Analysis of Australian newspaper coverage of medication errors

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Abstract

Objective. To investigate the frequency, style and reliability of newspaper reporting of medication errors.

Design. Content analysis of articles discussing medication errors that were published in the 10 most widely read Australian daily newspapers between January 2005 and January 2010.

Main outcome measure(s). Newspaper source, article type, article topic, leading news actors, identified causes and solutions of medication errors and cited references.

Results. Ninety-two articles included discussion of medication errors, with the one national newspaper, The Australian, the main source of articles (n = 24). News items were the most frequent type of articles (n = 73), with the majority (n = 55) primarily focused on broader hospital problems. Government representatives, advocacy groups, researchers, health service staff and private industry groups were prominent news actors. A shortage of hospital resources was identified as the central cause of medication errors (n = 38), with efficient error reporting systems most frequently identified as a solution (n = 25). Government reports were cited on 39 occasions, with peer-reviewed publications infrequently cited (n = 4).

Conclusion. Australian newspaper reporting of medication errors was relatively limited. Given the high prevalence of errors and the potential role consumers can play in identifying and preventing errors, there is a clear argument for increasing public awareness and understanding of issues relating to medication safety. Existing coverage of this issue is unrelated to research evidence. This suggests the need for patient safety researchers and advocacy groups to engage more strongly with the media as a strategy to increase the productive public discourse concerning medication errors and gain support for evidence-based interventions.

Keywords: printed media, medication errors, public policy, consumer advocacy

Introduction

Poor quality health care and substandard patient outcomes produce significant economic and emotional impacts on individuals and societies, resulting in the positioning of patient safety as a high-profile public issue [1, 2]. Medication errors are a prominent patient safety issue due to their high prevalence and potentially negative outcomes [3, 4]. As such, this topic has generated considerable research [5, 6] and policy [7, 8] attention.

News media coverage has been identified as a key influence on patient safety policy, with the extensive news media reportage and related advocacy concerning the Institute of Medicine Report, ‘To err is human’ [9], seen as a catalyst for subsequent policy reforms [2]. As with other health policy arenas such as road safety [10, 11] and tobacco control [12], the news media may be described as a primary battleground of patient safety policy debates. Table 1 provides a non-exhaustive list of important patient safety stakeholder groups that are involved in these debates, as well as their overarching foci.

Within the media domain, these groups compete to market their ideas to win the ‘hearts and minds’ of the public and/or politicians and in this way, shape people’s thinking and influence policy. As Wallack and Dorfman [13] contend, ‘the news media can amplify voices so that policy-makers cannot ignore them’. As such, effective media engagement by, for example, health systems researchers and advocacy groups, has the potential to increase public awareness and support for evidence-based medication safety initiatives, including
electronic health record (EHR) systems, which may encourage governments and policy-makers to invest in this, as opposed to other health issues and safety initiatives that receive greater media and public attention. Effective media engagement by other stakeholder groups according to their specific foci is also likely to encourage positive changes in these areas. Yet, as with other spheres of public health, news reporting of patient safety issues, including medication errors, is often neglected and under-researched as a significant ‘background’ factor influencing policy change [12].

Despite the considerable international media attention focused on patient safety issues, we are unaware of any previous analysis of the issues and themes addressed within this coverage. This paper reports a study which aimed to fill this knowledge gap by analysing the content of Australian print news coverage of medication errors between January 2005 and January 2010. The results may assist patient safety researchers and advocacy groups to appreciate the prevailing types of popular views concerning medication safety.

**Methods**

After experimenting with various search strings, the Factiva [14] print media database was searched using ‘medication error*’ to locate the maximum number of relevant articles. More specific search strings such as ‘adverse drug event*’ and ‘drug reaction*’ did not identify many

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Types and examples</th>
<th>Foci</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government and opposition party representatives</td>
<td>Government legislative representatives (e.g. Health Ministers)</td>
<td>Management of healthcare system outcomes, equity and access</td>
</tr>
<tr>
<td>Government-funded independent healthcare policy bodies</td>
<td>Government senior bureaucrats (e.g. Health Department Director-Generals)</td>
<td>Development and implementation of macro-policy frameworks, and evaluation of healthcare system performance</td>
</tr>
<tr>
<td>Commissions and regulators (e.g. safety and quality bodies, statutory regulators, standards-setting bodies)</td>
<td>Taskforces (e.g. taskforces on systems improvement)</td>
<td>Analysis of healthcare system elements, improvement strategies, and development and dissemination of policy recommendations</td>
</tr>
<tr>
<td>Researchers</td>
<td>University-based health systems researchers and research institutes (e.g. Australian Institute of Health Innovation)</td>
<td>Production and dissemination of evidence-based systems research</td>
</tr>
<tr>
<td>Advocacy groups</td>
<td>University-based clinical researchers and research institutes (e.g. cancer research groups)</td>
<td>Production and dissemination of evidence-based systems improvement research or clinical research</td>
</tr>
<tr>
<td>Consumer advocates (e.g. consumers watchdogs or lobby groups)</td>
<td>Promotion of consumer rights or participation in healthcare processes</td>
<td></td>
</tr>
<tr>
<td>Professional colleges (e.g. college of surgeons, college of nurses)</td>
<td>Promotion of training and excellence in healthcare practices</td>
<td></td>
</tr>
<tr>
<td>Professional associations (e.g. medical and allied health associations)</td>
<td>Protection and promotion of the interests of doctors, patients and communities</td>
<td></td>
</tr>
<tr>
<td>Private industry representatives</td>
<td>Health insurance providers</td>
<td>Promotion of efficient healthcare finance and payment systems</td>
</tr>
<tr>
<td>Clinical technology providers</td>
<td>Development and promotion of the utilization of effective healthcare technologies</td>
<td></td>
</tr>
<tr>
<td>Non-government regulation, certification or accreditation agencies</td>
<td>Promotion of high-quality and safe healthcare services</td>
<td></td>
</tr>
<tr>
<td>Health service staff</td>
<td>Healthcare organization administrators (e.g. hospital CEOs)</td>
<td>Development and implementation of processes to promote organizational effectiveness and efficiency</td>
</tr>
<tr>
<td>Senior healthcare organization staff (e.g. directors of nursing)</td>
<td>Implementation of processes to promote organizational unit effectiveness and efficiency</td>
<td></td>
</tr>
<tr>
<td>Frontline clinicians</td>
<td>Provide care, interventions, treatment</td>
<td></td>
</tr>
</tbody>
</table>

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Table 1: Types and examples of stakeholder groups involved in patient safety policy debates and their foci
relevant articles and were not considered sufficiently rigorous for the purposes of the media analysis. FACTIVA includes news, editorials, letters and opinion pieces from all national, metropolitan and regional newspapers owned by the two major Australian print media groups, Fairfax and News Limited. Although collections from media monitors are often incomplete, studies of their coverage indicate that over 80% of articles are supplied and it is unlikely that the omissions are other than random [15].

Results were limited to articles published in the 10 most widely read daily newspapers within Australia [16]. With their large readerships, these newspapers were deemed most likely to represent Australian ‘public policy discourse’ [17] concerning medication errors. Searches were limited to articles published between 1 January 2005 and 1 January 2010. An additional FACTIVA search of published articles discussing surgical errors in the national daily Australian newspaper, ‘The Australian’, over this same time period was conducted to provide an assessment of the amount of newspaper reporting of medication errors compared with other specific patient safety problems. The search string ‘surg* AND error*’, followed by a hand search of the resulting articles by the lead author, was used to identify articles discussing surgical errors.

A search of the Medline electronic bibliographic database for peer-reviewed research literature discussing medication errors, published between 2005 and 2010, was also conducted to compare academic and news media interest in this topic. While the search string ‘medication errors’ was used, it has been noted that that several different terms are used within the academic literature to denote medication errors [18]. While the Medline search of medication errors was not comprehensive due to the use of only one definition, it nonetheless provided a general approximation of the amount of attention granted to the topic in the academic literature compared with the news media. News items covering medication errors were only collected from newspaper coverage. It is possible that television and radio may have reported stories regarding medication errors with different emphases. However, as print media is known to be highly correlated with television and radio coverage [19, 20], the results of this study are likely to be representative of news reportage of medication errors in other mediums of mass communication.

For articles including discussion of medication errors, the newspaper source and article type (e.g. editorial) were recorded. The primary topic of each article (e.g. medication errors, broader hospital problems of which medication errors are one element) was also listed in order to identify the context in which debates concerning medication errors were primarily situated. In addition, all quotes directly attributed to individuals or organizations were coded to a news actor group (e.g. researchers, government ministers, etc). Referenced information sources (e.g. State Government patient safety reports) were also noted in order to identify how frequently peer-reviewed research was invoked in newspaper reports compared with other sources of information. Each of these categories was developed by the primary author after preliminary review of articles included in the analysis.

Furthermore, sentences including discussion of the causes or potential solutions of medication errors were coded according to the first mentioned cause or solution. A description and example of each category of causes or potential solutions of medication errors are provided in Tables 1 and 2. Coding was conducted by the first author, who has previous experience conducting media analyses [10]. Definitions of each category of the causes or potential solutions of medication errors were determined by the lead author after preliminary review of relevant articles. The lists were refined and adjusted until a coherent scheme was developed that was applied to all articles included in the analysis (Tables 1 and 2). The categories of causes or potential solutions of medication errors identified in the included articles were compared with prominent causes and solutions of medication errors identified in the research literature [7] in order to assess whether symmetries existed between the two information sources.

To prevent the study results from being overly represented by lengthy articles that reiterated the same issues or concepts on multiple occasions, only the first discussion of causes, solutions and information sources raised in each article were recorded. News actor involvement was also limited to one instance per news actor group, per article to prevent the results from being over-represented by instances in which several quotes were attributed to a single news actor within a single article. The items coded to each category were tabulated to identify prominent themes and issues.

To determine the reliability of this categorization of relevant news reportage, 50 randomly selected sentences of the 184 that discussed causes or potential solutions of medication errors were also assessed by a second coder issued with the category definitions summarized in Tables 1 and 2. The level of inter-rater reliability was assessed using Cohen’s Kappa statistic, which measures the inter-rater agreement, accounting for that expected by chance [21]. The Kappa agreement score of 0.98 indicated excellent agreement [21]. This method of testing reliability is commonly used within media analyses [10, 22]. While the assessment by other coders of all categories used in the analysis (e.g. types of information sources referenced in media articles) may have increased the validity of the study, the unusually high Kappa result likely indicates the simplicity of the categories utilized, reducing the need for further inter-rater reliability testing of categories other than causes and solutions.

Results

Total articles

Discussions of medication errors were identified in 92 separate Australian newspaper articles published between January 2005 and January 2010. Fig. 1 displays the number of articles published each year, illustrating that relevant articles were more frequently published during 2009 (n = 22) than in 2005 (n = 7), with 2007 (n = 27) containing the highest number of reports. There was no single particular event found to have contributed to these fluctuations. In
comparison, 190 separate articles discussing surgical errors were published in one newspaper, The Australian, between January 2005 and January 2010. Medline listed 8556 peer-reviewed research articles concerning ‘medication errors’ published over this same period.

### Newspaper source and article type

The three main newspaper sources of articles including some discussion of medication errors were The Australian (n = 24), The West Australian (n = 14) and The Canberra Times (n = 10). All other newspaper sources published less than 10 relevant articles over the sample time period. Seventy-three articles were published as brief, pithy news items, 10 as opinion pieces, 5 as features and 3 as letters to the editor. As such, only 20% of articles provided opportunity for lengthy, opinionated discussion of medication errors.

### Primary topic

Thirty-four articles had a central focus on medication errors, with the remainder discussing medication errors within the broader context of other health system problems. Of the total articles, 56 were broadly concerned with problems occurring within hospitals, with the remaining 36 articles focused on issues outside the hospital context (e.g. prescription activities of General Practitioners).

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**Table 2 Reasons for the ongoing problem of medication errors reported in Australian print news media between January 2005 and January 2010 (n = 104)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Example</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient hospital resources</td>
<td>There are insufficient resources available for hospitals to maintain high levels of patient safety</td>
<td>‘A cardiologist told the inquiry that “sometimes I feel like I’m being sent to Iraq with a bow and arrow; we have so little equipment out here”’</td>
<td>38 (36.5)</td>
</tr>
<tr>
<td>Ineffective reporting processes</td>
<td>There are ineffective/insufficient mechanisms encouraging the reporting of sentinel events at the organizational and/or state-policy level</td>
<td>‘Unfortunately, the reporting of medication errors in Australia is not mandatory’</td>
<td>16 (15.4)</td>
</tr>
<tr>
<td>Inappropriate governance structures</td>
<td>Healthcare organizations are not governed effectively, preventing the implementation of effective patient safety systems</td>
<td>‘The world-class talents of its surgeons and nursing staff are being sabotaged by hospital administrators’</td>
<td>13 (12.5)</td>
</tr>
<tr>
<td>Poor communication between GPs, pharmacists and patients</td>
<td>Poor communication between these three groups often results in the incorrect dispensing of prescriptions</td>
<td>‘It’s really scary how many times you hear about a patient taking twice the normal dose because they couldn’t understand what their GP was telling them’</td>
<td>9 (8.7)</td>
</tr>
<tr>
<td>Poor staff coordination and communication</td>
<td>Inadequate intra-organizational staff communication and/or coordination promotes medication errors</td>
<td>‘Over three times more (170) were due to communication issues—for example, when key details about the patient’s condition were not transferred to another ward or hospital department’</td>
<td>10 (9.6)</td>
</tr>
<tr>
<td>Over-consumption of drugs in the Australian community</td>
<td>Excessive consumption of drugs in Australia creates additional opportunities for medication errors to occur</td>
<td>‘In the past decade, they have increased their reliance on prescription drugs, particularly opioids, when treating injuries’.</td>
<td>4 (3.8)</td>
</tr>
<tr>
<td>Inefficient paper-based prescribing systems</td>
<td>Inefficient paper-based prescribing systems are slow, are unreliable, increasing the chance of medication errors occurring</td>
<td>‘We all know the jokes about the pharmacist who can’t read the doctor’s writing—well, it’s a real problem with this paper-based prescribing system’</td>
<td>4 (3.8)</td>
</tr>
<tr>
<td>Lack of compliance with evidence-based policies</td>
<td>Insufficient training of staff from healthcare organizations limits their compliance with evidence-based policies and practices</td>
<td>‘Analysing the figures showed inadequate knowledge or skills on the part of doctors or nurses were linked to about 56 of the 500 serious adverse events’</td>
<td>3 (2.9)</td>
</tr>
<tr>
<td>Inefficient or ineffective health record systems</td>
<td>Inefficient paper-based or ineffective EHR systems promote medication errors</td>
<td>‘The use of paper medical records is a twentieth century practice that we need to move on from’</td>
<td>3 (2.9)</td>
</tr>
</tbody>
</table>
News actor groups

The main groups of news actors directly quoted within articles discussing medication errors included State Government representatives (n = 44), prominent advocacy groups (e.g. Australian Medical Association) (n = 27), researchers (n = 18), State Opposition representatives (n = 16), health service staff (n = 19), representatives of various commissions or taskforces (n = 20), private business representatives (e.g. clinical information technology providers) (n = 9), members of the general public (n = 5) and Federal Government representatives (n = 4).

Referenced information sources

The main sources of research information cited in newspaper reportage were State and Federal Government agency reports (e.g. The Productivity Commission’s Report on Government Services, 2009; n = 39), with peer-reviewed journal articles only cited on four occasions. Statistics from these reports focused on the magnitude of medication errors and were cited on 55 occasions, while the economic impact was cited on 10 occasions. In 15 instances, relevant data were accompanied by critical dialogue concerning the challenge of accurately estimating the magnitude and economic impact of medication errors due to the issue of under-reporting by clinicians and hospital administrators.

Causes of the ongoing problem of medication errors

A total of 82 sentences included discussion of the reasons for the ongoing problem of medication errors within hospitals. The most frequently reported causes of both medication errors within hospitals and the major impediments to their remedy were insufficient hospital resources (n = 38), ineffective reporting processes (e.g. fear of personal liability impeding reporting) (n = 16), inappropriate governance structures (n = 13), poor staff coordination and communication (n = 10), ineffective or inefficient health record systems (n = 3) and a lack of compliance with evidence-based policies (n = 3).

Twenty-two sentences included discussion of the reasons for the ongoing problem of medication errors outside hospitals. Poor communication between GPs, pharmacists and patients was raised on nine occasions, while inefficient paper-based prescribing systems and the over-consumption of drugs generally in the Australian community were each raised four times. No other issue was discussed on more than one occasion.

Potential solutions to reduce medication errors

A total of 59 sentences included discussion of potential strategies to reduce medication errors within hospitals. The most frequently raised potential solutions were improved error reporting systems (e.g. centralized incident reporting systems) (n = 25), simple changes to specific clinical practices (e.g. implementation bar-coding of patients and medications) (n = 12), training programmes to increase staff capacity (n = 7), data analysis to identify trends and potential preventative measures (n = 7), effective staff communication (n = 6), implementation of effective EHR systems (n = 4) and the development and implementation of national standards for clinical practices (n = 4) (Table 3).

Twenty-one sentences included discussion of potential strategies to reduce medication errors outside hospitals. The only strategies raised on more than one occasion were the implementation of an effective electronic prescribing system (n = 12) and the use of clearer labels on certain medication containers (n = 3).

Discussion

Australian newspaper reporting of medication errors generally identified the extent of the problem, its main causes and potential solutions. Despite the magnitude and impact of medication errors in Australia [3] and the prominent discussion of medication errors in academic journals listed in Medline, newspaper coverage was significantly less common than coverage of other patient safety issues and public health debates that occurred during the same time period. For example, while discussions of medication errors were identified in 92 separate articles published between 2005 and 2010 in the 10 most widely read Australian newspapers, surgical errors were discussed more than twice as frequently with 190 separate articles published in the single national newspaper during the same time period. Media analyses of other public health issues, including young driver licensing policy debates, have also identified more than twice as many relevant articles published in major Australian newspapers over a similar time period [10]. These findings suggest that medication errors are awarded limited media attention compared with other important public health and patient safety problems, and that their attention in peer-reviewed journals does not translate to the lay press.

Some of the key factors identified in the research literature as having significant influence on medication errors include deficiencies in policy, communication and knowledge/
competency; insufficient guidance from senior colleagues when prescribing unfamiliar medications and working in an unfamiliar ward \[23, 24\]. The frequent discussion of such governance/administration and resource/training issues within newspaper reportage may indicate that Australian public policy discourse regarding medication errors covers many of the critical issues identified in the research literature.

Nonetheless, while government reports were commonly employed to support news actor assertions, peer-reviewed publications were infrequently cited. This may indicate that despite newspaper reporting being generally evidence informed, journalists, researchers and patient safety advocacy groups are not leveraging research evidence to maximum effect in order to advocate evidence-based change. Indeed, while the solutions to medication errors proposed within this coverage, including more efficient error reporting systems, were also largely evidence-informed, the potentially important role of EHR systems within hospitals or general practices was given limited attention. As an intervention with considerable potential to reduce medication and other errors affecting patient safety \[25–27\], increased emphasis by researchers and patient safety advocacy groups on issues surrounding EHR systems may contribute to a more thorough public policy discourse concerning medication errors. The need for increased public debate concerning the value of EHR systems has previously been recognized \[28\].

Table 3 Strategies to help reduce medication errors reported in Australian print news media between January 2005 and January 2010 \((n = 80)\)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Example</th>
<th>(n (%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved error reporting systems</td>
<td>Mandated error reporting standards at the organizational, state and federal levels would assist efforts to reduce medication errors</td>
<td>‘Ms McMillan said that positive changes have been due to increased confidence in the reporting system’</td>
<td>25 (31.2)</td>
</tr>
<tr>
<td>Effective electronic prescribing systems</td>
<td>The implementation of an effective electronic prescribing system would, or does, reduce medication errors</td>
<td>‘A series of measures was successfully trialled, including the use of electronic prescribing software to make sure they were given the correct medication’</td>
<td>12 (15.0)</td>
</tr>
<tr>
<td>Simple changes to clinical practices</td>
<td>Simple, logical changes to particular clinical practices will, or do, reduce medication errors</td>
<td>‘Keeping different types and doses of medication in different coloured syringes could make a big difference’</td>
<td>12 (15.0)</td>
</tr>
<tr>
<td>Data analysis to identify trends and potential preventative measures</td>
<td>Collection and analysis of data concerning adverse events would, or does, assist the development and evaluation of medication safety initiatives</td>
<td>‘Crunching the numbers on what goes wrong in hospitals is giving safety experts a useful means of making medicine safer’</td>
<td>7 (8.8)</td>
</tr>
<tr>
<td>Training programs to increase staff capacity</td>
<td>Training programmes to increase the capacity of staff of healthcare organizations would, or does, reduce medication errors</td>
<td>‘Nurses have received additional training to avoid providing patients with incorrect medications’</td>
<td>7 (8.8)</td>
</tr>
<tr>
<td>Effective staff communication</td>
<td>Effective communication between staff of healthcare organizations would, or does, reduce medication errors</td>
<td>‘Increased communication between wards has definitely reduced the number of sentinel events’</td>
<td>6 (7.5)</td>
</tr>
<tr>
<td>National standards for clinical practice</td>
<td>The development and implementation of national standards for clinical practices would reduce medication errors</td>
<td>‘A nation-wide series of recommendations for effective clinical practices is a must for the future’</td>
<td>4 (5.0)</td>
</tr>
<tr>
<td>Effective EHR systems</td>
<td>Effective and efficient EHR systems would, or do, reduce existing rates of medication errors</td>
<td>‘Professor Baggoley said medication safety could be improved with the introduction of electronic health records’</td>
<td>4 (5.0)</td>
</tr>
<tr>
<td>Clearer labels on certain medication containers</td>
<td>Clearer labels on particular medication containers would decrease the amount of medication errors</td>
<td>‘The new labels have been colour co-ordinated, so a specific class of drug will carry the same colour label, which will help pharmacists pick the right label’</td>
<td>3 (3.8)</td>
</tr>
</tbody>
</table>
The limited news coverage of medication errors in Australian newspapers may be attributable to a range of factors, including a lack of enthusiasm of healthcare organization leaders to report medication errors; limited interest by the media in a significant problem that lacks any real 'breakthrough' stories or a failure by researchers and patient safety advocacy groups to engage effectively with the media. While many individuals directly involved in the provision of health services may prefer to stay below the radar of media attention to avoid negative publicity, this study provides information for researchers and advocates aiming to increase their engagement with the news media in order to highlight important patient safety issues in the public sphere.

Media reports, community perspectives and policy decision-making are related [10, 12]. The content of media reportage of medication errors may influence policy decisions by engendering community and policy-maker support for particular actions and interventions. As Alan Otten, for 44 years a reporter for the Washington Bureau of The Wall Street Journal wrote, ‘Well done investigative reporting produces public outrage (or policymaker outrage) that forces new regulations and laws or tougher enforcement of existing ones. Ten-thousand-watt klieg lights turned on a situation focuses the minds of policymakers very fast’ [29].

The danger in patient safety researchers and advocates not securing increased public awareness and support for medication safety initiatives, including EHR systems, via the media is that governments and policy-makers may be reluctant to invest in this, as opposed to other health issues and safety initiatives that receive greater media and public attention. Indeed, the substantial evidence-based policy reforms resulting from effective media advocacy in other public health arenas, including road safety [10] and tobacco control [12], seem to suggest that increased, and more effective, media advocacy by researchers and patient safety advocacy groups has the potential to stimulate public demand for politicians to act to reduce medication errors, which may in turn help promote the introduction of positive changes to policies and practices.

News reports are constructed according to largely predictable procedures which govern their narrative structures, information content and use of news sources [30]. This is due to several factors, including economic and bureaucratic pressures for journalists to produce a daily quota of stories that fulfill both market and legislative requirements [31]. Due to the impact of these restrictions on journalistic decisions, it is important for patient safety researchers and advocacy groups to encourage more, and more accurate media reporting of medication errors and safety initiatives by framing research information so that it aligns with established journalistic norms. Studies situated in other policy contexts have found that linking tragic victim anecdotes, statistics outlining the scale of a problem, and research on effective prevention strategies may help render research more meaningful and legitimate for non-researcher audiences and encourage more accurate media coverage [11]. Further research is required, such as to compare the media advocacy techniques of prominent patient safety news actors in other countries.

Conclusion

There was limited Australian newspaper reporting of medication errors between 2005 and 2010 compared with other important public health and patient safety issues, such as surgical errors. Due to the relationship between media coverage and community perceptions, this may indicate a low level of public engagement in this important issue affecting all levels of healthcare delivery. Considerable benefits may result from patient safety researchers and advocacy groups increasing their engagement in the news media to encourage community and policy-maker support for evidence-based changes to relevant medication policies and practices. In particular, efforts to increase media reportage of the potentially valuable role of EHR systems within hospital and general practice contexts may contribute to a more comprehensive public policy discourse.

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