

## Barriers of Health News Producers' Empowerment: A Qualitative Study in Iran

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### ABSTRACT

**Background:** Studies show that raising news producers' knowledge and skills are influential and necessary for promoting the quality of health news. This study aimed to investigate the barriers to implementing empowerment programs for news producers and to identify their respective solutions.

**Methods:** In this qualitative content analysis the opinion of 14 journalists, one translator, 10 editors or editors-in-chief of health news agencies were gathered through 12 in-depth interviews and 4 focus group discussions. Purposive sampling was done and interviews continued up to the point of saturation. Data were analyzed with Open Code software.

**Results:** The barriers to the implementation of empowerment programs were identified as: a) individual factors, b) deficiency of certain facilitators, and c) organizational and macro policymakings. Various solutions were suggested for the barriers respectively.

**Conclusion:** The implementation of empowerment programs for news producers requires a system approach toward its determinant factors. This will be more likely if measures at other concerned levels are also taken. Creating incentives on behalf of the news-producing organizations can also contribute to this end and create a suitable context for news producers. Training and empowerment alone will not be sufficient.

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## Introduction

The general public mainly receive health news from mass media,<sup>1,2</sup> where there are evidences suggesting the effectiveness of health news in changing the behavior and attitude of individuals.<sup>3-6</sup> This comes while the majority of the news published in mass media are not accurate enough to be brought to the publican numerous evidences

indicate inaccuracy of health news at the national and international level.<sup>3,4,7</sup> Moreover, some reports contain incorrect and even life threatening recommendations.<sup>8-10</sup> Factors contributing to the low quality of health news have been studied already. Some of these factors such as lack of specialized knowledge, time limitations, and problems

in accessing scientific resources are believed to be related to news producers' knowledge and skills.<sup>3,5,11</sup> Additionally, type of the media, its organizational regulations and policies, and its writing style as well as the length of the news are also considered as factors affecting the quality of health news.<sup>1,4,12</sup>

The effect of the scientific level of the journalists on the quality of the published news is assessed in many studies.<sup>3,5,11</sup> Possessing the required skills in writing health news also promotes the accuracy and quality of the news pieces.<sup>1</sup> Moreover, having the required knowledge regarding health topics and research including research methodology and statistics interpretation skills are also important.<sup>3,4,11</sup> It should be added that many of the journalists have also attested to their lack of knowledge in health issues, pointing out their need to learn more skills in this field.<sup>4</sup> To promote the quality of health news and improve the level of knowledge of news producers, our research team designed an interventional study, which mainly focused on empowering their skills in reporting of health research results and producing news based on these results. The study's results demonstrated a positive impact on promoting the quality of health news produced.<sup>13</sup>

But the main problem here is whether the groundwork needed for utilizing such empowerment programs by journalists and other news producers in the field of health is available. What are the barriers to such an act? And is it possible to identify the problems in this regard and consequently provide solutions to overcome them? The present study was therefore conducted to seek opinions from health journalists and media authorities about the measures required to implement empowerment programs in the form of educational content for news producers. Moreover, we aimed at identifying the barriers and solutions to such a move.

## **Materials and Methods**

The content analysis qualitative study sought the opinions of journalists (14 journalists working in the field of health), trans-

lators (one translator active in the field of health), editors and editors-in-chief in the field of health and the head of health news agencies (10 individuals) in Iran. Participants included private and public organizations' journalists and editors-in-chief. The required information was gathered through 12 in-depth interviews and 4 focused group discussions (FGD). Two FGDs were held with journalists (homogenous) and two FGDs were held with a combination of journalists and editors-in-chief (non-homogenous). The opinions of 5 editors-in-chief, 1 health news translator, and 6 journalists were gathered through in-depth interviews. The interviews were conducted until data saturation was achieved. The interviews were conducted based on the protocol for semi-structure interviews and the interviewees were selected purposefully. The interviewees were provided with the objectives of the study as well as the content of the Empowerment programs. Most of the interviewees were familiar with the intervention of empowering health journalists. The date and place of the interviews were determined based on the interviewees' preferences. The interviews were conducted by one of the researchers who was familiar with the atmosphere of media and journalists. Each in-depth interview lasted forty five to sixty minutes. FGDs lasted an hour to one hour and a half. The interviews were recorded after the interviewees granted the required permission. The recorded files were transcribed and content analyzed using Open Code 3.4 software. The coding and analysis of the data was performed by one of the researchers who was familiar with the atmosphere of media and its governing policies. However, to control this bias, parts of the interviews were analyzed and coded by another researcher.

To improve coding accuracy, a second researcher was provided with the audio and transcribed files of a FGD and three interviews. Three in-depth interviews were selected from among those conducted in both groups. The codes given to these four files were then compared with those of the first researcher. The concordance of the two re-

searchers was about 95.2%. In case of discrepancy, the researchers discussed the case until an agreement was achieved. The themes and sub-themes were finalized in a session held between the research team. The gathered information was then categorized into three main themes, selected based on the objectives of the study.

### Ethical Considerations

Proposal of the present study was reviewed and approved by the Ethical Committee of Tehran University of Medical Sciences, which follows the Helsinki declaration and ethical norms approved by the Ministry of Health and Medical Education of Iran. All interviewees were informed about the study and their verbal consents were recorded before interviews. The participants' information was treated confidentially and their data were analysed anonymously.

### Results

The participants' opinions regarding the implementation of the empowerment interventions for health news producers were categorized into two main themes consisting of 1) Barriers to implementing empowerment programs for health news producers and 2) Solutions for putting these programs into practice.

The job position of the interviewees is mentioned at the end of their quotes. A special code was allocated to each participant. The abbreviations used in the study are as follows: journalist (J1 - 14), translator (T1), editor in chief of specialized news agency (ECS 1-4), and editor in chief of general news agency (ECG 1-4).

#### 1- BARRIERS TO IMPLEMENTING EMPOWERMENT PROGRAMS FOR HEALTH NEWS PRODUCERS

The following opinions were provided in three main categories: A- Individual Factors (knowledge and motivation), B- deficiency of facilitators (time, cost, support), and C- Organizational and national policies. These barriers are also listed in Table 1.

#### a) Individual Factors (knowledge and motivation)

*Journalists' background knowledge:* Most of the interviewees believed journalists' inadequate background knowledge in the field of health and research is among the barriers to implementing empowerment programs.

**Table 1:** Barriers to implementing empowerment programs in health news

Barriers	Participants
Cost	18
Time	16
Inadequate background knowledge	12
Social and political pressure	7
Motivational Factors	6

*"The main problem is that health journalists do not have enough information about healthcare and medicine." (J 14)*

*"Journalists' should become familiar with research concepts, or else they would be deceived by the statistics." (ECG 1)*

According to the majority of the participants, the mainstream of the journalists working in the field of health do not have health-related academic education and this is the most important reason behind the low quality of health news.

*"There is no journalist that has actually studied medicine. In other words, no one has academically studied journalism and health and the majority of false, low quality, and troublesome news are the result of this fact." (ECS 4)*

In many of the participants' point of view, all news producers do not need a similar type of education. Education should be provided at different levels: basic, intermediate and professional. Such Empowerment interventions are more appropriate for those with a health-related background. As for those with no such background, the intervention would not be sufficient.

*"Our journalists are not even familiar with systematic reviews. They believe articles published in international journals are gospel truth." (ECG 1)*

*Journalists' motivations:* One of the main barriers mentioned by both groups was the

journalists' lack of motivation for improving their knowledge in medicine. The following factors were mentioned by both groups of interviewees: journalists do not feel any need to learn such capabilities; learning the skills or producing more high quality news does not have any effect on their salary or job position, and they have no job security.

*"I am not sure whether I would still be a journalist after I finish these courses or not; there is no job security here." (J 4)*

*"What is the difference between producing a high and a low quality news story. There is no quality control in the organization." (J 6)*

*Translator's health knowledge:* Some of the journalists claimed that the translators working in the field of medical journalism have no understanding of health related issues. They are only familiar with journalism.

*"The majority of the translators have no idea of health and medical issues. In the best case scenario, they know the basics of journalism." (J 11)*

This comes while the majority of international news are produced by the translators. Even the translator who had participated in the study attested that the majority of the translators working in journalism translation are simply translators who have no knowledge of healthcare and medicine and therefore have problems with medical terminology.

*"The editor in chief is responsible for verifying the news. However, he might miss the errors as s/he has no access to the original source unless the produced news is too faulty." (T 1)*

*Editor in chief's background knowledge on health:* Many of the participants mentioned the editors-in-chief's inadequate knowledge on medical and health topics. This was mainly reported in general news agencies. Nearly all of the studied journalists believed that the editors in chief who are working in the field of health should be more qualified. Editor in chief of the social and health section are the same in many general news agencies and these editors are in the best case scenario familiar with journalism and have no information about medicine and health research. This was approved by some

of the editors in chief. This problem was less frequently reported in specialized news agencies. In the idealistic condition, the editors in chief should be familiar with health and journalism at the same time.

*"In general news agencies with a health section, those responsible for the very section are generally not familiar with medicine and healthcare." (SEC 4)*

*"The editors in chief should have a background in medicine and journalism." (GEC 2)*

b) *Deficiency of facilitators (time, cost, support)*

Among the main challenges mentioned by all of the participants were cost and time issues. These issues can be among the most important barriers to the implementation of such interventions.

c) *Organizational and national policies*

Some of the participants believed that empowerment programs can not be implemented in the organizations unless the editors-in-chief of the health section become aware of the necessity and benefit of the empowerment programs in health news production; because journalists must follow intra-organizational regulations.

*"... if the editors in chief are not convinced it won't be possible to implement such programs." (GEC 5)*

Many of the participants pointed to the social and political redlines that limit the use of empowerment programs. The Barriers to implementing empowerment programs in health news have been illustrated in Table 1.

## 2- SOLUTIONS FOR PUTTING INTO PRACTICE OF THESE PROGRAMS:

The solutions and interventions for implementing the empowerment programs at individual, organizational and national levels were mentioned.

a) *Micro level*

From among the solutions mentioned in this group, one can point out educating the journalists at different levels (basics, intermediate and professional) based on their background. In other words, certain individuals need to participate in long-term academic courses (fellowship). Specializing in news assignments is another solution in this regard.

b) *Meso Level*

Informing, convincing, and gaining the support of news organizations' editors-in-chief on the content of empowerment programs were mentioned as solutions to its implementation.

*"The editors in chief should be aware of the empowerment program's contents and have accepted it."*  
(J 5)

From among the other facilitating factors (*time, cost, support*), one can mention the bonuses given to the journalists that attend the empowerment programs and apply their learning in their work. Implementing a protocol by the organization in which the employees are required to abide by the rules is another effective solution in this regard.

*"Paying bonuses to the journalists who prepare his/her story based on the standards taught is a solution."* (GEC 6)

c) *Macro level*

Signing a memorandum of understanding between the concerned authorities in the Ministry of Health and Medical Education (MoHME) and the media supervising body is a national solution to implementing empowerment programs; unifying the regulations and protocols adopted by the journalists, developing Empowerment programs at different levels, and supporting individuals and organizations working in the field of journalism.

*"These educations can help prevent individuals from making disastrous mistakes. However, long-term empowerment programs are also needed."*  
(GEC 6)

*"Providing the basis needed for electronic or telephone connection with the health experts for example through chat rooms can also help solve the problem."*  
(J 6)

## Discussion

These barriers were classified into three groups: A- Individual factors (knowledge and motivation), B- Deficiency of facilitators (time, cost, and support), C- organizational and national policies. Several solutions to these problems at micro, meso and macro level were also mentioned.

Several studies have focused on the deficiency of knowledge in health and medical research in the field of medical journalism. In order to promote the quality of health news, many have pointed out the need for holding Empowerment programs on how to report scientific research.<sup>4,14</sup> Many studies have reported the challenges faced by the reporters working in the field of health. These challenges include methodological knowledge and statistics in medicine,<sup>3</sup> statistical interpretation, access to valid references,<sup>4</sup> and reading and understanding medical results. The findings of the present study also pointed out the gaps reported by previous studies. This study too showed the deficiency in health news producers (including journalists, editors-in-chief and translators) knowledge.

The majority of the participants' considered empowerment programs at different levels as an effective intervention. Considering the fact that the individuals working in the field of health have different backgrounds regarding health and medical research, the Empowerment programs should be prepared in basic, intermediate and advanced levels. In preparing interventions for empowering individuals, their knowledge background and level should be kept in mind.

Other studies have also reported the positive effects of having a medical and health background on the quality of the news produced. They have also reported that the news produced by health experts have a higher quality.<sup>1</sup>

To promote the quality of news, certain interventions and phases are taken into consideration that lengthens the news production procedure. Naturally, more time and costs need to be spent.

Cost and time have been mentioned as the main barriers to implementing empowerment programs for health news; as the time spent on each news increases, its cost raises. In view of the fact that the majority of the news agencies are private, this is a major challenge. Although the outcome of empowerment interventions can be the pro-

duction of high quality news of high accuracy, their implementation may be hindered if cost and time factors are not taken into consideration. If such problems are foreseen, measures should be taken to reduce these factors.

To implement empowerment programs for journalists, their education alone will not suffice. Support should be provided at organizational level. Based on our results, convincing media authorities to support the interventions can prepare grounds for implementing such programs. Certain other studies also believe that educational programs for the journalists are not sufficient and other complimentary policies at organizational level are needed in this regard.<sup>1,11</sup> Some of the participants believed that improving the structures of the news-related organizations and environment can positively affect the journalists' output.<sup>5,12,15</sup> Moreover, the possibility of having a specialized consultant team is more probable.

A great majority of health research news originates from foreign research news. This section's news is prepared by translators working in news agencies. The findings of the present study showed that the majority of these individuals have no medical knowledge background and are only qualified in translation. They therefore face major difficulties in translating medical news pieces. Their deficient knowledge in health and medical terminology were mentioned as the problems. This finding was also noted by Rahimi et al. who had reported the knowledge on the topic of the news piece as an important factor affecting the quality and accuracy of the news.<sup>16</sup> The translators should therefore receive the required education before starting their job in the foreign health news section.

The study had certain limitations, including the fact that the opinions of the officials from the media supervising body, which is in charge of the majority of news agencies, were not available. The study however had succeeded to gather the viewpoints of all target populations of the empowerment programs for health news producers.

## Conclusion

The best-case scenario in medical journalism is to have specialized journalists and producers of health news as the educational background of these individuals would strongly affect the quality of the news. In this regard, implementing empowerment programs for this group at different levels (basic, intermediate and advanced) is effective. In other words, providing this group with the basics of journalism alone would not improve the quality of health news. The implementation of these programs needs the adoption of certain interventions to pave the way, gain the required support and overcome the problems mentioned in this regard. Interventions such as modifying and promoting support systems, granting bonuses to health news producers, unifying the regulations of health news, specializing the news agencies, and inter-sectorial coordination among the responsible organizations and mass media would prove beneficial.

## Competing interest

The authors declare that they have no conflict of interests.

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