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RESEARCH ARTICLE



More than mortality data: a news media analysis of COVID-19 deaths in Aotearoa, New Zealand

Tessa Morgan ^a, Melissa Carey ^a, Merryn Gott ^a, Lisa Williams ^a,
Victoria Egli ^a and Natalie Anderson ^{a,b}

^aSchool of Nursing, Faculty of Medical & Health Sciences, University of Auckland, University of Auckland, Auckland, New Zealand; ^bAdult Emergency Department, Auckland District Health Board, Auckland, New Zealand

ABSTRACT

News media have an important social role during times of disruption including national emergencies. This paper bears witness to the 21 New Zealanders who died during the first lockdown due to COVID-19 by critically examining the nature of their portrayal in mainstream newspapers. We searched Knowledgebasket for newspapers published between 28 February 2020 and 13 May 2020 relating to COVID-19 deaths. Of the 147 included articles, 50 were selected for in-depth thematic analysis. Our key finding is that COVID-19 made the death of ordinary older New Zealanders newsworthy, albeit in a way that distinguished individuals by residential status. This is reflected in the themes identified: (1) Unexpected community deaths; (2) Inevitable aged residential care deaths; (3) Justification for lockdown measures. We conclude that New Zealand journalists played an important advocacy role in justifying New Zealand's 'go hard go early' approach through the largely compassionate coverage of older people's deaths.

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COVID-19; death; media analysis; newspapers; aged residential care

Introduction

Ka heke te roimata me to hūpē, ka ea te mate
[When tears and mucus fall, death is avenged]

This whakataukī [proverb] recognises the healing that takes place when we are able to mourn the loss of a loved one. In this article, we are exploring sensitive material about the unexpected deaths of 25 New Zealanders. Each death was significant, and each person who died was an individual who had contributed to their family and community. Our intention with this paper is to bear witness to these New Zealanders. We also aim to understand how the media coverage of these deaths relates to the characterisation of lockdown measures.

CONTACT Natalie Anderson  na.anderson@auckland.ac.nz

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COVID-19 in Aotearoa, New Zealand

Aotearoa, New Zealand (NZ) is being lauded internationally for its public health response to the COVID-19 pandemic (Baker et al. 2020; Henrickson 2020). A ‘go hard and go early’ nationwide lockdown was initiated by Prime Minister Ardern in March 2020 (Wilson 2020). The lockdown included border restrictions, closure of all schools and non-essential businesses and tight restrictions on travel and gatherings. When combined with wide-spread testing and careful contact tracing these measures have dramatically limited the number of infections and deaths to-date (Jefferies et al. 2020).

As of 26 October 2020, NZ (pop. 5 million) had reported only 25 deaths due to COVID-19, compared with 1882 COVID-19 deaths in the Republic of Ireland (pop. 4.9 million), 702 in Denmark (pop. 5.8 million) and 275 in Norway (pop. 5.3 million) (Our World in Data 2020) (Figure 1). Amid an international pandemic and climbing international death toll, NZ media were in the unique position of having very few national deaths to report.

The importance of the media in times of crisis

News media have an important social role during times of disruption, including national emergencies (Joye 2018), making it essential to examine news media reporting during significant events such as the COVID-19 pandemic. COVID-19 has received extensive coverage, with The Economist estimating that 80% of news coverage in March 2020 included mention of the pandemic – a proportion of coverage only rivalled by the world wars (The Economist 2020). Media coverage of disaster events is ‘often rooted in judgments about the social value of disaster victims and on conceptions of social distance and difference’ couched in ‘broader societal and cultural metanarratives’ (Tierney

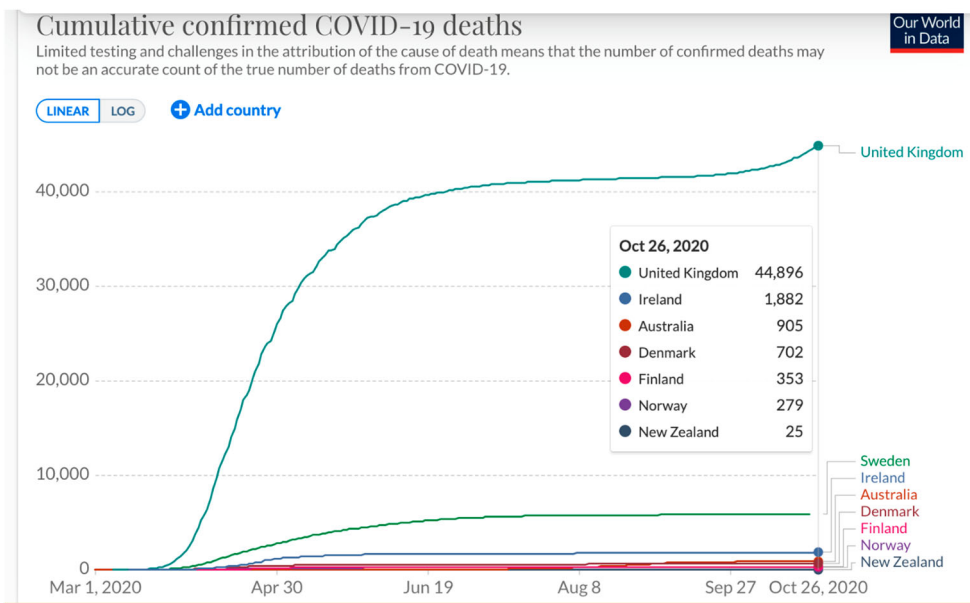


Figure 1. ‘Cumulative confirmed COVID-19 deaths’ by Our World in Data [CC BY 4.0].

et al. 2006). This is most clearly shaped by the discretion journalists have in publishing content that is in the ‘public interest’ (Ellis and Muller 2020). This matters because media coverage plays a critical role in both shaping national responses and determining who is seen as legitimate recipients of community and government support (Sonlit 2010; Flett 2020). Media coverage also powerfully influences people’s perceptions and behaviour as messages from the media are frequently internalised and reflexively incorporated into people’s beliefs about the world (Seale 2004). For example, Morgan and colleagues have identified how ageism has shaped NZ news coverage of older people and COVID-19. By framing older NZers as ‘at-risk’ and ‘passive’, media left little room for considerations of how older citizens are actively contributing to the national pandemic response (Morgan et al. 2021).

During crises, journalists operate as ‘first-line responders’ who have the role of swiftly ‘crystallising the feelings of a nation’ (Rupar 2020). In recent years, several national crises have required NZ journalists to perform this role. These include the 2010 Pike River Mine Disaster, where 29 people died, the 2011 Christchurch earthquake, where 185 people died, and the 2019 Christchurch Mosque Shootings, where 51 people were murdered. Coverage of these events has attested to the high level of responsibility and accountability with which NZ journalists operate (Tully and Elsaka 2002). Studies of NZ media’s handling of the Christchurch mosque shooting found that it was driven by identification with and empathy toward the victims and their families (Ellis and Muller 2020; Rupar 2020). Ellis and Muller argue that this was starkly different to the coverage from Australian newscasters who were concerned with the ‘motives’ and identity of the attacker (Ellis and Muller 2020). Such journalistic care reflects the strong system of self-regulation operating in NZ, which is reinforced by the small number of newsrooms (Tully and Elsaka 2002). Ellis and Muller also contend that journalists’ proximity to the event also shapes the degree and nature of coverage. This was evidenced in journalists’ coverage of the Christchurch earthquake, whereby journalists ‘viewed themselves as part of the earthquake story’, which prompted them to view advocacy as a keystone of their news coverage after the disaster (Scanlon 2014). COVID-19 has similarly been given ‘crisis’ status though taking on the uncertain qualities of a war rather than once-off time-bounded quality of the above events (Halabi 2020).

Media coverage of death

Contrary to the long-standing view that Western societies are characterised by death denial, recent scholarship has focused on the increasing attention paid to death, dying and bereavement in mainstream media (Seale 2004; Turner and Caswell 2020). Although thousands of people die every day, traumatic deaths of young people are often considered the most newsworthy – giving rise to the unfortunate observation ‘If it bleeds, it leads’ (Barnes and Edmonds 2015). The way deaths are described in the media both reflects and shapes societal death attitudes (Hanusch 2010; Fishman 2017) as well as offering psychological instruction around how the public ought to feel about reported events (Walter et al. 1995).

News reports offer cultural guidance by characterising good and bad deaths. These messages can be internalised by the general public and generate pressure around particular policies that adhere to such norms (Walter et al. 1995; Seale 2004). A good death in the

Western context is typically characterised as pain-free, peaceful, dignified, and in line with the dying person's preferences for treatment and care. Typically, the person who dies 'well' does so at the end of a long life, at home, surrounded by family and friends (Cottrell and Duggleby 2016). A timely death relies on the notion that a person holds an intuition around the right time to die. Socially we accept that humans have autonomy and choice around end-of-life decisions, with a collective understanding that there is a point where an individual has lived out their life potential (Scruton 2012). This view is often held of people in advanced age, particularly when they live in aged residential care (Tuckett 2007). Deaths at a younger age or without loved-ones in attendance are similarly categorised as culturally unacceptable and likely to garner more media coverage (Turner and Caswell 2020). When people fail to accomplish a good death, the moral reputation of the society in which the individual lived comes under inspection (Seale 2004).

As the news media played a crucial role in disseminating information during the strict COVID-19 lockdowns in NZ, it likely also offers insights into the way death is regarded in contemporary NZ society and the nature of the societal response to these deaths. Accordingly, this paper's primary aim is to critically examine news media coverage of COVID-19 deaths during the first lockdown in NZ.

Method

Search strategy

To capture national mainstream media reporting of deaths in NZ from COVID-19, we selected published newspaper articles as our unit of analysis. Newspaper articles are a significant feature of the social environment and a key way people gain information about current events (Rozanova et al. 2006). Our search period spanned from 28 February 2020 to 13 May 2020 to mirror the timeline of the first confirmed COVID-19 case in NZ through to the end of the first lockdown period.

We acquired articles from Knowledgebasket (<https://www.knowledge-basket.co.nz/>), a news and information archive that compiles both broadsheet and online news articles. We developed a search strategy which included (where known) the names and aged residential care locations of NZers who had died. We piloted search strategies in Knowledgebasket and refined terms and term combinations to ensure sensitivity.

Data analysis

Inductive qualitative approaches are a particularly incisive way to explore ideas and myths perpetuated in the media (Altheide and Schneider 2013). We used thematic analysis to explore both manifest and latent themes in news reports. Thematic analysis provided us with a flexible, iterative approach which acknowledges that researcher interpretation is situated and contextual (Braun and Clarke 2019). The analysis was also guided by the principle of qualitative media analysis. This approach recognises that what appears in news articles is always a result of direct and/or indirect framing, defined as the 'particular perspective one uses to bracket or mark off something as one thing rather than another' (Altheide and Schneider 2013, p. 53).

Data analysis involved an iterative process involving all members of the research team. To begin with, TM and NA read through each article. Guided by previous media analysis studies, we decided to select a sample of the total articles to conduct an in-depth thematic analysis (Romanoff and Thompson 2006; Miller et al. 2015). We selected the 50 most relevant articles as determined by the Knowledgebasket algorithm. This algorithm determines relevance from amongst all available media articles according to search terms used.

Articles were uploaded into NVivo V.12 (QSR International Pty Ltd 2018) to support the collaborative analysis process. From the pool of articles identified for in-depth inspection, four different articles were randomly selected using (#RAND in excel) for each member of the research team to independently read and code. The research team then met to discuss initial impressions and agree on a coding framework. NA and TM then coded these articles supported with three further research team meetings to discuss convergence and divergence and thematic development. This constant process of discussion promoted on-going reflexivity and enhanced the rigour of the analysis process. We have decided to acknowledge the names of the COVID-19 casualties where these are already in the public domain, in line with our commitment to humanise and bear witness to their deaths.

Results

The initial search strategy produced 188 articles. After removing duplicates and excluding articles that did not provide coverage of COVID-19 deaths in NZ, 147 articles were included in the final data set. Articles varied in length from 81 words to 2840 words; there were over 96,000 words in the total dataset. More than half of the articles reported deaths in the context of general updates and information about the COVID-19 pandemic and its impact on people living in NZ. Only 24% of articles were focused on the person or people who had died. Over time, as NZ's death toll increased, articles tended to report multiple deaths or clusters of deaths, rather than being dedicated to the death of any single person. Health and government leaders were quoted in 60% of articles, but less than 10% of articles featured voices of family members of the deceased.

Results are presented by theme below, with specific discussion and interpretation included as is common when using a reflexive thematic analysis approach (Braun and Clarke 2019). The final discussion section considers the wider implications of our findings within the context of news media coverage during disasters. Through our thematic analysis, we identified three key themes: (1) Unexpected community deaths; (2) Inevitable aged residential care deaths; (3) Justification for lockdown measures. These are outlined in Table 1.

Table 1. Themes.

Theme	Description
1. Unexpected community deaths	Biographical details were often provided when those living in private residences died. They were typically characterised as 'ordinary' NZers and their deaths portrayed as shocking, with unexpected causes and circumstances
2. Inevitable aged residential care deaths	Those dying in aged residential care were described as frail, and their deaths viewed as an inevitable consequence of their vulnerability. Biographical details were not included, and individuals remained somewhat or totally anonymous.
3. Justification for lockdown measures	Deaths portrayed as a justification for the government's lockdown response. Investigative journalism took a critical approach to COVID-response actions at an individual, organisational and national level, but rarely found weaknesses.

Unexpected community deaths

Whenever a NZer who had been living in an independent residence died from COVID-19, there was some personal biography provided either by family, community members or colleagues. These descriptions, typical of obituaries, highlighted victims' positive attributes and the contributions they had made to the lives of others. These tributes were often gleaned from people who knew them, or from obituary notices. Some examples of tributes which were included in the first paragraph of each article are provided below:

Chrisanthos (Christo) Tzanoudakis, 87, was described as a 'beautiful soul' who was 'well known in the Greek community and always had kind words to say about others' (McNeilly 2020).

Alister Peter Brookland was described in his pensioner's death notice as 'a loved father, father-in-law and grandfather of six' (New Zealand Herald Reporters 2020a). Jocelyn Finlayson, 62, was described by the chief executive of the store she worked as 'popular', 'unique' and 'special' (Sherwood 2020a).

In addition to providing biographical information, reports often included a focus on the likely cause of transmission of COVID-19 which led to their death. Underpinning this coverage was an emphasis on the unexpectedness and uniqueness of each death. Two deaths were linked with the Bluff wedding cluster, one to the Redoubt Bar cluster and another death was associated with a cruise ship cluster. Connection with a cluster did not necessarily make the line of transmission logical, but rather highlighted the 'randomness' and diverse reach of the virus. This reinforced the message that anyone could get COVID-19, but that it was older people for whom it would be fatal (Steyl 2020; New Zealand Herald Reporters 2020b).

In two cases there was no definitive cause of transmission, resulting in their framing as 'rare cases of community transmission' (The Southland Times 2020). The personal behaviours and routines of these victims become the focus of intense inquiry. Anne Guenole's death was the first in NZ. The circumstances leading up to her death received the most media coverage. Guenole was described as 'just a lovely lady just doing what she does week after week' (Sherwood 2020b). The article continues that she had engaged in 'nothing out of the ordinary' in the week preceding her illness, including supermarket shopping, taking to her neighbours and visiting her chiropractor before falling ill (Sherwood 2020b). Another article honed in on the fact Guenole 'barely travelled', thus adding to the mystery of how she could have contracted the virus (Bay of Plenty Times 2020). For Guenole, as well as Jocelyn Finlayson reporters speculated that tourists could be the source of transmission: 'Health authorities have suggested it may have been at the supermarket from a tourist who was coughing' (Sherwood 2020a).

The unexpectedness of each community death was illustrated through reporting the expressions of surprise from family and members of the wider community. Guenole's death left her family feeling 'very numb ... it's completely out of left field and completely unexpected' (Sherwood 2020b). Grey District Mayor was quoted saying Guenole's death came as a 'big shock' to the small community (Sherwood and Lewis 2020). The family of Finlayson was 'shocked' because they thought she was 'on the road to recovery' (Sherwood 2020a). The wife of Bob James explained her life had been 'ripped apart' (Nightingale 2020).

Expected aged residential care deaths

By the end of the first lockdown, only two of the 15 deaths that occurred in aged residential care were identified by name. Such deaths were thus overwhelming anonymous deaths. A typical example of the different coverage aged care residents received is evident in this extract: ‘The deaths of 62-year-old Invercargill woman Jocelyn Finlayson and a Rosewood rest home patient in his 70s saw the national toll rise to 16 on Thursday’ (Williams 2020a). Deaths in aged residential care featured in headlines, but descriptions of those who died were kept to one or two lines in the body text. For example, an article featured in *The Press* leaders (a similar article also featured in the leaders of the Herald the same day) read: ‘Second virus death a woman in her 90s’ (Stuff Reporters 2020b). The first paragraph of the article informs the reader where this female aged care resident died and that ‘her family was not able to visit her, or be with her, before her death’. The remainder of the article focuses on the efforts to contain the spread of the Rosewood cluster she was connected to and the implications this has on wider lockdown measures.

By contrast, two aged residential care deaths received individualised coverage, with the information provided by family members. These men were characterised as strong ‘Kiwi blokes’ (one a hunter, one a boxer) who were nonetheless taken out by COVID-19. For example, George Hollings was described by family as a ‘real Kiwi bloke, a rough diamond, who loved his deer stalking’ (Deguara 2020). The family were reported as explicitly wanting to publicise the details of his death as Hollings ‘had a lot of friends who the family don’t have contact details for and they’d like for them to have the opportunity to grieve along with his family’ (Deguara 2020). In another case, Bernard Pope was celebrated as a ‘boxing identity’ (Feek 2020). From an interview with his brother, Pope’s death was contextualised within the wider context of his dementia which had ‘deteriorated since December, when the family thought he was going to die’ (Sherwood 2020c).

As this above point attests, there was a strong sense of inevitability of the deaths amongst older frail people: ‘More deaths of such a frail and vulnerable group seem inevitable’ (Stuff Reporters 2020a). Their vulnerability was emphasised with the mounting deaths of older people, for example: ‘The fragility of older people with COVID-19 was underlined with the country’s 18th coronavirus fatality – an Auckland woman in her 70s who had an underlying health condition’ (Cheng 2020).

Not only were the individuals in aged residential care framed as defenceless and near death, but aged care facilities were also framed as institutionally vulnerable. One of the more sensationalist articles described the virus as malevolently ‘invas[ing]’ the dementia care unit at Rosewood (Bayer 2020). The coverage typically focused on insufficient or incorrect use of personal protective equipment as the ‘collective view’ for the reason for staff falling unwell and intensifying the transmission within the facility (Guildford and Lewis 2020). Systemic staffing shortages within aged residential care were a key focus on the long-form investigative pieces published during lockdown: ‘Even before COVID-19, short staffing has been a regular feature of aged care. So put on top of that staff needing to gown up to work with people in isolation’ (Guildford and Lewis 2020).

The institutional vulnerability of aged residential care facilities was further highlighted in three articles that compared health outcomes in aged residential care to health outcomes in prisons. One headline read: ‘Coronavirus: Prisons are winning the war

against COVID-19 as rest homes struggle' (Broughton 2020). Although investigative journalism pieces attempted to find fault, articles widely praised the quality of health professionals' care. This was best captured by Director-General of Health Dr Ashley Bloomfield's statement reproduced in the *New Zealand Herald*: 'The fact that we have had relatively few of our facilities affected by this virus, in quite a strong contrast to other countries, I think is testament to the work they have been doing' (Jones 2020).

Family members praised staff at Rosewood Hospital as 'absolutely wonderful' (Sherwood 2020c). Such coverage was importantly contextualised by reminding readers of the lockdown rules that meant family members were not able to visit their dying family members, even if they wore personal protective equipment (Hayward 2020). In this context, the role of aged care staff accompanying people through their dying was highlighted, concordant with the cultural expectation that no one should die alone. While a single article evocatively characterised aged residential care deaths as 'scary' and 'lonely' (Manch 2020) more typically the coverage emphasised the lengths staff went to ensure some form of a 'good death' was achieved. This was clearly illustrated in the case of the second national COVID-19 death who was an aged care resident transferred to hospital for her final hours. While the public is not told her name, we are assured that while:

Her family were unable to be with her at the hospital because of alert level 4 restrictions. Hospital staff were able to provide her with comfort and support before she died on Thursday morning. (Kilgallon 2020)

Justification for lockdown measures

Each death was reported as having ramifications for assessing the need for and efficiency of the national response to COVID-19. In much of this coverage, deaths are employed as footnotes to justify the impact on the economy and wider social life. For example, an article about the impact of COVID-19 lockdown on professional sport includes news of two new deaths in the penultimate sentence (Williams 2020a). Often these articles were facsimiles of the government's public health briefings or press releases (Ali 2020; Deguara 2020). Another prong of this coverage focused on local leaders supporting national lockdown measures by encouraging people to 'stick to their bubble' to 'break the chain of transmission' (Sherwood and Lewis 2020). Guenole's death sparked discussions about ring-fencing communities known to have vulnerable populations to protect them from tourists and other outsiders who could potentially have COVID-19. At the tail end of the lockdown, Finlayson's death served as a reminder to the public that the message to stay home needed to be reinforced; as one headline put it: 'Death highlights battle ahead' (Harding 2020).

Prime Minister Jacinda Ardern often cited the need to protect the vulnerable – particularly those living in aged residential care – as a central reason for 'staying the course' (Williams 2020b). Dr Ashley Bloomfield was quoted as stating that the most recent deaths were a 'sobering reminder of what was at stake' (Hayward 2020). Importantly this coverage highlighted a stark contrast to other nations' approaches: 'COVID-19 has ravaged rest homes overseas resulting in thousands of deaths – some even abandoned and left to die in their beds' (Reid and Sumner 2020).

There was a need to balance timely, open public health announcements against informing affected individuals, prior to media announcements. Some people heard news of close family's circumstances through public channels, making private family business, a matter of public concern. A man whose father resided in one of the affected aged care facilities lamented that he only learned about the facility's death 'through the media' and was now 'way more worried' about the health status of his father. He asked that more direct communication was given to families before it was sent to the media (Stuff Reporters 2020a).

Discussion

This paper offers a media analysis of the news coverage of NZ's first 21 COVID-19-related deaths which occurred during the first lockdown in 2020. Our key finding is that COVID-19 has made the death of older NZers newsworthy. This is a notable departure from typical news reporting which privileges younger and traumatic deaths (Barnes and Edmonds 2015; Turner and Caswell 2020) and tends to also underrepresent older people's lives in general, a phenomenon termed 'visual ageism' (Loos and Ivan 2018). In this lockdown coverage, we learn about older NZers' contributions to their families, communities, and details about their final hours. Owing to their COVID-19 status, these deaths embodied the news values of 'bad news' 'shareability' and 'surprise' (Harcup and O'Neill 2017). They also attested to the newsworthiness of anything relating to COVID-19 during this period (The Economist 2020). The way that COVID-19 itself was framed in war-terms as a 'battle' seemed to amplify the moral significance of the older people who died, turning them into casualties of conflict. Political scientist Benedict Anderson has asserted that how the dead, and particularly soldiers, are memorialised is fundamental to shaping the nature of national identity (Anderson 1991). Echoing this point, we contend that journalists played an important advocacy role, as they have in previous local disasters, in justifying NZ's lockdown response through the largely compassionate coverage of older people's deaths and general praise for NZ's 'go hard and go early' approach (Scanlon 2014; Ellis and Muller 2020; Rupar 2020).

This attests to the important affective role played by the media during disasters (Walter et al. 1995). The nature of the coverage perhaps also stems from the way journalists were themselves living within the context of deep uncertainty. It may also come from the epidemiological efficacy of lockdown measures and resulting small number of NZ-based fatalities to report. Indeed, NZ news media coverage provides a notable contrast to the more ambivalent content circulating at the time around Sweden's 'herd immunity' approach and the UK's 'economy first' response (Jefferies et al. 2020). The solidarity of NZ media may be not endure. The subsequent coverage of the deaths of NZ brothers Nigel and Alan Te Hiko (Wiggins 2020) coincided with a second lockdown for Auckland, in August. At this time, there was more critical attention debating whether restrictive health measures such as reoccurring lockdowns were justifiable, given their disruption and impact on small businesses (Dann 2020). Again, this illustrates how influential the news media can be, in contributing to feelings of social solidarity and orientating public interest (Ellis and Muller 2020).

While all older people's deaths were note-worthy within the pandemic context, they were not reported in the same manner. Notably, people living in their own homes

were described as active, participating family and community members. In contrast, people living in aged residential care were described as frail and vulnerable, withdrawn from society, and waiting for death. Their deaths were more expected, anonymous, and inevitable. This representation aligns with previous media analyses of aged care facilities and their residents prior to the pandemic, attesting to the power of cultural narratives around the right time to die (Tuckett 2007; Scruton 2012). The lack of biographical information provided about aged care residents is also likely to reflect practical barriers of institutional gatekeeping, as well as practical difficulties gaining information from family within the context of lockdown restrictions. Overall, it was evident that journalists were heavily reliant on formal government information, which may have also shaped their largely positive portrayal of the government's response.

Nonetheless, we also found that people living in aged residential care were framed as institutionally vulnerable. This was despite COVID-19 deaths occurring in only two of NZ's many aged residential care facilities and the staff care being widely praised. The point of singling out individuals and spaces that were particularly 'at risk' seemed to work to placate the younger, healthy majority of the population who were not 'at risk'. This fits with the media's role in times of crisis to crystallise national sentiment (Rupar 2020), which – in the first lockdown period – centred on safety from the virus. That older people with underlying conditions are more vulnerable to COVID-19 (Yanez et al. 2020) has now been well-established. For those who had lived long lives, perhaps surviving many health threats along the way, death in a deadly pandemic was not an expected end to their journey. Many of the NZers who died did so during disrupted, uncertain times, perhaps isolated from familiar surroundings and people. The deaths of these NZers had more impact than mere mortality statistics.

Limitations

The limitations of this study include the discrete focus of this study on the first lockdown period. Reporting on subsequent deaths has not been incorporated into the analysis. This paper presents an analysis of a sub-sample of information-rich articles, rather than capturing every article, limiting the generalisability of the findings. However, this sampling strategy was informed by previous media analyses (Romanoff and Thompson 2006; Miller et al. 2015). As our analysis was restricted to news media, we have not captured the range of discussions occurring over social media.

Conclusion

Our key finding is that COVID-19 made the death of ordinary older people living in NZ newsworthy, albeit in a way that distinguished individuals by residential status. This is reflected in the themes identified, which highlight contrasting approaches to deaths occurring in the community vs. in aged residential care and a tendency to use COVID-19 mortality to both interrogate and support lockdown measures. We conclude that NZ journalists played an important advocacy role in justifying NZ's 'go hard and go early' approach through their largely compassionate coverage of older people's deaths.

Disclosure statement

No potential conflict of interest was reported by the author(s).

ORCID

Tessa Morgan  <http://orcid.org/0000-0003-4917-6149>
 Melissa Carey  <http://orcid.org/0000-0002-2392-173X>
 Merryn Gott  <http://orcid.org/0000-0003-4399-962X>
 Lisa Williams  <http://orcid.org/0000-0002-0398-993X>
 Victoria Egli  <http://orcid.org/0000-0002-3306-7709>
 Natalie Anderson  <http://orcid.org/0000-0001-6852-1660>

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