

This is an Accepted Manuscript of an article published in [J Bioethical Inquiry] on 6 May 2014, available online at <http://link.springer.com/article/10.1007/s11673-014-9518-3> (paywalled).

Self-archived in the [Sydney eScholarship Repository](#) by the Centre for Values, Ethics and the Law in Medicine (VELiM), University of Sydney, Australia

**Please cite as:**

Morrell B, Lipworth W, Forsyth R, Jordens C, Kerridge I. (2014) Power and control in interactions between journalists and health-related industries – the view from industry. *Journal of Bioethical Inquiry*. 11(2): 233-44.

## **Power and control in interactions between journalists and health-related industries – the view from industry**

**Bronwen Morrell, Wendy Lipworth, Rowena Forsyth, Christopher F.C. Jordens, Ian Kerridge (2014)**

### **ABSTRACT:**

The mass media is a major source of health information for the public, and as such the quality and independence of health news reporting is an important concern. Concerns have been expressed that journalists reporting on health are increasingly dependent on their sources – including representatives of industries responsible for manufacturing health-related products – for story ideas and content. Many critics perceive an imbalance of power between journalists and industry sources, with industry being in a position of relative power, however the empirical evidence to support this view is limited. The analysis presented here – which is part of a larger study of industry-journalist relationships – draws on in-depth, semi-structured interviews with representatives of health-related industries in Australia to inductively examine their perceptions of power relations between industry and journalists. Participants painted a picture in which journalists, rather than themselves, were in a position to control the nature, extent, and outcome of their interactions with industry sources. Our results resonate with the concept of “mediatisation” as it has been applied in the domain of political reporting. It appears that, from the perspective of industry representatives, the imposition of media logic on health-related industries may inappropriately influence the information that the public receives about health-related products.

**KEYWORDS:** journalism, ethics, power, public health, qualitative research

### **Introduction**

Reports of health news on television, on radio, and in newspapers are a major source of health information for the public and have been shown to have significant health impacts, perhaps even beyond those of well-funded government public health initiatives (Stevens 1998; Seale 2003;

Chapman et al. 2009; Dunwoody 1978; Gandy 1982). For these reasons, the quality and independence of media reporting on health is an important concern (Benelli 2003). In recent years media reports of health news have been the focus of extensive criticism including concerns that health news is sensationalised, trivialised, inaccurate, and uncritical (Stevens 1998; Seale 2003; Berkowitz 1992; Forsyth et al. 2012; Davis 2003; Gans 2011; Benelli 2003; Schwitzer 1992; Moore 1989). These failings have generally been attributed to economic and structural changes in the news industry (Benelli 2003; Brown et al. 1987; Schwitzer 1992; Davis 2003; Gans 2011), including a reduction in the number of specialised news reporters (Schwitzer 1992; Benelli 2003; Cho 2006; Davis 2003), and the increasing reliance of journalists on sources – including on the companies that produce health-related products – for copy (Morrell et al. Forthcoming; Schwitzer 1992; Brown et al. 1987; Berkowitz 1992; Dunwoody 1978; Cho 2006). This alleged dependence of journalists on health-related industries (including manufacturers of pharmaceuticals, devices and diagnostics, complementary and alternative therapies and food and beverages) has been seen as a particular problem in the health domain because of the potentially pernicious influence of these industries on health news and, by extension, public health (Seale 2003; Schwitzer 1992).

There is no doubt that health-related industries seek to exert influence on health news in a number of ways. Companies sponsor awards for medical journalism (Moynihan 2011; Schwartz, Woloshin, and Moynihan 2008), provide educational grants to journalists (Schwartz, Woloshin, and Moynihan 2008), sponsor journalists' travel to conferences (Moynihan 2011; Goldacre 2007), and employ journalists as paid consultants (Moynihan 2003; Schwitzer 1992). Companies also commonly provide media content in the form of press releases, including multi-media releases and video news releases (VNRs) (Schwitzer 1992; Bollinger 2001; Moynihan 2003), as well as providing access to expert commentators, researchers, and patients or consumers whose stories provide "human interest" (Benelli 2003; Schwartz, Woloshin, and Moynihan 2008; Schwitzer 1992). It has been argued that these relationships between companies and journalists contribute to the over-medicalisation of health issues (Moynihan and Sweet 2000; Schwitzer 1992), and the promotion of "miracle cures" and "breakthroughs" beyond that which is justified by evidence (Benelli 2003; Schwitzer 1992; Moynihan and Sweet 2000), and in a manner that does not adequately canvass the risks and costs associated with featured products (Altheide and Snow 1979; Moynihan and Sweet 2000).

A number of strategies have been proposed to address the perceived problem of industry influence on health news. Commonly suggested strategies include professional codes of journalism ethics to guide relationships with industry (Moynihan and Sweet 2000), systems of certification for journalism training (Schwitzer 1992; Seale 2003), mandatory declaration of relationships with sources (Moynihan and Sweet 2000; Schwartz, Woloshin, and Moynihan 2008), and conflicts of interest registers (for both journalists and their expert sources) (Lipworth et al. 2012). Stricter suggestions include prohibition of gifts and honoraria, restriction of travel and educational support, and restrictions on the use of press releases and VNRs (Schwartz, Woloshin, and Moynihan 2008).

All of these suggested strategies rest on the assumption that professional self-regulation is insufficient to protect against the adverse influence that interaction between journalists and industry can have on health news. In this regard, a number of critics have suggested that an imbalance of power has been created by the dependence of journalists on industry sources and that journalists are therefore in no position to regulate the nature, extent, and outcomes of these interactions even if they wished to do so (Altheide and Snow 1979; Berkowitz 1992; Cho 2006; Schwitzer 1992). This view of journalist-industry interactions resonates with Gans' characterisation

of journalist-source relations as a “tug of war” between parties with conflicting interests (1979) and suggests a perception that – at least in the health domain – this struggle is being won by industry .

However, the empirical evidence to support the argument that industry sources wield power over dependent and disempowered health journalists is limited. It relies largely on observations of the frequency with which public relations (henceforth PR) activities succeed in initiating, framing, or appearing in news content (Lewis, Williams, and Franklin 2008; O'Neill and O'Connor 2008; Reich 2010; Hall et al. 1978; Bollinger 2001; Morton 1988). It is important to note five significant gaps in this body of research. First, none of these studies has specifically focused on PR activities within the commercial sector. The majority examined PR activities across all sectors, while a few focused exclusively on non-commercial sectors (Hall et al. 1978; Bollinger 2001; Morton 1988). Second, only two studies specifically focused on the health and medical sciences domain (Cho 2006; Dunwoody 1978). Third, no studies have examined the influence of direct engagement between industry and journalists, as opposed to that mediated by PR professionals. Fourth, existing studies consist almost exclusively of content analyses of actual news products and so do not capture the social and subjective dimensions of industry-journalist relations. Finally, data in this area has a significant North American bias, and no studies have been conducted in Australia. This is important because the relationship between health news and health-related industries may differ significantly between countries that permit direct to consumer advertising of prescription pharmaceuticals (such as the United States) and those that do not (such as Australia).

The result of these gaps is that, while we have some evidence to suggest that PR sources play a significant role in influencing the news media, and that this may be particularly the case in the health domain (Tanner 2004; Cho 2006), we cannot simply conclude that industry sources exercise power in the news production process in ways that undermine journalists' ability to serve the public interest (Strömbäck and Nord 2006). To draw such a conclusion we would need to also understand the ways in which industry representatives actually interact with journalists on a day-to-day basis and how these interactions are perceived by both parties.

Here we describe selected findings from a qualitative study of engagement between Australian journalists and health-related industries. The aim of the study as a whole was to inductively characterise the most salient social, subjective, and moral dimensions of this engagement from the perspective of industry, journalists, and consumers. This article reports on the results of interviews with industry representatives. It focuses on their perceptions of relational power between themselves and journalists reporting on health – a domain of inquiry that emerged inductively from the interviews. Results of interviews with journalists and focus groups with consumers, and on other topics, are reported elsewhere or in preparation (Forsyth et al. 2012; Morrell et al. Forthcoming).

## **Method**

The analysis presented here draws on in-depth, semi-structured interviews with representatives of health-related industries in Australia. Five health-related industry domains – food, alcohol, pharmaceutical, medical devices and diagnostics, and complementary and alternative medicines (CAMs) – were selected for examination. These industries were selected because each has a significant public health impact and each may have both positive and negative impacts on the health of individuals and communities.

Relevant companies and industry bodies in each domain were identified through searches of the Australian Health News Research Collaboration (Chapman et al. 2009) and Factiva databases. Purposive and snowball sampling were then used to ensure a broad range of perspectives were included. During interviews, we asked participants to recommend other organisations and associations that fit our recruitment criteria. This snowball technique served to validate our original recruitment strategy and demonstrate sampling saturation as the majority of those suggested had already been identified during the purposive sampling stage. Of the 32 people we approached with requests for interview, 13 did not respond (eight from health-related companies, three from industry associations and one from a public relations company), 2 refused (one from a health-related company, one from an industry association), 5 referred us on to a colleague (three from a health-related company, two from an industry association)<sup>1</sup> and 12 agreed to be interviewed.

The set of industry interviews that we analyse in this paper comprised five interviews with representatives of companies who produced health-related products (of whom three held media/communications roles and two were CEOs or managers), six interviews with representatives of industry associations, and one public relations company representative who has worked with health industry organisations. The sample comprised one representative from the food domain, five from the pharmaceutical domain, five from the CAM domain, one from the devices and diagnostics domain, and two from the alcohol domain (two interviewees worked across more than one domain).

Each participant was asked about his or her knowledge of, experiences with, and attitudes towards industry interactions with the health news media – specifically mainstream free-to-air television news and current affairs, newspapers and radio. Interviews were digitally recorded, transcribed, and de-identified.

Two researchers independently conducted line-by-line coding of interview transcripts and identified prominent themes in the data. We emphasise that this study was not set up as a study of power relations or any other predefined topic – i.e. it was not driven by any particular hypotheses – and we made an effort (to the extent that it is possible) to set aside preconceptions about what the participants would say. The initial inductive phase of data analysis enabled the material to be organised into broad categories. Once these categories had been identified the researchers independently recoded the transcripts using these categories and then compared and contrasted the data in each category in order to identify broader analytic categories, which included the dimensions of power described in the Results. Analytic categories were discussed in depth with the wider research team and refined where necessary. This approach was consistent with Morse's outline of the cognitive basis of qualitative research (Morse 1994) and Charmaz's outline of data analysis in grounded theory (Charmaz 2006). Throughout the coding and analysis an audit trail was maintained, including detailed coding frameworks, memos regarding identification, definition and redefinition of codes and categories and analytic notes (Rodgers and Cowles 1993).

Literature on journalist-source relations and other empirical research relevant to relational power, as well as the theoretical literature, was used to establish a definition of power that would facilitate the coding process. In this way, our developing understanding of industry involvement in health news was continually and iteratively informed by existing scholarly work. This is consistent with Peirce's process of abduction (Peirce 1958) recognised as part of the development process in

---

<sup>1</sup> Of those that referred us on to a colleague, four agreed to participate and one did not respond.

qualitative analysis (Reichert 2007).

Throughout the coding process we defined power as “the capacity to produce or contribute to outcomes,” which in social life, Outhwaite and Bottomore argue, is achieved through social relationships (1994). On this basis power can be identified and measured by looking at who prevails in decision-making where there are conflicting interests. In the context of industry-journalist interactions in the health arena we defined the desired “outcome” as either successfully changing others’ behaviour to serve one’s interests or successfully influencing the framing and content of news stories. Thus, after the initial inductive phases, we re-examined the data for instances in which participants commented on which party in journalist-industry interactions ultimately affected the success of otherwise of these efforts, with a view to answering the following questions:

1. According to representatives of industry, in what ways does industry exert power over journalists, and how do journalists exert power over industry?
2. What do representatives of industry perceive to be the impact of power relations between themselves and journalists?

The study was approved by the University of Sydney’s Human Research Ethics Committee.

## RESULTS

### *Perceptions of journalists’ power over news content and interactions with industry*

Our participants described the health news environment as one in which journalists, not companies, ultimately prevail in decisions about the content of health news. According to our participants, journalists do this primarily by making a subjective judgement of newsworthiness, and applying this to all the material they receive from companies before deciding whether or not to report on a particular product. Journalists were believed to consider qualities such as relevance, human interest, novelty, controversy, conflict and sensationalism, as litmus tests of whether, and in what form, material from industry sources would be included in a story:

Media’s media so it’s got to be interesting, it’s got to be topical, there’s got to be conflict in there. A story line saying, “There’s no crisis, Australians continue to drink less year on year”, “Young females and males are drinking less at risk”, it’s hardly a story.

A journalist is very selective over what they want they want to say and do. They’ll use that [material from an industry source] if it’s relevant to the story they’re working on, but not if it’s going to neutralise a potential story ...

In addition to their general power to control the content of their news reports, journalists were perceived as having considerable power in their interactions with members of industry. Participants saw themselves as largely forced into a weakened, reactive position in which they had little capacity to influence what were predominantly negative messages and their products.

In a way it’s ... reactive because what we’ve done to date is to respond to threats. So increased risk of death or cardiovascular disease or stroke or whatever and then you need damage control ... But never have we said, “And look, this is what’s been found positive about it.” So it’s always addressing the negative rather than trumpeting the positive.

A lot of our PR releases lately have been about setting the record straight or correcting misinformation in the press because, to be frank, I know this sounds crude, all they're interested in is the big headline, the alarmist headline that it's all bad and the sky's falling.

Sometimes our participants perceived journalists as using overt manipulation in order to achieve desired outcomes. For example, some participants believed that journalists misused the notion of urgency in order to force industry to give unprepared responses, while others described experiences of having their messages deliberately distorted by journalists who had a pre-defined agenda.

You know, often, I'm very cynical about it being the news cycle because often it'll be a story that's clearly being worked on over time, it's not something that's just come out of the blue...but [they say] "we want you to respond by three o'clock", so we have to drop everything to try and get a consensus statement together that's three lines and the disruption it causes in the organisation is just extraordinary.

The perennial problem we come across is that there's often the agenda underlying the story, and the agenda isn't getting the truth out especially, the agenda is the story and the story's written in the journalists' mind and what they're looking for is something from us just to confirm their preconception ...

### ***Industry's responses to the perceived power imbalance***

Participants characterised the majority of industry interactions with journalists as industry ministering to journalists' needs in order to avoid being rebuffed. This included shaping the content of material to meet journalists' ideals of newsworthiness.

Sometimes it gets picked up really well and sometimes it doesn't ... it really depends on ... the bits that are of interest to them, like if it's recent or if it's controversial or if it's something quirky or different. So we try and get those elements together before we approach them, but sometimes it can be difficult because the research that we might want to get out there that drives our agenda mightn't be of interest to them at that time.

Participants also described their efforts to please journalists by providing "exclusives" and offering up camera-ready "talent".

We tend to go to ... the major metropolitan newspapers and try to offer them an exclusive to run the story first before we put it out to the wider media in the form of a media release. We tend to try and approach them first to see if they're interested because we find that often unless they can get an exclusive to run it first they don't run it.

If you're talking to TV the first thing that you'll get asked is, "Okay what talent have you got?" So you have to have a spokesperson, you always have to have a case study of a patient, or somebody that's experienced whatever you're talking about or they just can't bring it to life. And the same goes for magazines.

Participants believed that journalists' interest in simple, attractive stories would generally prevail over what they saw as industry's interest in more complex, nuanced reporting:

Unfortunately the bias absolutely leans toward the sensationalist story rather than the balanced reporting and that's invariably what we're presented with, is a story that to tell the

full story would just be some complex and so unattractive to the lay reader that there's selective reporting.

Many participants commented that they had geared their organisation to meet the needs of journalists for quick, reliable responses for their stories.

We put infrastructure in place, so we've got our marketing and business development director, highly specialised in that area, comes with the skills and expertise, so the whole organisation is sort of repositioned and geared towards receiving and responding.

Finally, participants described trying to reclaim some power in their interactions with journalists by being more pro-active in their approach to media and thus expanding their ability to influence news production. Participants described their efforts to not only contribute to journalist-initiated stories but also to initiate stories of their own.

Traditionally it's always been them coming to us, we are trying to do something about that, that's why we've brought on a media person, so we're actually trying to coordinate so that we have a proactive media campaign as well, because that is really really important to us.

Developing ongoing, positive relationships with journalists seemed to be part of the strategy of re-empowerment.

In the past we've invited the journalists around here to sit with us and meet the resources within the business – meet the medical people, myself and my team of physicians, meet the medical information group, see what we do, meet the public affairs and media people – so that they understand we have got massive resources, we've got a huge big information centre, library, we can find out anything and comment on anything, just give us enough time to do it, don't phone us a two o'clock and say the deadline's three o'clock because we'd love to help but there's not enough time.

### ***Industry's perception of the success of these strategies***

While participants described doing their best to meet the needs of journalists, which in some instances created the opportunity for greater story input, industry representatives still perceived that control over the outcomes of these interactions ultimately remained in journalists' hands.

I guess it's in most journalists' interests to develop good relationships. It's not that they would run the story as we would like them to run it but it does mean that they feel that they can come to us to either get some background information or a perspective on something that they're trying to write.

No matter how much effort was put into relationships, there was the perception that some journalists had already made up their minds about industry.

And I mean you know the [journalist name]s of the world, they've got a very grim view of industry ... It's reached a ridiculous point where whatever industry says is BS or tarnished or misleading or untruthful or half the truth. So it's a stereotype that has sort of taken root and it's very hard to break that. And I think there's a lot to say for actually through relationships just keep a conversation going. It doesn't mean I want to convince you of my point of view but have you thought about these angles?

Often, participants spoke of the fact that a relationship with a journalist, in and of itself, did not carry much weight. As one participant matter-of-factly described it, “your relationship’s only as good as the story you’re telling.” If industry could not provide the kind of story that a journalist wanted, participants argued, then the relationship had little overall impact.

If we can roll out a bereaved parent whose kid died that will get us in. We sat down and tried to develop media partnerships with one of the newspaper chains but they wanted to start with sensational photos and drama and death and destruction and then perhaps move to a partnership about what could we do to fix these things, but we didn’t want to start with the sensationalising of it, there’s enough of that going on every day and I’m pretty sure the community’s desensitised to the latest car accident of teenagers and alcohol fuelled violence.

Another perceived limitation of efforts to cultivate relationships with journalists was that few journalists remained on the health beat for very long.

So we really haven’t felt that [developing relationships with journalists] had long-term impact because people come and go. So we’ve done that in the past but we haven’t done that recently.

Almost all participants bemoaned the fact that, despite their efforts, journalists’ ideas of what constitutes news did not align with their own, that they simply did not have the types of stories that journalists were looking for, and that they therefore were unable to make much of a contribution to news content.

Look, I think it comes down to what they, whether the story from their point of view has enough to excite their readers or watchers or viewers. Because it might be a big news story to industry but if it doesn’t resonate to middle Australia it’s not a, is it a really a story then? Then it’s about creating a story, rather than wasting time on something that’s probably taken them a few hours to pull together.

Participants reported that their efforts to proactively initiate stories usually failed. Ultimately they perceived journalists as prevailing in decisions regarding the worth of a story, irrespective of how well it was packaged:

It depends on the story. I’ve had the good fortune to work on some really ground breaking trial results – if it’s breast cancer it’s going to get a run, and particularly if it’s a huge global clinical study with 40,000 women involved. Whereas other things it wouldn’t matter if you sent it on a pink pony it wouldn’t get any cut through, so I suppose that’s down to us in managing [industry clients of PR]’s expectations as well and in counselling them about what is news and what isn’t news. So I wouldn’t think the form in which we provide it has any influence.

We would have a story, it might be some new research, it might be some support for a grant, it might be new discoveries, it might be a new product that’s going to launch – there are any number of stories. Within the constraints of the regulatory restrictions that we work within we then would write up a story, put in the appropriate quotes, invariably speak to third party independent commentators to get their input as well so that there’s an appropriate balance in what we’re saying, and then look to the media to pick up these stories. Now they occasionally would be interviews but invariably they end up as press



releases and press releases tend to just go in the inbox and are space fillers over time but the uptake of them is minimal. We'll certainly try and develop relationships with particular journalists so it's more than just a cold mailing of press releases it's a personal interaction, but these stories don't tend to have the sort of 'meet the people' they're after.

Contrary to what might be expected from existing empirical research into industry influence, participants claimed to be surprised on the odd occasion where industry press releases were printed verbatim. The majority of the time, however, it was described wistfully as a distant possibility.

PR Representative: So for example, we sent out a media release about education of [health professionals] just recently and it did get [reprinted] by a media group, which was a big shock to us because we thought well it's positive so it's not going to get picked up, and well there you go, it did."

Interviewer: And do you ever find that they just run something as you've given it to them?

PR Representative: Maybe if it's a little local newspaper they might. Sometimes trade [magazines], they've just cut and pasted the press releases ... But I don't think I've ever seen it in newspapers.

Interviewer: That's interesting because one of the assertions that's made is that journalists are just taking press releases and publishing them.

PR Representative: The [industry] clients [of PR firms] would be delighted! Absolutely over the moon if that's what happened. No, no I don't think I've ever seen it, no. Yeah totally, you never see that!"

### ***Industry's perception of the implications of the current balance of power***

Participants expressed concern and frustration at the impact of what they saw as journalists' unfettered control over news production. While they acknowledged the commitment of many journalists to values of balance, accuracy and relevance, they were concerned about the degree to which the quality of news is shaped by journalists' desire for newsworthiness and by their generalised scepticism about industry (described above), as well as by the lack of specialist medical or scientific knowledge of some journalists. This, they argued, resulted in health news stories that frequently misinformed the public or presented a biased view of industry and their products:

... and invariably it has the sensationalist story underlying it and those can broadly be put into two buckets. One is the wonder cure, the wonder drug that's going to cure everything, or the side effects of this drug, big pharma not caring, the profiteering, how dare they. Those two themes seem to be the perennial messages that come out and I guess sadly, other than in some very narrow areas of the media, there's not much else that the average man in the street reads about pharmaceutical companies and the pharmaceutical industry. And it's a shame because we have a huge amount of good proactive stories to tell, our research investment, our fellowships, our grants but they just don't get the media air time, the media space, they don't catch the attention.

I think what it reflects, what I've often had a sense of in Australia is that there is the sensationalist media but there is a very thin layer of experienced medical journalists who

truly understand the science of what they're hearing or what they're reading and can write on the big picture rather than on the individual patient story.

Some participants expressed concern that this misinformation could have a negative impact on the public's health behaviours:

So misreporting those sorts of facts in headlines can be really negligent and really misleading ... There's aspects to the TGA code which really talk to "thou shalt not scaremonger the consumer", and when you report stats like that incorrectly you do scaremonger the consumer, you draw this kind of alarmist mindset out of people and it's irresponsible and then it creates this big media hoopla and all of a sudden you get chaos. There was a good example in the UK, there was this major hoo-ha on how calcium was bad because it doubled the death rate in elderly women, and when you looked at the stat it was one of those from two people to four people in 10,000 people, but ... the mass of the consumer believed it, they changed their behaviour accordingly, inappropriately, and it led to a worse healthcare outcome.

Others worried that sensational stories could irresponsibly raise people's hopes about the potential for their products to change or save lives.

The biggest thing with the lay media is the whole "breakthrough" kind of reporting. So while there are significant milestones that we'd like to talk about it's a really fine line between communicating those and not unfairly raising hopes within a patient group that are very very sick. You'll see that there'll be a newspaper report and then that might get picked up by broadcast media who take a couple of lines out of it and turn it into a big breakthrough story that does the rounds on radio and then potentially television that night, and so then the company or the institution who's running the study might get a lot of calls from family members of people who are very sick who want to get involved in clinical trials or have read about this and ask 'When's that product going to be available because my mother's very sick and will die?' So that's quite concerning that that happens.

## **Discussion**

Our primary observation was that industry participants' perceptions of their interactions with journalists did not conform with a common assumption in the critical literature – that health-related industries are in a position of unilateral power over the journalists with whom they interact. On the contrary, participants painted a picture in which – from their perspective at least – journalists served as gatekeepers of access to health news and as a consequence were in a position to control the nature, extent and outcome of their interactions with industry sources. Apparent in every interview was the perception that it was journalists' agendas, not industry's, that drove their interactions, or lack thereof. This was evidenced primarily by participants' recognition of the misalignment between journalist and industry notions of newsworthiness, and the stumbling block this proved to be in disseminating industry messages.

Comparison of these results with journalists' descriptions of their interactions with industry, which we report elsewhere, shows that industry's perception of the relative power imbalance between themselves and journalists is consistent with the views of journalists, who perceived themselves as empowered, agentic and savvy in their dealings with industry (Morrell et al.

forthcoming). Journalists described themselves as distrustful of commercial motives and as maintaining strict “rules of engagement” for their interactions with industry representatives in which their decisions ultimately prevailed in shaping news content. However, in contrast to industry perceptions of journalists’ priorities, journalists described themselves as strongly committed to professional values of balance and accuracy, and a desire to uphold the public interest. Journalists did, however, explain that their efforts to present news were often hindered by the exigencies of the news production process and the economic imperatives of news corporations. These factors, combined with industry observations about the impact of the lack of specialist medical/scientific knowledge amongst reporters, may account for the tendency toward sensationalism and factual inaccuracy of health news reporting to which industry frequently referred. What this paper highlights, is that whilst industry may in some instances have the requisite knowledge and resources to rectify some of these errors and to add nuance and complexity to health news reporting, they perceived themselves as having little capacity to effect such outcomes.

In addition to providing a more nuanced picture of industry-journalist relationships, this study adds to the literature in a number of other important ways. First, it provides non North American perspective to a field of research with a considerable North American bias. Australian perspectives may differ from that of the US, at least in relation to pharmaceuticals, because direct to consumer advertising of prescription pharmaceuticals is prohibited by Australian legislation and Australia has one of the most rigorous systems of pharmaceutical regulation in the world. In this context, the news media may form an even more important component of the public relations strategies of health-related industries. Second, we were able to capture the nature of direct relationships between industry sources and journalists, in addition to those mediated by public relations organisations. This approach also allowed us to focus exclusively on commercial sources – either companies or industry bodies – as opposed to other studies which included PR representatives of non-commercial sectors, such as not-for-profit, government or academia (Walters and Walters 1992; Morton 1998; Cho 2006; Lewis, Williams et al. 2008; O'Neill and O'Connor 2008; Larsson 2009; Reich 2010)(Bollinger 2001). Third, this study differs from that of previous research in its focus on process rather than product. This is significant because, in contrast to studies that examine news content for evidence of industry influence (Walters and Walters 1992; Morton 1998; Cho 2006; Lewis, Williams et al. 2008; O'Neill and O'Connor 2008; Larsson 2009; Reich 2010)(Bollinger 2001), our research provides insight into the social processes that shape these outcomes.

While these results describe a previously unexplored domain (that of industry-journalist relationships in health reporting) and perspective (that of industry stakeholders), they resonate with research into the role of sources in the domain of political reporting. In the 1970s, researchers in this area reported a high degree of dependence of news organisations on official actors, as well as their prominence in news stories (Gans 1979; Gandy 1982; Sigal 1973; Tuchman 1978). Known as the official dominance model, this work indicated that official sources acted as the primary definers of news, with journalists in a secondary role (Shehata 2010; Hall et al. 1978). Journalists working on the political beat were reported to be increasingly dependent on the regular flow of information subsidies supplied by institutional sources (Davis 2009). However, in recent years researchers have begun to question the assumption that dominance of news stories by official sources necessarily indicates that these sources have control over journalists (Strömbäck and Nord 2006). Research re-examining these assumptions has pointed to the increasing “mediatisation” of politics. Harking back to Altheide and Snow’s work on “media logic” (Altheide and Snow 1979), this model evokes a world

in which news has become such an influential medium that politicians and government officials are increasingly forced to shape their communications, activities and potentially even their policies to align with news values and thus the roles of primary and secondary definers are reversed (Cohen, Tsfati, and Sheaffer 2008; Davis 2009; Kunelius and Reunanen 2011; Walgrave 2008; Ross 2010; Strömbäck 2011). In this context, efforts by politicians to set the new agenda are often met with resistance by journalists who, based on their desire to publicly assert their independence from official sources, often choose to focus on aspects of politics other than those promoted by politicians and to take their own stance on political issues (Shehata 2010). This has led Strömbäck to argue that “the important question no longer is related to the independence of the media from politics and society. The important question becomes the independence of politics and society from the media.” (Ross 2010).

While mediatisation is likely to have less impact on health industries than on politics, and the imposition of media logic is therefore less likely to influence industry than political actors, it is possible that the interests of media may inappropriately influence the information that industry makes available via the media. While it is easy to see the risks of too great an imposition of industry power on the news production process, it is important to remember that “the professional and economic objectives of journalists frequently diverge from public interest norms” also (Davis 2009) and therefore that the mediatisation of industry may not always be in the public interest. Given the important role that health news plays in the public’s health literacy, the possibility that these messages might be corrupted by ulterior motives is certainly cause for concern. The importance of the issue is such that it warrants a nuanced approach that appreciates the complexity of power relations between journalists and their sources.

### ***Limitations and Future Directions***

It is important to note that in conducting this research we sought to elucidate industry perceptions and representations of their interactions with journalists reporting on health, rather than to make truth claims about the accuracy of their descriptions. It is, of course, possible that, at least to some extent, participants rendered a socially desirable account of their experiences and beliefs, at odds with the view that health-related industries are immoral and wield inappropriate power in their relationships with journalists. Even in the absence of a claim to factual accuracy, however, such accounts can provide insight into espoused values, which can drive behaviour and guide behaviour change. Moreover, it seems likely that the claims of industry have at least some validity given the consistency of the perspectives provided by our participants and the degree to which they correspond with accounts provided by journalists in our study. Furthermore, throughout the interviews with industry it was clear that participants were in no way ashamed of their attempts to influence news reporting – in fact, they considered this part of their responsibility as representatives of health-related industries. It therefore seems unlikely that they would have felt it necessary to present an account of their interactions with journalists that obscured the success of such endeavours. It would, therefore, be a mistake to entirely discount our findings as *simply* a manifestation of the interests of industry, and we think our findings make a strong case for a fuller, richer picture of the relationships between industry and the media. Such a picture would portray relationships between industry and the media not in terms of unidirectional power imbalances, but as a more complex relationship where each party regards themselves as having some degree of

power and agency, their own set of occupational norms, and their own strategies for ensuring that their interests will prevail.

This was a small qualitative study and caution should be exercised in generalising the results. The analytic method adopted, whilst allowing novel findings to emerge is limited in its ability to ascribe causal relationships. Furthermore, the low response rate means that we may not have reached certain groups of industry representatives – particularly individuals who felt their activities and views would not be socially acceptable. Further research is certainly necessary in order to corroborate our findings. Research examining the content of Australian health news stories for evidence of commercial influence would assist in determining the extent to which industry does in fact have a voice in health-related news production. Additional studies directly addressing the question of mediatisation of health-related industries would also be useful. Studies establishing the extent to which companies and industry bodies shape their activities to appeal to media outlets, as well as directly addressing the potential impacts of mediatisation of health on public understanding of health issues would be worthwhile.

### ***Implications***

Notwithstanding these limitations, our findings point to the need for a more nuanced understanding of relationships between journalists and health-related industries if we are to respond appropriately to them. Those with concerns about these relationships have generally proposed some combination of greater transparency of journalists' interactions with their sources, and external regulation of industry-journalist relationships (Moynihan and Sweet 2000; Schwartz, Woloshin, and Moynihan 2008; Lipworth et al. 2012) Our findings suggest that, at least from the point of view of industry, transparency and regulation of journalists might be warranted—but that such measures should serve not (only) to protect otherwise vulnerable journalists from being manipulated by an all-powerful industry. Rather, they should be seen, at least in part, as ways of curtailing both journalists' and industry's capacity to adversely manipulate information about medicines, medical devices and diagnostics, foods and beverages. They should also facilitate the capacity for journalists and industry to work together to ensure that the public receives the information it needs—with neither positive nor negative “spin”—about these important health-related products.

### **Acknowledgements**

We would like to thank Professor Wendy Bacon, Dr Catriona Bonfiglioli, Professor Simon Chapman and Melissa Sweet for their contribution to the project. We would also like to acknowledge the generous contribution made by participants in the study.

### **Statement of Competing Interests**

The authors have no competing interests to declare.

### **Funding**

This research was funded by a National Health and Medical Research Council project grant.

## References

- Altheide, D.L, and R.P Snow. 1979. *Media Logic*. Beverly Hills: Sage.
- Benelli, Eva. 2003. "The role of the media in steering public opinion on healthcare issues." *Health Policy* no. 63:179-186.
- Berkowitz, Dan. 1992. "Who sets the media agenda? The ability of policymakers to determine news decisions." In *Public opinion, the press and public policy*, edited by J. David Kennamer, 81-112. Westport, CT: Praeger.
- Bollinger, L. 2001. "A new scoring method for the press release." *Public Relations Quarterly* no. 46 (1):31-35.
- Brown, J.D, C.R Bybee, S.T Wearden, and D.M Straughan. 1987. "Invisible power: Newspaper news sources and the limits of diversity." *Journalism Quarterly* no. 64 (1):45-54.
- Chapman, S, S.J Holding, J Ellerm, R.C Heenan, A.S Fogarty, M Imison, R Mackenzie, and K McGeechan. 2009. "The content and structure of Australian television reportage on health and medicine, 2005–2009: Parameters to guide health workers." *Medical Journal of Australia* no. 191 (11/12):620-624.
- Charmaz, K. 2006. *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.
- Cho, Sooyoung. 2006. "The power of public relations in media relations: a national survey of health PR practitioners." *Journalism and Mass Communication Quarterly* no. 83 (3):563-580.
- Cohen, J., Y. Tsfati, and T. Sheafer. 2008. "The Influence of Presumed Media Influence in Politics: Do Politicians' Perceptions of Media Power Matter?" *Public Opinion Quarterly* no. 72 (2):331-344. doi: 10.1093/poq/nfn014.
- Davis, Aeron. 2003. "Whither Mass Media and Power? Evidence for a Critical Elite Theory Alternative." *Media, Culture & Society* no. 25 (5):669-690. doi: 10.1177/01634437030255006.
- . 2009. "Journalist–Source Relations, Mediated Reflexivity and the Politics of Politics." *Journalism Studies* no. 10 (2):204-219. doi: 10.1080/14616700802580540.
- Dunwoody, S. 1978. *Science journalists: A study of factors affecting the selection of news at a scientific meeting*, Indiana University.
- Forsyth, Rowena, Bronwen Morrell, Wendy L Lipworth, Ian H Kerridge, Christopher F. C Jordens, and Simon Chapman. 2012. "Health journalists' perceptions of their professional roles and responsibilities for ensuring the veracity of reports of health research." *Journal of Mass Media Ethics* no. 27:130-141.
- Gandy, O.H. 1982. *Beyond Agenda Setting: Information subsidies and public policy*. Norwood, NJ: Ablex Publishing Company.
- Gans, H. J. 1979. *Deciding What's News: A study of CBS evening news, NBC nightly news, newswatch and time*. New York: Vintage.

- . 2011. "Multiperspectival news revisited: Journalism and representative democracy." *Journalism* no. 12 (1):3-13. doi: 10.1177/1464884910385289.
- Goldacre, Ben. 2007. "Journalists: Anything to declare?" *British Medical Journal* no. 335:480.
- Hall, S, C Critcher, T Jefferson, J Clarke, and B Roberts. 1978. *Policing the Crisis: Mugging the state, law, and order*. London: Macmillan.
- Kunelius, R., and E. Reunanen. 2011. "Media in Political Power: A Parsonian View on the Differentiated Mediatization of Finnish Decision Makers." *The International Journal of Press/Politics* no. 17 (1):56-75. doi: 10.1177/1940161211424207.
- Lewis, Justin, Andrew Williams, and Bob Franklin. 2008. "A Compromised Fourth Estate?" *Journalism Studies* no. 9 (1):1-20. doi: 10.1080/14616700701767974.
- Lipworth, W.L, I.H Kerridge, M Sweet, C.F.C Jordens, C Bonfiglioli, and R Forsyth. 2012. "Widening the debate about conflict of interest: Addressing relationships between journalists and the pharmaceutical industry." *Journal of Medical Ethics* no. 38 (12):492-495.
- Moore, M. 1989. *Health risks and the press*. Washington D.C.: The Media Institute.
- Morrell, Bronwen, Rowena Forsyth, Wendy L Lipworth, Ian H Kerridge, and Christopher F. C Jordens. Forthcoming. "Rules of engagement: Journalists' attitudes to industry influence in health news reporting." *Journalism*.
- Morse, J.M. 1994. "'Emerging from the data': The cognitive processes of analysis in qualitative inquiry." In *Critical issues in qualitative research methods*, edited by J.M. Morse, 23-42. Thousand Oaks: Sage.
- Morton, L.P. 1988. "Effectiveness of camera-ready copy in press releases." *Public Relations Review* no. 14 (2):45-49.
- Moynihan, R. 2003. "Blurring the boundaries. Are sponsored news programmes a new form of paid fronts for the pharmaceutical industry?" *British Medical Journal* no. 326:1094.
- . 2011. "Is journalism the drug industry's new dance partner?" *British Medical Journal* no. 343:d6978.
- Moynihan, R, and M Sweet. 2000. "Medicine, the media and monetary interests: the need for transparency and professionalism." *Medical Journal of Australia* no. 173:631-634.
- O'Neill, Deirdre, and Catherine O'Connor. 2008. "The Passive Journalist." *Journalism Practice* no. 2 (3):487-500. doi: 10.1080/17512780802281248.
- Outhwaite, W, and T Bottomore. 1994. *The Blackwell dictionary of twentieth-century social thought*. Oxford, UK: Basil Blackwell.
- Peirce, C. 1958. "Science and philosophy." In *Collected Papers of Charles Sanders Peirce*, edited by A Burks. Cambridge, MA: Harvard University Press.
- Reich, Zvi. 2010. "Measuring the Impact of Pr on Published News in Increasingly Fragmented News Environments." *Journalism Studies* no. 11 (6):799-816. doi: 10.1080/14616701003760550.
- Reichert, J. 2007. "The logic of discovery of grounded theory." In *The SAGE Handbook of Grounded Theory*, edited by A Bryant and K Charmaz. London: Sage.

- Rodgers, B.L, and K.V Cowles. 1993. "The qualitative research audit trail: A complex collection of documentation." *Research in Nursing and Health* no. 16:219-226.
- Ross, K. 2010. "Danse Macabre: Politicians, Journalists, and the Complicated Rumba of Relationships." *The International Journal of Press/Politics* no. 15 (3):272-294. doi: 10.1177/1940161210367942.
- Schwartz, L, S Woloshin, and R Moynihan. 2008. "Who's watching the watchdogs?" *British Medical Journal* no. 337:1202-1204.
- Schwitzer, G. 1992. "The magical medical media tour." *Journal of the American Medical Association* no. 267 (14):1969-1971.
- Seale, Clive. 2003. "Health and media: An overview." *Sociology of Health and Illness* no. 25:513-31.
- Shehata, A. 2010. "Marking journalistic independence: Official dominance and the rule of product substitution in Swedish press coverage." *European Journal of Communication* no. 25 (2):123-137. doi: 10.1177/0267323110363654.
- Sigal, L.V. 1973. *Reporters and officials: The organization and politics of newsmaking*. Lexington, MA: Heath.
- Stevens, C. 1998. "Designing an effective counter advertising campaign - California." *Cancer* no. 83:2736-41.
- Strömbäck, Jesper. 2011. "Mediatization and Perceptions of the Media's Political Influence." *Journalism Studies* no. 12 (4):423-439. doi: 10.1080/1461670x.2010.523583.
- Strömbäck, Jesper, and Lars W Nord. 2006. "Do Politicians Lead the Tango?: A Study of the Relationship between Swedish Journalists and their Political Sources in the Context of Election Campaigns." *European Journal of Communication* no. 21 (2):147-164. doi: 10.1177/0267323105064043.
- Tanner, Andrea H. 2004. "Communicating health information and making the news: Health reporters reveal the PR tactics that work." *Public Relations Quarterly* no. 49 (1):24-27.
- Tuchman, G. 1978. *Making news: A study of the construction of reality*. New York: Free Press.
- Walgrave, Stefaan. 2008. "Again, the almighty mass media? The media's political agenda-setting power according to politicians and journalists in Belgium." *Political Communication* no. 25:445-459.