

The Relationship Between Medical Television and Medical Anxiety

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Introduction

Media is a relevant vessel of communication in today's society. Media comes in many forms; movies, television shows, books, news outlets, social media platforms, and more. People turn to the media to learn information, hear the opinions of others, for entertainment, etc. However, there are times where the media does more harm than good. Media is capable of spreading misinformation, negatively influencing people, and causing anxiety. This study aims to discover the correlation between media and anxiety. The type of media used as the artifact for this study is medical television. Medical television is an increasingly popular genre of television that centers around doctors, their careers, and their personal lives. It portrays an abundance of illnesses and conditions, from common to very rare, and easily curable to fatal. The question that this research aims to answer is, "Does watching the portrayal of countless diseases through the medium of medical television cause increased medical anxiety in its viewers?"

Literature Review

It is widely recognized that the media is very anxiety inducing. During one of the most anxiety inducing times, the COVID-19 pandemic, people went to the media to gain information, but sometimes left with a heavy weight on their shoulders. According to a study done in 2020 by Nekliudov et. al, the more time someone spent watching the news during this time, the more anxious they became. It was also found in the study that adults who spent 2 or more hours a day watching or following COVID-19 news were more likely to have anxiety or depression. The public's anxiety increases when the messages portrayed in the news are more negative or aggressive, especially when these messages pertain to infectious diseases. People felt that, no matter what precautions they took, there was no avoiding getting sick (Nekliudov). This shows

that although the media can be beneficial when looking for information, it can be damaging to your mental health if you are too consumed in it.

The media can influence how somebody thinks or feels about something. For example, if the media frames a person as being negative, then others will most likely see them from that perspective. If the media frames a person as being positive, then others will have a more optimistic mindset when thinking about them. This concept can be applied to medical television. A study done by Ornelas and Parikh reveals that medical television shows should not be shown as a vessel for education or influence. In some medical dramas, the doctor is shown in a negative light, partaking in unethical and unprofessional behaviors. This can influence viewers on how to act if they were a doctor themselves, as well as scare viewers away from visiting the doctor (Stanek). This is why misinformation and dramatization in the media are such large problems. Even if the media is advertised as fictional, it is difficult to separate life from art, especially in a television show that has a realistic setting.

Medical television is a vessel that shows how medical incidents should be treated, and how work in a hospital is. Sometimes, these portrayals are inaccurate. There was a study done in 2011 where 364 episodes of four popular medical dramas were analyzed. These shows included *Grey's Anatomy*, *House M.D.*, *Private Practice*, and *ER*. During these episodes, it was found that when first aid practices were exhibited during the show, more than half of them were performed improperly (Burzynska). This has the potential to be a danger to society. Some people believe everything they see in the media is the full truth. Specifically related to medical television, if people are engaging in media that spreads misinformation, they may exhibit life threatening behaviors. Consumers of these television shows may be conditioned to these practices and think that is how they should save a life if put in that type of situation (Burzynska). This is very

dangerous, and is another strong argument regarding why what the media puts out there needs to be as accurate as possible.

There was a study done about the accuracy between death portrayed on medical television and death occurring in real life. Some of the results from this study showed that medical television has accurate representations of death. For example, 16% of deaths in the television samples analyzed of *Grey's Anatomy* happened to main or side characters, which viewers knew for a while. This shows viewers that death happens to everyone, even those close to you. This is a morbid message to be portrayed by medical television, although it is sadly accurate. The other percentage of people that are not in the 16% of known characters are extras, or one episode feature. This implies that death happens more to those we don't know, but it is a common aspect of everyday life. However, not every death shown in medical television is an accurate representation of real life. There was also data about the character response to death. One example given was that in *Grey's Anatomy*, when a 10 year old girl's pregnant mom died and the doctor told her what happened. This episode ended with the child showing little to no emotion, which could be an appropriate grief response for the child, but portraying that response on television could also be dangerous to viewers. Researchers, especially the ones in this study, are concerned that the media is normalizing avoidant reactions to death, when in most cases that is not accurate. It was found that intense grieving (hysterical crying, anger, denial, etc.) is not shown much in medical shows, which can translate to viewers thinking that intense grieving is not normal (Chartrand). Overall, this study showed that medical television is accurate and inaccurate at the same time when it comes to tackling real life topics such as death, and it has the ability to make different people feel different things about the subject.

When thinking about the links between medical television and medical anxiety, different medical conditions portrayed on television came to mind. There are a lot of conditions that are shown on specifically *Grey's Anatomy* that are not as common as the show may lead viewers to believe, such as tree man syndrome (under 200 cases worldwide to date), osteogenesis imperfecta type 2 (1 in 60,000 babies), and Von-Hippel-Lindau disease (1 in 36,000 people). This has the ability to negatively impact viewers' knowledge on these diseases, making them think they are more common than they are, which in turn increases medical anxiety in regards to themselves or a loved one getting one of these diseases (Wary). It is important to educate people on uncommon diseases, but having boundaries regarding portrayal of the diseases in the media and making sure misinformation is not spread is just as important.

There are benefits to medical television being publicized. Medical television contributes to spreading awareness regarding various medical conditions (Mahmoud). Medical television has the ability to inform viewers about conditions and illnesses they may have never heard of before. Sometimes, the shows even do a tribute episode to a certain condition with the intent of educating their viewers. An example of this is the *Grey's Anatomy* episode "Can't Fight This Feeling". The medical condition that this episode focused on was Kawasaki disease. This episode had many valuable points; one being to bring awareness to Kawasaki, a not well known condition, and to show parents the importance of advocating for their children. At the end of the episode, the surgeon on the case had a conversation with her husband about how important it is to advocate for your kids, which hones in on the other lesson learned through this episode.

All television shows have the potential to bring awareness to social issues. However, medical television has the ability to come at these issues through a different perspective (Mahmoud). One episode of *Grey's Anatomy* that immediately comes to mind regarding bringing

awareness to social issues is “Silent All These Years”. The social issue that this episode focuses on is rape (Grey’s Anatomy Wiki). This is a great example of how *Grey’s Anatomy* brought awareness to a social issue through the medical perspective. It is episodes like these that highlight the importance of media in our society. It shows viewers the importance of speaking up, and how getting help can greatly assist you in coping with a traumatic incident.

A communication theory that aligns well with this research is cultivation theory. Cultivation theory states that long term exposure to any form of media shapes how media consumers view the world and themselves. The hypothesis behind this theory is that the more television people watch, the more likely the viewer is to think what they are watching is reality (Perera, 2023). This theory aligns well with this research because the research is going to be studying if watching countless diseases through the medium of medical television causes increased medical anxiety in viewers, and if people watching medical television for prolonged periods of time causes them to believe that what they are watching is perfectly accurate. This could align with the mean world syndrome as well, which is a branch off cultivation theory. The mean world syndrome states that if television viewers are exposed to more violent or scary media, then they are more likely to see the world as a more dangerous place than it actually is (Perera, 2023). This relates to the research because sometimes medical television can have scary and violent themes, and the research is answering the question of if a viewer consumes these violent and scary themes, then are they more likely to have a skewed perception of the world.

The gap in the literature that the research aims to fill is finding out if watching medical television can increase somebody’s anxiety about getting a medical condition that was portrayed on television. The literature review provided an abundance of beneficial information that assisted in building the foundation for the methodology, such as learning about the accuracy of medical

television, how common misinformation is, the benefits and downfalls of medical television, and peoples already existing emotions about the topic.

Methodology

The optimal way to answer the research question is by using qualitative research methods. Qualitative research is used to study the interaction between people and whatever they choose to interact with, whether that is other people, media, a geographic place, etc. (Davis et. al, 309). Qualitative research would be optimal to answer this research question because the research is studying the relationship between people and medical television. The qualitative research paradigm that this research is going to fall under is the social science paradigm. This is because the focus of this research project is focused on the thoughts and opinions of people (Davis et. al, 346).

The methodology used to answer this research question is focus groups. Focus groups are group discussions regarding the research topic, consisting of five to twelve participants and a moderator. The role of the moderator is to provide open-ended and guided discussion questions for the participants to generate meaningful discussion about the research topic (Davis et.al, 354).

The type of sampling used in this research study was snowball sampling. Snowball sampling is a type of sampling where the researcher reaches out to people they know who may be interested in participating, then asks them to ask people they know who might be interested in the study, and so on (Davis et. al, 314). This type of sampling was selected for this study because it is the most convenient for the sample pool for the study. It is difficult to find a network of specific participants to participate in this study due to the niche needs of the study and the small sample size to select from, so it was determined that using snowball sampling was the best

method for this study. All participants are students, faculty, or staff from Messiah University in Mechanicsburg, Pennsylvania.

There are specific qualifications needed for this study. The researcher searched for participants of any gender over the age of 18. The participants also have to be familiar with medical television. This is so they have an understanding of the purpose of the study during the group, and they can provide personal experiences they have had while watching medical television outside of the focus group.

Two focus groups were conducted for this study, with three to five members in each group. The groups lasted a half hour, with open ended and guided discussion questions for the participants to discuss. Participants watched a short clip from an episode of a medical drama and discussed how this clip made them feel, then the moderator asked them questions that were specific to the clip. The clip is a scene from *Grey's Anatomy* season eleven episode eight, "Risk". Both focus groups had the same questions asked and the same video clip shown, but they generated different conversation due to the different people present at both groups. These focus groups were held over zoom. The groups were recorded to ensure that the researcher has all the data that was discussed during the group. Before the focus groups met, the researcher assured that each participant signed a consent form approved by the Messiah University IRB, as well as getting the topics discussed in the focus groups approved by the Messiah University IRB.

Each focus group began with an introduction where the moderator introduced themselves and gave a brief introduction to the study and how focus groups work. Next, to make everyone more comfortable with one another, the moderator provided rapport-building. This means that the moderator asked simple get to know you questions to all the participants. Then, the moderator played the video mentioned above for the focus group. Once the video finished, the

moderator asked the participants to share their initial thoughts and feelings about the video, and to have an open discussion about how they felt. Once the open discussion died down, the moderator asked guided discussion questions regarding the clip.

Once the groups finished discussing the video clip, they moved into general guided discussion. The moderator asked them about their previous experiences with medical television, and if they have ever felt any anxiety while watching. The hope is that this question will spark some open-ended conversations with participants, to exchange opinions and generate new ideas about the topic. The moderator also asked for participants to reference specific examples from television shows that gave them this feeling of anxiety.

Another topic that was discussed was if any of the participants in the focus group utilized medical television to get medical information, and the follow up on this question included opinion sharing on whether or not medical television is accurate.

The final topic that was asked to participants was if they think medical television is a better vessel for spreading medical information, medical misinformation, or medical anxiety. Hearing the detailed answers that came from these questions gave the researcher useful data, as well as creating thoughtful conversation points between the focus group participants.

The study concluded with some time for the participants to continue open-ended discussions about anything that was discussed in the study, or anything related that came into their mind while partaking in the group. Once the time was over, the moderator thanked the participants for their time and sent them on their way. After the group completed, the moderator generated a transcript of the audio recording to make it easier for the researcher to comb through the research that was collected.

It was decided that focus groups would be the best way to answer the research question because it was useful for the research to see participant's live reactions to the clip shown, and to watch how the participants answered the questions asked in their own way. The information that was collected through the open-ended discussion was very useful, and something that would not have been able to be generated without the face to face interaction a focus group provides (Davis et. al, 354).

The data was analyzed using coding. The researcher looked for words or phrases that were used multiple times, as well as words or phrases that align with ideas found in the literature review. There are no specific words that the researcher searched for, mainly ideas used upon multiple participants in both groups. The researcher also observed if anything that was said aligned with ideas used in the cultivation theory.

Results

There ended up being 9 total participants in this study, all with unique backgrounds regarding medical television. For gender, there were 3 boys and 6 girls, and for age, there were 7 college-aged participants and 2 participants in their adult years. Hearing from these multiple perspectives provided a lot of beneficial information for this study.

Activity 1: Watching the video clip

Each focus group began by watching the video clip from *Grey's Anatomy*. The first question participants were asked about this video was if they had heard of that disease before watching the video clip. Every participant said they had never heard of that disease before watching the clip. Next the participants were asked to describe the feelings they had while watching the clip. There was a wide variety of responses to this question. One participant said "as somebody who wants kids one day, it definitely made me a little nervous thinking that this is

another awful thing that can happen to a baby. It does make me a little stressed out.” In this same focus group, there was a participant who does not wish to have children who said “I don’t necessarily want kids, so this specific instance doesn’t make me anxious in any way because it’s not something I’m looking for in my future. I understand as my siblings have kids and other people around me have kids, it is just something else to be aware of. For me, I don’t think it strikes fear, mostly just awareness.” Other participants said more statements like this one, that this clip and other medical television episodes they have seen have mostly just made them aware of how pregnancy can have complications. One participant shared that “medical television led to me believing that I want to have all her kids before age 35 if possible.” A few participants shared with me that they were past the stage in their life to have children, or they were not yet in that stage of their lives, so they felt rather distanced from the situation which led them to not feel as anxious or fearful while watching the video clip. One participant brought up the fact that in the video clip, they made sure to say the fatal disease was rare, which could help reduce fear or anxiety in viewers. The researcher benefited from hearing different perspectives regarding this clip, depending on if they are a naturally anxious person, if the situation relates to them or not, or if they gained awareness or knowledge from the clip opposed to anxiety.

Question 1: Have there ever been moments in a medical television show that have caused you to feel anxious, thinking this could happen to you or someone you know?

After the clip discussion was concluded, the focus groups moved on to guided discussion and began by the moderator asking participants the question above. This question also had a range of responses. One participant said that “Anytime you’re going through something or think you’re going through something, you see it everywhere. Medical dramas either help or don’t help in that instance. If it’s something that feels distant from me, then I don’t give that storyline a lot

of thought. But the more that it feels proximate to me or my circle, the greater thought I'll give it." This was one of the themes found in the answers to this question, meaning that a lot of people said that they feel more anxious when watching medical television when what they are watching mirrors their real life. Another participant shared that "There's just a lot of random events that will happen, like one of a kind illnesses or injuries that occur very randomly. So that makes me a little nervous that stuff like that can happen to normal people; they'll be living their normal lives one moment then all of a sudden they'll get a disease or injury and have only a few months left to live." One of the other participants in that focus group responded to that statement by saying "They are pulling out the most esoteric diseases known to man. At some point it gets really funny because it's like, where on earth did they pull this out of." These participants were saying that the thing about medical television that makes them anxious is the rarity of the diseases and accidents that are shown on the show. Hearing about these weird or rare diseases or conditions on medical television can lead viewers to have thoughts such as "I hope this doesn't happen to me or somebody I love." One example of this that a participant shared was in an episode of *Grey's Anatomy* (Season 3 Episode 23), when one of the characters' mothers died of complications from the hiccups. Watching this unfold on television then getting the hiccups yourself could result in additional anxiety, because you don't think you could die from something so simple and a part of daily life, yet it was shown on a medical television show so maybe it is possible. Therefore, the main two answers to this question revolved around the central themes of personal proximity to the condition shown on television, or feeling more anxious when something more outlandish is shown and hoping that doesn't happen to you.

Question 2: Do you think medical television is accurate?

When asking participants if they thought if medical television was accurate or not, one participant referred to medical television as “exaggerated accuracy”, and that summed up the opinions of the others. Exaggerated accuracy means that they try to embody the feel of the hospital and emergency room, but if the show was 100% accurate, then most people would not be entertained. This is why medical television shows include such incurable or out of the box medical conditions, to keep the viewers hooked. If the medical show was just older people getting the flu in every episode, then there wouldn’t be as many viewers. Yes, there are some incurable and out of the box medical conditions presented in hospitals, but not nearly as often as the shows let on. One of the participants spent a prolonged period of time in a hospital with a sick family member and got to see what a hospital is actually like and compare it to medical television. After seeing the reality of a hospital so many times for so long, this changed the participants' perspective on how accurate medical television is, which actually led to minimal medical anxiety caused by medical television.

Question 3: Do you rely on medical television for medical information?

When answering this question, a majority of the participants said no. The participants shared that if they want medical information, they find a different source that is credible. There was one participant who shared a story about how she did not solely rely on medical television for medical information, however she used something she learned about in medical television to save herself. She shared that one night she was falling asleep and woke up to a horrible pain that she had never experienced before close to her heart. She had recently watched an episode of *Grey’s Anatomy* where one of the female characters has a heart attack, and one of the main plot points of the episode was describing symptoms for heart attacks in women and men. She ended

up going to the hospital to check out the pain, and it turned out there was nothing wrong with her heart, but it was her gallbladder. She used the information she learned from the episode when she was in a time of need and decided to get it checked out by a professional. Even though it was not what she thought it was, it was still beneficial that she went. This is an example of not relying on medical television, but utilizing the information learned in an appropriate setting.

Question 4: What are some proactive things that medical television creators can do to tell their viewers that what is presented is not 100% accurate?

The participants had a pretty good insight about this topic. Some suggestions that they had included putting a trigger warning at the beginning of episodes, a PSA which states, “For more information, visit (insert website that relates to topic here)”, or a statement at the beginning or end of an episode that states that medical television is not 100% factual. Having some sort of statement from the creators of the show can comfort viewers and assure them that not everything they are seeing is real, and that even medical television has a fantasy element incorporated into it.

Final Question: Is medical television a better vessel for spreading medical information, misinformation, or medical anxiety?

When asking the final question, a lot of participants shared the same answer; it depends on the viewer. This means that, depending on the viewer and their level of understanding of the world around them and of the lines between reality and fiction, everyone may have a different answer to this question. Media consumers also have the ability to choose the media they engage with. For example, if you are a highly anxious person and you consciously choose to engage with medical television, then that may create or increase medical anxiety due to your predetermined conditions. There were other answers as well that were the participants' perspective on the

question. One participant said that it has the potential to cause information and anxiety, because at times information can be anxiety inducing as well. That can also go for misinformation, because if a viewer thinks something shown on television is fact and not fiction, they have the same odds of getting anxious over that and information, as they may see the misinformation as information. One participant said that they think it mostly spreads anxiety through the exaggerated accuracy standpoint. This is because the showrunners are more focused on creating good television than spreading medical information. With this in mind, sometimes showrunners may get carried away and create a storyline that may seem ideal for views and entertainment, but could cause somebody to get very anxious and worry that the medical incident may happen to them, even if the medical incident is very rare or fictional. There is no way to tell if the incident is rare or fictional, unless explicitly stated in a PSA/trigger warning before or after the episode.

Discussion

The purpose of this study was to answer the question “Does watching the portrayal of countless diseases through the medium of medical television cause increased medical anxiety in its viewers?” Although this question was answered during the research, there is no explicit answer, which was not the expected outcome. The participants all had different opinions yet came to one vague consensus: the amount of medical anxiety somebody has depends on the viewer.

The anxiety a viewer has can depend on how close the incident shown in medical television is to their life. For example, in the clip shown, some of the participants said that they did not feel anxiety from it because they either don't want children, they have already had children, or they do not plan to have children for a while. However, the participants that shared that the clip did make them nervous were the ones that are planning to have children soon, and it

just added to the growing list of pregnancy complications. In other conversations in the focus groups, participants said that if they hear something on medical television that is something they or someone they know is going through, then they are more likely to give that topic more thought and possibly generate anxious thoughts over it.

The participants also shared that the amount of medical anxiety someone has could depend on how much anxiety the viewer already has. If a viewer tends to already be an anxious person, then watching something anxiety inducing on television could lead to more anxiety. Viewers also have discernment with what media they choose to consume, and it is up to them to understand the realistic lines of what is real and what is not. This ties back into the cultivation theory, because it explains why increased exposure to medical television blurs the line between truth and fiction, causing fear and anxiety (Perera, 2023). This could also tie into the mean world syndrome when looking at exaggerated accuracy. Exaggerated accuracy, which can be scary at times, has the potential to condition the brains of viewers to perceive the world as scarier and more sick than it actually is (Perera, 2023).

The amount of medical anxiety someone has also depends on how the viewer interprets the information given to them by medical television. Information and misinformation go hand in hand with anxiety, because having information about a topic can cause anxiety. Sometimes knowing too much is too much depending on who you are, and this could cause somebody to get anxious. This is why it is important to have discernment with what you consume, because if you are somebody who gets anxious due to an information overload, then medical television isn't the greatest media to consume.

The results gained from this study were very beneficial to the researcher. The questions were explored in the way the researcher thought they were going to be, and the participants

brought up points that had never been thought of before that strengthened the research. One challenge that came up during the research was finding participants for the project. Less people have consumed medical television than the researcher had intended, which made the pool of participants smaller than what it was thought to be.

This research is important because the media is such a growing influence in our everyday lives. It is important for media consumers to be aware of the effects that the media may have on them, and they need to be aware of their ability to choose what media they interact with. Having a foundation of knowing what the media is capable of helps a viewer have their own independent thoughts that could be somewhat influenced by the media, but not completely. Medical television has been a phenomenon for years and it is not disappearing anytime soon. That is the reason why medical television was chosen as the subject of the study, as it explores blurring the lines between truth and fiction, scarier plot lines, and its high popularity and relevance in our everyday lives.

Something that was brought up by the research participants that could be explored in further research is if watching medical television (or any television about an occupation, such as a firefighter, lawyer, police officer, etc.) influences the viewers view on these professionals. This could be interesting to explore in further research because it dives into how media affects our everyday lives, but it explores how media can affect perceptions of others versus perceptions about ourselves and our own feelings.

Limitations

There were quite a few limitations in this research study. There was a small sample size (9 participants) and they all came from the same place (Messiah University), which also means that all the participants had a religious background. It is possible that the results could have been

different if there were participants who did not have a Biblical background. More data could have been collected and more perspectives could have been heard if there were more participants in the study. Therefore, this study is accurate in the walls of Messiah University, but outside of the university walls, is unknown. This study is a great starting point for further research, which is hopefully conducted due to the importance this study holds.

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