Chapter 3

Changed Priorities Ahead: Journalists’ Shifting Role Perceptions When Covering Public Health Crises

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Abstract

Journalistic role perceptions have been extensively studied in general contexts. However, recent studies indicate, that the importance journalists assign to journalistic roles and the professional standards they endorse may vary with subgenre. Despite journalism’s key function in public health crises, to date very little is known as to how journalists themselves understand their roles and how their roles – or their prioritization – may shift in this context. The aim of this study was gaining an understanding of journalists’ role perceptions in health crisis coverage, including differences between crisis and non-crisis contexts, and generalist versus specialist reporters. We conducted 22 in-depth interviews with reporters experienced in health crisis reporting in Germany and Finland. We identified four themes: ‘meaning beyond facts’, ‘stance toward authorities’, ‘care for audiences’, and ‘impact on public emotion’, each relating to several journalistic roles. Findings suggest that journalistic roles shift (e.g., from ‘watchdog’ to ‘co-operative’) between crisis and non-crisis contexts, and context-specific additional roles were identified.
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” (Nieman Foundation for Journalism, 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, Hooker, & King, 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 & Seeger, 2005; Veil & Ojeda, 2010). Scholars, in turn, admonish journalists to act as accurate and critical reporters on health matters, to function as health educators, and to beware 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 & Wilkes, 1997; Yusuf, Yahaya, & Qabli, 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, p. 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, Albaek, Bro, & de Vreese, 2013; Van Dalen, de Vreese, & Albaek, 2012), and can serve as a base for normative judgment as role performance is judged by others (and role holders themselves) by “how well they conform to the expectations” (Turner, 2001, p. 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, Weaver, & Choi, 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. Investigating this allows an examination of the universality of journalistic roles across subjects as well as elaboration of subject-related particulars, which recent studies suggest exist (e.g., Mellado & Lagos, 2014). It is further of practical importance, as journalists’ impact can be beneficial, even life-saving, if enabling proper understanding of risk and of precautionary measures, or – inadvertently – detrimental if spreading misinformation, fuelling panic or becoming a vehicle of stigma. The aim of this study was gaining an in-depth understanding of journalists’ role perceptions when covering health crises. We particularly explored the specifics of health crises compared to non-crises coverage and differences between specialized vs. non-specialized reporters. To this end, we conducted 22 in-depth interviews with journalists experienced in health crises reporting.

**Journalists’ Professional Role Perceptions**

Role perceptions have been primarily studied through survey research on large, often cross-national samples of journalists, mostly among generalist or political reporters. Scholars devoted a great deal of effort to developing role typologies and identifying universally shared role perceptions, across media organizations, countries and journalistic beats (e.g., Hanitzsch et al., 2011; Willnat et al., 2013). One of the first representative surveys by Johnstone, Slawski, and Bowman (1972) proposed distinguishing two professional roles that journalists may adopt: a neutral and a participant role. These roles correspond to different conceptions of social responsibility: journalists either feel their professional role demands staying objective and dissemination-focused, or being actively involved. Weaver and Wilhoit (1996) developed this approach further, proposing a taxonomy of four roles: *interpreter, disseminator, adversarial,* and *populist mobilizer*. The *interpreter* role includes analysis and interpretation of complex problems, as well as investigating government claims. The *disseminator* role entails fast informa-
tion dissemination and verification of facts, the adversary role developing public interest, and the populist mobilizer role giving a voice to ‘ordinary’ citizens and providing entertainment.

A decade later, Hanitzsch (2007) proposed to classify the societal functions of journalism along three dimensions: interventionism, power distance, and market orientation. Interventionism reflects “the extent to which journalists pursue a particular mission” (Hanitzsch, 2007, p. 372). Journalists low in interventionism typically emphasize objective, neutral, detached reporting; those high, stress being active and involved. Power distance reflects journalists’ “position towards loci of power in society” (Hanitzsch, 2007, p. 373); those with high distance perceive their role as “adversaries”, or “watchdogs”, while those low in distance take a collaborative role, as “partners” of those in power. Market orientation relates to how the audience is addressed, “as citizens or as consumers” (Hanitzsch, 2007, p. 374). Building on these dimensions, Hanitzsch (2011) formulated four “professional milieus”, i.e., journalistic subcultures with shared values and roles: detached watchdog, critical change agent, opportunist facilitator, and populist disseminator.

While certain universals could be identified and research efforts have provided invaluable insights into the journalism profession as a whole, considerable differences between individual journalists and groups of professionals with respect to the relative importance of the various roles remain. Willnat et al. (2013, p. 175) conclude from their cross-national survey that overall “there was more disagreement than agreement”, and that “journalists tend to put more emphasis on one role than on another” depending upon several contextual factors. The authors argue that news organizations, culture and national politics provide important contextual factors. Extending this logic, we argue that other contexts such as specific situations or subject (i.e., a health crisis), may equally bring certain journalistic roles to the fore. Health crisis coverage entails particular demands beyond those of regular reporting, such as increased uncertainty, complexity, urgency, lives at stake, a need for accurate understanding of and proper response to risk, and an emotion-laden public sphere (Glik, 2007; Rosenthal, Boin, & Comfort, 2001). We assume these contextual characteristics influence journalists’ perceived importance of various roles. They may even result in journalistic roles that differ from the set of universal roles proposed in literature. 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) discussed for HIV/AIDS reportage.

Several findings speak for the assumption that specific news subjects emphasize certain journalistic roles. Firstly, prior research indicates that journalists working in different journalistic beats, i.e., covering designated subjects such as politics or economy, differ in the importance they assign to journalistic roles (Willnat et al., 2013) and the professional standards they endorse (Reich, 2012). Secondly, analyzing journalistic roles as manifest in news content, 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 & Lagos, 2014, p. 2094). Thirdly, Mogensen (2008) demonstrated for the case of terrorist attacks, that crisis coverage as a specific subgenre of news requires unique journalistic norms. The present study therefore set out to explore how journalists understand their roles in the context of health crisis reporting, whether their prioritization of roles shifts in acute crisis states, and whether they adopt context-specific additional roles. Further, we aim to understand key determinants of role performance given the situational and personal (e.g., specialized expertise) constraints of a health crisis.

To the best of our knowledge only two studies have investigated journalists’ self-perceptions about health crisis reporting to date. Holland, Sweet, Blood, & Fogarty (2013) focused on a specific aspect – journalists’ consideration of conflicts of interest of expert sources – and found that considering these was not a routine practice for most. Hooker, King and Leask (2012) conducted interviews with 16 Australian journalists on their criteria for newsworthiness, perceptions of news accuracy, and journalistic roles. They found that journalists were primarily committed to their role as public informants, yet experienced role conflicts between being independent, neutral informants and feeling responsible for supporting public interests and officials’ crisis mitigation efforts. Further, journalists often tried “to balance different, sometimes competing, aims amidst significant operational constraints” (Leask et al., 2010, p. 535). While the existing studies provide already valuable information, they examined role perceptions only as a subtheme of their research. Accordingly, a more systematic, in-depth
analysis of journalistic roles in health crises that integrates findings with existing role perception research, makes an important contribution to literature. It allows an exploration of the universals, namely whether universal roles identified in earlier studies likewise emerge in a specific context, and an elaboration of the particulars, the context-specific perceptions of roles.

Method

We conducted semi-structured, in-depth expert interviews with newspaper journalists and editors between October 2014 and March 2015. The study focused on print journalists with relevant experience/expertise in health crisis reporting.

Sample and Procedure

We used purposive sampling, specifically maximum variety sampling (Patton, 2002) with the aim to reflect a large diversity in information-rich cases relevant to our research interest: different news organizations (national, regional, popular press, quality press), levels of expertise (generalist vs. specialist reporters), and autonomy (editor, journalist). We additionally included two European countries, Finland and Germany. Both countries have similar cultural values but different media systems and histories of health crises and specific epidemiologies.1

Experience was a prerequisite, thus we contacted reporters that had published several articles on health crises. As no formalized news beat of ‘health crisis reporters’ exists, we further attempted to identify those most experienced with health crisis reporting in each newspaper and considered by the editors as ‘specialists’ on the matter. Some news organizations had no reporters designated to reporting on health issues, yet several organizations had specialized reporters, on top of generalist journalists assigned to covering health on demand. Our sample included eighteen journalists and four editors (N = 22). For Finland, we included journalists working for Helsingin Sanomat, Iltasanomat, Ilta-lehti, Aamulehti, Turun Sanomat, Hofvudsblade; for Germany, journalists from Süddeutsche Zeitung, Frankfurter Allgemeine Zeitung, Bild, Die Welt, Der Tagesspiegel, Kölnische Stadtanzeiger. Interviews lasted 30-75 min (on average 1hr) and were predominantly con-
ducted 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 of emotions in health crisis reporting. Questions touched on the use of emotional content in general and crisis-specific news reporting, the rationale behind such use or the decision of discarding emotional content, and journalists’ perceived responsibility with regards to the emotional impact of their news reporting.

**Coding and Analysis**
All interviews were recorded and transcribed verbatim following transcription rules proposed by Dresing, Pehl and Schmieder (2013). To identify the main themes, we conducted a thematic analysis, which posits “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 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.

**Findings**
Our analysis resulted in four main themes: **meaning beyond facts, stance toward authorities, care for audiences, and impact on public emotions.** Themes are broader topics, each relating to several journalistic roles; these roles are further discussed under the respective themes. After discussing each theme and the related roles, we report whether and how these roles shift as a func-
tion of personal and situational characteristics. A general observation is noteworthy: like earlier studies (e.g., Willnat et al., 2013) we found that journalists adopt multiple roles simultaneously; they appear to manoeuvre between these, even if conflicting, with relative ease.

**Theme 1: Meaning Beyond Facts**

Interviewees were strongly committed to their *information dissemination* function. Some journalists 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. The majority of interviewees, however, perceived their professional duty to go beyond mere information dissemination to encompass also providing *meaning beyond facts*, and – to a degree – interpretation. The comment from one interviewee reflects what journalists commonly perceive as their main responsibilities:

> “[N]ot only facts, but also enabling a certain classification and analysis of complex facts, also commenting on events. These I would consider the most important responsibilities.”

This function of ‘meaning-making’ manifests in two key roles, *contextual analyst* and *commentator*, as discussed next.

**Contextual analyst.** Many interviewees feel they ought to engage in a certain ‘meaning-making’ through analysis of events in context. An interviewee commented:

> “[I]t’s not always enough just to give the facts because people also need explanation and analysis ‘what should I think about that?’”

Interviewees mention a number of responsibilities that we summarized under the role of *contextual analyst*. Most notably, they express a responsibility of putting things – a new outbreak or new medical cures – in perspective. German interviewees refer to this as *Einordnung*, a classification, grading or placement of something in context of other entities, for example, classifying how fatal a new virus is compared to other diseases or risks. Additionally, interviewees feel they ought to provide analyses sensitive of contextual factors such as local (health) infrastructure, politics, and cultural customs. One journalist commented on Ebola coverage:
Another journalist stated, “giving background information and analysis [...] has to be done, that goes without saying”. The role as contextual analyst further involves active information search, digging deeper, identifying causes, circumstances or conditions of a crisis, and reflecting on solutions.

**Commentator.** Providing commentary – i.e., opinion and interpretation – appeared as another important, though disputed, role in our sample. Although contextual analysis also requires a degree of interpretation it is confined to the bounds of objective reporting, whereas commentary is explicitly subjective, and thus usually restricted to specific news genres. Some journalists valued commentary as a freer form for ‘putting things in perspective’, or for opinionated appraisals of ‘what something means’. One journalist observed it can be best to “write an analysis or comment or column where you could say out loud your own opinions” to help audiences deal with a crisis. In contrast, others perceive commentary to be outside the boundaries of their role or competency, or plainly inappropriate. Interestingly, the differences in opinion occur roughly along the lines of the differentiation between generalists and specialists (as discussed later).

We identified several constraints on journalists’ role performance. Firstly, we observed that specialized expertise (or relevant experience) is a key determinant of journalists’ awareness of the need for contextual analysis and commentary, as well as the ability and confidence required for role fulfillment. Further commercial imperatives – the urge to report spectacular news – conflict with contextual reporting. Some journalists readily admit that there is an incentive not to provide context and de-dramatize. To illustrate, one interviewee commented on Ebola coverage:

“[T]here is kind of a drama in it. So it is [...] easy to write about in that way. But I still think we have to think about the proportions.”

Additionally, certain organizational values or policies may restrict contextualizing. A journalist working for the popular press pointed to the limitations imposed upon her by her newspapers “single-message policy” (e.g., ‘swine flu is deadly’) not allowing for any complex reflection on what exactly
‘deadly’ means. She perceives this as a common problem of the popular press. Lastly, time constraints and the pressure to report fast were repeatedly mentioned, infringing journalists’ ideals of contextual reporting.

**Theme 2: Stance Toward Authorities**

Relations to authorities, primarily health authorities, was a predominant theme among all interviewees. We identified different stances towards authorities and related role perceptions, specifically neutral disseminator, watchdog/critic, co-operative.

**Neutral disseminator.** Overall, journalists demonstrate a willingness to disseminate information of authorities or experts, including recommendations of preventive measures. In the role as disseminator, journalists stay neutral, refraining from value judgements, as the following comment by one interviewee illustrates:

> “Well, passing the most diverse information about different things you know, so that people can make their own minds, I think that is the most important thing.”

Some interviewees perceive their role as intermediaries between authorities and the public, who translate authority information before dissemination. One journalists commented in the interview:

> “The media have to be the translators in this case. So, they have the translating function, simply ensuring that the largest mass of people possible is provided with the information of the managers. [...] And then explain it in a way that is intelligible to all.”

The primary focus, though, of this translator role remains dissemination rather than creating own content. Interviewees typically use words like “re-organize” or “repackage” to describe their role; a few interviewees stress that their role precludes bringing in own (expert) knowledge.

**Watchdog/critic.** A few interviewees mention having responsibilities typical to a watchdog role (Hanitzsch, 2011; Weaver & Wilhoit, 1990). Some state, they ought to “find out what authorities are trying to hide”, critically monitor “what goes wrong and what needs to be improved”, and focus on “fault finding, pinpointing to short fallings, or gaps”. It is conceiv-
able that journalists would feel responsible to critically evaluate authorities’ emergency response to health crises, such as quarantine orders, acquisition and distribution of vaccinations – and if necessary voice such criticism – but only few interviewees address this responsibility. Rather, interviewees generally confine their critical stance to evaluating the veracity of authority information, i.e., to a source criticism. This includes gathering multiple, ideally independent opinions, rather than passing on information from a single authority. An interviewee notes, “try to get as many authoritative opinions as you can”. Another important responsibility is 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.”

This may include having to read experts’ scientific publications, crosschecking credentials, searching archives: a demanding, time-consuming task. Further, many interviewees express awareness of and commitment to the responsibility of identifying conflicts of interest. This is something scholars have urged for (Schwitzer et al., 2005), yet which earlier studies found health reporters were not routinely doing (Forsyth et al., 2012; Holland et al., 2013). However, even if committed, journalists might not always be able to fulfill this duty. In an interview, one journalist stated:

“It is really hard when you talk about rare diseases. For example, when there might be just one or two persons who do know something about this. And what if these persons also are partly paid by some kind of medical company? If you go in, you can see that there are strains, but you usually do not easily see what kind of strains there are. Are they paid by the company to say this? Which is a really ugly picture. Or is there a medical company, which approached this scientist to learn more because the scientist is the only one who knows something?”
Co-operatives. Interviewees predominantly express co-operative rather than adversarial attitudes, and recount positive experiences in collaborating with authorities during past crises. Interviewees describe their relations to authorities as “based on co-operation”, or state, “co-operation is highly important”. 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 though, particularly regarding its exact boundaries. In this sense, the term partnership is a stronger one than that of cooperation, denoting a reduction in independence or agency. The divergence of opinions is illustrated by the following quotes, representing the most extreme positions. One interviewee stated:

“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.”

In contrast, another journalist describes such a scenario of close co-operation in crisis times as the best case, which as she states may involve withholding information that is perceived as non-beneficial for the public. She continues:

“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.”

Among members of the popular press, there is a tendency to follow authorities closely, often uncritically (e.g., lacking alternative opinions), and letting responsibility rest with authorities. An interviewed journalist stated:

“First they say, ‘now this is deadly, everybody should get like, vaccinated’ then you don’t have any second opinion, then you are writing
'ok, everybody should get the vaccination', and then the next week, it’s a disaster (laughing)."

Their own responsibility, they perceive to lie rather with criticizing if authorities erred. One interviewee remarked, “if there are any kind of mistakes, we would be harsh on them”.

Key determinants of journalists’ positioning towards authorities are trust, a perception of shared goals, and dependence. Interviewees generally trust health authorities; they see no reason for distrust as they perceive health authorities to act in public interest and have no gain from spreading false information. Dependence on health authorities, mostly for (authoritative) expertise, is another strong determinant. One interviewee said:

“[W]e are journalists, we are not scientists, we are not doctors. You cannot know all the things. We are dependent on people who know their work.”

Trust and dependence can be intricately intertwined with adopting a cooperative role, 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.”

**Theme 3: Care for Audiences**

There exists a shared sense of responsibility among many interviewees with regards to communicating to their audiences how they can and should deal with the threat a health crisis poses to their personal well-being and to that of others. Within this theme, we identified two roles, mobilizers of health behaviours and mobilizers of social responsibility, which are discussed next.

**Mobilizers of health behaviours.** Many interviewees adopt a role as mobilizers of health behaviours, which includes enabling audiences to take self-protective measures, and – to some extent – also encouraging the per-
formance of such measures. Most interviewees consider providing advice or action recommendations an important duty: “I think giving advice is a big thing. We need to do that.” This responsibility of ‘advice-giving’ reflects a general trend in news reporting, which is not restricted to health crises, as several journalists (particularly Finnish) relate. One interviewed editor stated:

“[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.”

One newspaper had recently formally introduced a so-called Hyötö journalism, a Finnish term that translates to ‘how-to-act’ journalism. In health crises providing ‘how-to-act’ messages, what health communication scholars called ‘mobilizing information’ (Hinnant, Len-Ríos, & Oh, 2012), gains importance. An interviewee said:

“You need to give people right information that they can take precautions, they know if they need to take a vaccine or anything. You have a big role there.”

Interviewees predominantly describe mobilizing information as something “sensible and not propaganda” that “benefits” audiences, or provides a “service”.

Some interviewees perceive their role to go beyond solely supplying practical ‘how-to-act’ messages and adopt a role of health educators. German interviewees use the term Aufklärung, which includes both providing instructions (how-to-act) and health education, and aims at enabling citizens’ self-determining, educated health decision-making. While there is general agreement about their role of enabling precautionary health behaviors, there is little explicit mention of health promotion or advocacy of such behaviors (e.g., vaccination). However, some express them. An interviewee 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.”
Mobilizers of social responsibility. Interviewees adopt responsibility for the public beyond public health. Many adopt a role of promoting humanitarianism and preventing anti-social attitudes, what we call mobilizers of social responsibility. Journalists described their role as a “social conscience”, reminding societies “we have to act like human beings”, or “raising awareness”.

Two aspects emerge as part of this journalistic role. One is encouraging philanthropic behaviours such as volunteering or donations, for instance in disaster or outbreak situations. In an interview a journalist said:

“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.”

Another aspect several journalists consider important is discouraging anti-social behaviours and attitudes, such as stigma, prejudices, racism and ‘other-ing’. A journalist stated:

“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.”

Particularly in health crises, stereotypes and resultant blames can easily surface, and some consider fighting such stereotypes an important role. One journalist remarks that this includes a perceptive treatment of official materials, as these are likewise not always immune against prejudices. She mentioned the example of official statements about Ebola and African burial practices that were believed to aggravate disease spread, which she perceived as somewhat stigmatizing. Repeating these, she felt, might contribute to stigma or a slight racism.

Theme 4: Impact on Public Emotions

The large majority of interviewees reflected on the emotional impact of their work on audiences, especially during crises. Interviewees seemed sensitized to the issue of not fuelling emotions in the already heated scenario
of health crises; most highlighted the importance of not creating fear or of reassuring the general public early on in interviews, and often unprompted. This theme relates to a role that we termed public emotion management.

**Public emotion management.** The majority of interviewees expressed a sense of responsibility for the emotional impact of their work. Only few negated responsibility for emotional consequences. Managing public emotion refers to *not fuelling fears* or panic, a responsibility that most interviewees mentioned. But it also includes a responsibility of *soothing fear* by reassuring the public, calming or comforting them, as some mention. The following quotes of two journalists are illustrative of the role of public emotion management:

“*Especially with these kind of crises, the factor of not fuelling panic becomes very very important.*”

“It’s a national task of the authorities to calm the big audience. But in a way, we are in the same boat I think (laughing), in a way.”

This role is controversial among interviewees, however, and is an apparent contradiction. Interviewees frequently made contradictory statements: some emphasized they had no intention to manage or influence public emotions, yet at other points related specific goals or practices which clearly indicated that they did. The other way around, some clearly expressed responsibility at earlier points, yet later stated it was not their task to reassure or comfort people, or that they had no control or influence on audience response.

The apparent contradiction can be partly reconciled: it seems there is a fine boundary between acting responsibly and being responsible for the end result. As Richards and Rees (2011, p. 862) phrased it: “Journalists may be responsible *to* the public, but they are not responsible *for* them and their feelings.” In other words, while having responsibility for their own actions and reporting, and taking care to not contribute to fear, journalists and editors are less willing to take responsibility for public responses – for example, if some among their audiences are fearful anyhow.

The contradictory perception of this role furthermore stems from the fact that the role is fraught with dilemmas. Some interviewees reflected on the fact that health crisis reporting poses a challenging balancing act, a constant struggle between neither causing panic nor complacency. One
editor stated:

“[Y]ou have like two ways to get it wrong, you can be too alarmist, like painting threats that somehow scare people too much and make them act in a somehow stupid way and make them, for example, fear all the African countries or something like that. [...] But on the other hand, you can also do the mistake of underestimating the threats and that is not good too because, well here, I need to (laughing) again take Ebola, but, here the problem has been that the Western countries have not sent enough money and have not really reacted in the way that the gravity of the situation would imply. So in that sense, someone might say that we have not been alarmistic enough.”

This editor concluded that in his newspaper the general tendency was “that you would rather or a bit too alarmistic or rather over-do it than under-do it because in essence our job is to give out information and not to hold it back.“

Some – although few – journalists clearly reject the role of emotional governance as problematic. One journalist remarked that just because the media hold power to influence emotions – both for better or for worse – does not automatically imply that she should make use of it:

“[Not] simply say, since we can fan fears – or soothe fears – let us go ahead and do it.”

It is noteworthy that journalists rarely address the possibility of tailoring the emotional level of news reporting to situational context, either to tone emotional reporting down when a risk is local and acutely threatening, or to engage more emotions if a risk is hypothetical for local audiences but a real hazard in distant regions, and empathy is appropriate. A few interviewees reflected on this though, like one editor who stated:

“[I]f you get the feeling that “ok now, people are over panicking and like the talk of the streets seems to be something that doesn’t correspond to reality”, of course, we then try to hold it down or vice versa, yeah.”

Lastly, several problematic assumptions emerged. Journalists admit to the conflicts arising from the competition over readers’ attention, which has social implications, namely attracting attention to an important health issue,
but is also related to commercial imperatives. One interviewee remarked:

“[T]hat is sort of a dilemma because you have to persuade the reader to read your article with something, and it is often some kind of emotion, but then you cannot just leave him or her there, feeling like “Oh my God!” and you have to keep that all together in that way that there is no wrong feelings at least, going to spread from your article.”

A means to mitigate the dilemma between the competition for attention and the need to not exaggerate, is a practice that several journalists mentioned: to overstate risk in the headline to attract audiences and clarify actual (low) risk in the remainder of the article. An interviewee stated:

“I would say that, even though we are working in the yellow press, and we make these kind of titles that ‘Oh, I have to read this!’, in the health crisis, this is my personal opinion, it is important not to create panic yourself because media has really a big responsibility. So even if I would make an article with the title ‘Can you catch Ebola from an airplane?’, I would explain in the article that you cannot (laughs).”

This practice rests on the assumption that audiences continue reading the article, beyond the headline.

Lastly, there appears to be a confound between public interest (fulfilling the public’s urgent need for information) and commercial interest (what sells well). Several interviewees refer to ‘clicks’ on article as an indication of public concern that prompts them to publish more articles. For example, one interviewee said:

“Especially online, I mean we can watch which articles work at minute intervals. And so then that way we can see directly, “o, there is a large interest in this at the moment. People want to know more about this, the article clicks good. Ok.”. So what this means is, there is a need for information.”

Roles: Shifts During Acute Crisis
One of our objectives was to explore how journalists’ understanding and prioritization of roles might change in acute crisis states. The shared sentiment in our sample – with the exception of a few that perceived crises as ‘business
as usual’ – was that acute crises bring specific aspects within general roles and additional context-specific roles to the fore, and bring about certain role shifts. Within the theme of meaning beyond facts, the specific responsibility of classifying risk comes to the fore during crises. Interviewees commonly feel that the public disproportionately fears new health risks while in reality common diseases (e.g., Tuberculosis, Diarrhea) 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.”

Journalists emphasize that putting things in perspective becomes increasingly important as it allows individuals to assess the meaning of a current crisis proportionately. One interviewee said regarding acute crises: “at that point it is the important art of journalism to classify events”. Another interviewee, when asked whether her role changes in acute crises, answered: “Yes, towards classification”.

We also identified role shifts with regards to journalists’ stance toward authorities and the roles they resultantly adopt. In more acute crises, interviewees shift to a stronger co-operative role; their willingness to disseminate authorities’ messages grows, 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 many felt this was a breach of trust by the authorities. Journalists perceived the incident as disruptive; some reported negative feelings – regret or even guilt – about their own responsibility and their decision to support official vaccination recommendations. Regardless, interviewees maintained high levels of trust but this critical episode illustrated the fragility of trust and importance of transparency on the side of officials.
Journalists’ support of vaccination recommendations fits with the finding that authorities and journalists often cooperate more closely during crises. One interviewee reflects 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!”

Further, this sits well with the finding that during crises, journalists tend less toward assuming a classic watchdog role but rather focus on source criticism. Very few interviewees reflected critically on the increased cooperation with authorities in crisis times. One journalist criticized that some journalists “shout along” with governments’ appeals for vaccinations; another that journalists often “blindly follow that which someone burbles”, which effectively lets authorities “have complete partners in the media, because they print everything.”

Also emotion management gains in importance in crisis situations, as becomes apparent in some of the earlier presented quotes. An aspect that seems to be accentuated in crises concerns the large media attention that health crisis issues often receive. Several interviewees commented how they tend to report on every little piece of new information. This practice is not unproblematic, and some reflect on this. A Finnish editor commented on Swine flu, the difficulty of knowing how to report, and doubts about the large amount of reporting:

“[I]t was very very difficult to know, because people were very scared and then we really had to think about what is right. Because it never came to Finland like very seriously. (...) But still we wrote about it a lot. And I do not know, I think we might have gone wrong with that.”

The fast pace and urgent desire for information can develop its own kind of dynamic in a crisis. One reporter recounts what happened when Ebola threatened to become a hot crisis in Berlin, Germany as there was a suspected local case:

“The whole time, we updated online and that was not just me, but also
local beat reporters and police reporters and anyone really, who was standing in front of the employment bureau and simply wrote down what they saw. And such a situation is not that easy. For one you always go through the text again, to which other people now added something and which you should revise again, and where someone overshoot the mark and yeah and where you should now carefully point out to someone, that that was not really helpful.”

This gives a glimpse of the complexity and challenge of health crisis coverage: time pressure, the sheer number of reporters (and laypersons) involved in reporting, restricting the influence of an individual journalist.

Lastly, journalists generally expressed an enhanced sense of care for audiences in crises. Concerning the role as mobilizers of social responsibility, safeguarding the anonymity of the affected party becomes a particularly important ethical consideration during crises, as individuals can easily become an object of stigma or hatred (e.g., during the Ebola outbreak; Yusuf et al., 2015). Interviewees most commonly mentioned the example of HIV/AIDS, but also Ebola and parents publicly stating they reject vaccinating their children. The role as mobilizers of health behaviours seems to shift from a more general-educative to a more active, advising role, and interviewees expressed stronger responsibility to issue warnings and help preventing spread. Several interviewees described how they focus more strongly on practical action recommendations – at times in collaboration with authorities – while these are usually solely a side-facet of reporting. Generally it appears that during crises, advice becomes more concrete. For example, one interviewee said:

“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.’”

An interesting case is a journalist, who feels a strong sense of responsibility but expressed some discomfort with her role, or questions its justification:

“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. [...] I do not know how we get away from that.”

Roles: Differences Among Generalist vs. Specialist Reporters

Another research interest concerned understanding differences between generalist journalists (working in general news sections, covering various topics on demand) and specialist reporters (health reporters, science reporters, or both). Specialist reporters tend to be more co-operative, which is plausible considering that they also report having closer contact with health authorities and experts. Further, holding a stronger objective of health promotion, they are naturally more aligned with health officials. We find that specialists feel treated better by authorities — more trusted, taken seriously — and enjoy privileged contact during hectic crisis times. Yet, specialist reporters are also particularly protective of their independence and place more emphasis on the critic role, crosschecking information and gathering independent opinions. Specialists strongly emphasize providing meaning beyond facts, especially putting risks in perspective. Moreover, they stress their commentary role, particularly in health crisis coverage. This seems logical considering that providing meaning requires a degree of subjective interpretation, for which specialist reporters can draw on own (technical) expertise, yet which need be tempered by ideals of objectivity. News formats that allow for subjective commentary may serve as powerful tools for fulfilling their roles unencumbered by the restraints of objectivity. Specialists also have more confidence in their own judgement. Having experienced multiple health crises, and understanding risks and transmission modes, they are not easily perturbed and take a special role within their news organizations. One specialist reporter stated in an interview:

“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.”

This expands to their role of public emotion management. Several reporters describe themselves as ‘sober voices’ within their news organisations, that
tend to put risks in perspective and admonish other editorial departments not to dramatize.

With regards to mobilizing, specialists have a stronger health-oriented mission, emphasizing health education, promoting self-protective behaviours, and influencing public opinion and behavior. Social aspects take less the center stage, and if addressed, are mostly mentioned in direct relation to the disease outbreak.

Generalist reporters, in comparison, have a wider focus, and take a more neutral role. They highlight their role of disseminating official information, particularly ‘how-to-act’ messages. Moreover, they emphasize the humanitarian aspect of health crises, particularly general ethics (preventing stigma, racism). Further, they are more inclined to perceive giving opinions as either entirely inappropriate, or at least view this more skeptically.

No differences occur with regard to the watchdog/critic role and both groups of professionals feel similar responsibility to protect or warn people. The differences mostly lie in their focus: a narrower, in-depth vs. a wider perspective. Following Johnstone et al. (1972), generalist and specialist reporters could be classified as holding different conceptions of social responsibility: specialists tend more toward a participant role, being socially committed (to improve public health), generalists toward a neutral, dissemination-focused role.

**Analysis and Discussion**

This study set out to explore how journalists understand their roles in the context of health crisis reporting, whether their role prioritization shifts, and whether they adopt additional roles. When covering health crises, journalists hold multiple roles. Hooker, King and Leask’s (2012) earlier study on health crises reporting found that journalists are primarily committed to a public informant role and experience role conflicts between remaining independent versus feeling responsible for supporting public interests and health officials. We find similar role conflicts and journalists in our sample are likewise committed to information dissemination. While our findings thus resonate with earlier ones, interviewees in our sample prioritize roles differently. Many assign the highest importance to mobilizing self-
protection and social responsibility. Further, they award more significance to providing meaning (through contextual analysis and commentary) rather than merely disseminating facts. The management of public emotion, also a controversial role and one with clear boundaries, is perceived by interviewees as one of their foremost responsibilities in covering health crises.

**Roles in Crisis and General Journalistic Roles**

In a health crisis, journalists face a dilemma: They are heavily dependent on health authorities (mostly as experts) and become their co-operatives, suppressing their watchdog role in the interest of public health, at least during acute phases. Journalists fear misjudging and reporting inadequately, harmfully perhaps. One journalist voices accusations that authorities misuse this fear:

“The media get taken as partners, because somehow the media do not dare, with the subject ‘vaccination’ they are insanely careful.”

Retrospectively, journalists may regret their decisions, as the Swine flu case illustrated. Journalists’ predicament may explain that while we find a watchdog role like prior research (Hanitzsch et al., 2011; Weaver & Wilhoit, 1996), few interviewees adopted such a role. Most perceive their role rather as critics of official information, echoing findings of Leask et al. (2010). Whereas open criticism may undermine authorities’ crisis mitigation efforts, as critics, journalists can still deal with their dilemma, preserving independence through source criticism. Another explanation may be journalists’ focus on health rather than political authorities, which are viewed differently – more aligned with journalists’ goals and trusted as acting in public interests.

Besides the discussed information disseminator and watchdog role, we identified several other roles consistent with prior research on universal roles (Hanitzsch, 2011; Weaver & Wilhoit, 1990; Willnat et al., 2013). Yet, interviewees interpreted these partially different in health crisis contexts. Our co-operative role relates to Hanitzsch’s opportunist facilitator role, which involves supporting “official policies to bring about prosperity and development” (Hanitzsch, 2011, p. 485). Interviewees held a comparable, yet situated, notion of this role – supporting official policies bringing about individual and public well-being. Yet, we do not find other notions commonly associated with the opportunist facilitator, such as conveying a positive image
of elites, or strengthening national identity. The roles *contextual analyst* and *commentator* are comparable to Weaver and Wilhoit’s (1990) *interpretive* role. However, their conceptualization includes “investigating government claims” (1990, p. 137), which we do not identify within this role.

Our findings indicate that the importance assigned to roles shifts in crises. For example, the aspect of ‘putting-in-perspective’ comes to the fore, driven by the demands of a health crisis – its complexity and the need for enabling citizens judgment of a new threat proportional to other risks.

We identified several roles that appear unique to health crisis coverage. Firstly, some journalists adopt a role as *translators*, which was likewise identified as key role of science journalists (Fahy & Nisbet, 2011). Secondly, in health crises, journalists assume a role as *mobilizers of self-protection* and *mobilizers of social responsibility*. We could relate these roles to Hanitzsch’s (2007) dimension of *interventionism*: journalists assuming them may be classified as high interventionist (involved, socially committed) rather than low interventionist (neutral, detached). Still, both roles do not feature in earlier typologies, hence we propose they are specific to health crisis coverage. Together with a shift to more advisory reporting, these roles appear driven by the particularities of a health crisis – lives being at stake and adherence to precautionary measures being crucial.

Overall, we find that besides certain universal roles, health crisis coverage also involves particular role interpretations, role shifts and additional specific roles. Underlying dimensions like those proposed by Hanitzsch (2007) seem to hold best, and could serve as base for future studies on roles in specific contexts.

Moreover, we find that the majority of journalists express a sense of responsibility for not creating fear, which differs from an earlier study by Richards and Rees (2011), which found that journalists rarely considered the emotional impact of their work on audiences. As Richards and Rees interviewed journalists on general reporting, this difference appears to indicate that journalists’ are sensitized to the delicacy of the inherently emotional crisis scenario. This idea is supported by the finding of Hooker, King and Leask (2011), who like our study also find that, when covering pandemics, journalists are concerned about creating panic or causing destructive public response. We extended these findings by uncovering a boundary between *having responsibility* for not creating fear, and *a willingness to take responsibil-
ity for eventual public responses (e.g., if some recipients are fearful anyhow). It is also noteworthy that some among our interviewees, mostly working for the popular press, used the refusal of responsibility for the eventual impact of news on audiences as an excuse to absolve themselves of any responsibility of having responsibility for their reporting in the first place. These were the minority, though.

Journalists mention a number of reasons that could explain why sensationalism might still happen. One might be the use of dramatic headlines, which journalists then aim to counter through a sober tone and accurate risk information in the remainder of the articles, a practice the earlier study by Leask et al. (2010) also noted. Further, the apparent confound between public interest (fulfilling public’s urgent need for information) and commercial interest (what sells well), that emerged from the interviews, could eventually lead to an aggravation of the issue. Journalists decide to publish more on issues that are clicked (rather than selecting issues/risks based on their importance), interpreting clicks as a sign of public interest. Yet, in fact, by publishing additional articles, they are steering public interest by signalling to the reader this is an important risk they should be concerned about, especially if journalists use sensationalist leads that persuade readers to click. If readers click on follow-up articles, this starts a self-perpetuating mechanism that leads to continued articles on issues that are already overrated, thus artificially hyping interest.

Our findings on the particular role of specialist reporters resonate with the findings of Leask et al. (2010). The fact that specialist reporters tended toward a participant role, generalists, in comparison, towards a neutral, dissemination-focused role raises an interesting question that relates to existing typologies: whether stronger specialization and expertise is associated with the likelihood of adopting more active, involved roles.

**Practical Implications: Journalistic Roles and Expectations from External Stakeholders**

It appears that reality is less dire than may be feared based on common media criticism. 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 accuracy, contextual reporting, and adopt a role as health educators (Schwitzer, 2004; Schwitzer
et al., 2005). The role as *mobilizers of self-protection* relates to a core expectation of authorities – impacting public health to the better. Further, 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 & Seeger, 2005). Yet, journalists are wary of a partnership role, denoting reduced agency.

The fact that journalists emphasize contextual reporting and providing mobilizing (how-to-act) information, particularly in acute stages, promises positive implications for health crisis management. Scholars have argued that context is crucial in health reporting (Schwitzer et al. 2005), enabling proper understanding of health risks and of behavioural response, and preventing unjustified fears by debunking transmission myths or clarifying risk proportions. Similarly, epidemiologists have argued that health crisis prevention is heavily dependent on individuals’ adherence to precautionary measures (Brug et al., 2009). Evidence shows that mobilizing information fosters individuals’ readiness to engage in such behaviours (Tanner et al., 2009). A core limitation of the present study, however, 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 (ideally as written by the respective interviewees).

Furthermore, regarding journalistic practice, it is critical that journalists uphold a distinction between cooperation and partnership (as our findings indicate they commonly do) because while cooperation with authorities can be highly beneficial (for an example see Veil & Ojeda, 2010), journalists’ support of authorities’ action recommendations awards these latter with substantial power, which – uncontrolled – could have adverse effects for public health. This was illustrated by the troubled case of the Swine flu pandemic, which also exposed the World Health Organizations to sharp criticism about the handling of vaccination (Cohen & Carter, 2010). Thus, despite conceivable benefits of cooperation, journalists must stay on guard not to become mere “mouthpieces” (Schwitzer et al., 2005, p. e215). The complexity of health crises, the uncertainty about risk and precautionary measures, and the immense pressure to report fast, however, make this ex-
exceptionally difficult.

Lastly, Willnat et al. (2013) noted that preferences for certain roles have implications for the skills required. In our study, specialist reporters demonstrated greater awareness of issues and appeared more capable and confident to withstand the pressures of health crises. This raises concerns considering decreasing numbers of specialist reporters in news organizations, and the fact that specialist reporting often does not take place on the front pages, thus reaching only smaller subsections of the public.

**Conclusion**

While universals exist, health crisis coverage also involves particulars – in the way roles are interpreted, prioritized, and complemented with situation-specific roles – thus underscoring the importance of not merely focusing on political contexts in journalism studies but also considering specific contexts. *Expertise* emerged as a key variable enabling enactment of the roles identified in this study and the fulfillment of the expectations from journalism scholars and health officials. Yet, it was also the key deficiency interviewees mentioned. Seeing shrinking numbers of specialist reporters in media organizations, independent initiatives developing training programs 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’) may gain importance.

**Notes**

1 Both countries score similar along Hofstede’s (2001) cultural dimensions; Finland has one leading national and several strong regional newspapers, Germany several strong national newspapers. Findings, however, were fairly similar across countries (except a larger number of specialist reporters among German media), thus we decided not drop national differences from further analyses.

2 All parts concerning Theme 4 and the role of *public emotion management* were not included in the version submitted to ‘Journalism’; we chose to exclude these due to word restrictions.
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