

**“It’s Pure Panic”: The Portrayal of Residential Care in American Newspapers During  
COVID-19**

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**Funding:** This work was supported by the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 764632.

**Acknowledgements:** None.

**Conflicts of Interest:** There are no conflicts of interest to report for either of the authors.

Accepted Manuscript

## **Abstract**

**Background and Objectives:** This study examines the discursive construction of residential care during the COVID-19 pandemic in three leading American newspapers: *The New York Times*, *USA Today*, and *The New York Post*.

**Research Design and Methods:** A total of 54 news articles between 21 January and 8 May 2020 were identified from the LexisNexis academic database for analysis. The articles were analyzed using both a critical discourse analysis approach and a thematic analytical framework.

**Results:** Findings indicate that residents' voices are excluded and superseded by others, namely their family members. Literary elements were used to portray residential care as shockingly dangerous, deceptive, and problematic. Blame was often assigned to an individual or group according to the political tendency of the newspaper.

**Discussion and Implications:** A cultural model of panic and dishonesty begins to take shape through the COVID-19 pandemic. Fearmongering and the portrayal of residential care as lacking transparency will likely create future mistrust of the industry. The depiction of vulnerability and the illusion of resident inclusion in the news coverage enable paternalistic decision-making and care practices in the name of supposed protection.

Keywords: COVID-19; newspapers; long-term care; critical discourse analysis

## Introduction

Residents of residential care (e.g. nursing homes, long-term care facilities, assisted living facilities, retirement communities) have been considered especially at-risk during the COVID-19 pandemic. As of July 30, in the United States, 9% of total state cases (43 reporting states) and 44% of total state deaths (43 reporting states) have been in long-term care facilities (KFF, 2020). Because of this disproportionate impact, residential care has been an acute focus of the news media.

Assumed patterns of thinking about the world that function as common knowledge are known as cultural models or narratives which hold social power (Gee, 2011). For example, the Reframing Aging Initiative identifies the public's cultural models of aging and older adults to learn how to better guide public conversation, informing policy and practice (Lindland, Fond, Haydon, & Kendall-Taylor, 2015; Sweetland, Volmert, & O'Neil, 2017). Journalistic discourse is powerful in its ability to shape cultural models and issue agendas (Richardson, 2007); the recent increase in high-visibility news coverage of residential care (Miller, Simpson, Nadash, & Gusmano, 2020), therefore, will impact what becomes common knowledge about older adults and residential care in the future. The aim of this study is to understand how residential care has been depicted in American newspapers in the context of the COVID-19 crisis.

The associations that the public makes with the residential care experience are typically negative. Long-term care facilities are stigmatized settings (Dobbs et al., 2008), analogous to dependence and loss of control (Ayalon, 2016). Older adults who require care are characterized by frailty and an end to managing daily tasks autonomously (Higgs & Gilleard, 2016). The meanings assigned to dependency in old age come from a cultural narrative of declining choice and self-expression (Gilleard & Higgs, 2010). Discourse around

both the need for care and older adults is integral to the social and discursive construction of residential care. Simultaneously, residential care itself provides a base for the discourse around older persons and the need for care, where residents are viewed in terms of institutional categories (Gubrium & Holstein, 1999).

### **The Portrayal of Old Age in the News Media**

News media coverage of older adults and residential care is both a reflector of and a contributor to the public's meaning-making of the care experience. Rozanova (2006) found that articles in *The Globe and Mail* often presented aging in tandem with inevitable decline and disease. Her findings showed that authors attributed a responsibility to age healthily to older individuals (Rozanova, 2006).

Research on the news coverage of aging and older adults has been on the content, as well as the discursive elements, of newspaper articles (e.g. Bailey, Denning, & Harvey, 2019; Fealy, McNamara, Treacy, & Lyons, 2012; Koskinen, Salminen, & Leino-Kilpi, 2014; Marier & Revelli, 2017; Siiner, 2019). For example, through critical discourse analysis, Fealy and colleagues (2012) found that older adults were portrayed as subject to frailty, dependency, and vulnerability, effectively "othering" them (Fealy, et al., 2012). In Finnish newspapers, Koskinen, Salminen, & Leino-Kilpi (2014) analyzed the context of health and older people. They found that older persons were depicted as weak, in need of help, and not actively involved in their own care (Koskinen et al., 2014).

## **The Portrayal of Residential Care in the News Media**

There is a relatively smaller array of research on residential care in the news media (Roanova, Miller, & Wetle, 2016). In a quantitative content analysis of 1,700 articles about nursing homes in top American newspapers from 1999 to 2008, Miller, Tyler, Roanova, and Mor (2012) found that articles were mostly negative or neutral in tone. The central actors of the stories were overwhelmingly government institutions (42.3%) or a particular nursing home (39.2%), with only 13.3% of articles about the residents or their families (Miller et al., 2012). In a larger study, Miller, Livingstone, and Ronneberg (2017) conducted a content analysis of over 16,000 articles about nursing homes from 51 newspapers in the same time period. They found tones that were mostly neutral or negative, and the central actor of the article was usually a government institution (40.9%) or the nursing home industry (42.9%), with residents or families as the main actor in only 11% of articles (Miller et al., 2017).

Funk, Herron, Spencer, and Thomas (2020) conducted a qualitative frame analysis of Canadian newspaper articles about aggression of older adults receiving care. Among their findings was a fear related to aging and dementia. Aggressive behavior was portrayed in a fear-inducing and simplistic way, and the congregate nature of residential care was considered a reason behind the aggression (Funk et al., 2020). Further, a qualitative study on the depictions of nursing home residents in American newspaper articles found two narratives: successful versus frail aging, emphasizing the idea that frail older residents cannot contribute to society (Roanova et al., 2016). These studies demonstrate the overwhelmingly singular and negative discourse around residential care in the news media.

A few of these studies included news articles published during crises and natural disasters, such as hurricanes Katrina and Rita in the southern United States in 2005.

Roanova and colleagues (2016) found that the frailty of nursing home residents was

portrayed as justification for triage in choosing who to rescue and who to leave behind during the hurricane. If a rescue mission failed, nursing home staff were blamed. In the studies by Miller et al. (2012) and Miller et al. (2017), they found that the amount of content pertaining to natural disasters peaked in 2005 and then decreased, indicating that the impact of the storms on nursing homes was considered urgent only short term and that later systemic improvements no longer remained important. According to these analyses, the devaluation of residents is especially apparent during times of crisis.

### **The Context of the COVID-19 Crisis**

The news articles in this analysis take place during the COVID-19 global pandemic, which has disproportionately impacted older adults and residential care. Ageism towards older adults has been amplified during this crisis (see: Ayalon et al., 2020; Colenda et al., 2020; Previtali, Allen, & Varlamova, 2020; Reynolds, 2020). The depiction of residential care in newspapers is crucial to understanding how the cultural narrative surrounding older adults and residential care will change and subsequently impact the industry. Journalistic discourse during this time plays a particularly crucial role in future agenda-setting for policy and practice. Because public perceptions that are misguided hinder the improvement and advancement of aging policy and practice (Sweetland et al., 2017), examining the news of residential care and COVID-19 is an initial step in predicting how care policy and practice will be affected. For example, Houtven, Boucher, and Dawson (2020) suggest that the current crisis has exacerbated systemic issues in long-term care and has made apparent the public's exclusion of its older residents. This prompts us to analyze the discursive construction of residential care within the context of the COVID-19 pandemic, to better understand how to potentially impact future discourse.

## Research Aim

The aim of this study is to understand how residential care has been portrayed in the newspaper media through the initial months of the coronavirus outbreak in the U.S. We examined the discursive construction of residential care during the COVID-19 pandemic through a critical discourse analysis (Richardson, 2007; van Dijk, 1993; Wodak & Meyer, 2015) of articles from three leading American newspapers.

## Methods

A search of three American newspapers, *The New York Times*, *USA Today*, and *The New York Post*, was conducted. These newspapers were chosen because they cover a range of the political spectrum and were among the top five most-circulated daily newspapers in the United States on the date that the articles were gleaned (Alliance for Audited Media, 2020). *The New York Times* is considered left-leaning, while *USA Today* is considered center and *The New York Post* politically-right (AllSides, 2020).

Articles were found using the LexisNexis academic database for newspapers. The search included all types of care facilities where residents live in a congregated setting. The Boolean operator “atleast3” was used to include only articles wherein the search term was mentioned three or more times, remaining a central topic of the article. Obituaries were excluded. A complete list of search terms and the search string can be found in the supplementary material.

Dates of the search were limited to 21 January 2020 through 8 May 2020, starting when the first known COVID-19 case was reported in the U.S. and going through the first months of the outbreak. Results from the three newspapers were limited to those written in



English and within the United States. A total of 398 articles were gleaned in the original search. Of those, 193 were identified by LexisNexis as duplicates, leaving 205 articles to be screened by the first author. Covidence software was used to track articles during screening and identify additional duplicates. Articles were excluded if they were either duplicates or if residential care was not a central topic, for example, in briefings which briefly linked to a full article about residential care. Only the full article, and not the briefing, was included in the analysis. A total of 54 articles in which residential care was a dominant focus of the article were included in the final analysis (see Table 1). Of the articles, 28 were from *The New York Times*, 7 were from *USA Today*, and 19 were from *The New York Post*. Nursing homes were the main setting or topic in 50 out of 54 articles, although all types of residential care were included in the search.

## **Analysis**

Critical Discourse Analysis (Richardson, 2007; Van Dijk, 1993; Wodak & Meyer, 2015) was employed to understand how residential care is discursively constructed. Discourse is both constructive and constructed (Potter, 2004). It is constructive because it uses language as a “social practice” in the formation of social structures (Wodak & Fairclough, 1997; Wodak & Meyer, 2015). Discursive constructionism differs from social constructionism in that it focuses on people’s practices through words, rather than people’s social perceptions and relationships (Potter, 2004). Discourse is simultaneously constructed because it consists of language and rhetorical devices that change based on context (Potter, 2004). The language, grammar, and structure of discourse build cultural models or narratives that become common knowledge in social structures (Gee, 1999, 2011). Both the content and the form in which it is presented contain meaning, and writers, in this case journalists, use

linguistic strategies and literary devices to convince the audience that their interpretation is accurate and trustworthy (Richardson, 2007). For example, to hook readers and generate validity and/or emotion, a journalist may write a frame story, wherein the article opens with an interviewee's narrative, then moves into a separate story stating the facts of the present situation, and finally ends by concluding the original interviewee's personal story.

A discourse analysis that is critical has a specific focus on power in social discourses that produce and sustain social inequality (Wodak & Meyer, 2015). The critical discourse researcher seeks to understand how discourse produces power in social practices and structures (Van Dijk, 1993). In other words, critical discourse researchers are interested in "how power is legitimated, reproduced, and enacted in the talk and texts of dominant groups or institutions" (Nikander, 2008). Critical engagement with the text includes identifying hidden relations of power and pinpointing whose perspective is left out (Parker, 2014). Because critical discourse analysis targets change in socially unequal power structures, it is important for researchers to explicitly state their perspective (Van Dijk, 1993). Our critical approach to the data was based on our observations of extremely negative and ageist descriptions of residential care in the news during the first months of the COVID-19 outbreak.

Critical discourse analysis is not considered a specific method, but rather an approach (Wodak & Meyer, 2015). Therefore, we followed Braun and Clarke's (2012) thematic analysis steps, which provide a flexible but robust framework for analysis (Braun & Clarke, 2014). The steps and coding in thematic analysis can be useful for deductive, constructionist approaches to the data (Braun & Clarke, 2012), allowing thematic analysis to be an appropriate framework for critical discourse analysis.

Coding was performed using Atlas.ti version 8.4.24.0. We began by familiarizing ourselves with the data in stage 1. Generating codes for stage 2 occurred in two rounds, the first of which included codes that were semantic in nature first, focusing on the language, grammar, and literary devices. This first round of coding was to understand which linguistic strategies were used before broadening in the second round to interpret their meaning in the larger social context, thereby critically engaging with the texts. Codes from the initial coding scheme include examples such as: “death term,” “fight word,” and “alliteration”. The second round of coding produced latent-level codes (i.e. “fear;” “helplessness;” “mystery/transparency”), which were less distinct, but reflective of the discursive factors and larger social structures at play. From there, we determined the themes in stage 3. For stage 4, we checked the codes in the themes back to the data. In stages 5 and 6, we refined the themes, including defining subthemes, and wrote up the results of the analysis (Braun & Clarke, 2012). For example, the initial codes “jail metaphor” and “vulnerable population” frequently co-occurred with the second, latent-level codes “resident victimization” and “helplessness.” These codes were incorporated into the subtheme “residents are entirely helpless” in theme 1. Subthemes often had overlapping codes, especially literary devices.

## **Findings**

Three themes were found: (1) residents’ voices are excluded, and their experiences are replaced by those of their family members; (2) residential care is a shockingly dangerous setting; and (3) residential care is deceptive and problematic. Newspapers are referred to using the following abbreviations: NYT (*The New York Times*); USA (*USA Today*); and NYP (*The New York Post*).

**Theme 1:** Residents' voices are excluded, and their experiences are replaced by those of their family members.

### ***Residents' Voices are Excluded***

The experiences of residents were described but rarely reported as a primary account from the resident him/herself. The articles included interviews from several sources, such as industry leaders, facility administrators, and advocates, but the majority came from family members of residents. Authors stated when an administrator refused an interview. However, at no point was a failed attempt to interview a resident reported in the data, demonstrating the exclusion of their voices.

### ***"Scarier for their children"***

The absence of residents' voices allowed family members' perspectives to become the focus. The substitution of accounts was exemplified in one statement: "as disturbing as the prospect is for elders, it is often scarier for their children" (NYT; D13), which belittles the residents' experiences while foregrounding the children's. The worry, guilt, and emotional accounts of adult children came to the front as their experiences superseded those of the residents. Besides fearing that their parents would contract the virus, they worried that the quality of care was declining rapidly. One subheading emphasized this fear with illogical questions: "With visitors banned, family members are in a panic: Who will feed their parents? Who will change the sheets?" (NYT; D49). Another article opened with this dramatic scene: "adult children talk to their parents through locked glass doors like jailhouse visitors" (NYT; D26).

This worry was coupled with feelings of guilt and responsibility. Frequently, families questioned if they should remove their loved one from residential care, but usually decided against it because they had no other options for care. One daughter wrestled with her anxiety and guilt in an opinion piece titled, “I can't visit my mom in her nursing home; Guilt, second-guessing haunt my days and nights” (USA; D20). She expressed feeling like a failure if she tried not worrying about her mother who is living in a care facility.

Frame stories and emotional endings to articles validated children’s worry and were used to evoke sympathy from readers. For example, one article about the experience of a resident’s adult son has the following ending:

“The doctor offered him the chance to say goodbye if he wore protective equipment.

But Aguirre, 67, said he feared being sickened by the virus or spreading it to his family.

So he missed seeing her draw her last breath” (USA; D16).

### ***Residents are Entirely Helpless***

In almost every article, residents were described as particularly vulnerable to the virus because they likely had pre-existing conditions, were older in age, and lived together in one setting. Older persons were overwhelmingly referred to as the “elderly,” a term that connotes frailty and is considered ageist. Governor Cuomo of New York was quoted from a public briefing as saying:

“The nursing homes, we said from Day 1, are the most vulnerable place, because it's old people . . . (sic) in a congregate setting,” (NYP; D4).

Repetition of age and vulnerability in tandem conflated them, supporting a dominating narrative of vulnerability and helplessness in old age.

In a quote from a facility's executive director, she called disposable briefs a “diaper,” (NYT; D49) a term widely criticized in healthcare as being derogatory. Residents were considered “sitting ducks” (NYT; D23) and were described as calling family “in a faint, slightly garbled voice” (NYT; D7), begging to come home. These linguistic portrayals of residents and the lack of personalized descriptions of the older adults is altogether dismissive. The replacement of residents' perspectives allowed patronizing language and stereotypes to create a singular narrative of all residents as helpless victims.

**Theme 2:** Residential care is a shockingly dangerous setting.

Through the exclusion of residents, newspapers could utilize other voices which portrayed the situation in residential care as fearful and shocking to attract attention. Family member experiences replaced residents', but other stakeholder perspectives were emphasized as well, such as governors, public health officials, and administrators.

### ***Dangerous: “A Disaster Waiting to Happen”***

Residential care was consistently depicted as a dangerous place targeted by the coronavirus. Articles attributed the spread of the virus in residential care to three setting-specific factors: congregated housing; shortage of staff; and lack of resources and equipment. Literary elements like lists and hyperbole were used to portray fear and an overwhelmed staff. One article conveyed this in a few sentences:

“Triple rooms were not uncommon. Supplies were hard to come by.  
And there were not enough nurses for all the aging patients inside.

All that made the home, the Canterbury Rehabilitation & Healthcare Center, an ideal place for the virus to spread, which it quickly did, with catastrophic results” (NYT; D15).

The issues in accumulated form give the reader a sense of dread and inevitability. Consider the headlines “Nursing Homes were a Disaster Waiting to Happen” (NYT; D28) and “Nursing-Home Horror” (NYP; D29).

Staff were described as overwhelmed with the tasks necessary to deliver care and prevent virus spread. The weight of the situation was communicated through staff’s exhaustion and frantic efforts and the virus’s unpredictable movements. In a post-outbreak analysis of one affected facility, the desperation of staff was described in detail:

“Workers said they hurriedly made their rounds, dispensing medicine, changing bedsheets, feeding those who could not feed themselves and doing other tasks that brought them into close contact with residents.

By last week, employees were pleading for help from the government and for donations of personal protective equipment in Facebook posts.

But it was too late” (NYT; D6).

The congregate nature of residential care was also repeatedly emphasized. Staff described crowded conditions and confined spaces. One article used the metaphor “deadly petri dishes” (NYT, D46).

Governor Andrew Cuomo was quoted in five separate articles as saying, “coronavirus in a nursing home can be like fire through dry grass” (NYP; D23). Another article conveyed a sense of urgency through testimony from the local authority:

““We had one. Then we had another one, then we had another one,” Mr. Hughes said. Patients were falling ill, (sic) and deteriorating with troubling speed. “The nurses kept saying, “They were not like this two hours ago.”” (NYT; D52)

Even the title of the article, “The Rapid Road From Fevers to Final Goodbyes,” used alliteration twice, not only making it memorable, but also foregrounding a message of speed and inevitable death. The emphasis on the temporal aspect of the pandemic adds to the sense of danger.



### ***Shocking: “It’s Pure Panic”***

Besides depicting intense danger, the authors also used literary and narrative elements to provoke a fearful emotional response. Articles had headlines with alliterative and alarming phrases such as: “Nursing Homes Becoming Islands of Isolation Amid ‘Shocking’ Mortality Rate” (NYT; 26) or “‘It’s Pure Panic’: A Wrenching Wait at Nursing Home Where Coronavirus Took Hold” (NYT; D1). In 8 separate articles, the virus “ravaged” care facilities. The virus was said to “stagger” (NYT; D46:2), “startle” (NYT; D6), and knock staff “completely off guard” (NYT; D52).

As is common in journalistic writing, many articles opened in the middle of a narrative. Consider the following introduction:

“David Aguirre jumped in his truck and drove toward the hospital in the predawn darkness the minute he got the news: His 91-year-old mom was being rushed from her Texas assisted living facility to the emergency room” (USA; D16).

The first statement is disorienting right away. The reader wonders, “who is David Aguirre?,” “why is he rushing so early in the morning?,” “why is his mom in the emergency room?” Supplemented with imagery, this disorientation is a strategy used to draw the audience’s interest so they will continue reading, but it can also stimulate the reader to connect alarm to the topic of the article, in this case, the “besieged assisted living industry.”

In the following example, the author seemingly gave supplementary information by stating the total number of cases in Florida. However, by interrupting the flow of the main story with a single line, and with numbers so large, she created a dramatic effect:

“in the midst of this unprecedented crisis, (health care professionals) should be able to direct their skills and attention to helping individuals who need them, and not have to worry about being sued for making tough decisions while trying to comply with government directives,” spokesperson Kristen Knapp said.

Florida is reporting more than 18,000 confirmed coronavirus cases in the state.

The state's Agency for Health Care Administration said Saturday that the industry's letter had been received and will be reviewed” (USA; D27).

Several stories had an interjection of this type: large, “inconceivable” (NYP; D33) numbers of cases and deaths which border irrelevancy to the primary topic. Data like this not only added to the fearful narrative but, when presented in such a way, could conjure a feeling of alarm in the reader as well.

### ***The Kirkland Symbol***

The shock and danger portrayed within the news articles culminated into one example that became symbolic as the news coverage evolved. The Life Care Center in Kirkland, Washington, was the first known site to have an outbreak of the virus in the United States. Early articles covering the situation reported a scene of fear and confusion, a “nightmarish

scenario” (NYT; D25). By the time the virus began spreading to other residential care facilities, Life Care Center had been established as the nursing home that was understaffed and unprepared.

Life Care Center was referenced in later articles about other nursing homes. It was sometimes used to give background on the virus’s history in residential care up until that point. Eventually, Life Care Center became a recognizable token synonymous with danger that could provide the reader with a reference point as they were receiving new information. For example, one daughter of a resident in New York was quoted as saying, “we can't let Kirkland be the model for what happens,” (NYT; D4). As the coverage of residential care and COVID-19 developed, Life Care Center became a symbol to add meaning to a similar situation at a different nursing home. Its prevalent use as a symbol added to the fearful cultural model, allowing a select few circumstances to be taken as a trend in residential care.

**Theme 3:** Residential care is deceptive and problematic.

Newspapers created suspicion around residential care; The articles’ use of ambiguity and skepticism allowed them to attribute blame to one guilty party.

### ***“Shrouded in Suspicion”: Ambiguity and Skepticism***

A sense of confusion and uncertainty was created through a lack of consistency with terminology and an ambiguous description of residential care facilities. The articles did not offer background information about residential care or the differences in types unless they were specifically about an assisted living facility. Terms like “private,” “public,” “independent,” “Medicare,” and “Medicaid” were not adequately defined in context. Authors

offered basic descriptions of the care facility by stating the location, number of residents, and quality ratings, but often the types of care and any other information about that facility before COVID-19 were not covered. A facility's inspection ratings were frequently reported, but the survey process or areas of interest during a typical inspection were not described. By making it difficult to imagine the facility and the inspection process, residential care was kept removed from the reader, adding to a sense of uncertainty, and allowing the narrative to be driven solely by the current crisis.

Adding to this confusing picture, authors suggested that there was an opaqueness of information from the industry regarding the virus spread within facilities. Reporters repeatedly questioned why administrators and public health officials were not releasing complete information on the number of virus cases and deaths. Articles portrayed CEOs, administrators, public health officials, and other key stakeholders like they were hiding information the public.

Care facilities were depicted as if something was going on inside that was purposely being concealed since outside visitors had been barred. When the articles reported the path of the virus within a facility, the situation was described as "shrouded in suspicion" (NYT; D6). One article ends with a quote from a family member:

"I still question what's going on in that nursing home," Ms. de los Angeles said. "They gown up. They wear masks.

But the virus is still making its way around" (NYT; D1).

Another article that detailed the activity going on outside two nursing homes where over 80 residents had died quoted a city councilman:

“...he'd been "getting reports of ambulances coming in and out" of the facility. "No one from the city or state has been able to confirm virus cases but clearly something is going on," he said” (NYP; D32).

The authors did not directly say that the residential care industry was lying to the public but alluded to its deception by evoking questions and quoting stakeholders as if they were being secretive.

### *A Blame Game*

Authors created an atmosphere of skepticism and confusion but still guided the story to assign blame to one party. Frequently they presented issues in a facility from the perspective of many stakeholders in one article but used language that ascribed responsibility to one particular person or party. The blamed stakeholder often followed the newspaper’s political tendency. For example, the more left-leaning New York Times heavily questioned the motives of for-profit facility operators, while the right-leaning New York Post frequently criticized New York’s democratic governor.

The articles gave credibility or used emotional tactics to evoke sympathy towards one party, which was usually the family or an advocacy group that was calling out poor care. For example, formal statements from companies were juxtaposed with personal quotes from advocates or family members, making the care facility seem cold and inhumane. A facility’s inspections records from years past were almost always described as authors teased out the spread in one facility. Articles blamed CEOs and administrators for substandard care and a lack of transparency; government and public health officials were condemned for inaction and harmful policies. For example, one article opened with:

“News that Team Cuomo ignored warnings about the nursing-home disaster only confirms that the gov's (sic) call for an investigation is pure deflection. He's trying to make care-facility owners the fall guys for the state's choices” (NYP; D8).

The New York Times published a series of letters to the editor written by residential care administrators titled, “How Government ‘Failed the Elderly’ in the Coronavirus Pandemic,” which allowed administrators to reject the criticism they had received and point out mistakes made by the Centers for Medicare and Medicaid (NYT; D18). Even family members felt guilty, as discussed in theme 2, and articles described them as blaming themselves for exposing their loved ones to such an environment.

Finally, aside from who was blamed, an overall message from the newspapers was that COVID-19 exposed long-standing inadequacies in residential care. Governor Murphy of New Jersey was quoted as saying, “It’s pretty clear that a big weakness in the system, and in reality, is long-term care facilities” (NYT; D9) in response to the discovery of 17 bodies on a nursing home site. Despite the vast array of coverage, the articles could not reach a consensus on one root cause. And although a single responsible party could not be identified, the integrity and trustworthiness of the industry was certainly questioned and discredited by all newspapers.

## Discussion

The past few months have seen a concentration of news reporting on residential care because of the acute and disproportionate impact of COVID-19. In this study, we examined the discursive construction of residential care during the COVID-19 crisis. Using critical discourse analysis to analyze 54 articles from three leading American newspapers, we identified three themes: (1) residents' voices are excluded and superseded by others, mainly their adult children; (2) residential care is a shockingly dangerous setting; and (3) residential care is a deceptive and problematic industry. Journalistic discourse guides readers to make sense of their place in the world (Richardson, 2007), and therefore contributes to common knowledge and discursive construction of reality in residential care.

The public has a pessimistic image of residential care; it is known and dreaded as one's "last stop" (Ayalon, 2015). The overall negative tone and sensational language in this study is consistent with previous findings (Marier & Revelli, 2017; Miller et al., 2017, 2012; Rozanova et al., 2016), and the assigned blame is in line with one study's findings of residential care during disaster (Rozanova et al., 2016). The context of the pandemic produces additional associations of danger, demonstrated through the Kirkland Life Care Center symbol. With the repetition of alarming language and shocking stories, newspapers create panic and fearmonger (Glassner, 2004). Residential care is no longer just a sad place—now it is extremely dangerous.

Trust in healthcare providers and institutions is a foundational principle in healthcare, and it is particularly important to family members of residents receiving long-term care (Legault & Ducharme, 2009). Families of residents have been found to question even the accuracy of online nursing home information from the Centers for Medicare and Medicaid (Tamara Konetzka & Perrailon, 2016). The discourse of suspicion and exposed poor care

advances a cultural model of secrecy and deception, and even if true, is likely to contribute to future mistrust of the industry.

### **The Illusion of Inclusion**

The discourses found in this study construct not only knowledge about, but also the social practices and power surrounding, residential care (Parker, 2014). The preclusion of residents' voices by family members is reflective of the role that others take in speaking for residents, echoing a "hyper-reality of choice" (Gilleard & Higgs, 2010). By setting the dominant discourse, family members, advocates, and others effectively hold power (Wodak & Meyer, 2015) in residential care. Discourse that evokes pity towards older adults likely prompts paternalistic thinking and action (Sweetland et al., 2017). Even if family members have the residents' best interest in mind, residents can still be overshadowed (Tuckett, 2006).

Families feel a sense of responsibility to represent the resident in residential care and oversee the quality of their care (Bern-Klug & Forbes-Thompson, 2008). The weight of continued caregiving responsibilities (Garity, 2006), the guilt that adult children often feel (Davis, Hill, Pillemer, Taylor, & Tremont, 2019), and the overall lack of social support caregivers receive may be factors influencing the family accounts. Because the family, advocates, and others are concerned for the residents, the exclusion of their voices is easily missed. *An illusion of resident inclusion* is created: emotional accounts from adult children and other literary elements make it seem as though the resident's first-hand account is included, when in fact, it is not. This exclusion is, at best, serious oversight, and at worst, an exclusionary tactic.



The repeated characterization of older residents as entirely “vulnerable” reflects previous findings (e.g. Fealy et al., 2012; Koskinen et al., 2014; Rozanova et al., 2016) and strips power from them by ignoring the diversities and varied perspectives among this population. In part, the journalists attribute individual responsibility onto the resident for their vulnerability because of their older age and pre-existing health conditions. This reflects findings from the Reframing Aging Initiative that describe the public pinning vulnerabilities in old age on the individual, rather than the social structures at large (Sweetland et al., 2017).

Reporters did examine socio-environmental factors leading to resident vulnerability such as staff workload burden, expensive care and cost of living in a facility, and a harsh penalty-based regulatory environment, as well as COVID-specific factors like shortages of supplies and a lack of governmental aid. However, the systemic issues in residential care were not addressed properly due to their segmentation among the articles. Because newspaper stories generally follow a story arc that includes setting, event, and outcome (Richardson, 2007), journalistic style requires that responsibility for a problem be attributed to one or two stakeholders. However, this impedes a holistic view necessary for action-oriented solutions to the industry-wide issues. Furthermore, articles present issues in isolation, which should not be inherently taken as trends. For example, although the newspapers frequently recalled prior quality ratings of facilities to establish blame, Abrams, Loomer, Gandhi, and Grabowski (2020) found that, among a sample of 9,395 nursing homes, a facility’s quality rating (out of 5 stars) and prior infection violation were not significantly related to the probability of having a COVID-19 case.

The findings of our study should be interpreted with a degree of caution, because data were from three national newspapers. While newspapers were chosen based on their circulation data and political leanings, geographical representation was not prioritized. Data

are limited by news source format; other types of news such as television, podcast, radio, online media, and local news were not included.

## **Implications**

While the investigative work of journalism is necessary for holding powerful institutions accountable, it also perpetuates and constructs social power. News stories of older adults and residential care should be regarded not as trends, but as starting points for further examination. The discourses of panic and dishonesty during COVID-19 constructed an overwhelmingly negative cultural model of residential care that will likely lead to mistrust of the industry; these findings prompt qualitative and quantitative inquiry into the public's and older adults' views and trust of residential care since COVID-19. Also present in the articles is a discourse of blame, which may have an adverse effect on residential care policy and practice; by presenting the residential care issues in such a divided way, the newspaper media reinforces hostility and blame between stakeholders, hindering collective action towards the improvement of care.

Finally, a discourse of vulnerability and the exclusion of residents' voices may enable paternalistic decision-making and care practices in the name of protection; the disregard of the residents' experiences during the pandemic permits further social exclusion of this particular group and indicates the existence of potential barriers to their engagement with the public. Policymakers, residential care administrators, family members, and residents should be aware of the counterproductive effects of divisiveness and resident voice elimination. Solutions should unite stakeholders towards common goals and actively prioritize the inclusion of residents' diverse perspectives.

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**Table 1. Newspaper articles included in analysis.**

Document No.	Title	News paper	Date	Byline
D1	'It's Pure Panic': A Wrenching Wait at Nursing Home Where Coronavirus Took Hold	NYT	5 Mar 2020	Jack Healy, Karen Weise and Mike Baker
D2	'Playing Russian Roulette': Nursing Homes Told to Take the Infected	NYT	7 May 2020	Kim Barker and Amy Julia Harris
D3	2nd Death Near Seattle Adds to Signs Virus Is Spreading in U.S.	NYT	3 Mar 2020	Mike Baker, Sheri Fink, Nicholas Bogel-Burroughs and Jack Healy
D4	6 Die at a Retirement Community As Illness Spreads on Long Island	NYT	27 Mar 2020	John Leland
D5	16,000 dead in nursing homes; Dire shortages of supplies, testing still a problem	USA	4 May 2020	Tricia L. Nadolny and Marisa Kwiatkowski
D6	70 Died at a Nursing Home as Body Bags Piled Up. This Is What Went Wrong.	NYT	19 Apr 2020	Tracey Tully, Brian M. Rosenthal, Matthew Goldstein and Robert Gebeloff
D7	92 Years Old, Scared and Pleading to Come Home	NYT	19 Mar 2020	Dan Barry
D8	A Friendly Investigation'	NYP	25 Apr 2020	Editorial Board
D9	After Anonymous Tip, 17 Bodies Found at Nursing Home Hit by Virus	NYT	15 Apr 2020	Tracey Tully
D10	After Decades of Service, Five Nuns Die as Virus Sweeps Through Convent	NYT	1 May 2020	Julie Bosman
D11	All 94 residents of N.J. nursing home presumed positive	USA	26 Mar 2020	William Westhoven, Asbury Park Press
D12	As Coronavirus Spreads, How You Can Protect a Family Member in a Nursing Home	NYT	6 Mar 2020	Aimee Oritz
D13	At 89, She Fears Dying Alone More Than the Coronavirus Itself	NYT	7 Apr 2020	John Leland
D14	At least 2,300 nursing homes infected; CDC's coronavirus count vastly underestimated	USA	15 Apr 2020	Tricia L. Nadolny
D15	Coronavirus Outbreak at Virginia Nursing Home Spirals Out of Control as 45 Die	NYT	14 Apr 2020	Danielle Ivory, Nicholas Bogel-Burroughs and Mitch Smith
D16	Crisis Threatens Besieged Assisted Living Industry	USA	10 Apr 2020	Laura Ungar and Jay Hancock, Kaiser Health News
D17	Cuomo policy proves tragic	NYP	22 Apr 2020	Michael Goodwin
D18	How Government 'Failed the Elderly' in the Coronavirus Pandemic; letters	NYT	22 Apr 2020	Various; Letters to Editor
D19	How to Protect Older People From the Coronavirus	NYT	14 Mar	Katie Hafner

			2020	
D20	I can't visit my mom in her nursing home; Guilt, second-guessing haunt my days and nights	USA	21 Mar 2020	Stephanie Kennan
D21	Inside the Bay Area's Geriatric Homeless Shelter; California Today	NYT	23 Apr 2020	Jesse Bedayn and Brett Simpson
D22*	More Than 1,600 Undisclosed Nursing Home Deaths Reported in N.Y.: Live Updates	NYT	5 May 2020	Jonah Engel Bromwich, Joseph Goldstein, John Leland, Andy Newman, Elian Peltier, Sarah Nir, Matt Stevens, Tracey Tully and Michael Wilson
D23	Nearly 2,000 Dead as Coronavirus Ravages Nursing Homes in N.Y. Region	NYT	11 Apr 2020	Amy Julia Harris, John Leland and Tracey Tully
D25	Nursing Homes Are Starkly Vulnerable to Coronavirus	NYT	4 Mar 2020	Matt Richtel
D26	Nursing Homes Becoming Islands of Isolation Amid 'Shocking' Mortality Rate	NYT	10 Mar 2020	Jack Healy, Matt Richtel and Mike Baker
D27	Nursing homes seeking immunity from lawsuits	USA	13 Apr 2020	Grace Hauck
D28	Nursing Homes Were a Disaster Waiting to Happen	NYT	28 Apr 2020	Richard Mollot
D29	Nursing-Home Horror	NYP	6 May 2020	Editorial Board
D30	Nursing-Home Shame	NYP	26 Apr 2020	Michael Goodwin
D31	One Obscene Order . . .	NYP	23 Apr 2020	Editorial Board
D32	Corpses 'left in rooms' Crisis at B'klyn nursing homes	NYP	14 Apr 2020	Kevin Sheehan, Julia Marsh and Bruce Golding
D33	COVID-Pos Staffers On Duty Upstate nursing home put in peril by Health Dept.	NYP	30 Apr 2020	Bernadette Hogan and Nolan Hicks
D34	Cuomo: 'It's not our job' Dismissive on aid to nursing homes as edict imperils lives	NYP	23 Apr 2020	Bernadette Hogan, Carl Campanile and Bruce Golding
D35	Gov won't budge on nursing homes Must accept the contagious	NYP	27 Apr 2020	Kate Sheehy
D36	It's small 'Comfort' Sr. home nixed	NYP	28 Apr 2020	Bernadette Hogan and Bruce Golding
D37	New patients - & body bags Cuo order strains nursing homes	NYP	24 Apr 2020	Gabrielle Fonrouge, Bernadette Hogan and Bruce Golding
D38	Now, State Tests Seniors Hush-hush measure at nursing homes	NYP	7 May 2020	Bernadette Hogan and Nolan Hicks
D39	Nursing' a filth problem Stricken homes' pre-virus violations	NYP	26 Apr 2020	Sara Dorn
D40	Nursing CEOs Rake It In	NYP	3 May 2020	Melissa Klein
D41	Nursing homes in distress Dire death count revealed	NYP	18 Apr 2020	Bernadette Hogan and Carl Campanile
D42	NY seniors' true hell bared Cuomo under fire as 1,700	NYP	6 May	Carl Campanile, Bernadette Hogan and Aaron Feis

	deaths added		2020	
D43	Probe: Is it 13 elderly vics or 98?	NYP	3 May 2020	Melissa Klein, Susan Edelman, Sara Dorn
D44	Trapped in a 'death sentence' Kin rip facilities, Cuomo	NYP	26 Apr 2020	Sara Dorn, Doree Lewak and Jane Ridley
D45	We can't protect all our patients Early distress call to NYS from hardest-hit senior ctr.	NYP	25 Apr 2020	Bernadette Hogan, Carl Campanile and Bruce Golding
D46	Pandemic's Costs Stagger the Nursing Home Industry	NYT	21 Apr 2020	Matthew Goldstein, Robert Gebeloff and Jessica Silver-Greenberg
D47	Report Paints Scathing Picture of Nursing Home Where 17 Bodies Piled Up	NYT	8 May 2020	Tracey Tully and Matthew Goldstein
D48	She Visited Her Husband of 59 Years Daily. Then the Visits Stopped.	NYT	18 Apr 2020	Jim Dwyer
D49	She's Alone, 105 and in a Nursing Home Threatened by the Virus	NYT	31 Mar 2020	John Leland
D50	The Coronavirus Is Killing Too Many Nursing Home Residents	NYT	4 May 2020	Tyson Belanger
D51	The Disaster at Nursing Homes	NYT	29 Apr 2020	Richard Mollot
D52	The Rapid Road from Fevers to Final Goodbyes	NYT	22 Mar 2020	Jack Healy and Serge F. Kovaleski
D53	Trump Administration Is Relaxing Oversight of Nursing Homes	NYT	14 Mar 2020	Jesse Drucker and Jessica Silver-Greenberg
D54	Virginia Nursing Home Had Plenty of Coronavirus Patients but Few Tests	NYT	15 Apr 2020	Simon Romero, Danielle Ivory and Nicholas Bogel-Burroughs
D55	Woman born in 1918 survives coronavirus	USA	30 Apr 2020	N'dea Yancey-Bragg

NYT=New York Times; USA=USA Today; NYP=New York Post.

\*D22 and D24 were identified as the same article with different titles. Only D22 was included in analysis.