

Part III

Journalists' discourses about health



7 Health journalism practices in Portuguese newsrooms

An assessment of journalists' perceptions

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Introduction

This research builds on previous studies on health reporting in Portugal (Araújo and Lopes 2014; Lopes et al. 2013; 2012; Araújo 2012) and it aims at understanding health journalists' practices in Portuguese newsrooms. We will assess journalists' perceptions by conducting semi-structured interviews with reporters who usually cover the health beat in four Portuguese newspapers. In order to map the panorama of health reporting in Portugal, we propose to conduct a quantitative analysis of all the health news published in six national newspapers (*Público*, *Diário de Notícias*, *Jornal de Notícias*, *Correio da Manhã*, *Expresso* and *Sol*) from 2012 to 2014.

Since the mass media are an important source of health information to the general public, the interest in covering health issues has been greater in the past few years. It is also true that the media can influence public perceptions on health-related topics, insofar as highlighting the risks of having a disease or the need for prevention. Media portrayals may contribute to people's conceptions of the world and, consequently, they may have a real impact in personal behaviors. Indeed, health news coverage can be a tool for health decision making.

Hence, health coverage should be accurate and complete, it should inform lay audiences and give them tools to act on that information. This can become an issue, since Portuguese reporters usually lack a specialization in health. In this chapter, we will discuss the advantages and disadvantages of having a health specialization, confronting our arguments with the journalists' own perceptions of their work. Our analysis of health news showed some trends in health journalism that were then confirmed by reporters. Journalists covering the health beat recognize the importance of holding a specialization either in health or science issues. One of the characteristics they value more in a news source is their ability to 'translate' complex information into lay terms. In this sense, they underline the role of the editor, who reminds them who they are writing for: lay audiences.

Literature review

Health in the news

The mass media are an important source of health information for lay people. They have the ability to reach to different segments of the population, hence making

people more knowledgeable about health issues. In fact, 'public interest in health information has increased in recent years; there is a corresponding rise in health-related media content and health claims in advertising' (Atkin and Atkin 1990, p. 5). Health stories are very common in the media, and a 2003 research by Wright and his colleagues shows that health stories are among the most frequent news on TV, and in newspapers and magazines (Wright et al. 2013). All this makes 'health and medicine a prominent element of the contemporary news agenda' (Hallin and Briggs 2015, p. 85).

Mass media have the power to reach significant percentages of the audience and Schiavo (2014) recognizes that the media are an important health news source for lay audiences. From a public health perspective, media can influence public perceptions on a disease's seriousness, the risks of having a disease, or even people's own thoughts on the need for prevention or treatment. Media messages are important to the understanding of medicine and disease, and their portrayal contributes to individual's ideas and beliefs on their own disease and doctors (Lupton 2012).

Media coverage, for instance, can help decrease the stigma towards certain diseases or provide information on underdiagnosed or underrepresented diseases. Furthermore, health news coverage can have a real impact on health policies, by drawing people's attention to certain issues and not others (Schiavo 2014). Because one knows that, by deciding which issues to cover and which to omit, media organizations may influence the public's perceptions on the relative importance of those issues (Wright et al. 2013).

Even though health journalism is a small part of journalism, it has its own characteristics. Hallin and Briggs (2015) argue that medical and health journalism reporting is to a degree different from other kinds of journalism. 'Reporters covering this "beat" often express more didactic and instrumental conceptions of their role than other journalists' (Hallin and Briggs 2015, p. 93). In the US, for instance, these journalists are often doctors. This 'hybrid character' of health journalism and the combination of 'communicative norms of journalism with those of medicine and public health' is what makes it interesting within journalism studies (Hallin and Briggs 2015, p. 93). The same researchers point out behavior change as one of the main goals of health journalism. It is true that media inform, explain, and frame health issues that may help lay people in making decisions towards their own health. Therefore, health coverage should be 'accurate, balanced and complete', as the public should be informed and ready to participate in health decision making. A wrongful, unbalanced or incomplete story may lead the public to create unreal expectations that make them demand inadequate or harmful health-care (Schwitzer 2008). Meyer (1990) states that health and science writing has been developing slowly and journalists who write about health do so because they are more available than others. This is especially true in Portuguese newspapers, where health journalism is taking its first steps and media specialization is rare.

Journalists' lack of specialization

The medical and journalistic professions are very different, and so are their goals. Usually, health and science experts tend to consider media coverage to be unclear or inaccurate (Besley and Tanner 2011).

In addition to omissions, the news media are criticized for attributing more certainty to new findings than is scientifically justified, for portraying minor advances as major breakthroughs, and for exploring the emotions of patients and the public.

(Atkin and Atkin 1990, p. 20)

The former *New York Times* science editor, Cornelia Dean, points out some of the problems showed by the common citizen (and therefore journalists) towards science and health issues. There is difficulty in understanding the scientific method and the way science works (Dean 2009). There is often a lack of basic statistical knowledge as the media tend to generalize and to write about causes when they should be writing about effects (Dean 2009). There are some examples of the difficulties journalists deal with when covering health. On top of that, the current situation within the newspaper industry does not make it much easier.

Hallin and Briggs agree that research within this area is usually focused on the accuracy of health information provided by the media and the reasons why it is often distorted. A possible explanation may be the differences between medical and journalistic cultures (Hallin and Briggs 2015). This is also the reason why an issue, no matter how important to health professionals, may not become news unless it has at least some newsworthiness (Dean 2009).

Herbert Gans (2004) says journalism has been under pressure to use more specialists, but he also acknowledges that specialized journalists would require media organizations to spend more money on them. Indeed, beat journalists only focus on one area, which makes them less productive; and there is a risk of them becoming narrow-minded when it comes to health.

In Portugal, there are about a dozen health reporters, either in TV, radio, or newspapers. A percentage of those are not beat journalists, since they do not cover only health issues. The lack of specialization may turn journalists into a 'target', someone who is easily manipulated and 'fed' with all kinds of information.

To prevent this situation, health reporters build close and reliable relationships with their news sources. This is not exclusive of the health beat, though. Beat reporters usually have a small group of sources who feed them complex and specific information. Despite the advantages of nurturing such close relationships, journalists are also at risk of becoming dependable on those sources.

We object to the idea that health journalists are simply vehicles or 'translators' (into lay language) of health information. In the same line of thought, Hallin and Briggs (2015) argue that health journalists mediate different perspectives and interests, more than merely transporting information. We agree with this perspective, since we perceive journalists to be more than a microphone or a recorder who transports information from one side to the other. Hallin and Briggs state that health journalism is important because it 'participates in establishing the frames and narratives through which knowledge about health and medicine is understood and circulated' (Hallin and Briggs 2015). For that mediation to be successful, we need to improve journalists' specialized skills, perhaps starting with academic curricula. We cannot afford to take chances on this, since the lack of specialization towards health and medicine

may lead journalists to transmit inaccurate information, even having a scientist as source (Arroyave 2012).

Media messages and health literacy

Health is a transversal theme in every society, since it affects each one of us either directly or indirectly. In fact, ‘most people agree that health is one of the most important resources for a good quality of life’ (Ginman et al. 2003, p. 301). Low health literacy levels are closely connected to precarious health, eventually leading to an early death. It goes without saying that health literacy is not ‘a one-way street’ in which responsibility lies with health professionals only (Wright et al. 2013). In the sense that they are potential patients/users of healthcare services, lay audiences should learn how to collect and select reliable health information. Although ‘quality information cannot replace quality health services, people do need health information that is written in plain language with enough depth and substance to allow people to weight all the options for prevention and treatment’ (Pomerantz et al. 2010, p. 80–1). Therefore, ‘health instructions are no longer unchallenged, and dialogue is replacing monologue (Zarcadoolas et al. 2006, p. 39).

‘Health literacy’ is the ability to identify, organize, and talk about health information (Zarcadoolas et al. 2006 p. 4), and is also a way of generalizing knowledge. The researcher Christina Zarcadoolas and her colleagues believe that health literacy is closely linked to power, its goal being social transformation (Zarcadoolas et al. 2006, p. 17). A recent study by Dominick L. Frosch and Glyn Elwyn underlines the ‘important advances’ made in the past three decades on the field of health literacy (Frosch and Elwyn 2014, p. 11).

We believe that health literacy is a way of empowering citizens. Indeed, people who are able to understand health information seem to have more tools in decision-making processes related to their own health. ‘Patient empowerment is an important concept in modern medicine and one of the central pillars of health communication strategies within healthcare settings’ (Schiavo 2014, p. 67).

Therefore, we argue that the media play an important role in the mediation of this kind of information, besides being a powerful tool in promoting health literacy. However, since the mass media present both complex and overly simplistic messages about health, they can either ‘improve health literacy or reduce health literacy’ (Zarcadoolas et al. 2006, p. 93).

Methodology

This study is part of a larger doctoral project which aims at analysing the media coverage of health in Portuguese newspapers. In the present research, our goal was to understand health journalists’ perceptions of their own work, and their relationships with health news sources. We used two methodological tools: a quantitative analysis of news pieces, and semi-structured interviews with health reporters.

In order to map the panorama of health reporting in Portugal, we conducted a quantitative analysis, through univariate descriptive statistics, of all the health

news published in six national newspapers from 2012 to 2014: *Público*, *Diário de Notícias*, *Jornal de Notícias*, *Correio da Manhã*, *Expresso* and *Sol*. This is an extensive approach, in the sense that it aims at mapping the field. Through the analysis of several variables, we can show some trends in health journalism in Portugal. We have been doing this work for several years now, and our analysis goes back to 2008 (Lopes et al. 2013). This is not our main tool of research, and therefore we will not discuss the data thoroughly. Instead, we aim at drawing an overview of Portuguese health reporting, focusing on the most and least covered themes, most covered diseases and the geography of news pieces.

Additionally, we conducted a series of semi-structured interviews with journalists who cover health in different national newspapers: *Público*, *Diário de Notícias*, *Jornal de Notícias* (daily newspapers) and *Expresso* (a weekly paper). Our group of interviewees does not include two of the analysed newspapers (*Sol* and *Correio da Manhã*) since we could not reach the reporters who usually cover the health beat. However, we believe this will not compromise our results, since these interviews confirm some pre-established ideas on health journalists' perceptions (Araújo 2012).

Results and discussion

Portuguese health journalism: an overview

Our interest in health journalism goes back several years. We conducted a research project on health communication and journalism¹ which aimed at understanding the news coverage of health in three Portuguese newspapers. This was the first academic approach to health journalism as a whole in Portugal, since in our country this is still a very new field of research. We have been trying to pave the way for health journalism in Portuguese academia: our master thesis was focused on the relationships between Portuguese health journalists and their sources of information (Araújo 2012), and we are now developing a doctoral thesis on the news coverage of health issues in the Portuguese press. Furthermore, we were members of a European project, financed by the European Commission,² which aimed at mapping health reporting across Europe. This research established that formal education in health communication and journalism was not a common practice in Europe, where journalists are frequently not specialized. The Portuguese panorama is very similar to the European one. A survey conducted among several health reporters showed that most of them do not have any specialization in the health field (Araújo 2012). Portuguese health reporting does not seem to be proactive: journalists tend to report past events in medium-sized texts with few sources. Also, news related to health policies are journalists' favorites (Lopes et al. 2013).

Analysing health news

As for our current analysis, our corpus has more than 9,000 texts on health issues, from January 2012 to September 2014. Titles are usually negative (47 per cent) or

neutral/ambiguous (34 per cent); positive titles represent less than 20 per cent of all texts. We believe this is influenced by the themes of the news, which are usually policy-related. Research breakthroughs, which could promote positive titles, are not very common in our analysis.

When it comes to diseases, they represent a small part of health news: only 27 per cent of published health news pieces are on diseases. Of those, roughly a quarter are on cancer-related issues (24.6 per cent), which makes cancer the most covered disease, followed by influenza (7.4 per cent) and HIV/AIDS (6.6 per cent). This follows a trend in health journalism, in fact, apart from the year 2009 (when there was a pandemic of Influenza A), cancer has consistently been the most covered disease (Lopes et al. 2013). Health reporters seem to have a preference for policy-related health news. These occupy almost 30 per cent of our analysis and include political decisions on health, health management and reorganization, and the creation of new healthcare facilities. Clinical practices are also among the most covered themes (17.7 per cent), especially when it comes to news on medical malpractice. This category includes medical malpractice or illegal health acts, difficulty in accessing treatments, or even medical acts in general. Case histories on health also get a lot of attention from the media (13 per cent), since these represent opportunities to present data on a particular disease and to introduce some patients' histories. Health prevention is the least covered theme (3.2 per cent of all texts are on prevention issues), which indicates journalism's lack of interest in prevention matters. We will discuss this with health reporters, who will provide some explanations for these figures.

As for the place of the news, most texts are not really connected to a geographical place; instead, they relate to the country as a whole. Indeed, national texts represent 50 per cent of the total, which may mean that health journalists usually choose to show the bigger picture on health issues. This fact is also closely related to the most quoted sources (official sources), who are usually representatives of the Government or health authorities. In our previous studies (Lopes et al. 2013), Lisbon used to be more covered than other Portuguese cities. However, our current research shows this trend is changing and the North is now getting the same attention as the capital (both represent around 14 per cent of all texts each). When it comes to news sources, there is some good news for health journalism. There is only a small percentage of texts (4 per cent) which do not quote one single source. In general, health journalism's stories are built on news sources.

Health journalists' perceptions: what do the interviews tell us?

We conducted interviews with four journalists who usually cover the health beat, either in Lisbon or Oporto newsrooms of national newspapers. There are not many journalists who cover health in Portuguese newspapers: they are a close group of ten or so reporters. All the respondents are female, their maximum age being 39 and the minimum being 34. The most common age is 34, which makes it the modal age. They are all senior health journalists, since they have been covering the health field for over six years now (two of them have been in this beat for

over 10 years). They all have an academic background (undergraduate studies) in communication, and two of them have done some kind of specialization in health (postgraduate degree and short-term seminars). Interviews are the main methodological tool of this study, since they help us understand journalists' perceptions towards their work. This is a modal instance sampling, which means it is a purposive nonprobability sampling. We chose these reporters because they usually cover the health beat in the selected newspapers.

Hence, the interviews focused on three groups of issues, since we wanted to understand journalists' perceptions towards the news-making process and their relationships with news sources, but also their opinions on whether or not to get a specialization. The first one approached the news-making process and the effects of health news. We were trying to figure out which issues could become health news and how do they get in the agenda, specifically if the journalist adopts a proactive or a reactive position. The interviewer also wanted to understand why there are not a lot of news on health promotion and disease prevention. As for the effects of news, the goal was to understand if the reporter had some idea as for what the public most likes to read, and which kind of news elements he/she uses in order to make health information more understandable. This is directly related to another concern: do journalists seek only to inform or do they try to both inform and provide tools on healthcare issues?

The second group of questions was dedicated to the relationships between journalists and their news sources, since this is one of the main concerns of our work. The researchers wanted to understand if the reporter has any concerns with sources' plurality and diversity and how do they choose them, are they health experts, are they official sources, are they patients? In order to understand the relationships between journalists and news sources, we focused on health news sources and more specifically on press officers. Since the health beat is very complex, we sought to understand whether journalists perceived these relationships as dependent. Bearing health literacy in mind, the researchers wanted to know whether journalists value sources who can 'translate' health information into lay language.

The last group focused on questions on the journalists' specialization, namely if they feel it is more difficult to cover health than other beats since Portuguese journalists do not have a lot of health expertise. We were wondering whether the growing professionalization of news sources could become a problem in covering health and, at the same time, if the over specialization of journalists could also be a problem when writing in lay language.

The health beat and the news making process

All the reporters admit it was a 'coincidence' to start writing about health issues. 'It was something that came up naturally', one of them says. Another journalist argues that 'sometimes one does not realize she is creating her own beat'. This happened to her during a government transition, when hospitals were facing organizational changes and new health projects were arising. All of them agree

that an opportunity came up to start covering health, and they took it. As one reporter simply puts it: ‘There was a void in the newsroom, and I took it’.

As for what they usually understand as being health news, the answers are similar within all of them. Health policies; health economics, reports, access to healthcare, treatments, drugs, public health issues, diseases, and health research. Therefore, the health beat covers a very wide area of expertise, which makes it all the more difficult to understand by someone who does not have a background in health sciences. Sometimes the line to the science area is crossed, since there is not a clear border between science and health. One of the reporters even refuses to say she is a specialist, even though she is already a senior journalist. Rather, she justifies her dedication to the subject as something that makes her more knowledgeable about health.

Newsworthiness criteria and the sources’ agenda

When asked about the way health becomes news, the journalists agree there are different ways to approach a story: it can be a pitch from a news source, a proposal from a communication agency, or even something that a reporter picks up from her/his personal experience. Even though when they started the beat was more dependable on pseudo-events, they all seek to be more proactive. The reporters we talked to admit they try to set their own agenda, so that they do not become too dependable on external proposals.

‘We are always trying to set the agenda, to report something new and different’, one says. ‘I try hard to set my own agenda’, we hear from another.

Journalists often recognize the importance of being both proactive and reactive: ‘We can never stop being proactive, or else we lose the excitement’, one of them says.

Another one explains that sometimes she has her own ideas and she works from there, and other times she is less proactive and goes after proposals. It is also important to highlight that ‘some privileged health information comes from news sources’ with whom the reporter has a close relationship. However, they keep in mind that the health beat usually depends on daily news, because there is always a lot of new health information.

Despite creating their own agenda, health reporters claim to face multiple restraints, either economical or human. Journalism is at a time of transition, and newsrooms have been laying people off. Most often than not, journalists have to work from a desk, over the telephone. One of the interviewees, who is also an editor at a daily newspaper, says:

The health news agenda setting is somewhat conditioned by our resources, and sometimes the importance of the news is set aside because we cannot leave the newsroom and cover it.

About the under coverage of prevention, one of the reporters claims it is a myth: ‘We publish a lot of stories on prevention, in several areas (like drug abuse, sexually transmitted diseases, obesity, cancer)’.

Simultaneously, she points out this is a duty of official institutions, which sometimes do not pursue prevention goals. Even so, they all agree on one thing: prevention itself is not newsworthy. This means that prevention stories, even if important, need a news hook.

One of the explanations for the under-coverage of prevention, journalists point out, is the lack of prevention policies in Portugal over recent decades. Another one lies in the difficulties journalism is experiencing, with newspapers having less and less space.

What health interests do lay people have?

As for what readers like the most when it comes to the health field, our interviewees agree that lay people prefer stories that have something to do with their lives.

‘I would like to say people read about health debates, challenges, innovation . . . but those are not the most read news in our website’, a journalist answers.

This journalist believes people have some interest in news on patients’ access to a treatment, health research and so on. The common answer is that people search for news that means something to them. As one reporter puts it, ‘anything that is close to their lives’. In fact, ‘people like to read stuff that has a direct impact on their lives’.

This impact may be positive or negative, and a journalist refers to news on medical malpractice, which are growing in number among Portuguese newspapers: ‘Anything that makes doctors look bad is always a success, even if those are the same situations we have already reported years ago’.

Deconstructing the jargon: addressing health literacy

One of the concerns in our study is related to health literacy. Since health news addresses the general public, they should use lay language and at the same time provide tools so that people become more comfortable with health issues. We also understand that the goals of journalism and those of public health are different, and therefore journalists cannot be seen as health educators. But it is our belief that journalists may contribute to a more educated and health literate public. The interviewees admit they have concerns with health literacy, and even when they use jargon they make an effort to explain messages and concepts in lay terms. While admitting they have concerns with health literacy, they also point out some restrictions within newsrooms, like space.

‘There are things we can and should explain, but we are under a lot of restrictions’, one of the reporters says.

Another one argues that this is a ‘problem’: ‘We either publish the news or we publish that kind of information’.

Negotiating with health news sources

Health reporters all agree that their relationship with health news sources, specifically with press officers, is mainly positive.

‘There are conflicts, sometimes. We have different goals, and that’s a good thing’, we hear from one interviewee.

Another one says: ‘We understand each other’s job and there is a commitment, based on trust, respect, and a regular contact’.

We believe the relationship between health journalists and health press officers is generally positive, as long as they understand their role in the news-making process. Press officers are former journalists, which makes their task easier. They have a true knowledge of journalism and are very familiar with newsrooms’ routines. When it comes to health authorities, like the Ministry of Health or the Directorate-General of Health, reporters tend to say they are easy to reach: ‘Portuguese health authorities are often easy to access, even though some answers are more difficult to get than others’.

Another reporter admits she has been having troubles getting some answers, and says official sources are more and more difficult to access.

Building relationships with news sources

When talking about their relationship with other news sources within the health field, reporters complain that sometimes they do not understand the journalistic routines or even newsworthiness criteria. Time constraints and journalists’ lay-offs also make it difficult to talk to several news sources in order to write a piece of news.

It would seem to us that the lack of specialization would make health reporters more dependable on a few specialist news sources who can explain health concepts and messages. They all admit to be somewhat dependable on official sources to provide figures, statements, or reports.

‘It is inevitable, since there are some sources who are mandatory to quote’, a reporter tells us.

She is referring to official sources, who will give an institutional point of view of a given subject. When it comes to specialized sources and how to choose them, one of the reporters mentions the agenda-setting function of the mass media:

This is a media phenomenon of ‘contagion’, we will go after the same sources. Let’s say I’m writing on diabetes. I already know who I can count on, the sources who have good communication skills.

Overall, there is recognition of specialized sources’ importance:

Specialized sources are very important, they have the ability to ‘decode’ information.

However, as one journalist puts it:

Being the best in that area is not enough. You need to be able to communicate.

To specialize or not to specialize?

All journalists seem to agree that specialization is an advantage for journalists who are covering the health beat.

‘In the beginning we find everything interesting and newsworthy, and we don’t realize we are publishing old news’, one of them says.

Indeed, the health field is very wide and complex and a general reporter might find it hard not to be excited with all the promising scientific breakthroughs. There is a need to filter information, and an academic specialization might help: ‘This is a very technical area and it requires expertise’.

Overspecialization, on the other hand, may also become an issue.

‘I think we become too narrow-minded and end up writing for the other health reporters’, one journalist says.

Editors have a central role here, since they usually do not cover any beat and will most likely not settle for complex and difficult to read information. One of the interviewees argues that ‘you get “tunnel vision”, which is the worst’. Being overspecialized, health reporters may lose the ability to search for different frames and find the news: ‘There is a great risk in covering health, because when you are used to this area you become so familiarized with certain concepts that you may believe everyone has heard of them’.

The balance between scientific accuracy and the ‘translation’ of health information into lay terms is not easy to achieve, though: ‘It’s not easy. If it were, anyone could be a journalist’.

One of the reporters believes: ‘It is possible by talking to researchers and asking for their help in making health information understandable to the lay audience’.

This is an important part in a health journalist’s task: talking to the experts, understanding the health message and concepts, and then transmitting it to others. In short, ‘trying to make it simple without dumbing it down’.

Aiming at good health information

When asked about what does good health information mean, all the answers are very similar. Journalists believe it should include a call to action, giving readers tools so that they can improve their health or be knowledgeable in their decision-making process.

‘It should include prevention, something that allows people to act on that information’, one says.

Another believes ‘it needs to be understandable and teach something to the reader’.

Simply put, we are looking for useful information and ‘it needs to be simple, understandable, and easy to read’. All of the interviewees agree good health news should provide tools that help you seek information, tell you where to go, which symptoms to look for, because, in the end, ‘that’s what journalism is all about: to inform, to promote knowledge, and to give you tools that help you with decision-making’.

Final remarks

This study is an attempt to understand health journalism practices in Portuguese newsrooms, through the analysis of health news texts and also through journalists' perceptions towards their own work. The mass media are an important source of health information for lay people, and sometimes they are the only source. Since they can reach different publics, they have the opportunity to make health issues more understandable. Also, we believe that people who are knowledgeable about health issues will have more tools to decide about their own health. Hence, the coverage of health topics may help with the decision-making process of lay people.

We analysed more than 9,000 health news texts, from January 2012 to September 2014. The results from our quantitative analysis show that health journalists usually write negative or ambiguous titles. When writing about health issues, diseases represent only a small percentage of all texts. This could mean that journalists draw attention to issues like disease prevention and health promotion; however, health policies are the most covered themes. The prevention of diseases is a sub-represented theme, which is justified by journalists with prevention needing a news hook. Cancer has systematically been the most covered disease, followed by influenza and HIV/AIDS. When it comes to the geography of news, the majority of texts report on the country as a whole – we understand this as an attempt to draw a bigger picture of health issues.

Not surprisingly, official sources are the ones journalists most talk to: health authorities like the Directorate-General of Health or the Ministry of Health, government sources and so on.

It is important to underline that health journalists in Europe usually do not have any kind of specialization in the health or science field and the health beat covers a very wide array of subjects, which makes it all the more difficult for reporters to cover it accurately. The situation in Portuguese newsrooms is very similar to that in the rest of Europe. Furthermore, one needs to take into account the constraints newsrooms have been facing. Media companies have been laying people off, which make them short on reporters who can actually leave their desk and go to cover the news. Economic and financial restraints affect newsrooms, and journalists face several difficulties in covering health. One of those difficulties being the negotiation of space in the newspaper pages, which is not really connected to the crisis. Health is still a growing beat in Portuguese newspapers, and some editors would drop a health story in order to make room for another beat.

In general, we can say that interviews have confirmed some trends which came up from our previous quantitative analysis of health news in the Portuguese press. Health reporters admit they have a good relationship with news sources, especially with press officers. They try to groom close and reliable relationships with their sources. When it comes to official sources, they are reluctant to admit being dependent on them. However, reporters recognize they are the ones who usually give them the news. Hence, even though they try hard to set their own agenda and to be proactive, some situations require them to be reactive. The general complaint towards sources has to do with them not understanding journalistic routines and newsworthiness criteria.

They seem to show some concerns with health literacy, making an effort to explain both health messages and concepts in lay terms. But, again, the constraints newsrooms are facing do not leave them much room for detailed explanations.

When it comes to specialization, journalists covering the health beat tend to say it is an advantage. There is a need to filter information (after all, scientific breakthroughs do not happen daily) and to ‘translate’ it into lay terms. Nonetheless, overspecialization can make them narrow-minded. We believe it is important to have a health specialization, perhaps in the form of crash courses or seminars aimed at specific topics. We know that journalists do not have the time needed to attend a full-year of classes, and we also do not feel that model would be useful. Even though we have some concerns about the overspecialization, it seems to us that a good editor would be helpful and not make this a problem. The main goal is to find the balance between scientific accuracy and the readability of information by lay people. After all, a good piece of health news is the one that includes a call to action and gives people tools so they can improve their health.

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Notes

- 1 *Disease in the News*. Available at: < <http://www.lasics.uminho.pt/diseaseinthenews/>>. [Accessed on 12 November 2014].
- 2 *Health Reporting Training Project*. Available at: < <http://www.project-heart.eu/>>. [Accessed on 12 November 2014].

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