
Negotiating medical news: Strategies used by reporters and public relations practitioners

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Abstract

This paper reports on the preliminary findings of a qualitative study consisting of in-depth interviews with eight public relations practitioners working in medical promotion and seven medical journalists reporting for print, radio, TV and online from around Australia, and their use of different strategies of negotiation in the production of medical news. This research is part of a wider mixed-methods study exploring the relationship between journalist and public relations source in medical news production and follows a nationwide online survey of 42 respondents from both professions and their perceptions of each other. The 15 participants interviewed for this paper indicated using a variety of tactics in their negotiations with the other profession, ranging from avoidance to collaboration.

Both sides used strategies best recognised by the adoption of either a cooperative or a competitive stance. The relational dynamics between the professions is an important consideration – as it may influence an area of reporting which affects not only public behaviour but also government policy – yet to date, it has received scant attention in this country. The study reported here advances research in the area within an Australian context and provides empirical support for the premise that the relationship between medical/health journalists and public relations practitioners here is complex and contradictory, characterised by both conflict and synergy from either side. This is also reflected in the required bargaining that takes place as a result of interdependency, which will be explored in this paper.

Introduction

Journalists' traditional resentment of public relations sources spans more than a century, perpetuating the paradox of reporters wanting information easily available yet resenting those who provide it (DeLorme & Fedler, 2003). There has been much scholarly focus on the relationship between public relations source and reporter spanning decades. In the 1920s, U.S. political journalist Walter Lippmann noted the usefulness of the "publicity man's" externally mediated messages. He remarked that it "saves the reporter much trouble, by presenting him a clear picture of a situation out of which he might otherwise make neither head nor tail" (Lippmann, 1922, p. 218). Subsequent studies have consistently indicated a polarised attitude by reporters towards public relations practitioners ranging from persistent "negative attitudes" (Aronoff, 1975, p. 55), to Jeffer's (1977) "familiarity seems to breed respect" (p. 305) in reporters' ongoing relationships with specific public relations sources. Gans (1972) described the relationship not only as a consensual dance, but also as a 'tug of war' alluding to its often competitive, tense and conflictual nature. Recent scholarship has noted a 'love-hate' dyad (White and Hobsbawm, 2007; Sterne, 2010; Tilley & Hollings, 2008) as well as more tolerant, even positive attitudes to public relations sources by reporters (Sinaga & Wu, 2007; Neijens & Smits, 2006).

Regular and significant public relations influence on Australian news in the past couple of decades has been extensively documented (for example, Pearson & Patching, 2008; Burton, 2007; Young, 2007; Ward, 2003; Zawawi, 1994; Macnamara, 1993). Ward (1991) noted the use of press releases by Australian reporters "maintained the fiction of

the journalist as an observer of events” (p. 57). It has been posited that an expansion of public relations resources and the shrinkage of newsroom resources in recent years have compromised the independence and quality of journalism (Lewis, Williams & Franklin, 2008; Davies, 2008; Burton, 2007; Davis, 2003). In medical news production, 52 percent of medical/health/science stories in 10 Australian newspapers examined in a one-week period in September 2009 were found to have public relations content (Bacon, Taylor & Pavey, 2010). In a nationwide online survey, both medical reporters and public relations consultants estimated a high proportion of medical news in Australia has its origins in public relations (Furlan, 2009).¹ The type of reporter-public relations source relationship forged during the production of medical news, whether for a one-off experience or ongoing, has been given scant attention in this country. The first phase of this research has found evidence of misperceptions by both professions of each other in an online survey (Furlan, 2009) using indices of coorientation outlined by McLeod and Chaffee (1973). There has been, on the other hand, more scholarly focus on the quality of the journalistic product published or broadcast in Australian mainstream media, and the implications of this for the public’s understanding of the latest medical advances and research (Wilson, Robertson, McElduff, Jones & Henry, 2010; Wilson, Bonevski, Jones & Henry, 2009; Smith, Wilson & Henry 2005; Chapman & Lupton, 1994), rather than an exploration of the relationship dynamic itself.

In U.S. literature exploring relationships between journalists and public relations practitioners involved in medical news dissemination, Cho and Cameron (2007) found the complexity of health stories and journalists’ need for guidance by experts may have increased “the influence and power of public relations” in this area of specialisation more so “than in other news beats”(p. 175).

¹ Seventy-two percent of journalist respondents and 100 percent of public relations respondents considered more than half or three-quarters of medical news is generated by public relations. A total of 42 participants took part in the anonymous survey.

Conversely, a study of newspaper and freelance health journalists found they were “more reluctant to use public relations material than are other journalists” (Len-Rios, Hinnant & Park, 2009, p. 56) and that “journalists rated non-public relations sources (other news media, self-interest/news staff, news audiences) as more important in generating story ideas” (p. 324). Nonetheless, medical/health news is frequently produced with the help of public relations, even in “quality” news organisations (Lewis et al., 2008). The relationship between journalists and public relations consultants involved in medical news production is therefore an important consideration in the process of disseminating accurate and timely health information publicly. The interdependency which results requires certain strategies and tactics by both professions to ensure the best outcome on behalf of either private or public interests, which is the focus of this paper.

Background

Although the public can obtain information about the latest medical information from numerous sources, including doctors, online sites, television shows, films and magazines (Friedman, 2004), the news media play an important role in bringing visibility to medical/health issues, informing the public and even the medical community about the latest scientific advances, debates and controversies (Wang & Gantz, 2007; Levi, 2001). Medical or health stories can be wide-ranging, from disease processes to health awareness, from latest research to surgical techniques (Viswanath et al., 2008, p. 764). Public relations strategies in promoting health or medical information and products to the public on behalf of commercial or not-for-profit clients/organisations, has meant the media is routinely targeted – in order to reach mass audiences – and reporters supplied with free or low-cost information to do their jobs “more efficiently by providing ideas, access and resources” (Marconi, 2004, p. 185).

Strategies of negotiation or bargaining as outlined by Lewicki and Litterer (1985); Lewicki, Saunders, and Barry (2006); Lewicki,

Saunders and Minton (2001) and Lewicki, McAllister and Bies (1998), were used in this study as a theoretical framework which formed a basis for understanding the relational dynamics between the two professions. Charron (1989) conceptualised the dyad of conflict and cooperation within the relationship between journalists and public relations practitioners as “a negotiation between two partners who participate in an exchange for some specifiable benefit in spite of their divergent interests” (p. 43). He outlined the element of conflict as pertaining to the “struggle over news making” and the element of cooperation as the necessary “exchange of resources” (p. 43). According to Lewicki et al. (2006), conflict can be a consequence of interdependent relationships and results “from the strongly divergent needs of the two parties or from misperceptions and misunderstandings” (p. 18). Berkowitz (2009) described the relationship between reporters and sources as a “constantly negotiated one” (p. 111).

The strategies of negotiation include competition, accommodation, compromise, collaboration and avoidance (Lewicki & Litterer, 1985). Competition requires persuading or forcing the other party to accept a position that favours only one’s own interests through manipulation and “concealment of true position” (p. 102). Accommodation is defined as trying to help the other person meet their goals, to maintain good relations or sometimes for ulterior motives “so that we may ask for something from them later” (p. 103). Through the use of compromise, there are no winners or losers in the negotiation but each side “gets something out of the solution” (Lewicki & Litterer, 1985, p.103). Negotiators collaborate when they work together on a problem, seeking a mutually beneficial solution. Avoidance occurs when one party declines to negotiate with the other, either fearing conflict or deciding there is little to gain from the negotiations. According to Lewicki and Litterer (1985), there are certain conditions necessary for successful problem solving and bargaining to take place. These include

having a common goal or objective; a motivation and commitment to work together; having trust, since “mistrust inhibits collaboration”, and the ability to accurately and clearly exchange information between negotiating parties (p. 114). The Lewicki/Litterer model therefore provides a useful conceptual tool to further understand the relationship between the two professions and the bargaining tactics used on both sides during the production of a medical news story.

Methodology

The direction and focus of the semi-structured in-depth interviews with 15 participants – both journalists and public relations practitioners – as reporters or key informants in the field of medical news or promotion, were derived from the results of the first phase of research which included a nationwide online survey of both professional groups (Furlan, 2009). The in-depth interview allows the interviewer freedom to “probe any new lines of inquiry or topics of interest introduced by the interviewee, even though they will follow the interview protocol in terms of covering the same topic areas with all respondents” (Weerakkody, 2009 p. 178). The attitudes and perceptions of these two professional groups are important as they often collaborate in the preparation of medical news for the public. As one print medical journalist pointed out in this study, there are extra responsibilities in medical reporting because “people’s individual health is at stake”. According to Avery, Lariscy and Sohn (2010): “How each group evaluates the other could enhance understanding of perceived similarities and differences in how each defines barriers in both health care and reporting” (p. 329).

Interviews were conducted either face-to-face or by telephone. Although telephone interviewing has been criticised for lacking non-verbal communication cues which may lessen the richness and thick descriptions of the qualitative data (Krueger & Casey, 2000), they can “allow more open communication since the respondent is not confronted with the interviewer” (Sarantakos, 1998, p. 270). Further, telephone interviewing in semi-structured interviews where immersion in the

participants' environment is not necessary, yields data where there are "no significant differences" when comparing telephone with face-to-face interviews (Sturges & Hanrahan, 2004). For example, semi-structured telephone interviews were conducted by Scandinavian researchers, Larsson, Oxman, Carling and Herrin (2003) with 10 health reporters from Europe, Canada and Australia, following quantitative survey and focus group methodology, in order to "investigate constraints on improving the informative value of medical reports in the mass media" (p. 323). Entwistle (1995) conducted semi-structured interviews with 10 medical journalists working mostly in broadsheet newspapers in the UK as well as a content analysis of their stories in order to understand the reporting of medical research into news. Pettersen (2005) surveyed 20 Norwegian health reporters and interviewed two in-depth about their sources of news, finding the majority came from corporate or commercial interests and only 12 percent from university/college research units (p. 8).

In this study, there was a diverse cross-section of purposively selected public relations practitioners (n=8) represented in the in-depth interviews from capital cities around Australia, including Sydney (New South Wales), Melbourne (Victoria), Adelaide (South Australia), Brisbane (Queensland) and Darwin (Northern Territory). Two worked in high profile corporate companies specialising in health/medical promotion in Australia, one of whom was a director (PRC1 and PRC2). Two participants were director/manager of private public relations firms from Queensland and the Northern Territory (PRP1 and PRP2). Another participant was a media manager of a state government health department (PRG1); two public relations participants worked for medical research institutes in Melbourne and Sydney (PRR1 and PRR2); another participant was a state public hospital public relations unit manager in Adelaide (PRH1). Half of the interviewees had worked as journalists. This is worth noting as perceptions of these practitioners

may differ from those who have never worked as news reporters. Three interviewees were female, five were male and almost all had significant experience in the medical sector ranging from 10 to 25 years. Only one public relations consultant had fewer than four years' experience in the field. This representation, from corporate to hospital public relations, reflects varying approaches in medical/health promotion, ranging from commercial to informational.

A total of seven medical journalists, three reporters from Adelaide, three from Sydney and one from Melbourne, were purposively selected. All media platforms were represented including print (JP1, JP2, JP3, JP4), radio/online (JR1) and TV (both commercial and national public broadcaster, the Australian Broadcasting Corporation: JTV1 and JTV 2). Three participants were male, four were female. Three had previously worked in public relations; one of those interviewed had also worked in a relevant health-related industry. Two participants were high profile medical journalists, one working in newspapers/journals/magazines (JP4), another across all media platforms (including print, online, radio and TV: JP3). Most (n=5) were experienced medical reporters with more than a decade in the field. Only one reporter was relatively new to the medical reporting 'beat' with fewer than four years' experience. Interviews ranged from 40 to 70 minutes' duration. The participants represent a wide range of medical reporting expertise and approaches, including broadsheet, tabloid and specialist print media as well as broadcast media organisations.

Data was collated and tabulated for easy reference using principles of data reduction outlined by Saldana (2009) and Miles and Huberman (1994). This paper will report on data coded from responses about the relationship itself both on an individual basis and more broadly using the indices of negotiation. The interviews explored how both professional groups perceived their relationship with the other, including issues of work practices, relational characteristics and the

importance of the other in informing the public about health issues.

Journalists' questions were divided into two parts; Part A explored their relationship with public relations practitioners (their views, attitudes and perceptions). Part B examined their views of public relations

generally (see Figure 1). Similarly, public relations participants were asked questions about their relationship with medical journalists as well as more general questions about media relations and reporters' needs (see Figure 1 below).

Figure 1: Example of interview questions

Sample questions to journalists	Sample questions to public relations practitioners
<p>Part A:</p> <p>*How would you describe your relationship with public relations practitioners?</p> <p>*How necessary are they in getting the story and access to sources?</p>	<p>Part A:</p> <p>*How would you describe your relationship with medical journalists?</p> <p>*How necessary are reporters in getting the story to the public?</p>
<p>Part B:</p> <p>*Not-for-profit organisations, corporate, government and private agencies all use public relations. Do you view public relations differently depending on the organisation?</p> <p>*Do you think public relations is important in the process of informing the public about medicine/health?</p>	<p>Part B:</p> <p>*How important or unimportant are media relations in medical public relations?</p> <p>*Do you agree or disagree that medical journalists need public relations information in order to do their jobs?</p>

Findings

Seven journalist interviews

All journalist respondents listed a variety of criticisms against public relations practitioners and their profession. These ranged from negative comments about public relations practitioners' lack of understanding of newsworthiness and reporters' needs, to journalists' collective mistrust of commercial public relations. However, there was recognition by three journalists, one print (JP2) and the others from television-commercial and public broadcaster (JTV1 and JTV2), of the

importance of public relations in the process of informing the public about medicine/health (see Part B, Figure 1) and in getting the story and access to sources (see Part A, Figure 1). Public relations was considered "an indispensable part of the whole communications process" (JTV2) with often "constructive", trusted relationships with public relations practitioners in regular contact with the journalist (JP2). There was also more credibility of public relations from medical and research institutes rather than corporate or private organisations, a sentiment echoed by all other journalist respondents.

A print medical reporter described the relationship as “cordial and pleasant” but “doesn’t really have a relationship with them”:

I’d love for them to give me stories. I’d love to get stuff out of them, you know, and then obviously I’d respect them more too if I thought they knew what I wanted, and if they didn’t bother pitching things that didn’t have a hope in hell (JP1).

This respondent also described strategies of avoidance when dealing with corporate public relations: “If I see a [specific] phone number ringing on my phone, I don’t even pick the phone up, I let it go to messages”. The reporter indicated it can be a strategy also used by public relations consultants: “there’s very little I can do if I ring them and they say they won’t find me somebody, or couldn’t find me somebody, then you get in trouble” (JP1).

Another print medical reporter found corporate or private public relations practitioners promoting products, as “time-wasters” and “annoying”, yet trusted and respected certain public relations practitioners working for medical institutes and charities: “they know what I need and they’re able to provide it and we don’t sort of waste each other’s time” (JP2). The online/radio medical reporter described the relationship as “at arm’s length. I discourage them on the whole” (JR1), particularly those working for corporate or private enterprise. One television medical reporter was more collaborative in their approach to public relations: “We both get something out of it” describing the relationship as “very good” with “most of them” “because I’ve done so many stories... with these people” (JTV1). However, this respondent indicated being on guard with corporate or commercial public relations companies and “to maintain my distance” and not make the story “seem like an ad”. A print journalist described the “fundamentally incompatible” interests of journalists and public relations practitioners where the former are supposed to get to the “heart of the matter” and the latter are “usually selling something, promoting something, advocating something” (JP3). This interviewee described the relationship with public relations

practitioners as “friendly” and “courteous” but “difficult” in the attempts to reach expert sources: “often I am stopped short and very crudely by an army of PR people who protect those other people from having to deal with the media directly”(JP3).

Three interviewees (JP3, JP4, JR1) indicated the need for medical reporters to be sceptical about claims made by public relations people. Despite having “ambivalent” and “uncomfortable” relationships with public relations consultants in the pursuit of stories, one of the interviewees described strategies used in negotiating a medical story with a public relations intermediary:

...if they are holding back or I don’t feel like they’re being upfront with me, then it can get, not nasty, but you sort of have to use different tactics whether it’s sort of saying, look, you’re going to look bad. So in a sense that’s intimidating them into cooperating or you may think it’s better to smile and suck the lemon. Really it depends on the situation (JP2).

A print medical reporter pointed out how “I spend most of my time trying to avoid PR people” making it difficult to interview sources in the public sector “because they’re all under instructions from their PR people not to talk to you unless they get approval...a tortuous process often designed just to keep you out” (JP4): “You don’t quite trust them but on the other hand you rely on them so you are having to negotiate in that space”. According to this reporter, if public relations staff “don’t get back to me, it’s going to look bad for them” but on the other hand, “I’m missing vital information for my story”. Although most reporters were distrustful of corporate or private, commercial public relations consultants, another print journalist pointed out that government health public relations people have the “upper hand” in the relationship and are “deliberately useless” (JP2). Despite “very regular contact”, this medical reporter revealed, “they don’t provide information, they try to stop us getting information” and “we have to go to them because there’s no other way”. According to the interviewee, reporters have to “go through

this whole media unit process, which basically just shuts down anything which would look bad” (JP2).

Three medical reporters (JP2, JP4, JTV1) pointed out the importance of trust in their dealings with public relations consultants:

...they trust me and I trust them and they will give me access to the people I need to speak to... there's also certain PR people that very carefully choose their journalist and ...I think it's important for me to be one of those that they do trust (JP2).

One reporter described “good” public relations practice as “someone who helps me get the story, the information I need, doesn't block me, is trustworthy, doesn't tell fibs or hide information” (JP4). A TV medical reporter indicated the importance of developing trust in a collaborative, mutually beneficial relationship with public relations consultants which has developed over time: “I'm surprised more PR people don't take the time and effort to develop that relationship” (JTV1). The other TV reporter indicated public relations practitioners should realise “that they're there for both controversial stories and also good stories for their organisation. There can't be just positive [stories] all the time. It has to be across the board” (JTV2).

Eight public relations practitioner interviews

Corporate (PRC1 and PRC2) and private company interviewees (PRP1 and PRP2) were particularly knowledgeable about media wants and needs. One of them described the relationship as “helpful” and “cooperative”, offering reporters “options and possibilities” (PRC2). The other corporate participant described the relationship with medical/health media as one of “professionalism and mutual respect” as “they are critical in getting the story to the public”: “we are always sure when we go to the journalist we are actually providing them with a story” with an understanding of “their timelines and pressures” (PRC1).

The private company public relations manager described the relationship with journalists: “Sometimes they see me as a person who's protecting a client who they want

to go and attack, or they see me as a person who provides them with a good story” (PRP1). This participant indicated the need to get the right approach to the media: “if they don't choose to run it, I'm the loser. I've got to think, what other strategy?” (PRP1). The other private company public relations participant described a three-tiered system of relationships, the closest and most trusted being with “trade media” (medical journalists writing for specialty journals), then “a level down” with print medical journalists (feature writers) and the most distant relationship with broadcast tabloid media. The participant stressed the importance of ethical public relations with reporter and client, the “main commitment is to the truth and a balanced story, rather than propaganda...otherwise it's advertising and we're not in the business of advertising” (PRP2).

One of the corporate participants indicated that journalists “are able to access information and access talents in ways which would not be reliant and entirely dependent on a PR person” (PRC2). Both corporate participants revealed they expected journalists to do their job and critically assess material presented to them by public relations: “it is certainly an easier row to hoe if you do provide the materials and they are happy to run them. But that is not generally the case in healthcare” (PRC1). One of the corporate respondents noted journalists were “very professional and very diligent and interested in trying to remain balanced” even when clients are unhappy or dissatisfied with medical news stories, pointing out how clients “have naive views about what journalists are employed to do” (PRC2). According to the participant, clients “have unrealistic expectations about how interesting and how newsworthy their own stuff is”. This interviewee pointed out how it was up to the journalist whether or not “to engage in a relationship of trust and use PR people to find extra information and source talent” since the relationship is “an invitation that the reporter can either accept or decline” but that “in my own experience...specialist health and medical reporters are amenable to working with PR to help do their work” (PRC2). However, this

participant pointed out that being cooperative and providing easy access to sources depends on the scenario, as tactics can change whether the context of the story is negative or “it’s a crisis or is positive where something new is being launched” (PRC2).

The medical research public relations consultants regarded the relationship with medical journalists as collaborative (PRR1) and symbiotic (PRR2). One of the participants pointed out public relations was more dominant in the relationship as “we’re the ones that actually want the story, especially on our terms...we can actually choose to ignore them” (PRR1). Reporters were on the one hand considered “not 100 percent necessary, it’s on occasion that we’d need the general media” (PRR1) as messages are already on the web for public access, and on the other, “they’re quite vital” (PRR2). The latter participant indicated the relationship was generally one of “healthy respect” in a “highly competitive environment”: “I think there’s an understanding from both sides what people are required to do. Journalists need to come up with a good story and we need to try and push our story as best as we can” (PRR2). Although reporters were considered professional and “really diligent” there were some current affairs television journalists who were avoided: “you make your decisions quite selectively so having 10 years being in the game, you know who you normally won’t provide comment to” (PRR2). One public relations consultant working for a public hospital regarded commercial TV current affairs reporters as “rogue traders” who are prepared to break “ethical boundaries”. For example, journalists “in the hospital with spy cameras, going through patient care area which is totally not appropriate” (PRH1). This participant had a “mixed” relationship with reporters, characterised by either mutual respect and trust or wariness and mistrust: “I find out the next day that there’s more to the story, rather than what they’re just asking”. Further, some of journalists’ requests are “quite often unrealistic and would be impossible for me to dig up statistics that they’re after”. There was criticism of reporters’ lack of investigative skills and being “spoon-fed” information:

“they’re now much more happy for us just to provide a written response, rather than doing an interview with someone, and to me, if I was a journalist, I’d want to hear the facts first-hand, rather than being filtered through a PR office”(PRH1). But for the public relations consultant this was considered a “win/win” situation “because I know what’s being said to the journalist, and I know what’s being reported” (PRH1).

Although the state government health public relations manager described the relationship with journalists as “crucial” and subservient – “we see ourselves as servants of them...they are the means for getting out those public health messages that are so important” – there was surprise at reporters’ requests about “things that can be easily Googled” (PRG1). Nonetheless, the overall strategy used is primarily one of accommodation as “we do the nuts and bolts research for them so I suppose they couldn’t do it without us”. This participant said it was however, “very frustrating” when reporters make what are considered inappropriate requests. For example, attempting to find out how many people have been diagnosed with an infectious disease in a small local community: “We don’t think there’s any public benefit in giving that information ...we didn’t want people targeted...and then we get the ‘wall of silence’ story” (PRG1).

Discussion and conclusion

The five negotiation strategies of competition, accommodation, compromise, collaboration and avoidance as outlined by Lewicki and Litterer (1985) and Lewicki et al. (2006; 2001; 1998), formed the primary theoretical basis used in this paper to explore the relationship between public relations practitioners and journalists whose paths often intersect in the production of medical news. An open, two-way symmetrical model of communication, where there is disclosure and trust, has been considered ideal public relations practice (Grunig, 2001; Grunig & Hunt, 1984) and necessary in the dissemination of medical/health messages to the public (Avery & Lariscy, 2007). According to Lewicki and Litterer (1985) trust is a key component for

successful collaboration. Participants in this study demonstrated a variety of tactics in their negotiations with the other profession, ranging from avoidance to collaboration in the production of medical news. The relationships between the two professions in medical news production are inherently complex, changeable and characterised often by tension and mutual misunderstanding as well as trust. The strategies chosen are best recognised by the adoption of either a cooperative or a competitive stance. If the former is used, this heightens the similarities and common interests between negotiating parties and a willingness to collaborate on perceived shared goals. If the latter is adopted, only differences and conflicting goals are recognised, making negotiations difficult or problematic. Berkowitz (2009) also noted that a symbiotic, cooperative relationship between a reporter and source occurs when both parties consider they have equal power, but that once one of the parties “is perceived to have the upper hand” (p. 105), the relationship becomes more adversarial.

Both professional groups displayed a range of tactical behaviours depending on objectives, motivations and their perceptions of the other party based on either past experiences or on general assumptions. For example, both professions in this study indicated avoiding certain individuals from the other profession as they did not trust them due to past behaviour or inherent bias. Journalists were most likely to extend this beyond the individual to the collective with a deep-rooted scepticism of corporate/commercial public relations interests. Participants in this study indicated that having mutual respect and trust favoured collaboration and accommodation. However, despite negative preconceptions about the other profession, journalist participants who had indicated avoidance as their preferred strategy when dealing with specific public relations sources, used compromise as a workable strategy in their willingness, on occasion, to set aside differences and resolve conflict in order to fulfil primary objectives, that is, to ‘get the story’, even though results may not be optimal. This highlights the interdependency of goals in

a negotiation as outlined by Lewicki and Litterer (1985): “A seller cannot exist without a buyer” (p. 7). The need to negotiate arises when “there is a conflict of interest between two or more parties; that is, what one wants is not necessarily what the other one wants” (p. 4).

According to Shin and Cameron (2005), journalists tend to escalate the conflict as they maintain “credibility or objectivity” while practitioners are “likely to negotiate the conflict” (p. 321). Australian journalists strive for “fairness”² and “independence” rather than “objectivity”, as enshrined in their Code of Ethics, but notwithstanding, there was evidence journalist participants were less inclined to negotiate unless necessary. However, in this study public relations participants also selected strategies of avoidance rather than compromise, preferring, for example, to withhold information from certain reporters considered untrustworthy. Nonetheless, public relations participants appeared more willing than journalists to choose the strategy of accommodation in order to help the other party achieve their objectives. There was also evidence of “integrative” bargaining defined as a more collaborative or “win-win” approach in “the process of identifying a common, shared or joint goal and developing a process to achieve it” (Lewicki & Litterer, 1985, p. 102). However, integrative bargaining is difficult to achieve when there is mistrust as it “inhibits collaboration”. Being interdependent but mistrustful means negotiating parties will be defensive and “will not accept information at face value, but instead look for hidden, deceptive meanings” (p. 111). Journalist participants showed evidence of this when dealing with public relations sources from corporate, private organisations or government departments. Journalists’ perceived role as watchdogs of big business and government, make them “less distrustful of universities and nonprofit organisations that are thought to serve society in medical news production” (Len-Rios et al., 2009, p. 318) and this attitude was

² The concept of ‘fairness’, rather than ‘objectivity’ is part of the principles in the Australian journalists’ Code of Ethics: Honesty; Fairness; Independence; Respect for the rights of others: <http://researchjournalism.wordpress.com/ethics/meaa-code-of-ethics/>

apparent in the reporters' responses in this study.

Public relations practitioners were distrustful of some reporters (based on past experience), especially of those working for tabloid media organisations which would then affect the choice of strategy used in the bargaining process. Participants from both professions employed contradictory and unpredictable strategies of negotiation to resolve conflict depending on the situation and intended outcome, switching, for example, from avoidance to compromise or accommodation. During negotiations there is a "dilemma of trust" where each party decides "how much to believe of what the other party tells you" (Lewicki et al., 2001, p. 10). On the one hand, if you believe everything, the other party could take advantage of you and, on the other, if you believe nothing, "then you will have a great deal of difficulty in reaching an agreement" (Lewicki et al., 2001, p. 10). Lewicki et al. (2001) posit that the extent of trust depends "on many factors including the reputation of the other party, how he or she treated you in the past, and the present circumstances" (p. 10). However, Lewicki et al. (1998) posit that trust and distrust are not bipolar constructs, given the "multidimensionality and the inherent tensions of relationships". Rather, relationships are "multifaceted and multiplex" and both coexist in relationships: "...although parties may pursue consistency and the resolution of inconsistent views, the more common state is not one of balance but, rather, of imbalance, inconsistency and 'uncertainty'" (p. 444).

The responses of participants – both public relations consultants and journalists – suggest a range of negotiating strategies is being used when dealing with each other in order to disseminate medical messages to the public. Which of the five strategies is being chosen at any given time depends on objectives, resources, history of past interactions and whether or not they are keen for the other party to also achieve their goals. According to Lewicki and Litterer (1985), successful negotiation needs motivation and trust as well as "a belief in the validity and importance of the other's position" (p. 114). However, there

was evidence from both professions of avoidance and mistrust as well as trust and cooperation. Participants in this study revealed that negotiating strategies can be fluid and changeable according to the wants and needs of both parties at any given time, highlighting the complexity and unpredictability of relationships. According to Lewicki et al. (2001), conflict is a potential consequence of interdependent relationships and can be "due to the highly divergent needs of the two parties, a misunderstanding that occurs between two people, or some other, intangible factor" (p. 12). Long-term opponents who view each other with scepticism are unlikely to trust each other or "to believe that a cooperative gesture is not a ruse or setup for future exploitation" (Lewicki et al., 2006, p. 98). However, when trust (considered to be "confident positive expectations of another's conduct", Lewicki et al., 2006, p. 288) has been established, the likelihood of adopting a mutually beneficial collaborative strategy is enhanced.

Participants in this study indicated their willingness to negotiate with a trusted individual from the other profession with whom they had previously successfully collaborated in the production of medical news. Whether or not the choice of negotiating strategy ultimately influences the quality of the final medical news product is beyond the scope of this paper. Nonetheless, avoidance and mistrust must hinder the two-way communicative process lauded in the symmetrical model of public relations where "it manages conflict rather than wages war" (Grunig, 1992, p. 10). It is unclear at this stage how, for example, avoidance as a strategy on the part of either profession would hinder the production of a fair and accurate medical news story for public consumption. If information is withheld or not sought because of inherent prejudice then there are implications for the completeness of a story. As Kopenhaver, Martison and Ryan (1984) noted, hostility between the two professions can hinder the public's access to reasoned, informed debate:

A journalist who will not use information from a public relations person because he or she does not trust

any practitioner may miss out on some good stories or include incomplete, unclear or inaccurate information in articles. A practitioner who finds he or she is not trusted simply because of the position he or she holds will find it harder to do a job and may feel forced to use unethical means to get a message to the public (Kopenhaver et al., 1984, p. 884).

However, reporters in this study indicated a willingness to suspend strategies of avoidance if there were no other options available (i.e. other sources) to get the necessary information for a story. It appears from this study that individuals from both professions weigh up the inherent risks and benefits from each negotiation, but as White and Hobsbawm (2007) noted, the relationship between journalists and public relations practitioners “is often soured on both sides by the preconceptions or prejudices with which both groups approach each other” (p. 284), which may affect the outcome of the negotiation.

While this study is limited in generalisability and scope, it suggests bargaining is a key component in the relationship between public relations consultants and medical journalists, whether it may be ongoing or brief. Lewicki and Litterer (1985) point out that negotiation is “a process of offer and counter offer, of concession and compromise through which the parties reach a point that both understand is the best (for them) that can be achieved” (p. 115). Whether or not the end result is the ‘best’ outcome for the public or just for the bargaining parties involved, remains unclear. The primary goal for negotiators (reporters and public relations practitioners) should be the dissemination of reasoned, balanced and accurate medical news on which the public can make informed decisions on matters of health. If the strategies used do not have that outcome, despite successful negotiations between the two parties, then it could be argued that the bargaining has been ill-conceived and flawed in some way. One of the key conditions for successful negotiations is the ability to accurately exchange information among negotiating parties. But if the public, on whose

behalf reporters have bargained, has not been accurately informed, then negotiations must be seen as unsuccessful.

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