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Article

Doctors Fact-Check, Journalists Get Fact-Checked: Comparing Public Trust in Journalism and Healthcare

Young Eun Moon ^{1,*}, Kristy Roschke ¹, Jacob L. Nelson ², and Seth C. Lewis ³

¹ Walter Cronkite School of Journalism & Mass Communication, Arizona State University, USA

² Department of Communication, University of Utah, USA

³ School of Journalism and Communication, University of Oregon, USA

* Corresponding author (ymoon14@asu.edu)

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Abstract

Public trust in journalism has fallen disconcertingly low. This study sets out to understand the news industry’s credibility crisis by comparing public perceptions of journalism with public perceptions of another institution facing similar trust challenges: healthcare. Drawing on in-depth interviews with 31 US adults, we find that although both healthcare and journalism face public distrust, members of the public generally tend to feel more trusting of individual doctors than they do of individual journalists. This is because people (a) perceive doctors to be experts in their field and (b) engage more frequently with doctors than they do with journalists. Consequently, our interviewees described treating their doctors as “fact-checkers” when it comes to health information they find online, demonstrating trust in their physicians despite their lack of trust in healthcare more broadly. Meanwhile, the opposite unfolds in journalism: Instead of using legitimate news sources to fact-check potential misinformation, people feel compelled to “fact-check” legitimate news by seeking alternative sources of corroboration. We conclude that, to improve their credibility among the public, journalists must strike the right balance between persuading the public to perceive them as experts while also pursuing opportunities to engage with the public as peers.

Keywords

engagement; expertise; healthcare; journalism; news audiences; public trust

Issue

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1. Introduction

By many accounts, the level of public trust in US institutions is alarmingly low. Journalists, doctors, scientists, and academics—once perceived as professionals who have valuable training, skills, and the public’s best interest in mind—now tend to be seen as disconnected elites (Merkley, 2020), politically compromised (Flores et al., 2022), or some combination of the two. The past few years have revealed that these circumstances have dangerous implications for civic society and public health. About 15% of US adults refuse to vaccinate themselves against the coronavirus (Monte, 2021) due in no small

part to distrust of the vaccine and concerns about side effects. At the same time, three in ten Americans continue to believe that the 2020 presidential election was stolen from former President Donald J. Trump (Kamisar, 2023).

This skepticism raises important questions. First, why has public trust in society’s institutions fallen so much? Second, what are the variables that determine the extent to which members of the public trust these institutions in the first place? Finally, what steps should these institutions take to repair their relationships with the public?

This article works toward answering these questions by comparing public perceptions of two institutions facing credibility crises: journalism and healthcare. Drawing

on interview data collected from 31 US adults in late 2022, we find that although a lack of trust exists in both healthcare and journalism, members of the public generally tend to feel more trusting of doctors than they do of journalists. This is due to (a) the public's perception of doctors being experts in their field and (b) the fact that members of the public engage more frequently with individual doctors than they do with journalists. In light of these findings, we argue that, contrary to ongoing discussions within journalism that tend to view expertise and engagement as two distinct paths to trust-building, successfully earning public trust likely must entail a fusion of both.

2. Literature Review

Healthcare and journalism stand on the frontline of the public's self-governing (Kovach & Rosenstiel, 2014) and serve as crucial institutions for distributing information in the public interest. In an analysis of professions, Abbott (1988) contended that the fundamental and distinguishing trait of professional occupations is their reliance on the creation and dissemination of knowledge, which serves as the basis for their claim to exclusive right over specific work activities—their expertise. Amid the coronavirus pandemic, the expertise of healthcare workers and journalists has been challenged, as made clear by the rise in vaccine hesitancy and people feeling compelled to “do their own research” when it comes to news generally and health information specifically (Meppelink et al., 2019; Nelson & Lewis, 2023). As people increasingly view institutions such as journalism and healthcare with skepticism, their approach to these institutions is to seek out their own sources to corroborate (or refute) claims that come to them from news organizations and healthcare providers.

To be sure, these professions are very different. For starters, healthcare providers have obvious markers of expertise baked into their occupations in the form of specialized training, knowledge, and practices. Journalistic expertise, on the other hand, is much less pronounced and more difficult to articulate. Indeed, as Anderson and Schudson (2019, p. 88) have rightly pointed out, the link between journalists' “everyday work and their heavily qualified claim to possess a form of professionalized knowledge” is hard to describe, much less so than when it comes to medical professionals.

Yet, focusing on the distinction between markers of expertise within journalism and healthcare runs the risk of overlooking the important similarities between the two, especially as those similarities relate to the public's perception of either. Journalists and healthcare providers, as we argue in the sections that follow, depend on effective communication with the public to fulfill their jobs. That communication's effectiveness depends in no small part on earning the trust of the people these professionals seek to serve. The question, then, becomes: How can journalists and healthcare

providers earn that trust in the first place? To that end, while we acknowledge the unique settings and contexts in which these institutions operate, we also believe there is much to be gained by a comparative study that examines their similarities, specifically when it comes to how those working within each profession attempt to build trust with the public and the challenges they face in maintaining institutional credibility.

In the following sections, we explore the public trust challenges confronting each of these institutions.

2.1. *The News Industry's Credibility Crisis*

Journalism faces an ongoing—and, in many ways, intensifying—credibility crisis. In 2022, only 34% of Americans reported having a great deal or fair amount of trust and confidence in newspapers, television, and radio news reporting (Brenan, 2022). Scholars have explored factors such as the loss of public trust in mainstream media in today's hybrid media landscape (Chadwick, 2013) and the challenges posed to journalistic expertise based on objectivity and accountability in a so-called “post-truth era” (Keyes, 2004; McIntyre, 2018). Furthermore, the global rise of populist distrust toward news media (de Vreese, 2017; Fawzi, 2019) has intensified these concerns. In this context, the issue of how journalists can uphold institutional authority and ensure the future relevance of journalism has become increasingly critical and complex (Carlson et al., 2021).

The discussion surrounding public trust in journalism is deeply intertwined with how journalists position themselves (Moon & Lawrence, 2023). Mellado (2015) presents three underlying orientations that shape journalistic norms: the level of journalist intervention in their own voice, the positioning of journalists in relation to those in power, and the approach to the public as consumers or citizens. The first two dimensions emphasize objectivity and accountability, which have been established as professional norms within journalism; however, the extent to which journalism relates to communities and individual community members has, until recently, been less rooted. Lately, though, there has been a greater interest in journalists' *relationships* with their audiences.

As news outlets struggle to maintain their relevance and improve their connections with their audiences (Lawrence et al., 2018; Wenzel, 2020), journalism scholars have argued that news companies should focus on strengthening their ties with their communities (e.g., Robinson, 2023; Ward, 2018). Many terms exist to advocate for this approach to news production, including “engaged journalism” and “solidarity journalism” (Lewis, 2020; Varma, 2020). At the heart of this approach is a kind of journalism that “puts the building and maintaining of relationships with publics it normatively serves at the center of its work” (Lewis, 2020, p. 347). In other words, the appeal of engagement-focused news production is that trust will be established through the nurturing of community relationships, especially in the current

digitized media environment where people can easily find information anywhere and at any time.

Many believe that the public's disdain for journalism stems from the public seeing journalists as elitist and out of touch, and argue that journalists must counter these perceptions by making deliberate efforts not to talk down to their audiences, and to instead treat interactions with those audiences as genuine conversations rather than as one-way lectures (Nelson, 2021). Indeed, "paternalism" has become almost an insult in contemporary discussions surrounding journalists' approaches to their audiences (Thomas, 2016). Implicit in the growing calls for journalists to bring the public into news production is the notion that journalists should assume their audiences know more than they do, rather than the other way around. The result is a situation where expertise and engagement appear pitted against one another when it comes to earning public trust.

There is another institution that is not only dealing with a comparable credibility crisis but is also grappling with the best way to bridge expertise and engagement: healthcare. We turn to that institution next.

2.2. A Parallel Trust Crisis in Healthcare

Healthcare faces a similarly significant crisis in trust, one that has grown more intense and obvious since the coronavirus pandemic began. However, the decline in public trust in healthcare is not a new phenomenon. It has been observed for several decades, as a study conducted between 1966 and 2012 found that the proportion of Americans who expressed great confidence in the leaders of the medical profession decreased from 73% to 34% during this period (Harris Interactive Polls, 2012, as cited in Blendon et al., 2014). The trust decline within the healthcare sector has been attributed to various factors, including the corporatization or privatization of healthcare (Ferris, 2021) and the reduction in the amount of clinical time devoted to patients (Overhage & McCallie, 2020).

Interestingly, despite the decreasing trust in medical professionals, the public's perception of the integrity of physicians has remained high. A Gallup survey conducted in 2013 found that 69% of respondents regarded the honesty and ethical standards of physicians as *high* or *very high* (Blendon et al., 2014). In alignment with this trend, more patient-centered communication has gained attention, characterized by a two-way conversation involving the use of open-ended questions and collaborative decision-making, and has been discussed as the solution for helping patients trust their healthcare providers (Ward, 2018). In addition, research found that patients are also seeking healthcare specialists to be more personal and engaged in their own medical care, which ultimately fortifies public trust in the medical profession (Levey, 2015). This patient-centered approach, much like the engagement approaches that are being advocated for within journalism, calls for a deepening of

one-to-one relationships through customized communication (i.e., based on knowledge about the patient) and physicians who are more approachable, altogether fortifying public trust in the medical field (Qudah & Luetsch, 2019; Ward, 2018).

Again, it is important to acknowledge the differences between journalism and medicine. Each of these professions has its own institutional foundations in terms of their knowledge and interactions with the public. According to Starr (1978), the evaluation of journalistic knowledge influences the perception of journalism's "cultural authority." Moreover, journalistic expertise tends to be constructed through discourse, primarily relying on journalistic narratives and the assertion of professional objectivity (Zelizer, 1993). Journalistic expertise also may be manifest in "interactional expertise," whereby reporters specialize in "interactions with their sources on one hand and audiences on the other" (Reich, 2012, p. 339). However, because of the contested status of journalism as a profession—one which lacks certain protective attributes commonly associated with fields like medicine (e.g., licensing, required, formalized training)—the nature of journalists' expertise remains somewhat ambiguous. While journalists are acknowledged for their specific skills, such as storytelling and reporting, these attributes alone do not necessarily indicate their expertise in a particular subject matter (Anderson & Schudson, 2019). In short, journalists' expertise is looser and less clearly defined than that of healthcare providers. However, this does not mean that journalists do not have expertise; instead, it simply suggests that this expertise is not as widely understood, with perhaps significant implications for public perceptions of the profession as a whole.

Despite these differences, each of these institutions faces similar (and similarly troubling) public trust challenges. We believe these similar challenges are no coincidence, but are instead rooted in the similar mechanisms by which the people in these professions do their work. To put it bluntly: Both professions depend on effective communication. Indeed, both are "narrative professions that deal in information—gathering, synthesizing, and presenting it" (Miller & Nelson, 2021, para. 2). This view emphasizes the narrative implications of the relationships through which trust is acquired (Camporesi et al., 2017). In light of the similar trust crises that journalism and healthcare face, as well as the similar discussions within each profession surrounding the role of engagement in mitigating these crises, our research questions are as follows:

RQ1: How do the public perceptions of journalists and medical doctors differ, and what situational differences contribute to this gap?

RQ2: What roles do expertise and engagement play when it comes to public perceptions of journalism and healthcare?

3. Data and Method

To explore public perceptions of journalism and health-care, we conducted Zoom-based interviews with 31 adults in the US. Working with the survey company Cloud Research, we secured a list of randomly selected individuals ($N = 968$) who identified themselves as news users (regardless of the medium type) who also have visited healthcare facilities and communicated with medical professionals in the past 1–2 years. Once we assembled our sample, we sent recruitment emails to all 968 respondents to see if they would participate in research interviews. As we approached data saturation, we expanded our outreach to individuals to increase the number of interviews conducted and to ensure that our sample closely represented the demographic ratios of the US population. As a result, we were able to secure interviews with 31 people.

Interview participants were all aged 18 and older, and represented a cross-section of age (younger, middle-age, seniors; aged 40 and under: 32.3%, 41–60: 35.5%, older than 60: 32.3%), political leaning (very conservative: 12.9%, conservative: 12.9%, somewhat conservative: 16.1%, neither conservative nor liberal: 16.1%, somewhat liberal: 12.9%, liberal: 16.1%, very liberal: 12.9%), which approximate standardized quotas used by survey research firms to match US demographics (Nelson & Lewis, 2023). This sample comprised a wide range of news trust and distrust expressions with both frequent and infrequent news consumption (see Schwarzenegger, 2020), and it also varied in terms of geographic, socio-economic, and educational backgrounds, as well as in levels of interest in news (Fletcher & Nielsen, 2019; Toff & Nielsen, 2018). These depth interviews lasted about an hour and the recordings were transcribed fully by a professional transcription service. The resulting transcriptions were analyzed following the best practices for qualitative communication research (Lindlof & Taylor, 2017). Interview protocols were semi-structured, with a set of questions about interviewees' interactions with the news in their daily lives, interactions with healthcare providers, and attitudes toward both journalism and healthcare. All interviews were audio-recorded using Zoom and documented after securing participants' verbal consent. To maintain the privacy of the interviewees, we use pseudonyms throughout our findings section.

Our data analysis followed grounded theory, meaning the themes we identified were derived inductively through the systematic collection and analysis of qualitative data (Strauss & Corbin, 1990) with a focus on extracting the "deep stories" (Hochschild, 2016) until significant themes arise from the participants' responses. To develop codes, patterns, and themes, we conducted a meticulous analysis of the textual data using established techniques for qualitative social research, as outlined in Luker's (2010) guidelines, the process of investigator triangulation. Specifically, this involved continual discussions among the authors throughout the interview

process, individual reading and coding of transcripts, and joint analysis to identify emerging themes and nascent theories. Afterward, we revisited the demographic data of each respondent to investigate possible connections between the recurring themes and any deviations from them.

One final note: Findings from qualitative data collection and analyses are never wholly consistent. On the contrary, data collected from interviews, observations, and other qualitative methods are typically messy. It is up to those collecting and analyzing the data to identify consistent threads within that messiness. The same is true here, which is to say that the themes we uncovered referred to most, but not all, of our interviews. Our intention is not to present our respondents as speaking with one entirely consistent voice, but to instead identify and analyze the consistent threads that emerged throughout these interviews.

4. Findings

Overall, interviewees' descriptions of their trust in healthcare and experiences with doctors stood in stark contrast to their descriptions of their trust in journalism and experiences with journalists. To be clear, people consistently described feeling distrustful of journalism in ways that echoed their distrust of healthcare; however, their distrust toward healthcare was mitigated by their personal, positive encounters with their own healthcare providers. And we found that it appears to be linked to two different key factors: personal engagement and specialized expertise.

4.1. People Trust Doctors Because They Trust Expertise

People's positive associations with their immediate providers stemmed from the explicit demonstrations of specialized knowledge (i.e., expertise) that unfolded throughout those interactions. People seemed especially put at ease when diagnoses were accompanied by empirical data in the form of test results, even if they did not fully understand what those tests or results actually meant. For example, people we interviewed described receiving a doctor's diagnosis along with a blood test or MRI, which people perceived as evidence corroborating the accuracy of their diagnosis. This suggests that they felt assured that their doctors were trustworthy because of the specialized knowledge those doctors brought to their interactions. As one interviewee said:

I trust [them] because most of the cures we have today for illnesses was through [science]...That's why most times, even if they come up with those assumptions, they love to run tests to make sure that they're correct. (#VL)

While people described the tools that doctors use as instruments in the service of experts (e.g., MRIs and

other tests and procedures doctors implement), they tended to describe the tools and evidence that journalists use to support their reporting—including audio and video content—as something volatile that could be altered or taken out of context at any time. In other words, while medical diagnostic tools were evidence of expertise, the tools that journalists depend on to maintain the accuracy of their reporting were instead viewed as reasons why people should be skeptical of the news. The result was a situation wherein respondents felt that journalists lacked any substantive expertise.

Consequently, respondents described feeling much less confident in the accuracy of information they observed in the news than they did in the accuracy of the information they obtained from their doctors. Instead, respondents perceived news media as non-professionalized content, even if it came from a known news outlet, and often performed their own, improvised “fact-checking” of the news, which typically entailed seeking out information from a range of other sources to ultimately decide whether to trust the media.

4.2. More Opportunities for Engagement Means More Public Trust

Meanwhile, our interviews showed that more engagement through patient-centered conversations, the deepening of one-to-one relationships through customized communication (i.e., being well-informed about a patient’s medical history), and efforts to become more approachable all contributed to people feeling more trusting of their doctors. Equally important was the observation that these engagement strategies appeared even more impactful toward building trust when they were accompanied by perceptions among the public of doctors maintaining specialized knowledge.

Even as a number of interviewees criticized the healthcare system as a whole, they went out of their way to clarify that they did not hold those criticisms against the medical providers whom they knew personally from previous interactions. Even if people complained about unpleasant or frustrating experiences within the medical system, these ordeals did not affect their already-established trust in their healthcare providers. This was due in large part to the personal engagement that people experienced during their interactions with their healthcare providers. These interactions inspired meaningful connections between members of the public and healthcare professionals that superseded feelings of distrust about the institutions as a whole. As one interviewee said about one such encounter:

My doctor listened very well. I felt like I was able to get everything off my chest that I needed to say. It was a very satisfying, satisfying experience. It’s something I’m really appreciative of....We both spoke very honestly to each other. I was able to be very honest with him and even joke a little. And he was hon-

est with me right back, and joking right back. And it was almost like meeting a family member or someone that I felt at ease with...immediately. And so, I want to keep that relationship. I told him a lot of information about my lifestyle, my habits. And so, I just feel like he knows a lot about who I am. So I definitely plan to keep that relationship. (#JA)

In light of these findings, it appears that, once members of the public feel a sense of trust toward a doctor, they can distinguish the quality of the services they receive via the healthcare system from their feelings about the doctors they are encountering along the way. As one of our interviewees explained:

I was having trouble booking an appointment with my primary care physician, and my doctor’s office told me, well, I could call every morning and see if anything opened up, or I could come in for a walk-in. And it just became very frustrating, but I like my primary care doctor. (#JA)

However, there was no equivalent opportunity for engagement within journalism. As interviewees pointed out, most people have limited access to journalists (if they have any access at all), so journalists exist for them only through screens or behind bylines. This keeps people separated from journalists and prevents them from feeling that journalists are advocating on their behalf the way they feel about their own personal healthcare providers.

The lack of engagement that people felt when it came to journalists led some interviewees to believe that more engagement on the part of journalists would improve public trust in the profession. Some pointed to ways that journalists could make the setting by which news is reported and consumed more immersive for their audience to give them a sense of presence similar to the way that doctors do with patients. One interviewee described his experience of the news as lending a feeling that journalists invite viewers to the table of their TV news show:

PBS has a really nice effect because the anchors are sitting at a table. BBC, also because they’re sitting at a [round] table, they have their guests. Their guests are generally sitting at the table, oh, and they’re almost sitting on the same side. So then does the viewer. You feel like you’re sitting. It’s a feeling where you feel like you’re at the table and that your opinion matters as much as the other people at the table. It’s a really cool effect. (#JA)

This interviewee’s description of the appeal of PBS suggested that the act of closing the distance between the public and professionals—of increasing the sense of personal engagement between journalists and members of the public—would be an important step toward improving trust in news. Yet, even though it appears people

would like to see a more personally engaged form of journalism that emulates their encounters with healthcare providers, journalism has historically been carried out in a way that deliberately puts distance between news producers and audience members. This separation, much to the chagrin of those who advocate for it, may have the opposite effect and actually lead to increased suspicions about the integrity of journalists. For instance, one of the interviewees, who showed strong trust in his primary care doctor but did not trust journalists or prominent healthcare public figures like Anthony Fauci, said it is because he believes that these journalists are financially motivated and do not have the needs of ordinary people in mind.

In contrast, people stated that they could easily find a sense of humanity with their personal doctors. When doctors establish a connection with their patients through gestures such as listening attentively or allowing them to share personal details about their habits and everyday life, these experiences accumulate and form the basis for long-term trust. This trust inspires confidence in patients, leading them to accept their doctor's words as credible, regardless of the situation they may find themselves in (e.g., navigating the insurance system, or dealing with the inconveniences of making an appointment). This element of humanity could also be introduced in journalism and utilized in various ways. For example, one interviewee suggested that when journalists admit they have made mistakes, it makes those journalists seem more human, and makes the interviewee feel more positive about journalism. Although it is through journalists' rational, calm style of delivery that sincerity is conveyed to the audience, the human act of admitting their limitations and issuing corrections can help create empathy for journalists among viewers, a feeling which could ultimately result in trust:

An apology from a sincere anchor goes a long way because, you know, if you identify or feel close somehow to the anchor and they make a sincere apology, you want to accept it because you realize that that's a hard thing to do. Okay, I got to be careful about what I believe. But on the other hand, I appreciate it. (#JA)

4.3. Doctors Fact-Check While Journalists Get Fact-Checked

The significance of the success that doctors have when it comes to maintaining the balance between engagement and expertise relative to journalists became clearest when members of the public discussed how they determine the accuracy of information that they stumble upon online. When it comes to health information, people describe conducting their own research on health issues prior to meeting with a doctor. Yet, they do not feel as confident in what they have found within their own improvised attempts at research as they do in what their doctor ultimately determines to be the actual diag-

nosis. So, in effect, people arrive at their doctor's office with symptoms to be examined and hypotheses to test. The doctor determines what the symptoms mean and whether the patient's educated guess is accurate or not. The patient's confidence in their doctor overrides their confidence in their ability to use sites like WebMD.

The opposite is true when it comes to journalism. Instead of deferring to what journalists report, our interviewees described using news reports as information that needs to be independently corroborated. So, while doctors' diagnoses trumped members of the public's fact-checking abilities, the public's fact-checking abilities trumped journalists' reporting. As one of our interviewees said:

I just have confidence in my ability to tell what is accurate and what is not. I don't mean to say that I'm always right. But I can judge whether a story is handled well or not....I do have to have a fair amount of confidence in what comes out on the bottom. (#KB)

People describe treating their doctors as "fact-checkers" when it comes to health information they find online, demonstrating their trust in their doctors despite their lack of trust in healthcare more broadly. The opposite unfolds in journalism: Instead of using legitimate news sources to fact-check potential misinformation, people feel compelled to "fact-check" legitimate news by seeking alternative sources of corroboration. To put it more succinctly: Doctors are fact-checkers, while journalists are fact-checked.

5. Discussion

This article is one of the first to look at the public perception of two institutions comparatively. We find that, while there is a lack of trust in both healthcare and journalism, members of the public generally tend to feel more trusting of doctors than they do of journalists. This increased trust in the former as compared to the latter appears to be linked to two key factors: personal *engagement* and specialized *expertise*. Our interviews showed that more engagement through patient-centered conversations, the deepening of one-to-one relationships through customized communication (i.e., being well-informed about a patient's medical history), and efforts to become more approachable all contributed to people feeling more trusting of their doctors.

Equally important was the observation that these engagement strategies appeared even more impactful toward building trust when they were accompanied by people's perceptions of doctors' specialized knowledge. Despite criticisms of healthcare as a whole, people appreciate their own doctors' expertise and engagement. The lack of personal interaction within journalism, by contrast, makes people feel less connected with the profession. One possible reason is that journalists can mostly only have parasocial relationships with their audience;

meanwhile, news organizations tend to focus more on building their brand rather than increasing the visibility of their reporters. And even as engagement as a goal has increased throughout newsrooms across the globe, that engagement tends to be approached as an alternative to expertise rather than as a complement. Furthermore, engagement within journalism is costly, and journalists rarely have the resources necessary to pursue engagement at the individual level that doctors enjoy with their patients.

These differences suggest a number of important implications. First, our observations about the connection between expertise and engagement suggest a path to building trust that journalists and other professionals suffering from credibility crises among the public might consider pursuing. As Figure 1 shows, we believe that expertise and engagement should no longer be viewed as distinct approaches to winning public trust. Instead, journalists should attempt to emulate doctors, who successfully present themselves as experts to their patients even as they also attempt to meaningfully engage with them. For many in journalism, engagement is an alternative to expertise.

Indeed, arguments in favor of engaged journalism tend to come with the implicit (or sometimes even explicit) assumption that journalists actually are not experts at all, and that community members are the true experts about what is happening around them. Our findings suggest that this approach might do little to improve trust in journalism since whatever gains might come from increased engagement might be counteracted by losses in confidence in journalists' skills when it comes to actually reporting and producing the news. To be sure, journalistic expertise is very different from medical expertise—there is no formal credentialing in the former, no educational requirement, and no lengthy list of jargon committed to memory. However, journalists are still professionals just as doctors are, and our findings suggest that expertise—when combined with engagement—is seen as a reason for trust rather than an argument against it. In light of these findings, we con-

clude that journalists would do well to promote—rather than downplay—their expertise, especially as they continue to find opportunities to engage with the members of the public whose trust they are attempting to earn. Journalists must strike the right balance between persuading the public to perceive them as experts while also pursuing opportunities to engage with the public as peers.

We do not mean to suggest that the engagement/expertise dichotomy is the only means by which scholars and practitioners might make sense of journalism's trust crisis. On the contrary, we are grateful for the growing literature focused on other aspects that contribute to people's trust/distrust of journalism. These aspects include the rise of anti-journalism populism across the globe and the rise of a right-wing media apparatus that frequently makes a point of painting traditional news media as inherently untrustworthy (Carlson et al., 2021). While both healthcare providers and journalists attempt to present themselves as ideologically neutral and objective, that task is a tougher challenge for the latter than it is for the former. Journalists must frame news stories about political issues, therefore constantly opening themselves up to criticisms that they are not to be trusted because they are presenting the news of the day in biased, ideological terms.

Furthermore, the ongoing discussion surrounding trust in journalism and healthcare also includes legitimate grievances that people have regarding the way in which journalism historically has been produced and healthcare has historically been practiced. For example, scholars are increasingly working to understand the implications of a news media environment that has traditionally comprised journalists and newsroom managers from a much less diverse background than the people those professionals hope to represent in their news coverage. The result of this situation is that news produced by primarily white, male, and middle- and upper-middle-class people are justifiably perceived by people of color, women, and those from lower economic classes with a great deal of skepticism. People

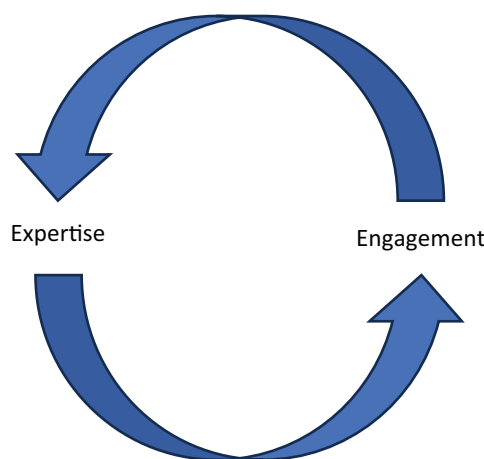


Figure 1. Trust-building as a cycle.

of color also have historically faced worse health outcomes in the US, which has understandably resulted in people of color feeling more skeptical of US healthcare providers than their white counterparts (Lavizzo-Mourey & Williams, 2016).

In other words, our framework, while useful, cannot tell the whole story. However, what this framework can do is help institutional stakeholders make sense of the balance they must seek out when it comes to establishing trustworthy relationships between themselves and the people they seek to serve. For journalists, this means two things. First, journalists must prove to their audiences that they want to meaningfully engage with them to improve their news coverage. Second, they must demonstrate to those same audiences that journalists have meaningful expertise to draw on to produce that coverage in the first place. Finding this balance will only become more important as journalism continues to move in the direction of more active engagement with news audiences. Recently, more newsrooms have begun to embrace engagement as an overarching goal (Robinson, 2023).

To that end, they have utilized different forms of engagement, including digitally based mechanisms such as journalists' use of social media to engage with members of the public. Other newsrooms—most often small, local ones with more niche, narrowly targeted audiences—attempt offline approaches to engagement such as “public newsrooms” where journalists and community members meet to get to know one another better, or Q&A sessions where journalists encourage community members to ask questions about how the news is produced (Nelson, 2021). This engagement is an invaluable piece of building trust in journalism, as it allows members of the public to enter meaningful, personal discussions with the people who produce the news, which, as our findings suggest, is an important reason why healthcare providers can maintain strong ties with their patients even if those patients feel distrustful of healthcare as a whole. However, as our findings also show, that engagement must be accompanied by journalists' efforts to persuade the public that they are indeed experts and that their expertise helps make their reporting trustworthy.

This is a difficult task for journalists for a number of reasons. First, journalists' efforts to engage with the public are often situated as an attempt to democratize news production by making it a collaborative endeavor, which implicitly suggests that *everyone* is qualified to make the news. Doctors' efforts to engage with their patients, on the other hand, begin from a social dynamic where one person clearly has expertise and the other is seeking out that expertise. Journalists, in other words, have to thread a needle, where they make it clear that they want to build stronger connections with the public, while also making it clear that the pursuit of those connections is not intended to replace journalists' expert knowledge and skills with the public's. In short, more work needs

to be done for journalists to determine what their expertise entails and how best to demonstrate that expertise to the public.

That work might begin with analyses of journalists who appear to be finding a great deal of success in fusing their own expertise and engagement with their audiences. These journalists include Matt Taibbi, Bari Weiss, Anne Helen Peterson, and Roxanne Gay—people who have leveraged their own brands as experts, cultivated by their professional experiences at legacy news media, to discover novel ways of reaching their audiences. The newsletter subscription platform Substack, in particular, has allowed such journalists to build large audiences and, equally important, sustainable revenue. What is perhaps most interesting about this approach to trust building is that those who have found the greatest success have done so by pitting their credibility against the credibility of the news media environment as a whole. Glenn Greenwald, for example, has one of the most popular Substacks and routinely displays an antagonistic approach to traditional news organizations. Examining how these journalists build trust with their audiences would not only reveal how they present their expertise and approach audience engagement, but also how they attempt to persuade those same audiences to understand the role that expertise plays in journalism more broadly.

5.1. Limitations

Our findings should be taken with some circumspection. Despite our best efforts, our interview sample does not represent all Americans. Furthermore, our interviews were only about an hour long. While this is a typical interview length for studies that explore people's relationship with journalism, it might be too short a window for interviews focused on comparing people's perceptions of two distinct professions. We intend to complement this study with additional work focused on further unpacking the similarities and differences between journalism and healthcare and the relationship that each of these professions has with the public. We encourage others to do the same.

More generally, an interview-based approach to understanding public trust faces challenges and obstacles that other methods can address. For example, people interviewed about a research project focused on trust in journalism and healthcare might feel compelled to describe themselves as skeptical toward each of these institutions, even if that skepticism is inaccurately exaggerated. If people are exaggerating their skepticism, that exaggeration is still meaningful, as it suggests that people feel societal pressure not to trust public institutions. However, to understand the extent to which this exaggeration is unfolding, we encourage scholars to pursue other methodological approaches to understanding trust in public institutions, such as observing people as they actually interact with journalists and healthcare

providers, engage with journalism and healthcare information, and/or talk to their friends and family members about those interactions and experiences.

6. Conclusion

Taken together, our interviews paint a picture of pervasive public distrust of two institutions upon which a functioning democratic society depends: journalism and healthcare. We have known since the start of the coronavirus pandemic that trust in these institutions had taken a hit, and we have seen the ramifications of these professions' declining credibility. Yet, examinations of the public's distrust of these professions have unfolded largely in silos, with scholars exploring distrust in medicine and journalism separately. This project sought to investigate the interplay between the public and each of these institutions, to uncover the extent to which distrust unfolds similarly across these professions, as well as to explore potential opportunities to mitigate that distrust that can be replicated from one profession to the next.

Examining people's perceptions of medicine and journalism revealed an important similarity and an even more significant difference. While people approach both journalism and healthcare with a great deal of skepticism, they feel a personal connection to their own healthcare providers in a way that has no parallel within journalism. The result is a situation where people feel comfortable seeking their doctor's guidance when it comes to health information that they find online. The opposite is true of journalism—people who consume news from reputable news sources then feel compelled to "fact-check" that news against alternative sources (Nelson & Lewis, 2022). To put it more succinctly: For members of the public, when it comes to determining what's true, doctors have the final say, but journalists are just the first step.

The reason why doctors appear to have this special bond with members of the public that journalists do not is that they have found an invaluable way to balance the two variables that our research shows most contribute to trustworthiness: expertise and engagement. Although people view the institution of healthcare skeptically, less as one that has their best interests in mind and more as an industry overly influenced by insurance and pharmaceutical companies and much too focused on revenue, they see individual healthcare providers as being both knowledgeable and exceptionally focused on the well-being of their patients above all else. In this view, the healthcare system is flawed, but the doctors are trustworthy. This is in large part due to the face-to-face interactions that people have with their doctors, and, equally important, the way that doctors use those interactions as opportunities to meaningfully connect with their patients on a human level.

Journalists do not enjoy the same level of trust as doctors for two reasons. First, their knowledge is not as respected as that possessed by physicians. Second,

journalists do not often get these opportunities for connection. People do not make appointments with journalists the way they do with doctors. Furthermore, as the news industry has continued to face economic headwinds, newsrooms have been downsized or shuttered altogether, which has further diminished the opportunities for people to encounter journalists in their daily lives. To be sure, changes to both journalism and healthcare have resulted in people having fewer opportunities to engage with representatives of each institution. In medicine, appointment slots are much shorter than they once were, and doctors must spend those shorter windows jotting down notes on a computer screen rather than engaging more meaningfully with their patients.

Yet our findings show that even as these institutions have faced similar constraints, and even as these constraints have been accompanied by drops in trust for each of these institutions as a whole, healthcare providers have still managed to maintain a high level of trust among the public by meeting people in person and making those people feel that providers have both the expertise necessary to help them with their health troubles as well as the connection necessary to ensure that those troubles are genuinely understood. Journalists have not enjoyed the same opportunities. These results show that, in order to help people trust institutions more, those institutions must find ways to demonstrate that their expertise is legitimate and trustworthy, and that means balancing that expertise with deliberate efforts to meet people where they are. With that in mind, solving institutional distrust must begin with finding ways for institutional stakeholders to meaningfully engage with the public while asserting their expertise, even at this current moment where they have increasingly limited time to do so.

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Conflict of Interests

In this article, editorial decisions were undertaken by Dr. Thomas B. Ksiazek (Villanova University) and Anita Varma (University of Texas at Austin). The authors declare no conflict of interests.

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About the Authors



Young Eun Moon is a postdoctoral researcher at the Walter Cronkite School of Journalism & Mass Communication. She received a doctoral degree in Communication & Media Studies from the University of Oregon. Her primary research interests are comparative political communication, journalism studies, global communication and Women & gender politics. Some of her publications have appeared in multiple high impact journals including *Journalism Studies*, *Journalism Practice*, and *Feminist Media Studies*.



Kristy Roschke is a media literacy educator and scholar. She is the managing director of the NewsCo/Lab, a Cronkite School initiative aimed at advancing media literacy via journalism, education, and technology. Her research interests include misinformation, media literacy education and media trust. Roschke has developed curriculum and taught digital media production and media literacy courses at the high school and university level for nearly 20 years. She currently serves on the board of the National Association of Media Literacy Education.



Jacob L. Nelson is an assistant professor at the University of Utah, and a fellow with the Tow Center for Digital Journalism at Columbia University. He is also the author of *Imagined Audiences: How Journalists Perceive and Pursue the Public* (Oxford University press, 2021). He researches the relationship between journalism and the public.



Seth C. Lewis is Professor, Director of Journalism, and the founding holder of the Shirley Papé Chair in Emerging Media in the School of Journalism and Communication at the University of Oregon. He is a fellow with the Tow Center for Digital Journalism at Columbia University, an affiliate fellow of the Information Society Project at Yale Law School, and a recent visiting fellow at the University of Oxford's Reuters Institute for the Study of Journalism. He is co-author of *News After Trump: Journalism's Crisis of Relevance in a Changed Media Culture* (Oxford University Press, 2021).