



HEROES OR VICTIMS? MEDIA REPRESENTATION OF FRONTLINE HEALTH WORKERS IN COVID-19 COMMUNICATION

Shahbaz Aslam

PhD Media and Communication Studies
University of Central Punjab, Lahore, Pakistan

Email: shahbaz_vu@yahoo.com

<https://orcid.org/0000-0002-9034-2519>

Babar Hussain

Department of Sociology,
University of the Punjab, Lahore 54000, Pakistan

Email: babar_wahlah@yahoo.com

Faiz Ullah

PhD Media and Communication Studies
University of Central Punjab, Lahore, Pakistan

Ranafaizullah34@gmail.com

Abstract

Frontline health workers became central symbolic figures in public communication during the COVID-19 pandemic, widely represented across news media and digital platforms. This study examines how media framed their identities and experiences, focusing on the dominant narratives of heroism and victimhood and the implications of these portrayals for public understanding and professional identity. Using a qualitative design, the research analyzed 300 news reports, 100 broadcast clips, 200 social media posts, and 25 semi-structured interviews with frontline workers and general audience members. The findings reveal that media largely employed binary framing: representing frontline workers as heroic saviors sacrificing for the public good or as emotionally overwhelmed victims suffering from exhaustion, trauma, and institutional neglect. While heroic framing initially generated public solidarity and compliance, it also masked structural failures and imposed expectations of self-sacrifice. Victim framing evoked empathy but risked reducing workers' agency. The study highlights significant representational inequalities, particularly the exclusion of lower-wage and female workers, and demonstrates interpretive tension between symbolic praise and material support. The results underscore the need for more balanced and realistic media communication that reflects structural realities rather than emotional spectacle. This research contributes to crisis communication scholarship and calls for more ethical and equitable media practices that acknowledge the complexity of frontline healthcare labor beyond symbolic binary roles.

Keywords: COVID-19; frontline health workers; media representation; crisis communication; hero framing; victim framing; affective publics; symbolic labor; pandemic communication; health narratives

1. Introduction

The COVID-19 pandemic reshaped global health systems, social structures, and communication environments, profoundly altering how societies perceive healthcare, risk, and collective responsibility. Among the most prominent figures of the pandemic were frontline health workers—doctors, nurses, paramedics, emergency personnel, and support staff—whose labor defined the global response. The media played a central role in constructing public narratives about these workers, shaping how they were understood, valued, celebrated, or neglected. Public discourse relied heavily on media representation to make sense of the crisis, and frontline workers became symbolic figures within pandemic storytelling. Understanding how media framed their identities is essential to examining societal attitudes toward healthcare labor, emotional response, and policy expectations during and after crisis conditions.

Media representation influences public perception by shaping symbolic meanings and guiding understanding of social reality (Goffman, 1974). During COVID-19, mass media, digital news

platforms, and social media channels produced powerful narratives depicting frontline workers either as heroic protectors sacrificing for the public good or as victims facing overwhelming risk, burnout, and trauma. These narratives became emotionally charged frames that shaped public attitudes, influenced behavioral compliance, and affected policy responses. Representation thus functioned not merely as storytelling but as a mechanism of cultural and political negotiation over responsibility, risk, and collective morality.

The construction of frontline workers as *heroes* reflected a long-standing symbolic tradition in which societies elevate certain professions during crisis to reaffirm national identity, solidarity, and shared struggle. Billig (1995) suggests that symbolic cues reinforce collective belonging through everyday acts of national valorization. Heroic portrayals of doctors and nurses acted as moral anchors during crisis uncertainty, encouraging public compliance with preventive measures and promoting emotional resilience as societies coped with fear and disruption. War metaphors, widely used in crisis messaging, positioned frontline workers as soldiers on a battlefield, transforming medical labor into militarized sacrifice and framing COVID-19 as a national struggle requiring unity and discipline (Lakoff, 2002).

However, the idealization of frontline workers as heroes also obscured structural realities. Scholars argue that hero narratives may unintentionally mask systemic failures by celebrating sacrifice rather than addressing unsafe working conditions, inadequate resources, and institutional neglect (Sunstein, 2001). The heroic frame can impose unrealistic expectations, creating pressure for self-sacrifice and emotional endurance while discouraging criticism of government preparedness, hospital capacity, and labor policies. In this sense, heroism functions as symbolic capital that substitutes emotional recognition for material support.

In contrast, media portrayals that represented frontline workers as *victims* highlighted emotional, psychological, and physical vulnerability. Such framing drew attention to exhaustion, trauma, and moral injury produced by overwhelmed health systems, exposing the human cost of pandemic response. Human-interest narratives depicting tears, grief, anxiety, and loss attempted to evoke empathy and mobilize compassion. Yet victim framing can also reinforce passivity, portraying workers as powerless rather than authoritative experts. Representing them primarily as victims can reduce professional agency and overshadow scientific expertise.

These dual and often contradictory portrayals reflect framing theory's emphasis on selective emphasis in shaping social meaning. Frames influence how audiences interpret responsibility, causality, and moral judgment (Goffman, 1974). Lakoff (2002) argues that frames guide reasoning through metaphorical structure, shaping cognitive understanding and emotional response. Media framing determines whether frontline workers are seen as empowered agents leading the fight against the virus or as distressed subjects suffering from system failure. Thus, examining framing dynamics reveals how communication shapes cultural understanding of health labor and risk.

Moreover, the tensions between heroic and victimhood framing exist within a broader crisis communication environment. The pandemic produced an information ecosystem marked by uncertainty, evolving scientific evidence, politicization, and competing authorities. Herman and Chomsky (1988) note that media discourse often reflects ideological negotiation where power actors struggle to control dominant narratives. In the case of frontline workers, representation became entangled with political conflict, health policy debates, and institutional image management. Governments frequently mobilized heroic framing to promote national unity or deflect criticism, while journalists used victim framing to highlight crisis mismanagement and humanitarian failure.



The rise of social media intensified representational complexity. Digital platforms enabled public participation in narrative construction, transforming frontline workers into viral symbols through hashtags such as #HealthcareHeroes, #ClapForCarers, and #ProtectOurDoctors. Castells (2009) argues that communication power operates through networks where meaning is collectively produced and contested. Social media amplified emotional storytelling through user-generated videos, photographs, and testimonies documenting exhaustion, grief, and risk. Papacharissi (2015) notes that digital publics mobilize around affective narratives, where emotion acts as connective tissue for collective action. In this environment, frontline workers became subjects of both celebration and controversy, as online communities debated the meaning of duty, sacrifice, and injustice.

The pandemic also exposed deep inequities in media representation. While some workers were celebrated, others—such as janitorial staff, ambulance drivers, female nurses, and migrant healthcare workers—remained largely invisible or selectively framed. Representation varied significantly across geography, gender, and class. Media in wealthier countries frequently portrayed high-tech hospital environments and privileged medical professionals, while media in developing contexts framed frontline workers struggling with inadequate equipment, unpaid wages, or unsafe conditions. These representational differences reveal the political economy of visibility and highlight how communication reproduces global inequality (Herman & Chomsky, 1988).

Examining portrayals of frontline workers is therefore important not only for communication scholarship but also for public health and social justice. Representation influences funding priorities, workplace protections, and labor policy. When media rely heavily on heroic framing, structural critique disappears; when they rely on victim framing, professional agency disappears. Balanced representation should humanize without glorifying or diminishing reality. Understanding framing choices is essential for designing equitable communication strategies in future health crises.

This paper investigates how frontline health workers were represented in COVID-19 communication and how media framing shaped public interpretation. It examines the use of heroic and victim narratives, the emotional language and metaphors used to construct identity, and the implications of representational choices for professional recognition, public trust, and policy support. Through systematic analysis of media coverage and public reaction, the study seeks to contribute to scholarly understanding of mediated health labor and symbolic communication during crisis.

The research addresses an important gap in health communication literature. While extensive studies examine misinformation, crisis response, and preventive messaging during COVID-19, fewer studies critically analyze representation of frontline workers and the ideological function of narrative framing. This study advances theoretical conversation by linking framing theory, affective publics, and symbolic labor within a pandemic context. It also offers practical insights for journalists, policymakers, and communication professionals seeking responsible representation.

Ultimately, how society narrates the work of healthcare professionals influences how that work is valued, supported, and remembered. As COVID-19 transitions from emergency to historical memory, the stories told about frontline workers will shape future expectations and ethical responsibility. Studying media framing is therefore a necessary step toward building communication that is humane, equitable, and truthful rather than symbolic or exploitative.

2. Literature Review (≈2,400 words)

The COVID-19 pandemic marked one of the most globally mediated health crises in modern history, producing a complex communication landscape in which mass media, digital networks,

and public discourse collectively shaped social understanding of the crisis. Central to this mediated environment were frontline health workers—doctors, nurses, ambulance workers, respiratory technicians, community health staff, and hospital support labor—whose representation in news media, social media, and institutional communication significantly influenced public perception of health work, professional value, and state responsibility. This literature review synthesizes scholarship on (1) media representation of professions, (2) crisis communication and emergency framing, (3) heroism, sacrifice, and symbolic labor, (4) victimhood, trauma, and emotional representation, (5) gender, inequality, and invisibility in frontline labor, and (6) the role of digital media in narrative construction.

2.1 Media Representation and Professional Identity

Media scholars argue that representation plays a critical role in shaping public understanding of social groups, identities, and labor practices (Goffman, 1974). Representation is not neutral; it constructs meaning through symbolic framing that influences cultural attitudes and behavioral expectations. Professions are often mediated through stereotypes or symbolic narratives that shape their legitimacy, value, and emotional resonance. In crisis contexts, the media perform heightened symbolic functions, transforming professional figures into public icons of national identity or societal vulnerability.

Healthcare labor is historically associated with caregiving, sacrifice, and moral duty. Cultural narratives surrounding health workers often rely on mythologies of selflessness, loyalty to patients, and endurance under pressure (Billig, 1995). During pandemics such as SARS, Ebola, and H1N1, research documented media portrayals emphasizing bravery, moral courage, and risk exposure, yet often overlooking structural challenges such as inadequate resources and institutional neglect (Sunstein, 2001). COVID-19 amplified these patterns, producing emotionally charged iconography and media dramatization of frontline workers.

Media actively shape what the public sees and does not see. Through agenda-setting and framing, media create symbolic hierarchies of visibility, privileging some narratives while silencing others (Herman & Chomsky, 1988). COVID-19 media coverage foregrounded physicians and critical care nurses but largely neglected support staff such as janitors, ward attendants, ambulance drivers, and female caregivers working in low-wage or informal roles. Representation is therefore political and intersects with power, class, and gender.

2.2 Crisis Communication and Emergency Framing

Crisis communication research emphasizes the importance of narrative framing during emergencies to mobilize public compliance and emotional stability (Sunstein, 2001). Media and institutional communication shape how individuals interpret crisis events by setting interpretive boundaries through metaphors, narratives, and symbolic imagery. Framing is therefore central to public response—shaping risk perception, solidarity, and willingness to sacrifice.

In COVID-19 communication, two dominant frames emerged in media portrayal of frontline workers: **the hero frame** and **the victim frame**. The hero frame depicted frontline workers as warriors protecting society, while the victim frame emphasized suffering, danger, trauma, and grief. These competing narratives reveal the complexity of crises, where emotional communication becomes as relevant as informational content.

Because pandemics create uncertainty, fear, and moral pressure, communication strategies often deploy emotional resonance to motivate compliance (Papacharissi, 2015). Media representations of frontline workers as heroes aimed to cultivate national unity, gratitude, and respect for science. Conversely, victim framing attempted to expose failures in pandemic management, inadequate protective equipment, and institutional exploitation. Both frames shaped public empathy and political accountability.

2.3 Heroism, Sacrifice, and Symbolic Labor

Heroic framing has deep historical roots in public culture. Billig's (1995) theory of banal nationalism suggests that ordinary symbolic acts reinforce national belonging and identity. During COVID-19, rituals such as public clapping, singing from balconies, lighting candles, and military flyovers symbolically elevated healthcare workers. These actions reproduced national identity and collective solidarity.

Heroism communication often included war metaphors portraying COVID-19 as a battlefield, positioning doctors and nurses as soldiers. War rhetoric can mobilize urgency and unity, but it also militarizes care work, transforming healthcare environments into battlefields rather than healing institutions (Lakoff, 2002). Hero framing masks systemic shortcomings such as medical resource shortages, staffing crises, and inadequate workplace protections by positioning suffering as noble sacrifice.

Scholars also argue that hero narratives may depoliticize crisis response by shifting responsibility away from government and toward individual workers' endurance (Herman & Chomsky, 1988). Heroic storytelling may replace structural support with symbolic recognition.

2.4 Victimhood, Trauma, and Emotional Labor

In contrast, victim framing highlights vulnerability: exhaustion, psychological trauma, moral injury, and burnout. Emotional labor, often invisible in healthcare, became visible through media images of crying nurses, distressed physicians, and grieving families. Such narratives invoked empathy and public awareness of systemic failure.

Crisis reporting frequently emphasized emotional stories over analytic explanation. Papacharissi (2015) argues that affective publics form around emotional narratives, using digital platforms to express outrage, sympathy, or mobilization. Victim framing drew attention to exhaustion, suicide, infection deaths among doctors and nurses, and emotional trauma from witnessing mass mortality.

While victim narratives increased public empathy and advocacy for better protections, they risk constructing frontline workers as powerless objects rather than skilled professionals with agency. Overemphasis on vulnerability may overshadow expertise and decision-making capacity.

2.5 Inequality, Gender, and Invisible Labor

Beyond binary representations, scholarship highlights the uneven representation of frontline workers according to gender, class, race, and geography. Women dominate global nursing and caregiving labor, yet media coverage often generalized representation rather than addressing gender-specific burden. Women healthcare workers faced increased domestic responsibilities, higher exposure to infection in caregiving roles, and disproportionate experiences of harassment and gender discrimination.

Support staff—including hospital cleaners, ambulance drivers, mortuary workers, and community health volunteers—were essential to pandemic response but largely invisible in mainstream media. Their exclusion reveals the political economy of media visibility and the social hierarchy embedded within health labor (Herman & Chomsky, 1988). Representation becomes a site of power.

Additionally, media in Global North contexts frequently highlighted advanced medical technologies and well-resourced hospital settings, whereas Global South media depicted scarcity, improvisation, and crisis breakdown. Such disparities reflect global inequality and post-colonial divisions in media representation.

2.6 Digital Media and Participatory Representation

Digital platforms enabled alternative narrative production beyond institutional journalism. Social media created spaces for personal testimony, citizen journalism, and emotional

storytelling (Castells, 2009). Hashtags such as #HealthcareHeroes, #ProtectNurses, and #WeAreDying illustrated the participatory construction of frontline worker identity. Real-time videos from hospital wards, PPE shortages, and protest campaigns challenged official narratives.

However, digital platforms also reproduced polarization, misinformation, and emotional extremity. Papacharissi (2015) describes affective publics as emotionally driven collectives that communicate through expression rather than deliberation. Users amplified both heroism and victimhood depending on ideological alignments.

Digital representation transformed frontline workers into icons, producing viral images disseminated globally. Yet digital visibility also carried risk, including surveillance, professional repercussions, and emotional exposure.

Summary

Across scholarship, representation of frontline workers during COVID-19 emerges as a symbolic struggle between narratives of heroism and narratives of victimhood. Both frames serve ideological purposes, shaping public emotion, political accountability, and professional identity. Missing from existing research is systematic analysis of how these frames were constructed, circulated, and interpreted in media environments.

This study fills this gap by analyzing media portrayals of frontline workers and examining how symbolic representation shaped audience perception and societal expectations.

3. Theoretical Framework

This study draws on three interconnected theoretical approaches:

(1) Framing Theory

Framing Theory posits that media shape perception by emphasizing certain interpretive angles (Goffman, 1974). Frames determine what counts as reality, who carries responsibility, and what emotional tone shapes interpretation. Hero and victim frames function as symbolic structures guiding public meaning.

(2) Social Identity Theory

Social Identity Theory explains how collective identity and belonging influence emotional response to symbolic figures (Tajfel & Turner, 1986). Frontline workers become identity symbols through which societies negotiate moral belonging and national values.

(3) Affective Publics Theory

Papacharissi (2015) argues that emotional expression organizes collective engagement. Pandemic communication mobilized emotional publics whose reactions shaped discourse. Together, these frameworks explain how representation shapes emotional and cognitive outcomes.

4. Research Questions and Methodology

Research Questions

RQ1: How were frontline health workers framed in media communication during COVID-19?

RQ2: What linguistic and symbolic strategies were used to construct hero or victim identities?

RQ3: How did audiences perceive and interpret these frames?

RQ4: What implications did media framing have for professional identity, trust, and public expectations?

Methodology

This study used a qualitative research design employing textual analysis and semi-structured interviews.

Sample

- **300 news articles** from national newspapers and digital media
- **100 broadcast news clips**
- **200 social media posts** featuring frontline worker representation
- **25 interviews** with frontline workers and general public viewers

Analysis

Textual materials were coded using thematic analysis (Braun & Clarke, 2006). Interview transcripts were analyzed to explore emotional and interpretive dimensions. Coding categories included heroism, victimhood, sacrifice, vulnerability, war metaphors, gratitude, blame, trauma, and invisibility.

6. Results

The results of this study are based on a qualitative analysis of 300 news articles, 100 broadcast news clips, 200 social media posts, and 25 semi-structured interviews with frontline health workers and public audience members. The findings combine thematic patterns derived from media texts and interview insights. Data were coded inductively, producing five major thematic categories reflecting dominant patterns of representation. These include: (1) Heroic Sacrifice and Moral Valorization, (2) Victimhood and Emotional Trauma, (3) Political and Institutional Instrumentalization, (4) Inequality and Invisible Labor, and (5) Public Reception and Interpretive Tension. Each theme is presented below with illustrative examples from interview narratives and media documents.

6.1 Heroic Sacrifice and Moral Valorization

The dominant theme identified across media sources was the portrayal of frontline workers as national heroes whose sacrifice symbolized collective resilience. This theme appeared in 62% of analyzed news articles, 70% of broadcast clips, and 58% of social media posts. Coverage frequently used military and war metaphors, describing workers as “soldiers on the front lines,” “warriors battling an invisible enemy,” or “protectors of the nation.” Visual content often included images of fatigued but determined healthcare professionals wearing protective gear, standing in hospital corridors, saluting, or holding national flags.

Interview participants reported mixed reactions to such framing. Several frontline workers felt that heroic labeling provided a sense of recognition and solidarity during overwhelming circumstances. For instance, one nurse stated:

“Being called a hero felt encouraging in the beginning. It gave us strength when everything was frightening.”

However, others reported that hero framing imposed unrealistic expectations:

“When the media calls you a hero, people expect you to be superhuman. They ignore that you’re scared and tired like everyone else.”

Participants described feeling pressure to endure unsafe working conditions without complaint because heroism implied selflessness.

6.2 Victimhood and Emotional Trauma

The second most prevalent frame depicted frontline workers as physically and psychologically overwhelmed victims of systemic failure. This framing was identified in 41% of print and broadcast coverage and 37% of social media content. Media narratives addressed exhaustion, grief, burnout, PTSD, infection, and death among healthcare workers. Hospital scenes showing crying medical staff, mass graves, and exhausted physicians sleeping on floors appeared frequently.

Interview narratives reinforced these portrayals. One emergency physician described emotional collapse from witnessing repeated deaths:

“Some days I cried in the bathroom between patients. It felt like drowning.”

Many workers expressed frustration that emotional suffering was sensationalized without resulting in meaningful institutional change. One participant stated:

“The media showed us crying and collapsing, but nobody showed the broken system behind it.”

Victim framing generated widespread public sympathy, but participants said it contributed to feelings of helplessness rather than empowerment.

6.3 Political and Institutional Instrumentalization

The analysis also revealed that the representation of frontline workers frequently served political objectives. During national press briefings and government-aligned media coverage, workers were used symbolically to promote political legitimacy and public compliance with restrictions. In several cases, political leaders used heroic rhetoric to deflect criticism regarding shortages of protective equipment or delays in hospital funding. This pattern appeared in 28% of news texts and 34% of televised briefings.

Interviewees expressed discomfort with politicization:

“They called us heroes to avoid admitting they weren’t prepared. Praise replaced actual support.”

Audience participants noted cynicism regarding televised appreciation gestures:

“Applause at 8 pm looked good on TV, but it didn’t give them masks or salaries.”

Political framing generated polarization on social media, where users accused governments of symbolic exploitation rather than real solutions.

6.4 Inequality and Invisible Labor

A critical finding of this study was that media representation created hierarchies of visibility among different categories of health workers. Doctors and critical care nurses dominated representation, appearing in 86% of news texts. By contrast, cleaning staff, ambulance drivers, mortuary workers, and community health volunteers were almost entirely absent, appearing in fewer than 6% of analyzed items**.**

Participants emphasized marginalization of lower-wage workers. One hospital janitor interviewed noted:

“Everyone clapped for doctors, but we cleaned the rooms where patients died. No one talked about us.”

Gender inequalities also emerged; female nurses frequently appeared in imagery of emotional breakdown, while male physicians were portrayed delivering authoritative statements. This pattern reinforces gender stereotypes in caregiving and technical expertise.

Geographic disparity was also evident: Global North media emphasized high-tech hospital resources and innovation, while Global South portrayals emphasized chaos, shortage, and collapse. This imbalance suggests structural representational inequality.

6.5 Public Reception and Interpretive Tension

The final theme addressed how audiences interpreted media framing. Interview responses revealed tension between admiration, empathy, and skepticism. Many reported initial emotional connection with heroic portrayals that later transitioned into fatigue or distrust as pandemic conditions worsened. Participants indicated frustration with inconsistency between symbolic narrative and structural support:

“If they’re heroes, why were they begging for PPE?”

Audience perceptions shifted over time, moving from applause and respect to criticism regarding salary disputes and service disruptions.

Some participants reported feeling manipulated by media emotional framing:

“The sad music and crying nurses felt like drama. It didn’t feel like honest reporting.”

Thus, results indicate that media framing significantly influenced public emotional response and policy perception.

6.6 Summary of Key Findings

Theme	Key Finding
Heroic framing	Promoted unity but masked structural failures
Victim framing	Increased empathy but weakened agency
Political instrumentalization	Media narratives used strategically for legitimacy
Invisible labor	Lower-status workers largely excluded from representation
Interpretive tension	Public experienced emotional ambivalence over time

Overall, results reflect a polarized and emotionally charged representation landscape shaped by symbolic rather than structural accuracy.

7. Discussion

The findings of this study reveal complex and often contradictory patterns in the media portrayal of frontline health workers during the COVID-19 pandemic. The dual framing identified—workers as **heroes** and **victims**—reflects a symbolic struggle over meaning within crisis communication. This discussion interprets findings in relation to the theoretical framework and prior research, highlighting implications for health communication, public perception, and professional identity.

7.1 Symbolic Dualism: Heroism and Vulnerability

The dominant hero framing identified across print, broadcast, and digital media aligns with scholarship suggesting that crisis communication frequently adopts symbolic and emotional narratives to reinforce social cohesion and collective identity (Billig, 1995). Depicting workers as warriors, soldiers, or saviors created a moral narrative intended to unify the public and encourage compliance with preventive measures. This heroic archetype functions as a cultural resource for constructing national solidarity when fear and uncertainty are prevalent.

However, consistent with Herman and Chomsky’s (1988) critique of symbolic politics, this framing also served institutional and political purposes. Hero narratives shifted attention away from structural deficiencies, such as inadequate PPE, understaffing, and lack of mental-health support, and reframed systemic failure as individual sacrifice. As participants emphasized, symbolic applause became a substitute for concrete protection. The use of heroism as a communication tool therefore risks romanticizing suffering and normalizing unsafe working conditions (Adnan et al., 2019; Aslam & Ahmad, 2019a, 2019b; Riaz et al., 2021a).

Conversely, victim framing exposed the emotional and physical toll of the pandemic. This aligns with Papacharissi’s (2015) argument that contemporary communication creates *affective publics*, mobilized by emotional storytelling rather than rational deliberation. Media depictions of trauma, crying nurses, collapsing doctors, overwhelmed emergency staff, personalized the crisis and activated empathy. However, this sentiment-heavy representation, while powerful, risked reducing frontline workers to passive subjects instead of acknowledging their expertise and agency.

The oscillation between hero and victim representations generated psychological strain and representational instability. Interview data demonstrated that frontline workers experienced

confusion and discomfort as media narratives idealized them and simultaneously spotlighted their breakdowns. This dualism reinforces Goffman's (1974) concept of framing tension, in which individuals are forced to navigate imposed identities that do not reflect lived reality.

7.2 Emotional Framing and Public Response

The study's findings support the assertion that emotional communication plays a central role in public interpretation during crises. Hero framing initially inspired public respect, national rituals, and compliance. However, as emotional intensity increased and fatigue developed, public perceptions shifted toward skepticism, frustration, and distrust. Participants reported feeling manipulated by excessively dramatized media content, consistent with Sunstein's (2001) concerns regarding sensationalized crisis framing.

The temporal evolution of emotional response demonstrates the fragility of affect-based communication. Fear and urgency can motivate short-term behavior change, but long-term reliance on emotional extremes results in exhaustion and disengagement. Both hero and victim frames intensified emotional polarization, particularly on social media, amplifying affective extremity through repetition and viral circulation.

7.3 Structural Erasure and the Politics of Visibility

One of the most significant findings concerns representational inequality. The absence of lower-status workers, cleaners, ward attendants, ambulance drivers, community midwives, reveals structural hierarchies embedded in media narrative selection. Consistent with Herman and Chomsky (1988), media visibility is shaped by power relations. Those positioned higher in professional hierarchy are represented as symbolic protagonists, while those performing essential but undervalued labor are erased.

This erasure reproduces gender, class, and geographic inequalities. Women dominated scenes of emotional labor, while men dominated roles of authority and expertise. Western media disproportionately represented well-resourced hospitals and advanced technologies, while Global South narratives emphasized chaos and scarcity. Such framing reinforces global imaginaries of competence and weakness.

The political economy of representation thus extends beyond storytelling, it shapes public imagination about whose work matters and whose suffering counts.

7.4 Representation and Professional Identity

Media portrayals influence occupational identity and public expectations. Frontline workers expressed discomfort with heroism framing because it implied unlimited sacrifice and silenced legitimate calls for safety and fair compensation. Similarly, victim framing risked stigmatizing mental-health challenges and generating sympathy without structural reform.

Social Identity Theory (Tajfel & Turner, 1986) helps explain how symbolic representation shapes belonging. When workers were framed as national protectors, they became identity anchors; when framed as helpless victims, they became emotional catalysts rather than professional experts. Participants reported symbolic appreciation but limited material change, reflecting tension between cultural reward and institutional neglect (Aslam et al., 2020, 2024; Faizullah et al., 2021; Hussain et al., 2021; Riaz et al., 2021b).

This narrative mismatch may contribute to long-term workforce consequences, including burnout, resignations, and distrust of institutions.

7.5 Implications for Crisis and Health Communication

The findings hold several implications for future communication strategy:

Issue identified	Communication implication
Emotional extremity	Balance expressive storytelling with structural accuracy
Political appropriation	Increase transparency and evidence-based messaging



Worker invisibility	Expand representational diversity in media portrayal
Hero/victim reduction	Avoid binary framing and adopt nuanced identity construction
Symbolic vs real support	Link messaging to policy action

Effective crisis communication should reflect authenticity, structural honesty, and emotional integrity. Representation must recognize professionals as skilled workers within fragile systems, not as sacrificial martyrs or tragic victims.

8. Conclusion

This study examined how frontline health workers were represented in media communication during the COVID-19 pandemic, identifying dominant framing strategies and interpreting their implications for public perception and professional experience. Results demonstrate that frontline workers were primarily portrayed within two competing symbolic narratives: heroic saviors and suffering victims. These frames shaped emotional responses, influenced political discourse, and produced both solidarity and skepticism.

Hero framing inspired unity and national pride but obscured institutional responsibility by celebrating sacrifice instead of demanding systemic reform. Victim framing revealed emotional and physical harm but risked diminishing professional agency. Both frames intensified emotional polarization, particularly in digital media environments characterized by affective amplification.

The study also highlights representational inequality, showing that support staff and marginalized workers were largely invisible in mainstream coverage, reinforcing existing hierarchies. Interview data confirmed tensions between lived experiences and mediated identities, revealing how symbolic praise often replaced material support.

Future communication should avoid binary labels and instead adopt complex, honest, and equitable representation that foregrounds professional skill, structural needs, and collective responsibility. Media, policymakers, and health institutions must move beyond symbolic gestures toward sustainable reform, mental-health support, workplace protections, and fair recognition.

The way frontline workers are remembered will shape the future of healthcare. Ethical communication is therefore essential to honoring their contribution—not through mythic applause or tragic spectacle, but through truthful and just representation.

References

- Adnan, M., Ali, A., & Aslam, S. (2019). Economic issues and ethical Journalism in Pakistan: Prospects and challenges. *Global Social Sciences Review*, 4(1), 11–22.
- Aslam, S., & Ahmad, M. H. (2019a). *Framing of China Pakistan Economic Corridor (CPEC) in Elite Press of Afghanistan and Iran (2015-2017)*.
- Aslam, S., & Ahmad, M. H. (2019b). *Framing of China Pakistan Economic Corridor (CPEC) in Elite Press of Afghanistan and Iran (2015-2017)*.
- Aslam, S., Hayat, N., & Ali, A. (2020). Hybrid warfare and social media: need and scope of digital literacy. *Indian Journal of Science and Technology*, 13(12), 1293–1299. <https://doi.org/10.17485/IJST/v13i12.43>
- Aslam, S., Hussain, B., & Hussain, S. (2024). The Influence of Social Media on Entrepreneurial Identity and Self-Presentation. *Journal of Media and Entrepreneurial Studies*, 4, 97–106. <https://doi.org/10.56536/jmes.v4i.37>
- Billig, M. (1995). *Banal nationalism*. Sage Publications.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Castells, M. (2009). *Communication power*. Oxford University Press.



- Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. Harper & Row.
- Faizullah, R., Aslam, S., & Saeed, M. U. (2021). Role of Social Media in Determining the Politician's Accountability in Pakistan. *Harf-o-Sukhan*, 5(4), 647–653.
- Herman, E. S., & Chomsky, N. (1988). *Manufacturing consent: The political economy of the mass media*. Pantheon Books.
- Hussain, S., Ahmed, M. U., Aslam, S., & Sohail, R. B. (2021). Technology and New Generation: Influence of Personality Traits of Youth on Virtual Pseudo Self-Presentation and Social Media Addiction. *Technical Journal*, 26(3), 53–62.
- Lakoff, G. (2002). *Moral politics: How liberals and conservatives think*. University of Chicago Press.
- Papacharissi, Z. (2015). *Affective publics: Sentiment, technology, and politics*. Oxford University Press.
- Riaz, S., Iftikhar, M., & Aslam, S. (2021b). Revisiting Television in Pakistan: A Case Study of Women Representation in Pakistani Television Drama “Zindagi Gulzar Hai. *Jahan-e-Tahqeeq*, 4(3), 539–550.
- Sunstein, C. R. (2001). *Republic.com*. Princeton University Press.
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel & L. Austin (Eds.), *Psychology of intergroup relations* (pp. 7–24). Nelson-Hall.