items which are timely and also fulfill the press’ need for “novelty and drama” (p. 519). “Medical information that is topical, unusual, controversial or affects a large number of people is likely to receive media coverage” (Stryker, 2002, p. 521).

For instance, a press release featuring the American Nurses Association (ANA) endorsement of Hillary Clinton was picked up by the press because it was a topical issue involving the 2016 presidential campaign (Gass, 2016). By contrast, a Google News search for an ANA press release announcing nursing scholar Tim Porter-O’Grady’s appointment as chair of the American Nurses Foundation (2016) returned no results, probably because the press release

did not feature topical or unique news content which would appeal to an audience beyond ANA membership.

Controversy, Drama and Suspense

The Ebola story captured public attention because it contained all of the elements of melodrama i.e. a dramatic storyline where nasty villains enact evil deeds against virtuous victims who are eventually rescued (Wright, 2015). The theoretical “villains” in the Ebola story were untruthful CDC and THPH officials carrying out “evil deeds” not only against the index patient, Thomas Duncan, but scapegoated Ebola infected nurses like Amber Vinson (NBC News, 2014). The Ebola story also featured dramatic suspense elements which reporters require in order to effectively engage news audiences (Wright, 2015). Would Ebola become a widespread epidemic in the U.S. as it had in Africa? Would the Ebola infected nurses survive? Would the virus become airborne? As Seale (2003) writes, “The audience seeks emotional stimulation through dramatized contrasts that have an entertaining effect. Fear and anxiety, for example, may be aroused so that they may be experienced as a contrast to security and pleasure” (p. 517).

The late NBC News Executive Reuven Frank once wrote, “Every news story should, without sacrifice of probity or responsibility, display the attributes of fiction, of drama” (Mascaro, n.d.). Although the Association of Health Care Journalists statement of principles emphasize that journalists are bound by professional standards of truth, accuracy, and context (2015), economic pressures may potentially compromise journalistic probity and responsibility in today’s increasingly competitive news market. Despite growth in online advertising revenue, cumulative newspaper revenue has dropped from \$47 billion in 2004 to \$16 billion in 2014 (Pew Research Center, n.d.).

As renowned investor Warren Buffett stated, “Newspapers are going to go downhill. For most newspapers the transition to the internet so far hasn’t worked in digital. The revenues don’t

come in” (Lippman & Sherman, 2016). The Pew Research Center (2014) estimates that newsroom jobs have decreased by 30 percent since 2003. This trend is also reflected in Bureau of Labor Statistics (BLS) employment projections (2015), in which journalist and television news correspondent jobs are expected to decrease 4,800 by the year 2022. As journalists struggle to make a living (the BLS estimates average reporter salaries at \$37,720 annually), probity and responsibility may fall by the wayside as news organizations struggle to survive. As Christie (2014) writes:

Now, readers have become eyeballs. Eyeballs click on your story, tweet it, post it on Facebook, maybe it gets put up on Reddit — and all those eyeballs become pennies and pennies become dollars. Those eyeballs are hungry, and we have to keep shoving food at them, regardless of its nutritional value.

Eyeballs, Journalistic Compromise and National Nurses United

By meeting the media’s needs for controversy, drama and suspense, National Nurses United (NNU) was able to dominate the Ebola news coverage with dramatic allegations of insufficient nurse protection at THPH (Mohan, Susman & Hennessy-Fiske, 2014). In one *Cable News Network* story headlined “Nurses’ union slams Texas hospital for lack of Ebola protocols,” NNU cited neck exposure as a shortcoming in the personal protective equipment (PPE) provided to the nurses who cared for Duncan (Shoichet, 2014). While the CDC did adjust its PPE guidance to include “no skin exposure” in the wake of these allegations (2014), other neck exposed nurses who also cared for Duncan did not contract the virus (Pelley, 2014).

The PPE neck exposure controversy is noteworthy since, in a highly unusual breach of journalistic protocol, reputable news organizations such as *Cable News Network* and the *Los Angeles Times* published the union’s allegations based on anonymous sources whom the journalists had not actually interviewed (Mohan, Susman & Hennessy-Fiske, 2014; Shoichet,

2014). The stories were based on a National Nurses United (NNU) arranged conference call in which the union purported to represent anonymous THPH nurses who were afraid to come forward (Shoichet, 2014). When journalists quote anonymous sources, they usually interview sources personally (Reuters, 2015). Yet, none of the nurses spoke, nor were the nurses identified to the reporters (Mohan, Susman & Hennessy-Fiske, 2014). The Society of Professional Journalists states that “the public is entitled to as much information as possible on sources’ reliability” and recommends that reporters “identify sources whenever feasible” (Farell, 2015).

The Reuters Handbook of Journalism also states that “unnamed sources must have direct knowledge of the information they are giving us, or must represent an authority with direct knowledge” (2015). When one of the anonymous nurse sources, Briana Aguirre, came forward, she admitted that she was not involved in index patient Thomas Duncan’s care, that most of her knowledge was hearsay and she also stated that the hospital was using standard contact and droplet precautions as recommended by the CDC at that time (Lauer, 2014). Yet, Aguirre’s statements that she was “horrified” by the alleged lack of protective protocols received widespread media coverage in news outlets such as the *Today* show (Lauer, 2014) and *The New York Times* (Sack, 2014).

The Press as Patient: Health Insurance and Hospital Villains

As NNU was fulfilling the media’s need for melodrama (Wright, 2015) and THPH officials were making conflicting statements to the press (Jervis, 2014), the ANA (2014) as well as other nursing organizations were issuing joint press releases in conjunction with hospital associations (Emerson-Shea, 2014). Due to their hospital affiliations, the ANA and other nursing organizations may have been viewed as “enemies” by the press (Austin & Jin, 2015). In a survey of 774 health journalists, Len-Rios et al. reported that journalists were reluctant to quote corporate press releases due to the press’ perceived role as “a watchdog of powerful institutions

like business and government, but journalists are less distrustful of universities and nonprofit organizations that are thought to serve society” (2009, p. 318).

Journalists may have viewed National Nurses United (NNU) more favorably throughout the Ebola controversy since NNU is a non-profit labor union which advocates for universal health coverage (2015), a benefit which many health journalists lack. Charles Ornstein (2014), past president and board member of Association of Health Care Journalists (AHCJ), wrote that even with additional insurance options under the Affordable Care Act (ACA), many health journalists cannot afford health insurance, particularly a growing number of freelance journalists who typically do not receive employment benefits (Stearns, 2013). As one journalist stated, “I know --- an uninsured health reporter. The joke is not lost on me,” (Ornstein, 2014).

As reporters struggle to obtain health insurance, prominent journalists have also criticized for-profit health organizations for excessive patient care charges and multimillion dollar hospital CEO salaries. At an AHCJ sponsored forum, *Time* magazine journalist Steven Brill discussed his efforts to obtain “satisfactory explanations from hospital CEOs about their multimillion dollar salaries while someone who had no health insurance was paying perhaps hundreds of dollars for a product that could be purchased in a local drugstore for pocket change” (Seegert, 2013). In perhaps another demonstration of journalists’ perceptions of hospitals as “villains,” the Association of Health Care Journalists (AHCJ) prohibits hospital associations from exhibiting at the journalists’ annual membership conference (2013).

Ebola Nursing Strike Media Communication

In the wake of the Ebola controversy, National Nurses United (NNU) staged a two-day strike at dozens of Kaiser Permanente hospitals and clinics in California to allegedly protest a lack of Ebola safeguards, although the union was simultaneously engaged in contract negotiations with Kaiser which had stalled (Chuang, 2014). In response, the Association of

California Nurse Leaders (ACNL) issued a joint press release with the California Hospital Association condemning the union's actions as an "irresponsible" contract negotiating ploy and called upon the union to "abandon the strike, not patients" (Emerson-Shea, 2014).

Yet, the press release did not receive widespread media coverage (PR Newswire, 2014). For example, a *Time* magazine article on the nurses' strike included the caption "A lack of preparedness for possible Ebola cases is symptomatic of a more general erosion in patient care standards, claims National Nurses United" (Barber, 2014). There is no mention of the union's pending contract negotiations with Kaiser, nor is there any mention of the ACNL/CHA statement regarding the strike's potential detrimental impacts on patient care. One possible reason is that California nurse leaders were not readily available for interviews with journalists who were covering the Ebola strike story (B.J. Bartleson, personal communication, February 24, 2015). Spokespersons from National Nurses United (NNU) were readily available (2014) and NNU was able to dominate most of the strike media coverage (Chuang, 2014).

It is imperative that health professionals meet the media's needs during a public health crisis, including prompt interview availability for journalists working under tight deadlines (Covello, 2003). In a qualitative survey of 15 local television health journalists, participants reported major challenges when trying to contact public health practitioners for health information. "Journalists believed health professionals should do a better job of making themselves available so they can serve as a source of health information" (Friedman, Tanner, & Rose, 2014, p. 383).

One common barrier for nurse leader press availability, however, is employer restrictions on media access. Both private as well as public sector employers are able to legally prohibit employees from speaking to reporters (Massaro, 2015), and this may create significant communication barriers during public health crises and other major news events. In a 2016

survey of 216 reporters conducted by the Association of Health Care Journalists (AHCJ), over 30 percent of the journalists said it was “very difficult” to obtain any information from federal agencies (Freyer, 2016). Journalists also reported that interview requests typically had to be approved by the designated media office, reporters were frequently required to submit questions in advance of the interview, and a public information officer was usually present either on the phone or in person (Freyer, 2016). These types of employer imposed media restrictions can hinder nurse leader media access, creating an informational void during public health crises situations such as the Ebola story.

From Villain to Victor: Turning the Ebola Media Tide

While employers’ desire to control media information dissemination is understandable, particularly in light of the early Ebola communication missteps by THPH officials, restrictive media strategies can also backfire during a public health crisis. During the Ebola controversy THPH attempted various public relations strategies, including running ads apologizing for the Ebola misdiagnosis (Feeney, 2014). Chief Nursing Officer (CNO) Cole Edmondson also held a press conference in which THPH staff nurses expressed support for the hospital, with Edmondson assuring the public that the hospital was safe (NBC News, 2014). However, no new information was disclosed, none of the staff nurses who actually cared for Ebola patients spoke at the press conference, and news reports continued to quote National Nurses United’s claims that the hospital was not adequately protecting nurses (Lupkin, 2014).

Crisis communication expert Peter Sandman argues that over-reassurance during a public health crisis often has the opposite effect because “the public suspects they’re insufficiently worried or insufficiently candid and the public becomes more frightened. If officials instead admit their concern, people sense that the officials are doing the worrying for them so that they don’t have to” (Rosenbaum, 2015). Rather than staging a press conference with generic

reassurances of safety, it might have been more compelling for Edmonson to talk about how, as CNO, he decided to put on a pair of scrubs and join his staff in providing care for the Ebola infected staff nurses (Goodman, 2015). In an article published months after the controversy was over, Edmonson said, “One of the most impactful decisions I have ever made personally and professionally was to do what I was asking others to do” (Goodman, 2015).

What ultimately turned the public relations tide for THPH was not staged press conferences, but allowing the staff nurses who cared for Duncan to tell their version of the Ebola story. For weeks a *60 Minutes* news producer had been trying to convince the nurses to talk to the renowned CBS television news program but hospital officials had restricted the nurses from doing so (Goodman, 2015). Realizing that the other public relations strategies had failed and, at the urging of an outside media consultant, hospital officials finally allowed the nurses to speak. As public relations consultant Matt Burns said, “The one turning point in the whole public narrative of this and, the turning point from a reputational standpoint, came with *60 Minutes*” (Goodman, 2015).

For the first time, the public was able to hear a complete, poignant account of what happened from the nurses who actually cared for Duncan (Goodman, 2015). Richard Townsend, a nurse whose wife was pregnant at the time, described how he refused to be reassigned and chose to care for Duncan even though the Ebola mortality rate for pregnant women is 100 percent (Pelley, 2014). Another nurse, John Mulligan, described how tears were running down Duncan’s eyes “and I said, ‘You’re going to be okay. You just get the rest that you need. Let us do the rest for you.’ And it wasn’t 15 minutes later I couldn’t find a pulse. And I lost him. And it was the worst day of my life” (Pelley, 2014). In the end, genuine and open heartfelt disclosure which was both honest and forthright was not only the most compelling Ebola news story but,

also, the most effective public relations strategy (Holmes, Henrich, Hancock & Lestou, 2009; McCollough, 2015).

Table 1: Crisis Communication Strategy Comparison

Leadership Public Relations Principles	Ebola News Story Manifestation
Anchoring Perception: Honest, Trustworthy	Anchoring Perception: Dishonest, Untruthful
Upfront Disclosure: Story Arc Shortened	Contradictory Information: Story Arc Lengthened
Avoid Over-Assurance: Convey Uncertainty	Over Assurance: Certainty Contradicted
Timely Response, Prompt Disclosure	MD and Nurse Interviews Delayed for Weeks
Take Responsibility: Avoid Blame, Scapegoating	Nurse Scapegoating/Safety Concerns Raised

Making Science Soundbite Friendly

Besides prompt media availability, Covello (2003) also emphasizes that health officials must communicate in “clear, non-technical language appropriate to the target audience” (p. 7) in order to obtain positive press coverage. Journalists frequently strive to explain complicated issues at fifth-grade reading comprehension levels in order to reach the broadest possible audience (Friedman, Tanner, & Rose, 2014). As a result, journalists tend to view sources more favorably if they return telephone calls promptly, provide clear responses, and explain research findings in simple, easy-to-understand language (Len-Rios et al., 2009).

While the American Nurses Association and other hospital affiliated nursing organizations emphasized evidence-based practice in their Ebola press releases (Emerson-Shea,

2014), scientific statements frequently lack dramatic narrative and, as a result, may fall on deaf ears during media crisis communication. As Seale (2003) writes:

Clearly popular mass media would cease to be popular if complexity were presented in a way that a scientist would find acceptable in a scientific paper. Some degree of simplification must be necessary if the dramatic oppositions that are the core device of storytelling are to be created ... People do not make TV programs or publish newspapers solely in order to provide the public with accurate information (p. 519).

However, some health news experts have been successful in communicating scientific concepts in simple, easy-to-understand language which audiences easily comprehend. New York University medical ethicist Arthur Caplan, who is quoted so often by the press that reporters nicknamed him “Dr. Soundbite,” is a frequently quoted health news expert. In a review of 353 news stories featuring 11 bioethicists, Krueger (2012) found that Caplan was quoted in 188 of the stories – more than half.

Table 2: Soundbite Friendly Science

Widely Published Arthur Caplan Quotes:
<p>Measles Outbreaks in Children: “Celebrities have had an out-of-proportion impact on the public’s understanding of vaccine risk ... I don’t want to overplay it; most people vaccinate. It’s not like hordes of people are listening to Jenny McCarthy and saying, ‘Forget the American Association of Pediatrics, I’m going with the former Playboy Bunny’.” (Coyle, 2016).</p>
<p>2016 Presidential Candidate Health Controversy: “Diagnosing someone at a distance who you haven’t examined is closer to trying to be a psychic than a doctor” (Holmes, 2016).</p>
<p>Ebola Gubernatorial Quarantine: “The quarantine is being used to manage fear, not Ebola” (Caplan, 2014).</p>

Caplan's prominent medical media profile is noteworthy not only due to the fact that he has no health care experience, but also the fact that he has no medical training, holding a doctorate in history and philosophy (Kruvand, 2012). Yet Caplan is a widely quoted health news source because of his prompt media availability and, also, his ability to explain complex scientific issues in simple, pithy "soundbites" (Kruvand, 2012). As one reporter explained, "When you find an academic expert who is willing to operate on news deadlines rather than on academic deadlines and who gets what journalism is all about, I latch onto that person" (Kruvand, 2012, p. 578).

Positioning Nurses as Health Content Media Experts

Using the Caplan case study as a model, the promotion of nurses as health content media experts could serve as an effective media strategy, particularly since nurses are skilled in explaining complex health information to patients with fifth-grade reading levels (Cawthon, et al., 2014). Since patient teaching is basic to the role of nursing in health care, the profession could potentially transform the nurse educator role using the media as a megaphone to expand the impact of patient health education. Positioning nurses as health content media experts is also a feasible media strategy, since the internet and new technologies have drastically changed public relations methods in recent years.

Traditional public relations (PR) methods typically involve journalist solicitation through press releases (PR Newswire, 2016). However, reporters have generally been dissatisfied with these efforts, citing PR practitioners' failure to pitch audience-friendly news content in a timely manner (Sallot & Johnson, 2006). In fact, some reporters have established websites such as *Bad Pitch Blog* (2016) in order to highlight some of these failed public relations practices.

As a result, reporters have taken matters into their own hands and now proactively solicit expert news sources through websites such as *Help-A-Reporter-Out* (HARO), which boasts

35,000 journalists and 475,000 news sources as participants (2016). The phenomenon of reporters actively soliciting news sources through websites is called “media catching” (Waters, Tindall & Morton, 2010), and this novel public relations method presents opportunities for nurse leaders to position themselves as health content media experts. In a recently published HARO Twitter blog (2016), reporters were looking for experts to comment on issues such as mental health, bowel movements, chronic neck pain, college student health issues and the Zika virus, topics in which nurses have expertise and would be knowledgeable sources of information.

When responding to media inquiries, the American Association of University Professors (AAUP) recommends following guidelines in order to effectively communicate with journalists (Loving & Cramerding, 2016):

- 1) *Craft Brief, Simple, Talking Points*: Resist the urge to incorporate statistics since statistics do not resonate with the general public.
- 2) *Stick to the Talking Points*: Be sure the sound bite is understandable to the public, could offend no one and sticks to the talking points.
- 3) *Meet Reporters’ Deadlines*: Resist the urge to research the issue to death before commenting. Your comments will be useless to the reporter, who needed them yesterday.
- 4) *Build Relationships with Reporters*: Do not attempt to censure or critique the reporters’ work. If you develop a reputation for providing engaging media-friendly information, reporters will routinely ask you to comment for future news stories.
- 5) *Stop Talking*: Less is more when talking to the press. Resist the urge to answer any question asked. The less said, the more likely the desired message will be published.

In order to promote nurse leaders as media experts, however, the above mentioned public relations department communication restrictions (Friedman, Tanner, & Rose, 2014) would need

to be overcome in order to ensure timely media access. Consulting with public relations professionals may not only help nurse leaders obtain valuable insight for dealing with journalists, but could also facilitate employer support for nurse media outreach efforts. Therefore, nurse leaders could work with their media relations departments and proactively obtain support before speaking with the media as health content experts.

Conclusion

In the past year, nurses have received unprecedented media coverage, prompting nurse leaders to call for creation of a new media image for the nursing profession (McGillis-Hall & Kashin, 2016). Since nurses typically receive little to no media training, positioning nurse leaders as health content experts could not only raise the nursing profession's media profile, but would also help prepare nurses to effectively respond to highly publicized events such as the Ebola controversy. By promoting nurse leaders as health content experts, both the press and the public would not only learn more about the nursing profession, but would also learn to value nurses not only as health educators but also as health care leaders.

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