



# Yes but No: Media Frames for Denying Nurses' Strikes during COVID-19 Recovery

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RESEARCH

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## ABSTRACT

The COVID-19 pandemic saw nurses strike throughout the world in the face of fierce opposition from employers and states. Publicly justifying the opposition to nurses' demands was, however, unprecedentedly difficult due to the profession's pandemic-induced popularity. This article takes a Marxist ideology-theoretical approach to media discourse opposing nurse strikes in Germany, Finland and the UK in 2022 and early 2023 to uncover how newspaper texts faced the situation, with a special focus on texts that attacked nurses. The results show that misogynous gender and unprofessionalism frames, recognised in previous nurse strike literature, had been abandoned nearly completely. Instead, ideological media frames attacked nurses with reference to ideological values drawn from domains such as economics and law while undermining working-class solidarity. Furthermore, nurse strike frames in this period frequently exhibited what is here dubbed a 'yes but no' frame that anticipated audience sympathy for nurses by praising them while invalidating their concrete demands. Germany stood out, however, for its seemingly muted and regional ideological backlash, corresponding with German nurses' modest demands and the country's relatively decentralised healthcare system.

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The COVID-19 pandemic dramatically increased the global frequency of healthcare strikes, with better remuneration and working conditions being the strikers' most important motive (Brophy et al. 2022). The strikes inspired intense public debate, as well as strikebreaking attempts ranging from cuts and scabs (Gaines 2022), forced work legislation (Reuters 2021), court injunctions (nw.de 2022) and fines (thelocal.dk 2021) to police (Benevides 2022) and even military intervention (White 2021). Varieties of state-sanctioned healthcare strike bans have been used or considered in Australia (Lapham et al. 2022), Canada (Beeson 2022), Denmark (Reuters 2021), Finland (Yle News 2022), New Zealand (Hightower 2022) and Sri Lanka (aljazeera.com 2022), to name just a few examples. Perhaps unsurprisingly, there has also been a sharp rise in nurses leaving the profession (nursingnotes.co.uk 2022a).

Nurses have traditionally had a difficult time justifying their strikes. This is due to (largely unfounded) fears of potential risks for patients' health and the gendered expectations of selfless care attributed to nurses (Soine and Schneider 2022). Polls show, however, that public majorities in several countries have supported healthcare strikes or substantial pay increases since the onset of the pandemic (AP-NORC Center for Public Affairs Research 2021; Kervinen 2021; nursingnotes.co.uk 2022b).

In the early stages of the crisis, public discourse was rife with 'nurse as hero' (Mohammed et al. 2021) narratives such as Marvel's superhero comic *The Vitals* (Marvel 2020) or Chinese state-sanctioned *Heroes in Harm's Way* (Zhou & Xie 2022). Previous research (Kinnunen 2024) indicates that newspaper coverage was also supportive of nurses during this early period. By contrast, the article at hand investigates whether the same was still true later, during the transition to the recovery phase of the COVID-19 crisis. At this point, nurses in many countries were striking and demanding monetary compensation for their sacrifices, which may have thus affected the coverage.

Theoretically, the analysis draws on Marxist political economy to argue that the reproduction cost of labour power, including healthcare, is a deduction from capitalists' profits (Marx and Engels 1975–2005, vol. 35, pp. 272–273). Nurse strikes, by contrast, increase such expenses. This gives rise to a class struggle that can be expected to spill over into ideological powers, such as the media. When newspapers justify (or not) the suppression of nurse strikes, they participate in an ideological class struggle over the reproduction of labour power.

The analysis compares nurse strike coverage in German, Finnish and UK newspapers between 2022 and the spring of 2023. The results demonstrate that coverage in this period was no longer outright in favour of nurses. Rather, the newspapers under study increasingly justified nurses' harsh treatment through the reference of, for example, pandemic-induced economic difficulties.

The media texts applied several old staples of strike busting, such as sowing discord amongst the working class, neoclassical economics and the law. However, unlike in pre-pandemic nurse strike frames (Girvin, Jackson & Hutchinson 2016, 1001), overt sexism and accusations of dilettantism were absent in the recovery phase, highlighting their obsolescence. Furthermore, even when newspaper texts concluded with attacks against striking nurses and their demands, they frequently offered simultaneous rhetorical praise of nurses, recalling the sentiments that had been struck in the earlier stages of the pandemic.

The results indicate that the pandemic did not fundamentally change the media treatment of nursing strikes in the spirit of 'transformative resilience' (see Pankakoski's article in this special issue). This reaffirms the Marxist expectation that capitalist imperatives would tend to reassert themselves in the absence of substantial change in the economic base itself. The pandemic-induced public sympathy for nurses did, however, affect the form of the struggle. Newspapers published a substantial amount of positive coverage, and their strike-busting content clearly showed the difficulties in navigating pandemic-wrought audience expectations. Perhaps this difficulty of ideological socialisation contributed to the moderate victories that some of the striking nurses won.

The following section introduces the theoretical background of the article in Marxist political economy and ideology theory. It also briefly outlines differences between the country cases of Germany, the UK and Finland. The sections that follow introduce the method of frame analysis and newspaper data, followed by analysis and results. The article concludes with a reflection on the significance of the findings with respect to ideology theory and the future of healthcare.

## THEORETICAL BACKGROUND

In his 2005 article, *The economics of vocation, or 'why is a badly paid nurse a good nurse'*, mainstream economist Anthony Heyes argued against increasing nurses' wages. His theoretical conjecture suggested that money would entice people without a calling for nursing to enter the profession, which would then reduce efficiency (Heyes 2005). Similar (gendered) stories of the unique *métier* of nurses are as old as the profession, and those wishing to suppress nurses' demands or explain away their complaints have repeatedly resorted to them (Mohammed et al. 2021; Soine & Schneider 2022). Granberg calls this the ideological 'virtue script of nursing' as selfless caring (Granberg 2022, 296). The script portrays an ideal of nursing that is not entirely illusory but rather a one-sided abstraction from the complex reality of nursing (Granberg 2015).

The conventional virtue script does offer some grounds for opposing nursing strikes. However, it provides a rather weak explanation for why nurses have faced such harsh strikebreaking attempts since the onset of the pandemic. Even if it were true that increasing nurses' wages would cause some inefficiency, this could hardly cause governments around the world to assault striking nurses with such merciless vigour. The same is true of the idealised caretaker script.

Another prominent argument against healthcare strikes, particularly in the ethics literature, is that they endanger patients (Essex & Weldon 2022). However, evidence shows no effect of healthcare strikes on patient mortality and only a very slight effect on other morbidity (Essex et al. 2022). This is likely because essential care is beyond the purview of most healthcare strikes, as per decisions by the ILO Committee on Freedom of Association (ILO 2022). Health protection is therefore unlikely to be a major cause of the strong and widespread counter-reactions to healthcare strikes.

Marx's theory on the structure of capitalist society suggests a more plausible explanation of strike busting. From capital's short-term and profit-centric point of view, the costs of reproducing workers are simply expenses (Marx & Engels 1975–2005, vol. 35, p. 272). Capital therefore tends to push down on reproduction costs (Marx & Engels 1975–2005, vol. 35, pp. 272–273) to maintain profits in the face of

competition.<sup>1</sup> This tendency engenders what feminist political economists define as ‘reproductive crises’ (Rao 2021), or breakdowns of the reproduction of labour power, such as the current ‘care crisis’ (Dowling 2021). As workers do not simply allow capital to destroy their lives, however, a chronic class struggle over reproduction results (e.g., Lavalette & Mooney 2000).

One arena for the reproduction struggle is what Engels calls ‘ideological powers’, such as churches, universities, states and media organisations (Marx & Engels 1975–2005, vol. 26, pp. 392–393; vol. 30, pp. 157–158). According to the *Projekt Ideologie-Theorie*, ideologists working in such organisations produce asymmetrical, semantic-practical ‘compromise-forms’ that generalise the interests of the ruling class by connecting them with the needs and predilections of the oppressed, thereby socialising subjects into their roles as oppressors and the oppressed (Rehmann 2013, 257). A particularly prominent terrain of such compromise is the ‘ideological value’, or normatively laden idealisations that are sufficiently ambiguous so that many different groups and practices can be articulated under them (Koivisto & Pietilä 1996, 51). A journalist, for example, might justify strikebreaking with the ideological value of patient safety, making pro-capitalist violence seem beneficial to everyone’s health.

Capital’s tendency to bear down on reproduction costs affects many kinds of expenses related to healthcare, wage, benefit, education and the like. Nursing is, however, a particularly significant item on the list. In the OECD countries, healthcare constitutes about 10% of GDP and is the fastest-growing industry, with nurses constituting the most populous profession (OECD 2021). Nursing is also very labour intensive and difficult to mechanise (North & Hughes 2012). Nursing costs were therefore already growing rapidly prior to the pandemic. The economic troubles wrought by the COVID-19 pandemic further exacerbated the significance of these cost characteristics. The global rate of profit was at unprecedentedly low levels during the recovery phase (Palazzo 2023), and inflation remained elevated as ‘the most severe global economic disruption since the Second World War’ wracked the real economy (Nölke 2022, 1). Because of this, the ‘significantly strengthened states’ (see Nölke in this special issue) of pandemic recovery were hard-pressed to increase nursing costs. Even leftist governments, such as Finland’s, were inclined to attack nursing strikes, which underscores the structural, as opposed to party-political, reasons for doing so.

Despite its negative effects, the COVID-19 pandemic also lent support to nurses’ demands through several mechanisms. A survey of the Israeli public found that visits to emergency rooms during COVID-19 increased respondents’ perceptions of nurse burnout (Kagan, Tsamir & Engelchin Nissan 2023). Labour market dynamics helped, too. More nurses left the profession or intended to leave it (Falatah 2021), which exacerbated existing labour shortages amidst COVID-19 backlogs and increased pressures among employers to retain those who remained. Finally, nurses reported strong feelings of betrayal and anger in surveys and interviews (Christianson et al. 2022). Such emotions may have helped them ‘disidentify’ (Granberg 2022, 296) from the traditional virtue script of nursing and commit to a militant collective labour struggle (Galanti 2022). As nursing scholars have repeatedly argued, it is only through such a solidary struggle that nurses may ‘break the cycle of oppression’ (Roberts 1996) and ‘the chains that hold them back’ (Dong & Temple 2011, 175).

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<sup>1</sup> Note that this assumes that workers are replaceable and that the capitals in question do not benefit from increasing reproduction expenses for others. These assumptions may be violated if, say, migrant labourers are unavailable, or with respect to specific categories such as insurance and healthcare capital.

COVID-19 intensified a pre-existing crisis of nursing. This crisis is not simply a matter of wages, which tend to approximate the average in the OECD countries (OECD 2021). Nursing suffers from problems such as insufficient staffing, low decision-making power, a lack of recognition, poor working environments, poor collaboration with doctors, emotional exhaustion, as well as poor prospects and nurses have tended to migrate internationally from worse towards better working conditions (Zander, Blümel & Busse 2013). During the pandemic, nurses' conditions further deteriorated internationally, with over half of them reporting high stress and burnout in some countries (Buchan, Catton & Shaffer 2022). Fixing such issues over the long term would require substantial investments in education, staffing, infrastructure and so on.

The case countries under analysis here – Finland, Germany and the UK – have been facing the nursing crisis differently. First, they have different healthcare systems and are therefore clustered into different categories in most typologies of comparative healthcare systems research (Wendt & Bamba 2020, 181–83). So-called 'command and control' (Moran 2000), 'restricted access' (Wendt 2009) or 'performance-oriented' (Reibling, Ariaans & Wendt 2019) systems, such as Finland's, restrict patient access to healthcare and per capita costs, yielding efficient outcome performance. 'Corporatist' (Moran 2000), 'provision' (Wendt 2009) or 'supply oriented' (Reibling, Ariaans & Wendt 2019) systems, such as Germany's, increase costs, weaken performance and improve access. 'Regulation-oriented' (Wendt 2009) or 'controlled access' (Reibling, Ariaans & Wendt 2019) systems, such as the UK, tend to fall between these two.

Second, the position of nurses differs between the countries. Surveyed Finnish nurses reported the highest and Germans lowest staffing ratio, education and quality of care (Heinen et al. 2013). Finnish nurses, on the other hand, were lowest and Germans highest paid relative to the average wages, while Finns were least and Germans most satisfied with their ability to participate in hospital affairs (Heinen et al. 2013; OECD 2021). The relevant German labour laws are also formally the strictest (Vandaele 2021), though it must be borne in mind that the letter of the law is always open to sudden modification, opportunistic interpretation or disregard.

In Marxist terms, these trends describe country differences in the organisation of care work. The relatively centralised and powerful Finnish state has held the upper hand with nurses, leaving them disempowered whilst proffering the rest of the population relatively cheap and high-quality care. The post-Thatcherite (Ranade & Haywood 1989) and devolved (Greer 2016) British National Health Service has moved away from a similar model. Finally, the decentralised German system of numerous autonomous providers and low unionisation rates has increased costs and inefficiency while fragmenting nurses' struggles into many local and regional fights rather than one large, national one.

In all these countries, nursing strikes and attempts to limit said actions have occurred since 2022. The ideological compromise formations that emerge to regulate the strikes are likely to reflect the countries' differences. The following section outlines the role that *media frames*, in particular, play in such nationally embedded ideological compromises. It also introduces the frame analysis method as well as the research questions and data of the study.

In communication studies, frames or selective portrayals of objects and their interconnections have been shown to affect suitably predisposed audiences (Chong & Druckman 2007). Because of these effects, media frames have become sites of political struggle. Media accounts have, for instance, ideologically portrayed workers' strikes as acts of war (Hart 2017); as delusional, greedy, disruptive or dubiously motivated (Simon & Xenos 2000); and so on – with unions and other pro-worker voices responding with their own competing frames.

Previous research has uncovered certain qualities that are specific to nursing strike frames. Such frames have painted nursing strikes as endangering the moral duties of care (Naughton 2022, 96); as unfeminine (Bessant 1992); endangering safety (Farrow & O'Brien 2005); and unwarranted due to the unskilled nature of nursing labour (Clarke & O'Neill 2001). Nurses, in turn, have argued that striking is a moral duty to increase healthcare resources and improve patient safety (Naughton 2022, 96). They have also claimed to strike 'because they care' about patients (Gaston 2017), using the old ideological valorisation of nurses as caretakers for their own purposes.

Several of the ideological frames mentioned in earlier studies are increasingly defunct today. Above all, overt 'hostile sexism' was previously common in nursing media frames (Girvin, Jackson & Hutchinson 2016, 1001), but since then its attitudinal acceptance has declined among the public (Swim & Cohen 1997), decreasing the salience of this frame. Frames drawing on the amateurishness and intrinsic motivation of nurses have probably also been undermined by the global professionalisation (Gunn et al. 2019) of nursing.

Arguably, the most significant novelty in this COVID-19 conjuncture, however, is the widespread public sympathy towards the figure of the heroic nurse, who selflessly struggles amidst piles of COVID-19 corpses while contemplating a new career. This assumption is reinforced by Kinnunen's research on Finnish news articles on nurses' wages published between 2020 and June 2021. She finds that in this period, media discourse emphasised care workers' experiences. Newspapers portrayed the nurses' benefit as consonant with the common good. They also gave space to expert views on the gendered segregation of the labour market and the undervaluation of care work (Kinnunen 2024).

Kinnunen's study paints a picture of the labour-friendly valorisation of nursing. Nonetheless, it only covers the period before 2022. At the time of the pandemic, Finnish nurses were risking their health fighting COVID-19 rather than demanding compensation by striking. This study continues the story by investigating later media frames and specifically focusing on opposition to nurses' strikes and demands. The COVID-19 conjuncture is particularly interesting in terms of such ideological frames. On the one hand, COVID-19-induced economic difficulties exacerbated capital's structural impetus to push down on the cost of reproducing labour power. On the other hand, some pre-existing ideological nurse strike frames were defunct – perhaps sometimes due to ideologists' own previous efforts at praising nurses.

It is *a priori* unclear how nurse-busting journalists, politicians, administrators and pundits resolved this problem within media frames. It seems likely that they would no longer be able to rely on the tried-and-true frontal assault on feminised dilettantes. Ideologists would have instead had to thus find country-specific compromises with the lionised, professionalised and only implicitly gendered nurse of the COVID-19

conjuncture. This problematic can be formulated in terms of two main research questions and three specifications:

- (1) Did newspaper texts deny nurses' strikes and demands in the transition to the recovery phase of the COVID-19 conjuncture? If so, how did they frame the denial?
  - a. What grounds did the texts give for denial?
  - b. How did the texts account for audience sympathy for nurses?
  - c. What compromise solutions did the texts present?
- (2) How did these reconciliation efforts differ between Germany, Finland and the UK?

The answer to these questions is sought in media texts published in the broadest-circulation daily national broadsheets in Germany (*Süddeutsche Zeitung*, often viewed as centre-left), Finland (*Helsingin Sanomat*, centrist or centre-right) and the UK (*Times*, centre-right). The period under analysis is between 1 January 2022 and 31 May 2023, during which period all three countries experienced nurse strikes.

Additionally, the data includes the regional, Düsseldorf-based *Rheinische Post* (centre-right), which published many nurse strike articles due to a prominent strike at North Rhine-Westphalia's university hospitals. The reason for this exception is that it became evident during the analysis that the *Süddeutsche Zeitung*, like other German national papers, did not actively oppose nursing strikes. This is probably due to the dispersed organisation of the German healthcare system. First, German nursing strikes during the study period were exclusively local or regional. Second, the demands presented by the barely unionised workers were low in comparison with Finland and the UK. Such low-stakes strikes only garnered regional and local ideological opposition.

All articles were analysed in terms of *overall valence*, or the general impression of nurse strikes evoked by reading the entire article (positive-neutral-negative, see [Hamilton & Lewis 2014, 8](#)). Furthermore, a closer analysis of *ideological frames* was conducted on those articles that included a statement explicitly opposing the claims or actions of the striking nurses. For example, an article with the phrase 'a nurses' strike cannot be allowed on patient safety grounds' would be included in the detailed analysis. Note that the two analyses were independent of each other: an article with a positive or neutral overall valence might still have contained a statement qualifying it for closer frame analysis.

Initially, 88 unique German texts (56 of which were from the *Rheinische Post*) were retrieved from the Nexis Uni database using the phrase *krankenschwester\* OR \*pflege\* AND streik*.<sup>2</sup> Of these, eight, of which only one from the *Süddeutsche Zeitung*, were selected for closer analysis based on the presence of a statement explicitly opposing nurses' strikes or demands. For the UK, 74 texts were initially retrieved from the Gale Onefile database using the phrase *nurs\* AND strike*, and 38 of these (or 51%) were selected for closer

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<sup>2</sup> The German search terms differ slightly in meaning from the others, translating to *nurse\* OR \*care\* AND strike*. This is because several lemmata, conjugations and compounds are used unsystematically in German to reference nurses, including *Pflegekraft*, *Pflegefachkraft*, *Krankenpfleger*, *Pfleger*, *Pflegepersonal* and *Krankenschwester*. This likely reflects a recent transition away from gendered job titles as well as the relatively non-professionalised status of nurses in the country. The search terms cover all of these alternatives and their conjugations, including some retrieved articles on kindergarten teachers, which also had to be excluded by hand.

analysis. The 68 Finnish texts were retrieved from the ePressi database using the phrase *\*hoitaj\* AND lakko*, of which 19, that is, 26%, were selected for closer analysis.

The following section begins by presenting the overall results of the analysis. After this, a more detailed account is given of the specifics of the major and minor frames discovered.

## COUNTRY COMPARISON OF VALENCE AND IDEOLOGICAL FRAMES

The results of the valence and frame analyses are provided below. Note that the sample is not representative of nurse strike coverage in all a country’s newspapers but is only pertinent to the aforementioned significant newspapers. The numbers below contextualise the detailed analysis, presented later, by roughly estimating the relative proportions of the kinds of nurse strike coverage presented in the newspapers.

	Finland	UK	Germany	Total
Positive	15	19	28	62
Neutral	33	38	47	118
Negative	20	17	13	50
Total	68	74	88	230

**Figure 1** Number of articles coded with a given valence.

As shown in [Figure 1](#), the most common valence of the articles in the data was neutral. This included short news pieces, articles that mainly dealt with another topic but mentioned nurse strikes in passing, as well as reporting that presented both employer and employee perspectives. The positive articles mainly consisted of interviews with nurses or their representatives, as in the earlier stage of the pandemic, whereas the negative ones were disproportionately editorials or similar texts presenting the views of journalists or other professional ideologists. The German articles were less negative and more positive, whereas the proportions of negative and positive valences in Finland and the UK resembled each other.

	Finland (19)	UK (38)	Germany (8)	Total (65)
Economic	6	25	3	34
Bureaucracy	9	15	4	28
Health	9	14	4	27
Yes but no	6	13	6	25
Public disapproval	3	6	1	10
Other workers	7	11	2	20
Unions	5	5	3	13

**Figure 2** Number of times oppositional articles (*N* in parentheses) were coded under a given ideological frame.

[Figure 2](#) depicts the results of the frame analysis conducted on the subset of 65 articles selected for closer analysis because they contained a statement opposed to nursing strikes. The contents of the frames are outlined in the section that follows.

Note that, unlike in [Figure 1](#), a single article may here have been coded under several frames. Again, a much smaller proportion of German articles contained statements opposing nursing strikes. The UK, by contrast, had a high density of ideological articles. This is partly explained by the *Times*' habit of frequently quoting government representatives who opposed the nurses on fiscal grounds.

The shared pattern is that significantly fewer German articles were opposed to nurses, either in terms of either overall valence or a specific statement. Even among those few oppositional articles, gestures of accommodation were more common in the German data (see the following section). This suggests that German media treatments were overall more favourable to nurses.

One possible explanation for German leniency is that nurses posed less of a threat to capital in that country. First, they only demanded relatively moderate staffing limits and holidays rather than massive nominal wage increases, unlike in Finland and the UK. In fact, German nurses were conceding substantial real-term wage cuts (given inflation), which prevented reference to the apocalyptic scenarios of mainstream economics and led to an overall weaker ideological backlash. Second, unlike the threat of national strikes in the UK and Finland, all the strikes in the German data were relatively small in scope, with the largest encompassing six university hospitals in one state. This drew almost no blatantly ideological response at all from the national *Süddeutsche Zeitung* (or, based on a cursory reading, other national newspapers) and only a relatively muted one from regionals such as the *Rheinische Post*.

The following section elaborates on the results offered above by presenting the criteria under which articles were coded under a particular frame as well as providing examples.

## DESCRIBING IDEOLOGICAL FRAMES

### THE ECONOMIC FRAME

The most common ideological nurse strike frame in the data, and familiar from previous studies on strike media frames ([An, Seon-Kyoung & Gower 2009](#)), was the economic frame. In this, strikes were dismissed on the grounds of their *supposed negative effects on capitalist production and distribution*. This includes labour or other market imbalances and the fiscal burden of resourcing healthcare. Further impetus was often added by pointing to the (demonstrably false, see [Shaikh, Maniatis & Petralias 1999](#)) mainstream economics conception of inflation, which suggests that increasing wages threaten a 'wage-inflation spiral' that harms everyone, especially the poor. Solutions within this frame included below-inflation wage increases, recruiting from abroad, increasing or shortening training and privatisation.

On 14 November 2022, for instance, the UK health secretary was quoted by the *Times* as describing the union's demands as 'neither reasonable nor affordable', since they 'would turbocharge inflation when we are endeavouring to keep it under control' and 'have an adverse impact on people's incomes in the long run'. A *Helsingin Sanomat* editorial on 3 August 2022, argued, in a similar vein, that high raises for public-sector workers such as nurses 'might in the worst-case scenario mean a rapidly accelerating wage-inflation spiral'. In a second editorial printed below this, the newspaper asked, 'might the private sector offer one solution to the chronic dearth of healthcare personnel?'

## THE BUREAUCRATIC FRAME

Here, strikes were dismissed on grounds of *supposed formal competences*. Strikes were viewed as breaking the law, other regulations, or conventions or demands were presented as being in the incorrect forum or form. Bureaucratic claims could also be used to shift blame: a politician might have done all in their power to help nurses, but this simply was not their prerogative. This frame should be contrasted with the speed at which *ad hoc* laws and regulations were drafted to suppress nurse strikes.

For instance, on 29 April 2022, the health minister of North Rhine-Westphalia stated in the *Rheinische Post* that it is ‘legally controversial’ whether collective bargaining agreements permitted negotiations on the staffing minima demanded by nurses, although similar arrangements existed elsewhere in the country. Likewise, when *Helsingin Sanomat* asked on 2 April 2022, whether the state should allocate more money for nurses’ wages, several party parliamentary group leaders, including those of government parties, refused to answer on the grounds that the question should be posed to the employers’ and employees’ organisations instead. This was despite the fact that healthcare employers negotiated within the budgetary parameters determined by the government.

## THE HEALTH FRAME

The third most prominent frame in the data, and very familiar from the literature on nurse strikes, construed the strikes as a threat to *health*, dismissing strikes on grounds of *supposed harm to patients*. A strike was said to impede essential care because there would not be enough staff on hand. In the long term, higher wages were also expected to permit fewer staff on the payroll. In this frame, the solution would involve forcing nurses to work or compromise.

On 14 December 2022, for instance, the *Times* cited a letter by four Chief Nursing Officers, a type of bureaucrat, who claimed that ‘wards would be so understaffed patients might not get treatment, including lifesaving intravenous antibiotics, on time’. On 2 April 2022, *Helsingin Sanomat* cited a Ministry of Social Affairs and Health statement: ‘Based on reports by supervisory authorities, it is evident that patient safety, as well as the labour required by essential and urgent services, must, in the last instance, be guaranteed by legislation’. The government subsequently rapidly drafted a so-called ‘Patient Safety Act’ for breaking nursing strikes.

## THE YES BUT NO FRAME

Roughly a third of the articles under detailed analysis dismissed nurse strikes by resorting to an *affirmation praising nurses*, or a ‘yes’, accompanied by a decisive ‘no’ denying their strikes or demands. This frame was perhaps the clearest instance of ideologists accommodating the hero nurse. It was especially often combined with others, justifying the seemingly-grudging ‘no’.

For instance, a reporter for the *Rheinische Post* proclaimed on 20 May 2022: ‘It is about time that [nurses’] working conditions and wages become more attractive. – However, the strike that [labour union] Ver.di engineered, purposefully before state elections, won’t do at all. – This is no labour struggle, this is holding sick people hostage’. A *Times* reporter on 16 December 2022, by comparison, offers a particularly striking example of a flowery yes-gesture contrasting with the abrupt no thereafter:

Much of the public will instinctively sympathise with the nurses. They provide an extraordinary public service, often in the most testing conditions and for relatively low pay. The huge outpouring of public support for NHS workers during the pandemic, when millions stood outside their homes once a week to clap for carers, was sincere and heartfelt. Many people will agree with the nurses when they say that a 5 per cent pay rise, when inflation is running at over 10 per cent and when their pay has fallen by 20 per cent in real terms over the past decade, is not enough.

Nonetheless, by going on strike and bringing the work of large parts of the NHS to a halt, the nurses risk forfeiting this public sympathy.

## THE PUBLIC DISAPPROVAL FRAME

The last phrase of the above quote exhibits the public disapproval frame, which dismissed the strikes based on *supposed future unpopularity*. It suggested that despite the strikes' presently high approval, citizens and even union members would surely come to react negatively to them in time, necessitating an end to the actions.

On 3 May 2023, for instance, a *Times* editorial stated that '[the labour union Royal College of Nursing] is now isolated in its hardline approach and risks sacrificing the sympathy of the public if it rejects what, in present economic circumstances, is a reasonable offer'. Amusingly, *Times* journalists kept up this prediction of a collapse in support throughout the study period, although polls by the market research firm YouGov repeatedly showed overwhelming support for nurses. A *Helsingin Sanomat* editorial on 21 April 2022, likewise worried that although 'nurses' demands have thus far been met with great sympathy', there is the question of 'will this support continue if patients' health becomes truly endangered?'

## THE OTHER WORKERS FRAME

Media treatments also dismissed nurses' strikes and demands as *injurious or unfair to other workers*. In such treatments, nurses were portrayed as deserving but greedy compared to those who made do with less, as renegades who broke with the united front of the working class or as inciting other sectors to demand higher wages. Here, the solution was for nurses to fall in line, as equal raises for other workers would be impossible.

On 10 November 2022, for instance, a *Times* editorial argued that 'with other public sector workers set to have any pay rises capped to 2%, such a disproportionate increase for nurses alone would be impossible for ministers to justify'. On 1 April 2022, a *Helsingin Sanomat* editorial similarly argued that 'nurses may well be underpaid relative to their education and the demands of the job, but so are others'.

## THE UNIONS FRAME

Ideologists also painted conniving unions, rather than nurses, as the instigators of strikes. Here, strikes were dismissed as *unrepresentative of the will of the nursing community*. Stoppages were painted as a cunning means of achieving the implicit goals of the union leadership, such as growing union membership. Union leaders' competency, wages, combative personalities and inconsistent statements were brought up. The solution would have been for the unions to mend their ways. Although this so-called 'agitator theory' of strikes is familiar from the history of

industrial relations (Darlington 2006), in the COVID-19 recovery context, its particular significance is to circumvent popular nurses' high approval of strikes by blaming their leadership.

On 21 July 2022, for example, a *Rheinische Post* journalist claimed that 'nurses have allowed their functionaries to incite them into an outrageous labour struggle'. On 28 April 2023, the *Times* quoted a high court judge who called the leadership of the Royal College of Nursing 'incompetent' and brought up their 'high degree of unreasonableness'.

## DISCUSSION

The analysis shows that newspaper texts did decry nurses' strikes during the transition to COVID-19 recovery, answering the first research question. More specifically, the forms of ideological socialisation evident in the articles could be divided into three major categories. First, the articles ground their denial with supposedly *shared ideological values* that represent an imaginary compromise between workers' and capitals' interests; second, they account for audience sympathy by *affirming nurses affectively* while annulling their concrete demands; and third, they work to *turn the working class against itself*. Arguably, all three are forms of ideological socialisation that reconcile the practical or symbolic denial of strike action, and hence the curtailment of reproductive expenses, with various formulations of workers' collective or opposed interests.

The economic, health and bureaucracy frames are based on supposedly shared values. In the economic domain, striking nurses endanger a shared economic livelihood; in the health domain, they endanger lives; and in the bureaucratic domain, they threaten supposedly shared norms. If such claims were true, many readers might indeed find common cause with capital against nurses. In this sense, the ideological frames are imaginary compromise formations that make all members of society share capital's prerogative to push down on reproductive costs.

The yes but no frame works differently, for it is not based on a semantically articulated shared value. Rather, this frame pre-empts the reader's assumed COVID-19-induced sympathy for nurses with a gesture that concretely demonstrates the author's support of nurses. The grudging no-gesture subsequently shows that even someone who supports nurses cannot accept their strikes and demands. In other words, this frame relies on affective mimicry rather than ideological values, but it bridges audience sympathy with strike busting all the same.

Unlike the aforementioned approaches, public disapproval, unions and other worker frames do not unite ideologists' audiences *for* shared values or affective states. Rather, they turn workers *against* each other and against their leadership by questioning mutual solidarity. They thus work to preclude effective, collective working-class resistance by sowing discord. The disapproval frame does this by suggesting that the population at large may lose faith in the nurses; the unions frame by purporting a rift between nurses and their leaders; and the other workers frame by construing clefts between workers themselves.

Notably, the frames turning the working class against itself do not include hostile sexism and non-professionalism, as they did in previous research on nursing strikes. It seems that the combination of changing times and the COVID-19 conjuncture has

eradicated explicit misogyny from ideological nurse strike frames. This may not, of course, correspond with the absence of actual misogynous and dismissive treatment of overwhelmingly female nursing workers. The obsolescence of misogynist frames may nonetheless have robbed the capital of some ideological axes with which to split the working class in the future.

The country comparison indicates that the ideological response to nurse strikes in Germany may have been significantly more muted and regional relative to those in the UK and Finland, answering the second research question. Though the limits of the analysis must be borne in mind, it seems that this conclusion holds up in a cursory reading of the numerous other newspapers available in the databases used. One possible reason for this difference lies in the organisation of care work. In national healthcare systems, ideological struggles over reproduction may take place at the level of the national public. Less centralised healthcare systems, by contrast, may produce regional and local strikes that may not be as news- or intervention-worthy at the level of the national public.

The offered valence analysis indicates that the ideological frames analysed above do not tell the whole story concerning the newspaper treatment of nursing strikes. Workers and their representatives also participated in the struggle, although their point of view, discussed in previous research, was not the focus of the analysis in this article. The positive newspaper texts did not need to circumvent audience sympathy, however, but could play directly off it throughout the pandemic.

Despite the ideological backlash, the nurses' struggles did result in some gains. Although the UK union ended up losing its strike mandate due to a below-threshold member ballot, some of the German strikes did achieve their (mostly modest) demands. Finnish nurses won annual raises of about 6%. These outcomes show that some gains are possible even in societies that are structurally hostile to the reproduction of workers.

## CONCLUSIONS

This paper has presented an analysis of ideological media frames that opposed nurses' strikes and demands in three European countries during the transition to the recovery phase of the COVID-19 pandemic. The argument of the paper has been that the ideological response to nurse strikes in this period is topical and important due to the widespread public sympathy towards nurses as well as the obsolescence of previous nurse strike frames. These factors meant that ideologists faced an unusually daunting task: they had to overcome greater sympathy using fewer tools than in the past.

The results indicate that the brief early pandemic valorisation of nursing increasingly gave way to a normalcy strongly conditioned by economic constraints, as Marxist theory would expect. Some effects of the valorisation lingered, however, in forms such as positive coverage, the lack of misogyny, the public disapproval frame and the titular yes but no frame. The need for such compromises may fade along with pandemic-wrought sympathies. Some form of 'yes but no' ideology is likely to persist, however, as this frame captures the very essence of socialisation into voluntary subordination. Ideology needs to vacuously recognise its subjects.

The pandemic significantly weakened healthcare systems that were already on the brink. If the present treatment of nurses continues, increasingly understaffed and

demoralised healthcare systems around the world are increasingly likely to fall to pandemics, ageing populations and environmental disasters. In Marxist theoretical expectation, the privatisations proposed by ideologists will fail to reverse this trajectory because they cannot abolish capital's craving for working people's life force.

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