

## **NEWSWORTHINESS AND THE EXPECTATIONS OF SOURCES IN HEALTH JOURNALISM**

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### **Abstract:**

In the present study, we set out to open a discussion about the way doctors deal with journalism. We wanted to find out if the first think that they need journalists in the daily landscape of their profession. Isolated in linguistic and epistemic insularity, physicians are often asked to interact with journalists and adhere to the discursive construction rules of the press. Thus, the discursive interaction of the two worlds often collides. Disconsideration and expedition in dramatic and superficial have become the most common features of health journalism in Romania. In the following, we present some of the results of a broader survey, results that relate to the attention physicians give to journalists.

**Keywords:** medical journalism, speech, information, education, role

### **Introduction**

In the present study we have analyzed how doctors in Romania understand the role of health journalism and, in particular, the way the doctors see the work of the journalist. Health journalism is based on a type of discourse with immediate stake, with most obvious and urgent implications. Researchers have shown that health journalism is highlighted by the special expectations the

public has of the press, but also by the much more prominent educational role of the press in this field (Radu, 2015; Abrudan & Fofiu, 2017; Coman, Popa & Radu, 2018).

The tripartite journalist-source-public relationship found in any type of media communication has, in this area, sensitively different valences, sensitively different implications and sensitively different expectations

The research has presented, so far, among other things, the dual identity of the receiver of the health journalism message, namely a receiver, which is often both a media consumer and a patient. Hence, different expectations from other journalistic discursive contexts. On the other hand, the health journalist, besides the type of domain documentation, also has a greater responsibility given the immediate effects on the public (Negrea, 2014).

Few researchers have focused on how physicians, the main sources in the field, understand the role and impact of health journalists. Hence our concern in this paper, namely to open the discussion about the way in which journalism is perceived by the sources. Thus, if the public awaits some answers from journalists, if journalists have the education of the public as their main function, but also, of course, informing them, how do the doctors understand the collaboration with the press came as a natural question.

### **How do journalists choose their information?**

According to the systematization of the values of news (Harcup, O'Neil, 2001), journalistic material must meet certain reception imperatives. Before becoming vulgarized by the "clickbait" method, the press text (regardless of the channel type) must respond to criteria regarding the selection and ranking of the information.

We are talking on the one hand about a series of criteria related to market segmentation, the imperative of novelty, of exceptionality and of the power of generalization. On the other hand, we are talking about the criterion of

negativism, for example, of the emotional potential of a material, we are talking about the criterion of frequency, the laws of proximity, the type of persons involved (criterion of social relevance) (Negrea, 2017). A majority of 12 criteria of newsworthiness are recognized and accepted, which explicitly outline the too general criterion of "interest" (Negrea, 2015).

Thus, one criterion is frequency. On the one hand, from time to time and / or in certain social circumstances (at certain times of the year - in our case, for example, season of viral diseases - autumn, spring), journalists are interested in statistics, various reports of the institutions, as well as events of a readily decipherable significance. Journalists are also interested in events involving as many people as possible and / or affecting a large number of people. Specialty literature calls this criterion "the starting threshold".

Journalists also take on topics that they can understand, usually informationally saturated topics that ensure a lightness of decoding.

The level of public acceptance is also an extremely important criterion in the selection of topics. Of course, as we know, the public asks to be amazed (and here is another criterion), surprised, but to an extent that it still feels safe, in the area of familiarity where various accidents occur with a high degree of predictability. The public has to agree, implicitly, with the type of information it receives. We will not insist on this topic (we will do it in another study), we hold on to the subject of the present study that, however, the discussion about public interest in certain subjects and the rejection of others is not entirely a contemporary myth. And we add here the criterion of negativism - the public will be more interested in negative information, with a degree of dramatic emphasis, to the detriment of good news, transmitted as such, without creating a spectacular context, around a intensely underlined conflict.

## **Methodology**

In order to accomplish this study, I analyzed the systematizations made by the Romanian College of Physicians, respectively the media analyzes made in the guild, but we also conducted our own research and we interviewed doctors from several institutions in Craiova and with different specializations. The questions for the doctors were:

1. Do you follow health information published in the general press?

80% of the respondents said they follow health information published in mainstream media, while 1% said they never read said news, 15% sometimes read health news in media, and 4% didn't know / wouldn't respond.

2. What do you think is the role of the media in the field of health – information or education?

Information is the observed role of media by 40% of our respondents, while 10% consider education as the main role. 30% consider that the press should focus on both education and information, while 20% didn't know / did not respond.

3. On a scale of 1 to 10, how well are the subjects being treated?

The average satisfaction value was 4.73 – not great, not bad.

4. Do you think media helps you communicate with patients?

A large number of respondents - 74% thought that the media helped them communicate with their patients, while 26% said the media is not of help.

## **Conclusions**

From the observations made so far, there was a lack of awareness of the role of the profession of journalist, with the professional and procedural sets it implies. The doctors' complaints are general, not punctual, prevalent on the type of professional information that is difficult to assimilate by an outsider. In turn, journalists have to respond to expectations of the receptors, that is to say, of the public, expectations that have long been explained in the criteria of

newsworthiness. These actors of health journalism rarely meet the on same side of the barricade of quality information. Often, journalists are looking for an easy-to-read event for the public and doctors revel in a victim's status and expect them to decide what is important and what not to be made public.

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