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Hearts, Minds, and Headlines: How the UK Junior Doctor Strikes Are Being Framed

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ABSTRACT

Industrial action by NHS resident doctors have repeatedly generated intense political and media scrutiny, with public discourse frequently centred on disruption, professional responsibility, and patient harm. The November 2025 strikes in England provided an opportunity to examine how public narratives surrounding these disputes are influenced. By drawing on concepts from communication theory, political statements and media coverage can be analysed to explore how responsibility and moral blame are allocated.

Key structural drivers of the latest action included prolonged pay erosion, bottlenecks in speciality training posts, and growing employment insecurity for early-career doctors. Certain narratives portray industrial action by doctors as a moral failing, while marginalising the systemic pressures underpinning the dispute. Sensationalist reporting may also distort public understanding and amplify fears. Such framing obscures shared interests between the government, healthcare professionals, and patients in maintaining an effective and sustainable workforce. It also undermines trust, professional morale, and meaningful engagement with the NHS workforce crisis, highlighting the need for nuance and integrity in public discourse.

Keywords: Media framing of strikes, Junior doctor pay erosion, Political blame narratives, Healthcare workforce shortages, Patient safety rhetoric

Introduction

In the lead-up to the latest round of strikes by NHS resident doctors in England, public discourse again gravitated towards warnings of disruption, patient harm, and moral panic. The approximately 79,000 NHS resident doctors, previously termed junior doctors, constitute around half of the NHS medical workforce.¹ Industrial action within this group is not unprecedented; the strikes of 2016 and the prolonged disputes between 2022 and 2024 left a well-documented trail of political tension and media scrutiny (Figure 1). The renewed action in November 2025 therefore provides a lens through which to examine how political and media narratives continue to frame the dispute.

This editorial draws on concepts from communication theory to examine how responsibility, risk, and moral blame are used in public debate around NHS strikes. Key concepts include framing theory, which describes how certain aspects of an issue are emphasised while others are marginalised, shaping how problems and solutions are understood. Agenda-setting theory highlights the media's role in influencing which information are foregrounded to the public amid competing information. Finally, moral panic theory explains how media and political discourse can exaggerate a perceived threat posed by a group, portraying them as dangerous to societal values. Together, these perspectives provide a framework for analysing how narratives



Fig 1 | NHS protest panorama, 6 February 2023

Source: Matt Brown, CC-BY 2.0, Wikimedia Commons

surrounding resident doctor strikes are produced and circulated, and how this can hinder discussion of systemic failures.

Background of Strikes

Industrial action by doctors is not new in the UK. Consultants and resident doctors withdrew non-emergency services in a nationwide dispute in 1975, and the next general strike by resident doctors occurred more than 40 years later in 2016, when 98% of eligible doctors supported walkouts.² The structural drivers of strike action in 2022–2024 mirror those resurfacing in 2025 as well.

The November 2025 strikes, lasting from 14 to 19 November, followed escalating concerns over bottlenecks in specialty training posts, leaving many early-career doctors unemployed, with 97% of first-year (FY1) resident doctors supporting action.³ Another demand is full pay restoration, which refers to reversing a decline of more than a fifth in junior doctors’ pay since 2008 when adjusted for inflation.⁴

Health Secretary Wes Streeting offered funding for mandatory examination and membership fees, annual allowance increases for less-than-full-time resident doctors, and a commitment to double specialist training places to 2,000 over the next 3 years. The British Medical Association (BMA) Resident Doctors Committee (RDC) rejected this offer on the grounds that it failed to address the core demand for a multi-year pay deal⁵ and the proposed increase in training places was unlikely to resolve the growing unemployment crisis.⁶ The committee described threats to retract certain non-pay elements if strikes proceeded as “holding doctors’ jobs hostage”, deepening mistrust and further entrenching the dispute.⁷

Government Framing

Government communications have consistently shifted responsibility onto doctors. Streeting has described the action as “inflicting pain and misery on patients”,⁸

stating that “these strikes didn’t need to happen”⁹ and accusing the BMA of being “morally reprehensible” and acting like a cartel.⁸

Such framing places the moral burden of the crisis on doctors withdrawing their labour, rather than on the underlying drivers of the dispute: decades-long pay erosion, unsustainable rota pressures, and out-of-pocket professional fees. These narratives recast industrial action as a breach of professional duty rather than a response to systemic neglect.

As Dr Jack Fletcher, chair of the BMA’s RDC, noted, “the Health Secretary ... talking up our differences, in reality our interests align very closely.” Both parties ultimately share the goal of stabilising the medical workforce, improving retention, and preventing the continuing exodus of doctors from the NHS in search of better pay and working conditions. Current framing obscures this alignment and risks perpetuating a false dichotomy between patient welfare and workforce advocacy.

The Role of the Media

Media coverage frequently leaned into sensationalism. Headlines such as “Doctor strike inflicting pain and misery on patients, says health secretary” (BBC)⁸ and “‘Betraying the NHS!’ Junior doctors to strike today as PM’s ‘everyone loses’ warning goes ignored” (GB News)⁹ illustrate how some coverage framed doctors as aggressors violating ethical obligations. For readers unfamiliar with the realities of clinical work, these portrayals obscure the everyday strains doctors face: inflexible rotas and placements, fierce competition for training posts that leave many unable to progress, and years of medical training accompanied by substantial debt. Maintaining high standards of care under these conditions is increasingly untenable, and for many doctors, striking is a last resort.

Selective reporting in some instances further risked distorting public understanding. For example, on the

Question 9. Do you support or oppose the strike action planned for November 2025 by the British Medical Association Resident Doctor Committee?

n = 202

Strongly support	45%
Somewhat support	24%
Neither support nor oppose	16%
Somewhat oppose	9%
Strongly oppose	3%
Don't know	2%

Fig 2 | Results quoted from doctors polling questionnaire conducted by Savanta¹²

first day of the November strikes, The Times ran a front-page headline declaring “5 days of NHS strikes opposed by most doctors,” citing Savanta polling.¹⁰ Subsequent commentary by the Guardian highlighted that the referenced data related to a different survey question.¹¹ In fact, Savanta’s polling showed support of up to 69% among junior doctors for the strikes (Figure 2).¹² Such examples are intended to be illustrative rather than exhaustive, highlighting recurring narrative patterns in prominent national coverage.

These narratives overshadow the operational reality that emergency and essential services were maintained. It would be misleading to suggest that industrial action carries no risk. Some appointments were postponed, elective procedures delayed, and patients experienced anxiety surrounding their healthcare needs. However, preparations were put in place to limit patient harm. NHS England reported that the target of over 95% of planned activity being delivered was maintained during the November strike days.¹ Careful planning was undertaken prior to the strikes, including delegating senior clinicians to cover rota gaps and preserving emergency and urgent services. Nevertheless, fear-based headlines can contribute to the perception that patients are left unsafe, amplifying public anxiety.

Impact on Public Opinions

During the 5-day strike in July 2025, reactions on picket lines ranged from supportive cheers to hostility, including doctors being told to “get back to work” and called a “disgrace”.¹³ Public sentiment shaped by polarising headlines rather than evidence-based analysis risks reducing the dispute to pay grievances alone, portraying doctors as self-interested rather than highlighting broader systemic failures. The erosion of nuance undermines meaningful engagement with the workforce crisis affecting the NHS.

Conclusion

This battle of narratives affects recruitment, retention, professional morale, and ultimately patient care. To preserve trust in the profession, media and politicians must uphold integrity in reporting, including full transparency, fair use of statistics, and leave space for

nuance, rather than obscuring the real pressures driving doctors to strike.

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