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Changed priorities ahead: Journalists' shifting role perceptions when covering public health crises

Celine Klemm
Vrije Universiteit Amsterdam, The Netherlands

Enny Das
Radboud University Nijmegen, The Netherlands

Tilo Hartmann
Vrije Universiteit Amsterdam, The Netherlands

Abstract

Journalistic role perceptions have been extensively studied in general contexts, but little is known as to how roles – or role prioritization – may shift across contexts, and professional characteristics. The aim of this study was gaining an understanding of journalists' changing role perceptions in health crisis coverage, and moreover to examine potential differences between general and specialist reporters. We conducted 22 in-depth interviews with reporters with experience in health crisis reporting in Germany and Finland. Findings suggest that journalists' roles shift when covering health crises (versus non-crises), towards a role as *public mobilizers*, towards classifying risks and from a *watchdog* to a more *co-operative role*. Furthermore, professional characteristics matter in journalists' understanding and performance of their roles. Specialist reporters appear better equipped to deal with the challenges of health crisis coverage, such as balancing remaining critical with co-operation with authorities in their efforts to contain crises. Specialist reporters are also less likely to get swayed by the panic often accompanying health crises than general reporters are.

Corresponding author:
Celine Klemm, Department of Communication Science, Vrije Universiteit Amsterdam, De Boelelaan 1081, 1081 HV Amsterdam, The Netherlands.
Email: c.klemm@vu.nl

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Together with health workers, journalists are often on the frontline of disease outbreaks. During such health crises, 'journalists find themselves at the center of an emotionally loaded, complex playing field; and are pulled in many directions' (The Nieman Foundation for Journalism at Harvard University, 2009). Health authorities and medical experts, for example, often appeal to the media to use their power to impact public health to the better (Leask et al., 2010). They desire the media to broadcast their messages of reassurance and appeals of adherence to precautionary measures to the public (Holmes, 2008), or to act as partners in emergency response (Reynolds and Seeger, 2005; Veil and Ojeda, 2010). Scholars, in turn, admonish journalists to act as accurate and critical reporters on health matters, to function as health educators and to be aware of becoming mere mouthpieces of authorities (Schwitzer, 2004; Schwitzer et al., 2005). Probably resulting from these diverse expectations, there generally exists more discontent than content regarding how well the media perform their various roles. During past crises, such as the Swine flu or recent Ebola outbreak, journalists were repeatedly criticized for falling short of expectations, reporting inaccurately, imbalancedly or aggravating fears and panic (Shuchman and Wilkes, 1997; Yusuf et al., 2015).

The fact that journalists face strongly articulated (and at times conflicting) expectations hints at what may be an important variable in the overall process of communicating health crises, namely, journalistic *role perceptions*. Journalistic role perceptions have been defined as 'generalized expectations which journalists believe exist in society and among different stakeholders' and which they perceive as legitimate part of their professional self-image (Donsbach, 2008: 2605). They are not established in a vacuum but in response to the expectations journalists experience from various societal stakeholders, some of which they endorse and eventually act on. Role perceptions influence journalists' decision-making and their news products (Skovsgaard et al., 2013; Van Dalen et al., 2012), and can serve as a base for normative judgement as role performance is judged by others (and role holders themselves) by 'how well they conform to the expectations' (Turner, 2001: 234). Accordingly, journalists' self-perceived roles can be interpreted as a pivotal concept that is logically positioned between stakeholders' expectations and the actual journalistic product.

Much is known about universal societal roles of journalism (e.g. Hanitzsch, 2011; Hanitzsch et al., 2011; Willnat et al., 2013), however, little is known on how, in a health crisis, journalists themselves understand their roles, how they negotiate the diverse expectations, and which of these they accept as legitimate. At its base, this study aimed at gaining an in-depth understanding of what journalists' perceive as their key roles when covering health crises, in particular outbreaks of novel or re-emerging infectious diseases or food safety crises. Recent studies (e.g. Mellado and Lagos, 2014) suggest that reporting on certain issues might require particular roles or responsibilities. A few studies also

suggest differences between general reporters and science or medical reporters (e.g. Leask et al., 2010). Accordingly, the present study's wider goal was understanding specifics in health crisis coverage, such as whether situational (e.g. uncertainty, time pressure) and professional (e.g. specialized expertise) characteristics effectuate role shifts among journalists. Therefore, we conducted 22 in-depth interviews with journalists experienced in health crises reporting.

Journalistic role perceptions: Role shifts during crises

Journalistic role perceptions have been primarily studied in survey research on large, often cross-national samples of generalist or political reporters. Scholars devoted a great deal of effort to developing role typologies and identifying universally shared role perceptions (e.g. Hanitzsch et al., 2011; Willnat et al., 2013). One of the key studies by Weaver and Wilhoit (1996) proposed a taxonomy of four roles that journalists adopt: interpreter, disseminator, adversarial and populist mobilizer. Journalists assuming an interpreter role feel they ought to provide analysis and interpretation of complex problems, as well as investigate government claims. The disseminator role entails fast information dissemination and verification of facts. The adversary role mainly involves developing public interest, and the populist mobilizer role giving a voice to 'ordinary' citizens and providing entertainment. In the last decades, several other typologies have been developed. Most prominently, Hanitzsch (2011) identified four professional milieus with shared values: detached watchdog, critical change agent, opportunist facilitator and populist disseminator. Skovsgaard and colleagues differentiated roles based on two dimensions: an active versus passive stance, and journalists' democratic conception, representation versus participation (Skovsgaard, 2014; Skovsgaard et al., 2013).

While these studies have provided invaluable insights into the journalism profession as a whole, much less is known on the particulars in role perceptions that might arise in specific contexts, even though situational demands, such as those of a health crisis, may bring about shifts in journalistic roles or demand additional, situation-specific roles. Prior research indicates that journalists working in different journalistic beats, that is, covering designated subjects such as politics or economy, differ in the professional standards they endorse (Reich, 2012), and in the importance they assign to journalistic roles, depending upon several contextual factors, such as news organizations, culture and national politics (Willnat et al., 2013: 175). Mellado and Lagos (2014) found that within stories belonging to different news beats, different roles predominated. 'The functions and roles of journalism in society are diverse, and some news beats have been associated with the fulfillment of certain roles over others', the authors argue (Mellado and Lagos, 2014: 2094). Finally, Mogensen (2008) demonstrated for the case of terrorist attacks that crisis coverage as a specific subgenre of news requires unique journalistic norms. Extending this logic, we argue that other contexts, like a health crisis, may equally bring certain journalistic roles to the fore.

The Oxford Handbook of Public Health Practice (Bolton and Burkle, 2013) gives a broad definition of a public health crisis, as

> an event(s) that overwhelms the capacity of local systems to maintain a community's health […] Crisis can range from specific health issues, such as a disease outbreak in an otherwise unaffected community, to a full-scale disaster with property destruction and/or population displacement and multiple public health issues. (pp. 210–211)

In this article, the definition of health crises is narrower, including only crises of the former type, that is, outbreaks of previously unknown infectious diseases (e.g. AIDS, Ebola), re-emerging diseases (e.g. measles) or diseases that are spreading to new areas of the world, or the occurrence of food safety crises (e.g. *Escherichia coli*). Our definition overlaps with what has been studied under the term 'emerging infectious diseases' by other scholars (see Holmes, 2008).

Science and health coverage is usually initiated by scientific innovations, and there is ample time to research stories. Health crises situations, in comparison, are characterized by a sudden, often inconceivable, emergence of a severe threat, creating a sense of urgency and a need for immediate response (Rosenthal et al., 2001). Paradoxically, crises create a pressing 'need for specific and accurate information' (Sellnow and Seeger, 2001: 16), yet, they are also characterized by uncertainty and high complexity, and scientific knowledge might not be available yet. When the public's demand for accurate and actionable information is not filled in a timely manner, rumours may arise and be relied upon (Veil et al., 2008), making crises often inherently emotion-laden (Glik, 2007). We propose that these contextual characteristics influence journalists' perceived importance of various roles. Journalists might adopt a stronger role in crisis mitigation (e.g. promoting adherence to precautionary measures), or of pressing for political solutions, as Krüger (2005) debated for HIV/AIDS reportage.

Health crisis coverage and professional characteristics

Numerous studies have investigated risk reporting generally, and medical reporting more specifically. A common focus of studies is the quality of news coverage (e.g. Shuchman and Wilkes, 1997; Smith et al., 2005). An important finding was, for example, that the journalistic practice of 'balance' can generate bias in news reporting (Boykoff and Boykoff, 2004). Although generalizations have to be treated with caution, common patterns in the way the mass media report on risk stories have been uncovered. Media are more likely to cover risks with a *large number of fatalities at one time* rather than a cumulative number of larger fatalities over time, risks that are *unusual* ('man-bites-dog' formula) or evoke *controversy*, and stories tend to focus on *conflict* between stakeholders, or the *human aspect* of risk. In terms of sources, news media rely heavily on *authority and official sources* (Dunwoody and Peters, 1992; Kitzinger, 1999).

Concerning medical reporting, several scholars have provided theoretical debates on the roles and responsibilities of health journalists (e.g. Schwitzer, 2004; Schwitzer et al., 2005). However, research studying the perspectives of science and medical reporters themselves are far less common. A meta-synthesis by Amend and Secko (2012) identified 21 such studies, the majority of which focused on sourcing practices and news selection, only three on the professional roles of health and science reporters. To the best of our knowledge, only one study has examined the roles journalists assume in the specific

context of health crisis coverage. Hooker et al. (2012) interviewed 16 Australian journalists on their criteria for newsworthiness, perceptions of news accuracy and journalistic roles. They found journalists experienced role conflicts between assuming a role as independent and neutral public informants and feeling responsible for supporting public interests and officials' crisis mitigation efforts (Leask et al., 2010: 535).

Leask et al. (2010) indicate that general and specialist reporters differ in their reporting in that specialist reporters are better able to produce high-quality stories, and have negotiating power within their organizations. Other studies likewise indicate that such differences might exist, specifically with regards to *the use of sources* (Conrad, 1999), and journalists' *critical perspective* on scientific events (Henderson and Kitzinger, 2007; Saari et al., 1998). A second goal of the present study was to analyse potential differences between general and specialist reporters in the coverage of health crisis events to deepen our understanding of the impact of professional characteristics as a key determinant on the roles journalists adopt, and of role performance.

Method

We conducted semi-structured, in-depth expert interviews with newspaper journalists and editors with relevant experience in health crisis reporting between October 2014 and March 2015.

Sample and procedure

We used purposive sampling, specifically maximum variety sampling. Following Patton (2002), participants were chosen to reflect a large diversity in information-rich cases relevant to the research interest: different news organizations (national, regional, popular press and quality press), levels of expertise (generalist vs specialist reporters) and autonomy (editor, journalist). We additionally included two European countries, Finland and Germany. Both share several core values along Hofstede's (2001) cultural dimensions relevant to the context of this study but differ regarding their newspaper market and history with health crises. Specifically, both countries are highly *uncertainty avoidant* (i.e. feel threatened by ambiguous/unknown situations) and low on *power distance* (i.e. expect power to be distributed equally in society) (Hofstede Center, 2016), aspects we expect to influence the response to the new, ambiguous threat a health crisis poses and journalists' positioning towards authorities. Finland has an exceptionally high newspaper consumption (third highest in the world), yet only one dominant, and by far largest, national newspaper: *Helsingin Sanomat*. The remaining dailies consist mainly of two evening tabloids, and otherwise regional newspapers. While strong local papers equally exist in the German market, there are several leading national papers with different political orientations (Kelly et al., 2004). This awards the national newspaper in Finland with a more central position in health crisis scenarios, whereas German media are more competitive (e.g. in getting access to authorities) but also more likely to broadcast diverse views on events. Regarding past health crises, most notable differences are that Germany was (with France) the only country with an *E. coli* (Ehec) outbreak in 2011 (World Health Organization, 2016), which many journalists considered one of the few 'hot'

crises, threatening the local public. Finland (with Sweden) was affected by an increase in narcolepsy cases, often considered a side-effect of the H1N1 vaccine (Nohynek et al., 2012), which impacted journalists.[1] Our aim and the benefit of the described sampling strategy is that it allows to identify 'shared patterns that cut across cases and derive their significance from having emerged out of heterogeneity' (Patton, 2002: 235).

Experience was a prerequisite. As no formalized news beat of 'health crisis reporters' exists, we attempted to identify those most experienced with health crisis reporting in each newspaper in two ways. First, we contacted reporters who had reported at least several times on health crises events (e.g. on the then current Ebola and measles outbreaks) during the last year, although several had years of experience. Second, we contacted managing editors about who they considered 'specialists' on the matter. Some news organizations had no reporters designated to reporting on health issues, yet several others had specialized reporters (besides generalist journalists assigned to covering health on demand). Our sample included 18 journalists (of which 11 specialist reporters) and four editors, most of which were also writing stories (N = 22). For Finland, we included journalists working for *Helsingin Sanomat, Ilta-Sanomat, Iltalehti, Aamulehti, Turun Sanomat* and *Hofvudstadsbladet*, and for Germany, journalists from *Süddeutsche Zeitung, Frankfurter Allgemeine Zeitung, BILD, Die WELT, Der Tagesspiegel* and *Kölner Stadtanzeiger*. Interviews lasted 30–75 minutes (on average 1 hour) and were predominantly conducted face-to-face, few by telephone (n = 4).

Interview guide

The interview guide addressed three topic areas. *Section A* concerned journalists' notions of indicators of the quality of health crisis coverage. Questions addressed journalists' perceptions of what characterizes 'good' health crisis reporting, journalistic practices and organizational structures, (dis)content with these and (special) ethics of health crisis coverage. *Section B* concerned self-perceived roles: questions addressed what journalists felt their roles and responsibilities in crises were, how these would change in acute crisis states and how roles have changed given a changing media landscape. *Section C* concerned the role and usage of emotions in health crisis reporting, the findings of which will be reported elsewhere, due to their complexity. Furthermore, interviewees were given the opportunity to offer their view of what the term 'health crisis' meant. Most salient in their understanding were more recent infectious disease outbreaks like Ebola, H1N1, measles and Ehec; fewer mentioned HIV/AIDS, or local crises such as bacteria in hospitals.

Coding and analysis

All interviews were recorded and transcribed verbatim following transcription rules proposed by Dresing et al. (2013). We conducted a thematic analysis, which posits 'a method for identifying, analysing and reporting patterns (themes) within data' (Braun and Clarke, 2006: 79). Braun and Clarke (2006) propose an analytic procedure that comprises six phases that allows for systematization and transparency of the coding and analysis process, which we followed. Codes and thematic map were discussed with two

independent researchers, which then informed the refinement of themes, their definition and naming. Thematic analysis allows us to identify shared patterns across the statements of various interviewees centred around our two research interests, while staying flexible to identify other emerging themes. Next, we will discuss the key findings for both research interests.

Continuities and situation-driven shifts in roles

We found both continuities in roles and role shifts that appear driven by the contextual specifics of a health crisis. We will first briefly discuss continuities in roles, before discussing the three major shifts in roles that we identified. Several of the roles identified in earlier studies as 'universal' or 'general' roles remain important professional roles in the context of health crises coverage. First, interviewed journalists were strongly committed to their *information dissemination* function (Hanitzsch, 2011; Weaver and Wilhoit, 1996; Willnat et al., 2013). Some stated, gathering as much new information as possible and adhering to classic journalistic norms like balance, verification of facts and accuracy is what matters most, also during health crises. Second, interviewees mentioned responsibilities that resonate with Weaver and Wilhoit's (1996) *interpretive role*, namely, providing contextual analysis as well as commentary (i.e. a subjective interpretation of facts/events). Some journalists mentioned, third, assuming a classic *watchdog role* (e.g. Weaver and Wilhoit, 1996) and, fourth, a *translator role*, which has been identified as a common role among science journalists (Fahy and Nisbet, 2011). Besides these continuities, we identified three role shifts.

Towards a role as public mobilizers

Most noteworthy was a shift towards a *public mobilizer* role that many of the journalists in our sample assume when covering health crises events. We identified two core responsibilities – mobilizing self-protective behaviours and mobilizing social responsibility – as part of this role.

Mobilizing individuals' self-protective behaviours involves enabling audiences to take precautionary measures, and – to some extent – also encouraging the performance of such measures. Most interviewees felt they hold an important duty to provide advice or action recommendations. One journalist, for example, commented,

> You need to give people the right information that they can take precautions, they know if they need to take a vaccine or anything. You have a big role there. (Interviewee 11)

Some interviewees perceived their role to go beyond solely supplying practical 'how-to-act' messages and adopt a role as health educators. German interviewees frequently described their key responsibility as *Aufklärung*, a concept which includes both providing practical instructions and health education, enabling citizens' self-determining health decision-making. While there was general agreement about their role of *enabling* precautionary health behaviours, there was little explicit mention of *health promotion* or *advocacy* of such behaviours. However, some expressed them like one interviewee who

commented on a recent measles outbreak during which large subsections of the German population rejected vaccination:

> Eventually it is their own health, yes, but you also impact the health of others if you reject. And well, so then we wanted to explain together with doctors, why this vaccination is important. (Interviewee 16)

The discussed responsibility of advice-giving and health education reflects a general trend in news reporting. One editor recounted that her newspaper had recently formally introduced a so-called Hyötö journalism, a Finnish term that translates to 'how-to-act' journalism. Another journalist remarked similarly:

> [A] strategy, not so new but it has been in place for about eight months is to put the reader's interests first. So we try to think of advice. We are trying to do stories that people find helpful. (Interviewee 4)

Providing 'how-to-act' messages, what health communication scholars term 'mobilizing information' (Hinnant et al., 2012), is thus not restricted to health crises. However, we find that it greatly gains in importance in the crisis context. This is illustrated by the remark of an editor on how reporting would change in case of an acute crisis:

> [O]f course the nature of the reporting would also change to even more a service than before. Like, to tell where you can get treatment, where you need to call, what are the first symptoms, really the information that you need (…) And of course we do that now too, but that would change. (Interviewee 11)

If a crisis becomes more acute, journalists' role seems to shift from a more general-educative to a more active, advising role. Several interviewees state they focus more on action recommendations – at times in collaboration with authorities – while these are usually a side-facet of reporting. The comment of one editor is typical for this shift:

> In that case also the news coverage would become less hypothetical. And it also would have to. So it would really very clearly say: 'Dear people out there, do not leave the house. Don't do the following'. So, really tell people concretely: 'It is dangerous at this moment, the following things you now have to do'. (Interviewee 16)

A second core responsibility of the *public mobilizer* role is mobilizing social responsibility. Journalists in this study described their role as 'social conscience', reminding societies 'we have to act like human beings', or 'create an awareness'.

One key aspect commonly mentioned was *encouraging philanthropic behaviours* such as volunteering or donations:

> Humanitarian catastrophe is the first thing, I have to remember that, and they need immediate help and the whole international community needs to help and unite not only to prevent the spreading of the disease but also help the people, who are suffering. (Interviewee 3)

Another aspect which several journalists considered important is *discouraging anti-social behaviours and attitudes*, such as stigma, prejudices, racism and 'othering':

> I always think about writing about health issues as some kind of creating more acceptance and tolerance. For people that are not mainstream and all the same. Because we are different and somebody walks badly, somebody is not right in his head, and so on. But we are still all here. And it is kind of an anti-racism thing. (Interviewee 7)

Particularly in health crises situations, stereotypes and resultant blames can easily surface, and in extreme cases, individuals can become an object of stigma or hatred, as happened during the latest Ebola outbreak (Yusuf et al., 2015). Many journalists in our sample were aware of these issues and considered fighting stereotypes and safeguarding the anonymity of the affected party a particularly important ethical consideration. One journalist remarked that fighting stereotypes includes a perceptive treatment of official materials, which are not always immune to prejudice:

> Even the statements of the WHO were in parts slightly stigmatizing and I think it was relatively easy to fall into the trap of simply repeating these and then also contribute to a stigma or a slight racism. (Interviewee 18)

The *public mobilizer* role has been identified in earlier research and described as a responsibility 'to pursue and promote certain solutions to societal problems' (Skovsgaard et al., 2013: 8). This definition fits with the enhanced sense of responsibility among our sample. However, unlike earlier definitions that viewed the role as a duty to motivate citizens to participate in a democratic debate and give a voice to ordinary citizens (Skovsgaard, 2014; Skovsgaard et al., 2013), we identified two substantially different core responsibilities: mobilizing self-protective behaviours and mobilizing a socially responsible treatment of others. Journalists shift towards a specific type of *public mobilizer* when covering health crisis events.

Towards classifying risk

Second, we identified a shift towards a stronger focus on classifying health crisis risks and treatments. This seems closely related with journalists' shift towards a *public mobilizer* role, as it likewise aims to enable people's decision-making regarding risk. Interviewees commonly felt that the public disproportionately fears new health risks, while in reality common diseases (e.g. tuberculosis, diarrhoea) or other threats (e.g. car accidents) pose bigger risks, as is illustrated in one interviewee's comment:

> I also reported once about other diseases prevailing in those regions, and which other ones generally have amounted to very large crises, and that those involved at times considerably larger numbers than in the current case of Ebola. That Ebola, hence, is not the worst that ever plagued the world. (Interviewee 19)

Hence, journalists emphasized providing a framework that allows to grade or assess events/facts in a context of other entities, for example, how fatal a new virus is compared

to other diseases or risks (German interviewees use the term *Einordnung*). While this role is also important in non-crisis contexts, journalists' roles shift in acute crises in the sense that classifying risks becomes a prime responsibility. To illustrate, one interviewee stated regarding acute crises,

> [A]t that point, it is the important art of journalism to classify events. (Interviewee 20)

This is echoed by the comment of another interviewee who, when asked whether her role changes in acute crises, answered, 'Yes, towards classification' (Interviewee 18).

Besides the finding that certain responsibilities within roles become accentuated, also journalists' interpretation of their respective roles is influenced by the health crisis context. Although we find like Weaver and Wilhoit that journalists adopt an *interpretive role* in health crisis coverage, some of the responsibilities that define this role, for example, 'investigating government claims' (Weaver and Wilhoit, 1996: 137), were not mentioned among our interviewees. Rather, their focus shifts from official policies to a contextualization and interpretation of complex medical or scientific facts.

From watchdog to co-operative

Third, we identified a shift in the stance journalists adopted towards authorities. Earlier studies suggest that journalists tend to assume a strong watchdog role and critically evaluate authorities' emergency response to health crises (Veil, 2012). Yet, in the current study, few interviewees expressed adversarial attitudes or adopted a watchdog role. Rather, interviewees described their relations to authorities as based on co-operation or consider co-operation highly important. It must be noted that journalists in this study generally differed in their stances towards authorities: some assumed a stronger watchdog role, while others were more neutral, or co-operative. Yet, when discussing health crisis reporting, most interviewees expressed co-operative attitudes, and especially in more acute stages, there was a general shift towards co-operation. This is illustrated by the comment of one interviewee on reporting during health crises:

> Yes, yes. I think we have come a bit nearer to the authorities. Maybe we were in our own position and the authorities were there, and we have come closer to each other. Someone could say that we are too close (laughing) you know! (Interviewee 1)

Journalists' shift from a watchdog to a more co-operative role appears logical given that as *public mobilizers*, journalists' goals are more naturally aligned with the goals of health authorities than in the reporting of other issues (e.g. an economic crisis). The following quote supports this interpretation:

> What happens in crisis, journalists start being, they start working together with the authorities. Because it is a little bit like you are not a nurse, but the law says that if you see somebody is dying out in the street, you have to help. Otherwise, you could be prosecuted. And the same kind of thinking, I think, works that if something is really life-threatening, then you have some kind of obligation to start telling people how we can avoid a bigger crisis. (Interviewee 7)

In more acute crises, interviewees' willingness to disseminate authorities' messages also tends to grow, at times notwithstanding own concerns. A crucial episode illustrating this was the Swine flu pandemic. A shared narrative among many interviewees – particularly Finnish – concerned their support of authorities' vaccination campaigns despite own concerns about vaccine safety. For example, one journalist related how she consciously decided not to publish stories about children suffering from Narcolepsy (a commonly assumed side-effect) in order to not create, potentially unwarranted, fear of vaccination. Eventually, however, safety concerns materialized and some journalists reported negative feelings – regret or even guilt – about their own responsibility and their decision to support official vaccination recommendations.

Overall, few interviewees reflected critically on the increased co-operation with authorities in crisis times. One journalist criticized that some journalists 'shout along' with governments' appeals for vaccinations (Interviewee 14); another criticized that journalists often 'blindly follow that which someone burbles', which effectively lets authorities 'have complete partners in the media, because they print everything' (Interviewee 22). That being said, it becomes evident that co-operation must not necessarily preclude critical stances, the latter serving as a shield for preserving independence. Working in partnership with authorities – aligning interests and adopting the goals of authorities – is a disputed issue, particularly regarding its exact boundaries. In this sense, the term partnership is a stronger one than that of co-operation, denoting a reduction in independence or agency. The divergence of opinions among our interviewees is illustrated by the following quotes, representing the most extreme positions:

> I am not the partner that merrily sits together in the crisis offices and says [she switches to the perspective of the officials], 'Alright, we are assigning roles now and you, calm down your readers a little bit and make sure to write more stories that they get vaccinated more now. We might perhaps somehow sneak some information to you, and you will get it in a preprocessed form'. And this surely is the wishful thinking of many stakeholders, but is in outright contradiction to the journalistic self-image. (Interviewee 22)

In contrast, another journalist described such a scenario as best case, which as she stated may involve withholding information that is perceived as non-beneficial for the public. She continued,

> At best – and it also nicely works out like this in 70% of cases – at the beginning, the right persons talk with each other and then you jointly contemplate what you will do. (Interviewee 17)

We found that journalists' co-operation is, besides being driven by a perception of shared goals and general trust in authorities, intertwined with a dependence on health authorities, as an editor's comment illustrates,

> [W]e are not medical researchers ourselves, we cannot take the microscope and try to (laughing), you really need to just somehow trust certain authorities or just try to get as many authoritative opinions as you can. And if they all point to one direction then you just really don't have another choice than to try to trust them. But that's always the problem in this kind of medical

> news because you really can't do the research yourself. In political news, if you have time you can. (Interviewee 11)

The influence of professional characteristics on role performance

Like earlier studies (Conrad, 1999; Henderson and Kitzinger, 2007; Leask et al., 2010; Saari et al., 1998), we uncovered differences between general and specialist reporters. Regarding the *public mobilizer* role, specialists in our sample generally expressed a stronger health-oriented mission: they were more likely to emphasize health education, promoting self-protective behaviours and influencing public opinion. Specialist reporters tended also towards more co-operation with health authorities, which is plausible, given their stronger *public mobilizer* role and thus naturally more aligned goals with health officials. Additionally, specialist reporters in our sample reported having closer contact with health authorities and experts, felt treated 'better' – more trusted, and taken seriously – and enjoyed privileged access during hectic crisis times. For example, one journalist commented on crisis coverage:

> Then it becomes sometimes more difficult to talk to people that are important for us (…) They are suddenly 'overrun' and they are not allowed to comment anymore (…) Although, for us as science journalists it really is, by and large, not too bad. You can still get good contact with the scientists. Usually, we also already have this contact established. (Interviewee 21)

Yet, specialist reporters were also particularly protective of their independence and are more critical towards the veracity of research findings or expert information.

Furthermore, similar to Conrad (1999), we identified differences in the use of sources between general reporters and specialists. Specialist reporters in our sample mentioned two responsibilities not mentioned by general reporters. First, they stressed gathering multiple, independent opinions rather than passing on information from a single authority. Second, they emphasized the need for identifying those with relevant expertise rather than the more common practice of interviewing those that, as one interviewee put it, 'talk into every microphone' – those who are eager to engage with media but lack robust credentials relevant to the specific issue. One interviewee illustrated this as follows:

> I sometimes try to explain this to colleagues of the feuilleton. Although I think, I wouldn't just call any museum director, but surely the one for Renaissance art, for antique art, right? Surely, I would search for the expert. And the same way it needs to be done in science, without fail. (Interviewee 20)

Identifying those with relevant expertise rather than just 'an expert' may include having to read experts' scientific publications, crosschecking credentials, searching archives: a demanding, time-consuming task. In general, specialists relied more on scientific publications and archives as sources, and several commented on how – if consulting journals – health crisis reporting could have been substantially improved.

Finally, specialist reporters in our sample tended to understand and frame the crisis based on their experience with earlier crisis, or in comparison with other risks. They placed stronger emphasis on giving interpretation, especially by classifying risks or illustrating its proportion to other events:

> The role for us as science journalists, if the cold crisis turns into a hot one, you are often more someone who sees the whole issue in relation to other problems that exist. (Interviewee 21)

Several of the interviewed specialist reporters described how they, as science or medical reporters, tend to be the 'sober voice', or have a more factual approach to health crisis news compared to general news or local news departments. The following quote exemplifies this:

> Those of us who are responsible for medical topics are always like 'ok, no panic, let's stay calm here. Careful'. (Interviewee 14)

Another journalist commented that specialist reporters tend to try to exert an influence on the news agenda and other departments' reporting during health crisis events:

> You attempt to have an influence on the editorial office, as a first thing, and well, keep news reporting as factual as possible in that moment. So, this story where the unemployment agency here was locked down, there was somehow an element of panic involved. Now we have the first case of Ebola in Berlin. Then the adrenalin among the reporters goes up anyway because you think 'God, now this is it'. And in this state of adrenalin, if you then write, well then sometimes things also happen. But then, well, for starters you try to feed in neutral information – it does not transmit that easily, it is not airborne. (Interviewee 18)

Furthermore, the reporter described how the relation between different editorial offices within a newspaper can be delicate during health crises. On the one hand, editorial departments sometimes believe that specialists simply want to underplay the importance of a topic. On the other hand, specialists are consulted to contribute to the reporting of other departments because of their expertise.

Having experienced multiple health crises, and understanding risks and transmission modes, specialist reporters thus seem less easily perturbed and take a special role within their news organizations. This fits the findings of Henderson and Kitzinger's (2007) analysis of the coverage of human-genetics research, that specialist reporters saw new discoveries in greater perspective, and were more cautious not to 'overhype'.

In comparison to specialists, general reporters have a wider focus, and assume a more neutral role in health crisis coverage. They highlighted their role of disseminating official information, particularly 'how-to-act' messages. Moreover, they emphasized the humanitarian aspect of health crises, particularly general ethics (preventing stigma, racism). Both groups of professionals felt similar responsibility to protect or warn people. Overall, the observed differences mostly lie in their focus: a narrower, in-depth versus a wider perspective.

Discussion

This study set out to explore at its base level how journalists understand their roles in the context of health crisis reporting, and as a wider goal whether situational and professional characteristics initiate role shifts among journalists. Our findings resonate with findings by Hooker et al. (2012) that journalists experience role conflicts between remaining independent and feeling responsible for supporting public interest, when covering public health crises. The present study extended earlier findings by identifying role shifts and an additional role that comes to the fore in health crisis coverage: a *public mobilizer* role.

For existing frameworks on *role perceptions*, the present findings implicate that despite certain continuities in the roles journalists adopt regardless of context of reporting, situational context does matter in terms of how journalists prioritize and interpret these roles. Of particular importance is the substantial re-interpretation of the *public mobilizer* role, away from encouraging democratic debate or giving a voice to ordinary citizens, to one of mobilizing the public as individuals to take appropriate actions. This demonstrates the merit of studying journalists' professional ideology in specific contexts, as a complement to existing research that focuses on current affairs and political reporting. In addition, the finding on the particular role of specialists shows that besides situational also professional characteristics influence interpretation of roles and role performance.

For the quality of health crisis news and crisis management, the present findings have several implications. The observed role shifts towards a public mobilizer role and towards co-operation with authorities carry potential benefits and dangers. Co-operation between media and emergency managers can strongly benefit the success of crisis mitigation measures (for an example, see Veil and Ojeda, 2010). Indeed, the usual tendency of mass media 'to be highly critical of government response to emergencies' can be counterproductive (Veil, 2012: 291). Too fervent criticism in a role as watchdog might undermine or obstruct authorities' crisis relief efforts. But increased co-operation also carries dangers. Some health journalism scholars have warned journalists of becoming mere 'mouthpieces' of health authorities (Schwitzer et al., 2005). One of our interviewees voiced accusations that authorities misuse journalists' fear to misreport:

> The media get taken as partners, because somehow the media do not dare, with the subject vaccination they are insanely careful. (Interviewee 22)

In principle, the authority – journalist relationship – can thus go both directions. As Veil (2012) puts it, 'the emergency managers can be perceived to be engaging in media manipulation, or altruistically helping the journalist protect the public'. For journalistic practice, this means it is critical that journalists maintain a critical perspective. The complexity of health crises and immense pressure to report fast make this exceptionally difficult, which is why experienced specialist reporters are so crucial.

A valid question to raise is in how far journalists can actually challenge health authorities. As Berkowitz (2009) contends, the classic vision of autonomous watchdogs does not match the reality of news reporting. Rather, in most cases, 'journalists cannot truly challenge news sources', as their interpretation of events is beforehand constrained by

norms of the workplace – 'the preferred meanings of their media organization, their news sources, and their geographic community's power structure' (Berkowitz and TerKeurst, 1999: 128–130).

Specialist reporters could play a special role in remedying some of these challenges of health crisis coverage. They are more capable to withstand pressures and juggle different roles: endorsing a role as *co-operative* and being better connected with public health officials/experts, while critically evaluating facts or scientific findings, identifying sources with relevant expertise and providing frames to understand the 'bigger picture'. Moreover, the finding that specialist reporters emphasize classifying risks/treatments in context has implications for the quality of reporting. News stories have been criticized as superficial, lacking contextual information that shows how new information relates to a more comprehensive understanding of a situation (Lowrey et al., 2007; Schwitzer et al., 2005). Finally, our findings demonstrate that specialist reporters might play a unique role in alleviating one of the key concerns about health crisis reporting: fear-mongering (e.g. Dunwoody and Peters, 1992; Shuchman and Wilkes, 1997). Specialists appear to be 'sober voices' within their news organization that view events, such as disease outbreaks, in a wider context.

This raises serious concerns considering decreasing numbers of specialist reporters in news organizations (Ashwell, 2016; Saari et al., 1998). As Lowrey et al. (2006) state, during the past years, 'newsroom budgets for training have been slashed' (p. 362). Resultantly, media organizations lack reporters with sufficient scientific knowledge of issues such as emerging infectious diseases (Lowrey et al., 2006). Science issues are often covered in 'in a cursory manner by general assignment reporters responding to press releases', who are unlikely to be able to cover such events critically (Saari et al., 1998: 61). The problem is aggravated by the crisis in journalism (Pickard, 2011) leading to more news being covered with lesser reporters, and an increased commercialization of news, giving audiences what they want, rather than what they need (McManus, 2009). Independent initiatives developing training programmes or manuals for health crisis reporting (e.g. by the Nieman Foundation for Journalism) and independent platforms gathering and critically investigating in-depth information on current health issues freely available to journalists (e.g. the German 'medien-doktor.de') gain importance.

However, a core limitation of the present study is that it is based on self-reports and thus vulnerable to (intentional or unintentional) misrepresentations of journalistic reality. Our choice of self-reports was driven by our research interest – self-perceived roles. However, further research is needed to compare self-perceptions with actual role performance, such as through ethnographic studies or combinations of interviews with analyses of news content. Also, as this study focused on infectious disease outbreaks or food safety crises, the generalizability of findings to other types of health crises needs to be examined.

Practical implications: Journalistic roles and expectations from external stakeholders

It appears that the reality of health crises coverage is less dire than may be feared based on common media criticisms. Journalists seem to accept many of the voiced expectations

from external stakeholders as legitimate parts of their professional self-image. As urged by scholars, they express commitment to contextual reporting, and adopt a role as health educators (Schwitzer, 2004; Schwitzer et al., 2005). The *public mobilizer* role relates to a core expectation of authorities – impacting public health to the better. Furthermore, many journalists expressed willingness to act as *disseminators* of authorities' messages to the public, and as *co-operatives* in crisis management efforts (Holmes, 2008; Reynolds and Seeger, 2005). The fact that journalists emphasize providing mobilizing information (how-to-act) promises positive implications for health crisis management because studies show that mobilizing information fosters individuals' readiness to engage in precautionary measures (Tanner et al., 2009).

Conclusion

While universals exist, health crisis coverage also involves particulars in the way roles are prioritized and interpreted in light of situational and professional characteristics. This underscores the importance of not merely focusing on political contexts in journalism studies but equally considering specific contexts. Specialist expertise emerged as a key variable enabling enactment of the roles identified in this study and the fulfilment of expectations from scholars and health officials. Seeing shrinking numbers of specialist reporters in media organizations, this raises serious concerns and calls for a re-evaluation of the importance of specialist reporters in the industry.

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Note

1. Findings regarding the specific interest of this article, however, were fairly similar across countries (except a larger number of specialist reporters among German media), thus we decided not to report findings separate by countries in this article.

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Author biographies

Celine Klemm obtained her PhD in communication science at Vrije Universiteit Amsterdam and was a visiting scholar at the University of Helsinki. Her research focuses on the role of news media during public health crises, studying health crisis journalism and news effects – particularly the interaction of content and style – on audiences' response to risk.

Enny Das obtained her PhD in social psychology in 2001 at Utrecht University. She is currently a professor in Communication and Persuasion at Radboud University and chair of the department of Communication and Information Sciences. Her research focuses on the interplay between message factors and audience responses in the realm of health communication, examining self-regulatory processes related to threatening health information and strategies to increase receivers' openness to such information.

Tilo Hartmann, PhD, is currently associate professor at the Department of Communication Science, Vrije Universiteit Amsterdam. His research focuses on psychological mechanisms underlying media use and effects. He is editor of the book *Media Choice: A Theoretical and Empirical Overview*, and served as editorial board member of *Journal of Communication, Human Communication Research* and *Media Psychology*.