



ORIGINAL PAPER

Promises and pitfalls for the health journalism in Romania

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Abstract

The present article starts from Reese's thesis (1997) according to which journalism is an activity of collecting empirical information, in which various activities have developed (Reese, 1997: 423). The paradigm of journalism is seen by Schudson (1997) as a model that governs the collection of information. In his seminal work on journalism as profession, Schudson (1997) assessed that the true parading of journalism is revealed through practice and is based on some excellence criteria related to the impact of this activity on the public (Schudson, 1997: 8). The article has as its aim to identify the peculiarities of health journalism in Romania. We have started from the assumption that in this case, the health journalists are crossing borders with social and investigative journalism – many of them are migrating from social topics to strict medical topics coverage. Once specialised, they offer a closer and more accurate perspective of the health medical system they covered in their everyday activity. In order to see what are the main traits of health journalism in Romania, we have analysed a set of 24 interviews conducted in February-May 2014. The interviews were made with journalists working directly with the health system representatives and care providers, as well as with health authorities and institutions. The results showed that journalists had declared general negative perceptions about the medical system in Romania. They have defined the Romanian health system as a dysfunctional one (although the aim of the interviews it is not to criticise the system or the professionals), a system which is "in a profound and structural crisis". Also, the journalists have stressed the lack of patient education in relation with their doctors - the "bribe" being seen as the cornerstone of this relation. The future of health journalism in Romania is seen in a rather positive way, due to the main educational aim of this type of journalism.

Keywords: *Health journalism, journalist's role, Romanian medical system*

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Introduction

The mass media provide the public with significant amounts of health information, but press coverage of health stories are often assessed by scientists as inaccurate, superficial, or sensationalized (Klaidman, 1991; Suchman and Wilkes, 1997). Journalists accuse, on their turn, the research community of obstructing, misguiding, or even failing to alert the press of important findings (Wiltse, 1992; Suchman and Wilkes, 1997).

As existing literature shows, (Gasher et al., 2007) health journalists typically focus more on individual than social factors as sources of health disparities. Illness is often framed as a personal, rather than a social problem (Howell and Ingham, 2001). At the same time, the “medicalization” of societies is a recent and relevant social phenomenon relating to the growing influence of the medicine establishment in the way individuals see and interpret reality focusing on individual and collective health problems. This is a characteristic of the medical theory born in the 19th century that comprehends the intent of prescribing people new ways of living, behaving, and acting.

The media have contributed strongly to that “medicalized” reality, accepting and reproducing the “medicalized” speech of the health sources. We start from Reese’s thesis (1997) according to which journalism is an activity of collecting empirical information, in which various activities have developed (Reese, 1997: 423). Accordingly, we took as granted the paradigm of journalism as is was seen by Schudson (1997) as a model that governs the collection of information. In his seminal work on journalism as profession, Schudson (1997) assessed that the true parading of journalism is revealed through practice and is based on some excellence criteria related to the impact of this activity on the public (Schudson, 1997: 8). The article has as its aim to identify the peculiarities of health journalism in Romania, namely the barriers and opportunities media professionals face when they cover health issues in their articles and programs.

Theoretical framework

The existing literature on the journalists’ professionalism showed the existence of a huge gap between the general, (e.g. public) expectations and the media professionals training. As many studies showed (McCleneghan, 1997; Voss, 2002) only some of the journalists are trained in the subjects they cover, this being especially true in health-related and medical domains (Voss, 2002). Within the general framework of existing literature related to news production processes one can notice that the number of those which address the implications for public health directly is rather scarce.

Many researchers (Nelkin, 1996; Schwitzer et al, 2005) assess that this limitation of medical and health-related issues is inherent to the present media landscape. Accordingly, some authors (Nelkin, 1996; Kline, 2006) pointed out the divergences existing between health professionals and journalists as regards the values and goals of their work and the difference among them as regards some general concepts (such as, validity, objectivity and significance) which guide their daily activities.

When Kitzinger and Reilly (1997) analysed the existing barriers to increasing quality of health and medical reporting they pointed out to the lack of so called “technical training” for journalists and the influence of external factors (mainly commercial) on the selections of stories. Furthermore, one can add at those limitations the the time constraints of news production (Larsson et al., 2003; Schwitzer et al., 2005) which made difficult for some newsrooms to cover health and medical issues in a proper way.

Despite the existing difvergences between the two specific profession some researchers (Hodgetts et al., 2008; Schwitzer et al., 2005; Cooper & Yukimura, 2002)

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had showed that journalists' concerns and aspirations are frequently similar to those of the health professionals. In fact journalists' activity is extremely complex, especially as regards the tensions between economic and structural imperatives on media organisation and journalists' own sets of values and commitments (Larsson et al., 2003; Finer, Tomson & Bjorkman, 1997).

In order to define the journalists' role we start from Briddle's (1986) role theory's definition as:

... patterned and characteristic social behaviors, parts or identities that are assumed by social participants, and scripts or expectations for behavior that are understood by all and adhered to by performers. (Biddle, 1986, 68).

According to Hayes (2007) there are some public roles which have been assign to journalist and those are: facilitating democracy, gatekeeping, framing and agenda setting (Hayes et al, 2007).

To understand those roles one must take into account the interconnection of "roles, values and content" (Hayes et al., 2007: 263) in journalism and the existence of "essential shared values" within this professional field (Elliott, 1988; 2009). The interrelations between the roles, values and contet are normative and they set the limits for the behaviour of this professional group.

Among the most invoked values associate with journalists' profession is the effort to obtain a balanced, accurate, relevant and complete reporting of the facts and to grant the necessary information for a good governance and proper civic life. Giving the fact that those values are assessed as providing criteria by which journalists' actions can be judged some principles were stated as guides of actions in this profession. With direct relevance to our subject we can mention that the "Association of Health Care Journalists" from the USA had devised a "Statement of Principles" in 2004. The "Statement" had as its main aim to improve the quality, accuracy and visibility of health care reporting in mass media (Schwitzer, 2004). The journalists' role in health domain was defines as such in this document:

We are the eyes and ears of our audiences/readers; we must not be mere mouthpieces for industry, government agencies, researchers or health care providers. (Schwitzer, 2004, W12).

The research questions

Building on the existing literature, we sought to explore the journalistic practices that comprise reporting on health generally in Romanian media. Our research questions were:

RQ1. How do Romanian journalists view health and medical system in Romania?

RQ2. What opportunities and barriers do journalists face when reporting on health issue in Romania?

The research project

The data collection phase of the study was carried out over a six-month period from February to May 2014. It was conducted mainly by ethnographic in-depth interviews. According to Belk, Wallendorf and Sherry (1989), this approach could fulfil the need for more naturalistic research, as was the case with our project.

Participants were 24 Romanian journalists who work in audiovisual, print and online media, 18 female and 6 male journalists. Participants were drawn to the study using "purposeful sampling" (Patton, 1990), which emphasises sampling for information-rich

cases. Half of the sample (12 journalists) worked for maximum five years in the Romanian media and only two have worked more than twenty-one years as journalists.

Table 1. Experience as journalists in Romanian mass media (N=24)

	Frequency	Percent
Less than a year	2	8,3
2-5 years	10	41,7
6-10 years	3	12,5
11-15 years	4	16,7
16-20 years	3	12,5
Over 21 years	2	8,3

Source: Authors' own set of interviews with Romanian journalists – February-May 2014

From the total sample 10 journalists were free-lancer journalists and 14 were employed at a media outlet.

Table 2. Type of media where the journalist is employed (N=24)

	Frequency	Percent
Newspapers and magazines	6	25
Audiovisual (Radio and TV)	8	33,3
Web	3	12,5
Mix	7	29,2

Source: Authors' own set of interviews with Romanian journalists – February-May 2014

One-third of them (eight journalists) worked in audiovisual media, six were employed in newspapers' newsrooms and only three made on-line journalism. Following the existing procedure in the sociological field (Pandit, 1996) we coded the transcribed interviews at two levels: open coding and axial coding. Open coding refers to that part of the analysis dealing with the labelling and categorising of phenomena, as indicated by the data. The products of this coding procedure are concepts – the basic building blocks in Grounded Theory construction (Pandit, 1996; Strauss & Corbin, 1990). The rationale of this procedure can be summarised as it follows: while open coding separate the data and obtains concepts and categories which already exist in the text, at the level of the axial coding one have connect between a category and its subcategories, by re-assembling the concepts and categories (resulted from open coding) into new concepts (Strauss & Corbin, 1990).

Analysis of the result

Four axial categories were related to the question related to characterisation of the Romanian medical system in a single word, which is a part of our RQ1.

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Table 3. Characterisation of the situation within the medical system in a single word

Open Coding	Axial Coding
<ul style="list-style-type: none"> - Ambiguous; - Precarious situation; - Down to the ground; <ul style="list-style-type: none"> - Ill; - Collapse. 	The situation of the medical system is characterised in a negative way; the medical system itself needs to be cured.
<ul style="list-style-type: none"> - A catastrophe; - Vicious circle. 	The chances to get out the catastrophic situation are minimal, due to the fact that the existing solutions do not solve all problems at the same time; the problems appear at the same time in the whole system.
<ul style="list-style-type: none"> - Continuous transition; - Reform. 	The instability is a negative factor and it is rooted in the prolonged transition of the entire social system.
<ul style="list-style-type: none"> - Critical; - The system face a crisis; <ul style="list-style-type: none"> - Crisis; - Disaster. 	A large set of extremely negative assessments.
<ul style="list-style-type: none"> - Negligent; - Delay. 	The human factor is responsible for the negative aspects of the medical system.

Source: Authors' own open and axial codings of the set of interviews with Romanian journalists – February-May 2014

According to Romanian journalists the medical system itself needs to be cured, there are multiple problems existing at the same time within it and the main responsibility of this situation belongs to the “human factor”.

At present the medical system in Romania is not...ahh...functioning in a proper way, and this is due to multiple factors. We can assess the Romanian health system as a complex system which suffers shortages for different reasons.

The vast set of assessments used in relation to medical system comprised negative attributes such as “critical situation”, “crisis within the medical system”, “disaster”, “delay in changes”etc.

I think it is a domain in crisis. The brief explanations are very strong: under-financing of the medical research programs, problems with health insurances, unpropoer medical conditions in medical institutions.

If I choose a word to describe it I think the best one is “precarious”. There are many explanations: low efficiency due to the low quality of services the system offers, the fact that there are no sufficient resources for modernisation and the hygiene conditions that are lacking....Of course, the list can continue.

The second key theoretical theme of the study, explanations for the existing situation within the Romanian medical system addresses also the first research question (RQ1). There, evidence from the study data suggests that the journalists assessed existing situation within the Romanian medical system as dependent on a variety of factors, a situation that was revealed by our axial coding of interviews.

Table 4. Explaining the existing situation within the Romanian medical system

Open Coding	Axial Coding
<ul style="list-style-type: none"> - Hospitals are in ruins; - Mix between health in under-developed countries with the developed ones; - In some hospitals things had been changed, while in other the situation is the same – there are many factors at stake; - Problems related to drugs in hospitals; - Hospitals with many problems; - Medical system with lack of financing; - Poor conditions in hospitals. 	<p>The health system is in crisis as material resources, as modernity, as regards the relation between doctor and patients.</p>
<ul style="list-style-type: none"> - Very poor quality of services; - Disaster; - Low efficiency; - Frequent changes within the system; - Lack of resources for modernisation; - Health services at a very low level; - Poor hygiene within the system; - Health insurance at a minimum level. 	<p>Financial shortcuts of the system; the budgetary allotments are small due to the lack of public interest and the system of health insurances does not function in favour of the patient.</p>
<ul style="list-style-type: none"> - Underfunding of the system; - Lack of funds within the system; - Dezastrous financing of the system; - Chronical underfunding. 	<p>The limited financial resources lead to the lack of utilities within the hospitals and the existence of old technologies.</p>
<ul style="list-style-type: none"> - Lack of drugs and medicines; - Misallocation of money within the system; - The money from within the system are dropped into black holes. 	<p>The lack of the control regarding the resources leads to errors and favours illegal acts.</p>
<ul style="list-style-type: none"> - Old mentality based on bribe; - Bribe; - Doctors who practice their job for money; - Doctors' corruption; - The doctors ask for bribe and the patients give them that. 	<p>The informal payments for medical staff are deeply rooted in the way in which patients assess their relations with doctors and nurses.</p>
<ul style="list-style-type: none"> - Changes which influences the patients; - Patients cannot obtain drugs prescribed by doctors; - Patients buy everything they need for treatment in hospitals; - Patients are treated badly. 	<p>The patient is not seen as the basis of the health system and he/she is considered as the last piece, which is not taken into account when political or/and financial-based changes are made within the medical system.</p>
<ul style="list-style-type: none"> - The crisis due to the lack of personnel; - Doctors' migration; - Massive migration of doctors and it is possible 	<p>The general context is shaped by doctors' migration and the reasons are generated by the underfinanced of</p>

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<p>that in twenty years we shall have no medical staff in Romania;</p> <ul style="list-style-type: none"> - Small salaries of the doctors; - Lack of doctors and the closing of hospitals; - Lack of medical staff. 	<p>the system, small salaries, the corruption within the medical system and the lacks of technical facilities in medical institutions.</p>
<ul style="list-style-type: none"> - The complicity among politicians, doctors and patients; - A high degree of political dependance for the medical system; - Changes made without a previous analysis. 	<p>The interests that drive the health system are external to it and they are not compatible with its mission.</p>

Source: Authors' own open and axial codings of the set of interviews with Romanian journalists – February-May 2014

The health system is seen as being in a deep crisis. That situation refers to its material resources, lack of resources and the relation between doctor and patients.

In my opinion we are far behind from other countries, and I point here to the way in which hospitals looks, the ways in which patients are treated, or the ways in which things are going in general.

I am thinking at the situation from Romanian hospitals...You are afraid to get sick in Romania and to ask for an internment. In state-owned hospitals the patients has to buy himself or herself the drugs prescribed by the doctor and in the private hospitals...there the costs are so high so many Romanians could not afford even a single night for internment.

Romanian journalists assessed that the informal payments for medical staff – so-called “spaga” (bribe) is so deeply rooted in the way in which patients assess their relations with doctors and nurses that it became a part of the health system.

The patient who is facing the lack of drugs in the hospitals, with informal payments (bribes) and also with an old mentality ... this patients think that if they did not pay they would not be well treated by the doctors but they do not try to see what happens in the situation in which they did not give those financial attentions.

I am thinking also at the medical staff, staring with nurses who did not even move a finger if you did not “pay attention” to them and ending with doctors who did not care about you if you do not pay...in fact they are not doing otherwise their job. At this one must add the lack of professionalism of a lot of people in the system. Unfortunately Romania is facing at present a mass migration, or even an exodus, of doctors who, for an attractive sallary go abroab without looking back. For that reason only second-hand doctors remain here.

Many journalists also assessed that the patient is not seen in Romania as the basis of the health system. Much more, he/she is considered as the last piece of this system, an element which is not taken into account when political or/and financial-based changes are made within the medical domain.

This is the truth: there is bribe in the system, Now, if one think, how to say...the patient sustains this situation. If you go as a patient to a doctor you know in advance that you have to „give money”. And if you do not give (money) you think that they will not treat you well...well, as a professional, as a doctor, you should not link your activity to the informal payments.....

Other two axial categories which resulted from our study are “the limited financial resources” (which lead to the lack of utilities within the hospitals and the existence of old technologies) and “the errors and the illegal acts” (both being possible due to the lack of control regarding the resources within the system).

Even if some medical institutions receive financing these money are wrong used in some regions or enter into the pocket of some people who had to win some auctions for sanitary materials or equipments.

The second research question of our study refers to the opportunities and barriers the journalists faced when they cover health issue in Romania. At the axial coding stage, several categories emerged, as showed in Table 5 and Table 6 from bellow.

Table 5. Challenges faced by Romanian health journalists

Open Coding	Axial Coding
<ul style="list-style-type: none"> -To express the reality as objective as possible; <ul style="list-style-type: none"> - The fight for truth; - The message should not be distorted. 	To maintain objectivity, to present the truth and to catch the attention of the audience.
<ul style="list-style-type: none"> - The influence exercised by the advertisers and by the newsroom; - The resistance towards external influences; <ul style="list-style-type: none"> - The senzationalism; - The lack of time and space, - The access to information; - Lack of time for adequate documentation; - The impossibility to reach the medical staff; - The lack of economical security. 	To highlight the truth is a complex process wich requires time, resources, cross-checkings, solid documentation and resistance in front of newsroom and advertisers’ influences.
<ul style="list-style-type: none"> - To be on the point; - To be understood by the audience; - To present the infromation in an attractive way for a larger audience; - To succeed in catching audience’s attention; - A great dependance on the audience’s requirements. 	To keep the accessible language for the audience and to reach a large audience.
<ul style="list-style-type: none"> - The use of special language; - Lack of specialisation; - The technical language which can nbot be understood; - The lack of journalists trained in health issues; - The multitude of issues within the domain. 	The lack of specialisation for journalists who migrate from other domains.

Source: Authors’ own open and axial codings of the set of interviews with Romanian journalists – February-May 2014

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For some journalists to maintain objectivity, to present the truth and to catch the attention of the audience are one of the main challenges they faced when present health-related issues in media.

Well, one of the challenges is to face the influence of advertisers and editors. They put pressure on the budget, they can change the production of the entire show, sometimes the advertisers do not agree with what you did, there are also pressure that you have to “commercialize” serious issues.

Think of three different subjects: a star diagnosed with a disease, the results of a study made by a doctor and a foreign study made on international epidemics. What do you think will rise the ratings for your media? It depends very much on the way in which you can pack the information in a way that is both sensational diverse and have also geographically impact. But I fear that the first topic will find many readers, and the second too little people able to understand the relevance of it.

Also, “to highlight the truth is a complex process” is another axial code of barriers faced by Romanian journalist which emerged from our study. Respondents argued that it requires time, resources, cross-checkings, solid documentation and resistance in front of newsroom and advertisers’ influences.

To summarize (the challenges): insufficient time, the focus only on sensationalism, the economic influences (e.g. you can not approach a topic related to a special company because it has connections with the publication where your are employed) or political (e.g. you cannot can not made comments about the actions of the Minister of Health that could be assessed as inappropriate when the minister belongs to a party which supports your publication).

That’s the challenge of journalism: to tell the truth, to fight to find the truth and do not let yourself be manipulated by older executives, chiefs and so on. And in the case of health journalism I think the situation is the same.... we are all journalists, we face the same problems, no matter what is the topic.

When they refer to the problems faced in health-related media coverages the respondents also invoked “the lack of specialisation for journalists”, adding that many of them in fact had migrated from other domains to the medical one.

It's very important to have journalists who are specialised in a domain. For example, I am not a specialist in law and then I turn to the professionals who are the best in this respect, and often call and still appeal to my former colleague in this field when I need to approach more serious topics. The same is true related to the health system... the people I've already met over time, but the real way ... it's very important to be specialised in one area ... I when I get into a topic very quickly and there are risks sometimes ... I try not to get wrong, but the risk is that, being specialised in ... I learned to work at a different pace. For example, when it comes to things that are urgent, such was the case with those which had to

happen at Giulesti maternity, you have to do your job in a half an hour or an hour. In such a short time you have to know a lot about the topic as you have to cover it in a correct way because you also have to face competition in approaching the same issue. So it's important to have journalists who are specialised in such a field as is health-related problems.

Table 6. Opportunities for Romanian health journalists

Open Coding	Axial Coding
<ul style="list-style-type: none"> - The possibility to correctly inform the people; - The increase of public awareness related to health-related issues; <ul style="list-style-type: none"> - The opportunity to educate the people; - The possibility to educate the people; - It helps the journalists to be more empathical; <ul style="list-style-type: none"> - It is more human. 	<p>The opportunity to inform the public and the audience needs health-related information.</p>
<ul style="list-style-type: none"> - The chance to change something within the system; - The possibility to make prevention among people; - To present a news in such a way that it leads to a change within the system; <ul style="list-style-type: none"> - Education for health and prophylaxis 	<p>The opportunity to educate people and to determine a change within the medical system.</p>
<ul style="list-style-type: none"> - To present in an accessible way the issues to the audience; <ul style="list-style-type: none"> - To help the patients; - To have the contact with the people within the medical system; - You can pack the reality the way you assess as a right one. 	<p>The responsibility towards the audience is great and the journalists have the opportunity to translate the issues into an accessible language for the people.</p>

Source: Authors' own open and axial codings of the set of interviews with Romanian journalists – February-May 2014

“The opportunity to inform the public and the audience needs health-related information” is the main axial code resulted from our analysis of opportunities for the Romanian health journalists. Original codes covered by it refer to the possibility to correctly inform the people, the humanisation of journalistic work, the stress put on the empathical side of media professionalism.

Increasing public awareness about what is health and what are health needs. The fact that life expectancy of the people is increasing. Simply put: if the people at a young age have motivations relate to job, house, family and so on, for the people over 50 years, things start to go very much towards health concerns. And as we, as a country, have begun to have a constantly increasing ageing population, the number of people interested in health-related issues is increasing, they are more and more aware that they need the access to information relevant to this area (e.g. health)..

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Another axial code related to opportunities for health journalists is “the opportunity to educate people and to determine a change within the medical system”. This covers ordinary codes of educating people for prophylaxis, the possibility to make prevention among people and the presentation of a news in such a way that it can lead to a change within the system,

For me, it is important chance to change something in the system. I coordinated a campaign, “We have life in our blood” that led to the establishment of the Registry of the Stem Cell Donors in Romania and we also supported several campaigns for fundraising for the Association “Give Us Life” and we gathered nearly three million of euros for the campaigns. All the money gathered in that way had been invested in hospitals in Romania, in the construction of a Laboratory of Cytogenetics Molecular Diagnosis, to buy the latest technology for the Department of Neonatology at the “Polizu” Hospital, and in the expansion of the Department of Bone Marrow Transplant at “Fundeni” Hospital, in the buildings of the sterile rooms within this Sections.

The greatest opportunity is to pack the information in such a way that the news or the article can produce a change in the system.

The opportunity to translate the medical issues into an accessible language for the people is linked to the the responsibility towards the audience’s correct information, according to some journalists.

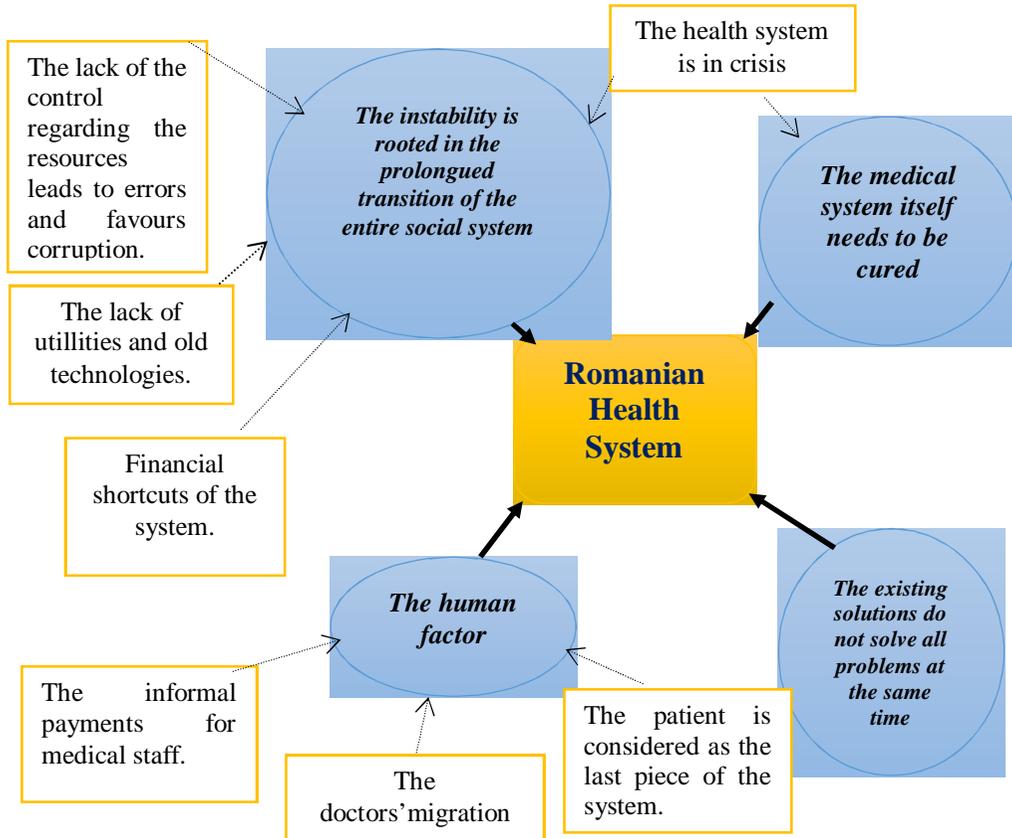
The doctors with whom I work, who come to discuss important health issues in my show always face this problem: how much they can change the medical language to make it intelligible but to keep the essence... and so it is a problem... They have to be careful and do not vulgarise very much their medical language.

Discussion

In the stage of theory building through ordinary and axial codings, the challenge is to interpret the data to develop an understanding of the meaning of the concepts, to juxtapose them against each other and consequently to identify the relationships and interactions between them (Galal, 2001). Interactions among categories are rendered by means of “scenarios” that describe how they occur at various levels and how they influence each other.

We used in our project the model of the categories related to Romanian health system’s assessments shown in Figure 1.

Figure 1. A diagrammatic model of the categories related to the assessments of Romanian health system



Note: “ **—————>**” stay for a strong relationship among concepts;
 “ **- - - - ->**” stay for a weak relationship between concepts.

Source: Authors' own modelling based on the open and axial codings of the set of interviews with Romanian journalists

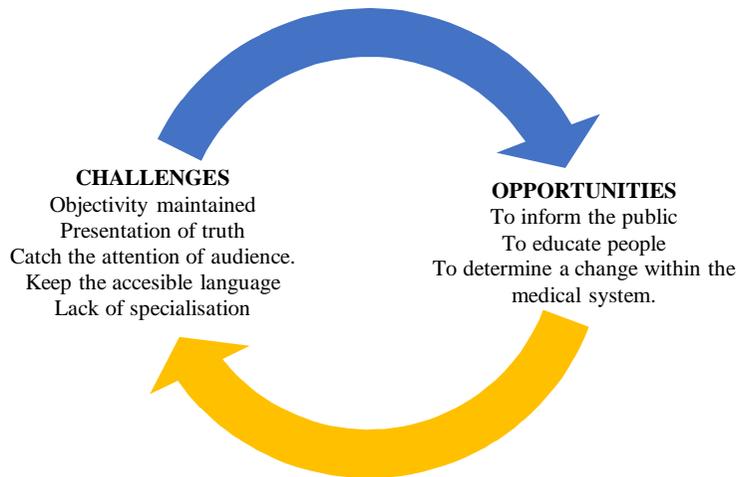
As can be seen in this Figure, the main concept “The Health System” is described in its complexity by our respondents, the main sub-concepts that explain it being “the human factor”, the fact that the solutions at work now in this system cannot solve all the problems at once, the instability of the domain which is linked to a never-ending transition and the fact that the medical system has to be “cured” as any other patient.

The potential for the integration of categories lies in the exploration of action/interaction dimensions and meanings, and as a consequence of this approach, it was possible to establish the themes of promises and pitfalls for health journalism in Romania as shown in Figure 2.

Our analysis reveals that the relations between challenges and opportunities in the field of health-journalism are a rather “circular” one, each elements being dependent on others.

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Figure 2. A possible model for challenges and opportunities for health journalism in Romania



Source: Authors' own modelling based on the open and axial codings of the set of interviews with Romanian journalists

Conclusions

Media (either in its “traditional” shape – as print, television and radio – or as “new means of mass communication”- such as the Internet) have an extremely important role as a mechanism in communication about health issues (Gunther, 1998). Following McCombs and Shaw (1972) one can notice media’s power in setting the agenda of public debates about health, illness, diseases and public vs. private health systems world-wide. Therefore, in our opinion, the study of health-related news can improve and advance the understanding of journalists’ and health practitioners as participants in health literacies and educational projects. The participation of health journalists in media-related processes can promote public connectivity and understanding of health issues. Starting from the Barzilai-Nahon’s thesis (2006) that news is shaped by all of those who wish to participate in the process of newsmaking we assess that, in health domain the public (e.g. various audiences of the media) has to be not only a passive receiver of medical information but also co-participant in the general dialogue about health-related issues. One can think at a new understanding of journalists’ role as “gatekeepers” in which the media professionals are part of a networked environment alongside with what are now called “media users”, e.g. audiences (Singer, 2006; Hoskins and O’Loughlin, 2011).

As Holton et al. (2013) observe, many business organisations are already attempting to harness the power of network gatekeeping, circumventing the news media to directly share and contextualise news for their audiences. This form of engagement connects individuals with organisations through context and across social media, building networks where content and conversation connects individuals in ways that serve to enhance the image of the organisations who open them up to the public. At most, individuals become willing brand ambassadors for the organisations based on their experiences and connections within a like-minded community. At the very least, they recognise a new opportunity for engagement and the endeavour put forth by the

organisation. This creates, as Holton et al. (2013) argue, an example for the news media to take note of. The results of our study show that Romanian journalists had declared general negative perceptions about the medical system in Romania. They have defined the Romanian health system as a dysfunctional one (although the aim of the interviews it is not to criticise the system or the professionals), a system which is "in a profound and structural crisis". Also, the journalists have stressed the lack of patient education in relation with their doctors - the "bribe" being seen as the cornerstone of this relation.

Our results confirm the fact that in Romania health journalism tends to become a specific profession. It includes the newsmaking process, which allows alternative circuits for the dissemination of health information (Briggs and Hallin, 2010). As our respondents showed, the future of health journalism in Romania is seen in a rather positive way, due to the main educational aim of this type of journalism.

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