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Genres and formats of health communication in television: the talk show *Diga Doutor*

Géneros e formatos televisivos da comunicação em saúde na televisão: O talk show Diga Doutor

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Abstract

The article characterises the health talk show *Diga doutor*, in terms of its quality as television genre and format. The theoretical framework is television studies and the method is qualitative, including a semi-structured and in-depth interview with the content editor and the programme's doctor-presenter, a rhetorical analysis of twelve episodes of the programme's last season and a focus group comprising six elderly people, in order to explore three components of communication, respectively: the sender, the message and the recipient. The results indicate, from the perspective of the sender, the commitment to a heterogeneous and rich solution and the adoption of a style similar to that adopted in clinical consultations, which renders it possible, on television, to reach the "largest possible number of people", without being "over-simplistic". Analysis of the message reveals the thematic diversity and the presence of arguments related to the ethos, pathos and logos of Aristotle's rhetoric. The recipients highlight the programme's cognitive, affective and behavioural contributions, showing the link between the programme's identity and the public's preferences. The programme's format is manifested in the sub-routines, such as: focus on "public interest" and on "important issues" about health, the compositional structure, the interpersonal communication segment between doctors and viewers, the in loco presence of specialists and patients who share their testimonies related to the disease and/or overcoming it, the selection criteria governing the invited doctor and the patient, and the presence of the "human side".

Keywords

Genre; format; talk show; *Diga Doutor*; health communication; television studies

Resumo

O artigo foca-se na caracterização do talk show sobre saúde *Diga Doutor*, na sua qualidade de género e de formato televisivo. A moldura teórica são os estudos televisivos e o método é o qualitativo, que inclui a entrevista semiestruturada e em profundidade à editora de conteúdos e ao médico-apresentador do programa, a análise da retórica a 12 episódios da última temporada do programa e o focus group composto por seis idosos, para assim se explorar respetivamente três componentes da comunicação: o emissor, a mensagem e o recetor. Os resultados indicam, sob a perspetiva do emissor, o compromisso com uma solução heterogénea e rica e a adoção de um estilo similar ao da consulta clínica, que permite, televisivamente, atingir o "maior número de pessoas possível", sem se ser "demasiado simplista". A análise à mensagem revela a diversidade temática e a presença de argumentos ligados ao ethos, pathos e logos, da retórica de Aristóteles. Os recetores realçam os contributos cognitivos, afetivos e comportamentais do programa, mostrando a articulação entre a identidade do programa e o gosto do público. O formato do programa manifesta-se nas sub-rotinas, como: o foco no "interesse público" e em "assuntos importantes" sobre saúde, a estrutura composicional, o segmento de comunicação interpessoal entre médico e telespetador, a presença in loco de especialistas e pacientes que partilham os seus testemunhos relacionados com a doença e/ou com a sua superação, os critérios de seleção do médico convidado e do paciente, a presença do "lado humano".

Palavras-chave

Género; formato; talk show; *Diga Doutor*; comunicação em saúde; estudos televisivos

1. Introduction

Health is the human being's most precious asset, because without it, or with it weakened, human performance suffers negatively. The relationship between the presence of health and human balance, well-being and vitality motivates health to be a priority on the agenda of individuals regardless of their socio-demographic characterisation and cultural identity and, consequently and by contagion, on the media agenda.

However, television, because it is the chief medium, widely popular and a mass medium, thus having a wide reach, touching a wide range of individuals, can be an advantageous solution to communicate health. Health and television can thus constitute an attractive product for consumers of informative, enlightening and pedagogical content. Within the television context and as experience tells us, the talk show is a genre that, due to its specificities and identity, has met the demands that the approach to health implies. The conversational dynamics that refer to the naturalness of interaction, the presence of health professionals, such as doctors, and patients who report their experiences and ask questions illustrating problems and overcoming difficulties, provide for a format that deconstructs myths and allows for a simple and thus comprehensible language, accessible thanks to its general comprehensiveness, and facilitating recipients' use of health guidelines and advice, thereby leveraging the potential of the talk show. *The Dr. Oz Show*, *Dr. Phil* and other medical talk shows have already proven their success for more than a decade on the North American television landscape. As such, we intend to study this issue within the Portuguese context, exploring, for a richer and more complete analysis, the sender (content editor and doctor-presenter of the program), the message (present in 12 broadcasts of the programme) and the receiver (elderly people).

Genres (e.g., discourse), according to Bakhtin (1986), are endowed with "special significance" (1986: 5) and "extreme heterogeneity" (1986: 60) because, over the centuries, they accumulate ways of seeing and interpreting particular aspects of the world (1986: 5). Linked to genre, the format is a subroutine for dealing with specific themes (McQuail, 2003: 340). Among the specific themes is health, which touches everyone (Wallington, 2014:169) and, as Emerson (1860) states, is the "first wealth". The way of interpreting (genre) and dealing with the theme of health through subroutines (format) that matters in the present article is television, specifically as observed within the context of the programme *Diga Doutor* (Say, Doctor), from Rádio e Televisão de Portugal (RTP). This option grounds the article in television studies, seeking to break boundaries between academic agendas that have focused on specialised work on the television medium and the space of watching television in the lives of non-specialist viewers for whom the medium works in various ways in their daily experiences (Bignell, 2012: 4).

Given that communication "keeps us healthy" (Belim & Vaz de Almeida, 2018; Floyd, 2011: 4), in recent years there have been advances in the innovative use of communication to address public health problems (e.g., Cline, 2003: 285; Maibach & Holtgrave, 1995: 219).

Burzyńska, Binkowska-Bury and Januszewicz (2015) praise television as a source of health information, which has the ability to influence the viewers' level of knowledge, enabling the identification of simple symptoms, and to prevent risk behaviours (2015: 174). Within the same perspective of Kickbusch (2001), television is described by Nielsen-Bohlman, Panzer and Kindig (2004) as a source of accurate and timely information on various health topics, as it shares stories with millions of people in a format accessible to all social levels (2004: 218). Also Almeida and Sebastião (2018) mention that "patients have greater knowledge of their disease process, for example through television programmes, which educate them for better health" (2018: 38). Having richer sources than the other media (Stroobant, Dobbelaer & Raermaeckers, 2017), television was the medium least affected by COVID-19 (Grupo Marktest, 2020) and the main medium that informed a large part of the population (Alarcón & Galeote, 2020: 106).

Alongside this praise, television is the medium most consumed by the Portuguese, evidencing that 99% of respondents regularly watch television programmes (Entidade Reguladora para a Comunicação Social-ERC, 2016: 6, 22).

However, health and social security is the issue that most concerns the Portuguese (44%) with an increase of 11 percentage points compared to the same period last year (European Commission, 2019: 24). Portugal thus ranks third among European countries that assign the most importance to the topic (European Commission, 2020). Greater care with health and nutrition motivates longevity by leading the "older generations to reject stereotypes and opt for more balanced lifestyles that allow them to exceed 100 years of age with quality" (Marketeer, 2016).

The selected programme is *Diga Doutor*, which registers an average audience of 3.3%, 317,100 viewers and 12.8% share (MediaMonitor/CAEM, 2018), broadcast by the Portuguese public service channel - RTP1 – and thus committed to being "a point of reference for the population" guided by "high ethical

and qualitative standards" (Public Service Radio and Television Concession Contract, 2015: 5). With a total of three seasons, the programme began airing in February 2016 and ended in July 2018. A television programme is chosen based on the fact that: a) academic studies focussing on television have shown little interest in addressing one programme or type of television over another, thus constituting a research gap (Bignell, 2004: 2); b) but talking people about television because it is the most consumed medium, these programmes have a high presence on the agenda (2004: 2). However, a talk show is selected because it is a widely influential media phenomenon (Ilie, 2006: 489) and continues to be one of the most popular and impactful forms of television programming (Mittell, 2003: 36).

Adopting the perspective of television studies committed to defining how the medium communicates (Bignell, 2012: 2) and, based on Mittell's (2004) question of "What makes a certain genre distinct?" (2004: 2) and his observation that there are few academics who seek to answer this question, we formulate the starting question: How does the health talk show *Diga Doutor* communicate considering its genre and format? The qualitative method is used, which includes interview, rhetorical analysis and focus group. Each of the techniques allows us to understand one element of the communication process: the sender, the message and the receiver, respectively.

2. Theoretical framework

This section includes a reflection and literature review on the presence of health communication in television genres and formats and on the talk show as a genre.

Television organises its products into genres and formats for its practical ease and to indicate to audiences what they can, through this typification, expect from these products. However, these labels are not written in stone, but can be hybrid and intertextual. Applied to health communication, television genres and formats profile specific characteristics. Studies on medical talk shows have mainly focused on the evaluation of the quality of the health recommendations provided, on the types of format and identity that the medical talk show can offer and on its impact on the receivers. The literature shows these trends, which are detailed below.

2.1 Health communication in television genres and formats

We adopt, in this article, the term "health communication" to refer to communication that uses messages to promote health, inform and influence individuals' behaviours through the contents transmitted (e.g., Teixeira, 2004) by health television programmes.

Genres can be considered to be relatively stable types of linguistic expressions that are determined by the specific spheres of communication and are reflected in the thematic content, style and compositional structure (Bakhtin, 1986: 60). On "media genre", McQuail (2003) specifies that it is a practical mechanism that helps any mass medium [such as television] to produce, consistently and efficiently, and to relate its output to the expectations of its audiences (2003: 336). The author characterises it by enunciating four traits: a) collective identity, which persists over time and resists change and which, in surviving, requires that it be consciously expressed, reinforced and transmitted, being more or less identically recognised by its producers and consumers. Collective identity stipulates the notion and meaning of "we" (Keulman & Koos, 2014) rather than of "I", depending on a collective belief that the definition of the group is shared by all who belong to it (Hermann & Brewer, 2004: 8). Collective identity is a multidimensional concept comprising at least three attitudinal dimensions: cognitive, evaluative and affective (Kaina & Karolewski, 2009: 13); b) relation of this identity to purposes (e.g., information, entertainment), format (e.g., duration, rhythm, structure, language) and meaning (reference to reality); c) identity established diachronically and according to common conventions; and d) adoption of a predictable structure and sequence of action, based on an expectable background of images and with a repertoire of variants of basic themes/subjects (2003: 336). These four characteristics are taken into account in the formulation of the specific objectives of the present study.

Genre, in the television medium, is the first way of classifying the wide range of textual options of television (Mittell, 2001: 3). Television genre is a socially constructed category that allows for comparison of television programmes, in terms of subject matter, narrative structure, characterisation, setting, aesthetics (Mirlees & Kispal-Kovacs, 2012: 100). Television genres are not "fortified semantic walls" (2012: 100): they do not exist in isolation, but in relation to other television texts, and it is difficult to make sharp distinctions between one television genre and another. Television genres are thus intertextual (Mirlees & Kispal-Kovacs, 2012: 100; Mittell, 2001: 6) in the sense that they communicate meaning to the audience via references to other television texts (Casey, Casey, Calvert, French & Lewis, 2002: 127-128).

To better articulate health communication and television genre, the content, style and compositional structure are explored (Bakhtin, 1986). Murray-Johnson and Witte (2003) identify several content variables: they refer to stimuli, emphasising that capturing the attention of the audience, mobilising

them to participate, and acting upon the messages are the key to success (2003: 474). Theorists also identify motivational variables. Motivation is essential to how a message is processed and leads or does not lead to action (2003: 477). Health messages are used to raise awareness, to increase knowledge or to change behaviour (2003: 477). Fear, in communicating health messages, should be targeted so that individuals can protect themselves or avoid a potential threat (2003: 478). Sharf and Vanderford (2003) assert that when personal stories of suffering are constructed, the individual understands a situation that they initially think has no plausible explanation (2003: 29).

In the area of health, style and thus rhetoric appear significant to the extent that, through interaction with the patient, the doctor is able to persuade the patient to act, whether to use medication appropriately, to change diet or to stop smoking (Sharf, 1990: 217). Additionally, the use of rhetoric can cause one to cure or prevent disease and increase the longevity of the individual (Sharf, 1990: 218). Rhetoric aims to persuade (Aristotle, 4th century B.C./2005: 95-96).

In Aristotle's rhetoric (4th century BC /2005), three "proofs of persuasion" are identified: a) those derived from the moral character of the speaker, creating the impression that he is credible (*ethos*); b) those centred on the emotion that the speech stimulates in the audience (*pathos*) and c) those that focus on what the speech demonstrates (*logos*) (2005: 96-97). Hartelius and Browning (2008) note that *ethos* connects to the trust and credibility that the audience confers on the speaker/sender (2005: 29). Green (2004) asserts that arguments linked to *pathos* imbricate themselves in the emotions elicited and can provoke powerful social action (2004: 659). *Logos* refers to the clarity and usefulness of an argument, presented on a rational and logical basis (Holt & Macpherson, 2010: 26).

Also in relation to *logos*, figures of speech are able to make the speaker's thoughts concrete, helping to communicate with the audience more clearly and effectively (Corbett, 2004: 143). Ting (2018) says that the use of data/evidence and examples are part of logical and rational discourse (2018: 238). Sentences usually beginning with "for example" illustrate the speaker's statement and can function as specific evidence that supports a more general statement, contributing to a better argument (Petric, 2007: 243). Moreover, persuasive messages composed of bilateral arguments, that is, arguments for and against a position, favour its acceptance by the audience (Hunt & Smith, 1987: 12). By presenting both sides of an issue, the audience considers the speech to be fairer because it appears less biased (Hunt & Smith, 1987: 12).

Genre can be described in its organisational properties. Structure is "the collection of elements or parts and the set of relationships that link the parts" (Monge & Eisenberg, 1987: 305). The constituents of structure are functionally defined as actions (Schiffirin, 1990: 6). Every institutional communicative event requires a structure of roles that are transparent in the discourse, the latter reproducing a social structure (Van Dijk, 2006: 278).

2.2. The talk show as a television genre to communicate health

The talk show is a highly discursive genre (Ilie, 2006: 489). The notion of the talk show raises questions about the boundaries between talking and showing, combining two paradigms that tend to conflict with each other, namely the rhetorical paradigms associated with interpersonal conversation (pre-modern period) and the spectacle mediated by mass media (modern period) (Munson, 1993).

The *talk show* is part of a broader preceding genre, the reality show (CENGAGE, 2019) – the so-called "telereality", which is based on a unifying foundation: the reliance on real events (CENGAGE, 2019). In this, people from the "everyday world" are submerged to play their part (Lewis, 2004) and viewers find pleasure in these moments of "truth" (Hill, 2005). The reality show genre is suited to the television medium because of the way it manipulates time as a guarantor of reality and social intimacy (Kavka & West, 2004: 136). This is not to say that the use of "presentist" temporality in a reality show makes reality a documentary of authentic experience (2004: 136).

The identity of television or a television programme focuses on what defines or characterises it, circumscribing not only to its essence but also leading to expectations and judgements about what, for example, the programme should do (Bignell, 2019: 161). To capture the distinctive characteristics of the talk show, it is essential to explore the socio-cultural environment and contextual factors that have generated it and continue to shape it. The contextual factors – taken into account by the specific objectives – refer to the format, setting, timeframe and purpose of television; the host's personal profile presentation, agenda and general orientation; the participants' experiences, goals and relationships (Ilie, 2006: 489). Mittell (2003), for example, explains that the talk show offers a particularly rich case study in linking identity and taste (2003: 37). In examining talk shows, one must attend to the fact that audience taste is formed by – and formative of – the definitions of cultural identity, and that categories of identity link to other cultural categories, such as genres (Mittell, 2003: 37). Generic hierarchies and evaluations are often linked directly to axes of differentiation in terms of viewers' cultural identity (Mittell, 2003: 36).

Talk shows revolve around public debate using partially institutional conversation, conventions and discursive strategies, which involve blurring the boundaries between traditional dichotomies, such as public vs. private, collective vs. personal experience, expertise vs. experience (Ilie, 2006: 489).

Five criteria are used to define talk show formats: 1. Discussion of topics: from contemporary political issues to social and moral problems; 2. Categories of participants taking into account their social status and popularity (celebrities, experts, ordinary members of the public); 3. Broadcast times (morning, during the day, evening); 4. Organisational and interactional structures (conventions of interaction between host and guests); and 5. Ethical considerations (Ilie, 2006: 490). All of these criteria were considered in the analysis.

In the online survey conducted by Mittell (2003) and gathering a sample of 240 students from the University of Wisconsin-Madison, many respondents distinguish between two formats/types of talk show: those focused on "public interest" and "important issues", imparting educational and social values to the content, and those that focus on shocking and "fake" situations, promoting entertainment (2003: 41).

The study, conducted by Din, Shahid and Abrar (2021), is based on a content analysis of 33 programmes from five popular Pakistani talk shows covering social, economic and religious issues related to the COVID-19 pandemic. The authors intend to show the use of "constructive journalism" in talk shows to instil positive thoughts among viewers, with the ultimate intention of overcoming fear and uncertainty. Among the five indicators (introduction of the talk show, relevance of the guests, presence of different perspectives under discussion, contribution of the anchor person and outcome of the discussion) used to analyse constructive coverage, we note the absence of some in the studied Pakistani talk shows: the selection of the guest is often not made based on the topic of the programme, making it difficult to produce a balanced and rational discussion; the most absent "ingredient" is the solution-oriented approach to the problem. The pattern of television talk show in Pakistan usually includes a political debate and ends without any conclusive statement (Ali & Rahman, 2018). Also in Albanian talk shows, Luku (2013) verifies the absence of rational debate and diversity of thought (2013: 578). Additionally, the lack of audience participation in public debate is perceived because: a) presenters view audience involvement in the programme with scepticism, this logic coming from the tradition of thinking that it is the elites who make television and that viewers just watch; b) in most media outlets, there are no selection criteria regarding the audience sitting in the studio, and their presence is conceived as studio decoration (2013: 578). It is also observed that the discussion in Albanian talk shows is guided by economic interests (2013: 578).

Among the studies on television programmes about health, Korownyk et al. (2014) focus on the analysis of the health recommendations of the talk shows *The Dr. Oz Show* and *The Doctors*, with the purpose of determining their quality. The authors conducted a prospective observational study, randomly selecting 40 broadcasts of each of the programmes under analysis since the beginning of 2013, and evaluated all the recommendations made, concluding that their benefit was not specific most of the time (2014: 24). Overall, however, the recommendations did have some level of published evidence to support them (2014: 25): on *The Doctors*, the majority of recommendations were supported by credible evidence, whereas on *The Dr. Oz Show*, credibility was only found in 33% of recommendations (2014: 25).

Other studies seek to understand the influence of health programmes on individuals' health. One of the dimensions of media effects is cognitive, affective and behavioural, which distinguishes between the acquisition of knowledge about an action and the performance of the action (Perse & Lambe, 2016: 18). Five media effects on the individual can be identified: 1. behavioural, which occur when the viewer performs some action transmitted by the media; 2. attitudinal, when the media shape the viewers' opinions, beliefs and values; 3. cognitive, when the media change the individual's thinking or knowledge; 4. emotional, which refer to the production of feelings in the viewer; and 5. physiological, referring to physical bodily reactions, provoked by the media, excitement being one of the examples (Nabi & Oliver, 2009).

Intending to ascertain the impact of *The Dr. Oz Show* on health-related behaviours and examine whether health information influences participants' health attitudes and behaviours, Crouch, Dickes, Davis and Zarandy (2016) conducted a randomised group and between-group trial with 50 volunteer health professionals from a family health unit. They concluded that after viewing *The Dr. Oz Show*, there was no statistically significant difference in eating habits, exercise habits or the need to participate in a weight loss group (2016: 376). However, the authors admit that the study is limited as the participants were healthcare professionals, mostly Caucasian and with a high level of education (2016: 376). Also Park, Chang and Kwon (2003) find that the rate of practicing desirable health behaviours after watching health programmes on television was low. Crouch et al. (2016), as well as Park, Chang and Kwon (2003), found that the reason for most viewers watching health programmes on television was entertainment or fun (2003: 376).

Exploring the utilitarian function of television programmes on health, Paek, Choi and Hove (2017) conduct analysis of such programmes in South Korea. Applying questionnaires to 1020 South Korean adults, they conclude that older adults, women, and "people who are more aware" and more trustful of this type of programme are more likely to recognise the usefulness of the programmes, view them and recommend them (2017: 541).

Jeong and Lee (2018) analyse the medical talk shows *The Dr. Oz Show* and *The Doctors*. By surveying South Korean women viewers of medical talk shows, they conclude that there is no relationship between the frequency of exposure to information from medical television programmes and unconditional acceptance of that information (2018: 976). They additionally note that subjects who do not understand the information, because it is confusing, do not always comply with it (2018: 977).

Park, Chang and Kwon (2003) studied the influence of recreational, health-related television programmes on healthy behaviour. Collecting information from 200 respondents, they found that the rate of desirable health behaviour after watching these programmes was low, but that these programmes, given that the inclusion of health experts was the most influential factor, would be beneficial on condition that they combine recreational factors with scientific evidence.

Also Dutta (2007), through two studies – the first using a survey and the second a pilot study and a questionnaire – intended to understand the contribution of television in health learning. The author evaluated the sources of television information, asking participants about their learning about health through television programmes, and examined the difference in knowledge about "the relationship between exercise and mood" between those who considered themselves health oriented and those with low health orientation. Dutta detected from the first study that individuals who reported learning something about illness and its prevention from medical and health programmes are more oriented towards this thematic information compared to those who reported not learning something (Dutta, 2007).

Also Hoffman, Shensa, Wessel, Hoffman and Primack (2017), through their study based on a literature review, intended to assess the ability of medical television programmes to affect public health outcomes. They note that 78% of the studies, which they analysed, reveal a positive association between viewing and the health behaviour under evaluation. They also found that in 50% of the studies they reviewed on knowledge, participants learned correct health information from the show.

Finally, Edgerly, Gotlieb and Vraga's (2016) study shows that viewers of a news *talk show* engage more with the content when the style of the talk show is compatible with their psychological needs, noting that "that show, really, spoke to me!" (2016: 1950). Conducting an experimental project with 326 individuals living in the United States of America, the researchers tested two instances of compatibility: one fostering critical debate and hosting viewers with cognitive needs and another promoting humorous commentary and hosting viewers with needs for humour. When compatibility occurred, viewers perceived the news talk show as more relevant, which increased cognitive and behavioural activity in relation to the content to which they were exposed.

3. Method

The starting question – How can the health talk show *Diga Doutor* be characterised in terms of gender and format? – drives the research, defining the following objectives: 1. to know the programme's genre and format based on the communication choices of the broadcasters, specifically the person responsible for research and contents and the doctor-presenter; 2. to understand how genre and format are constructed based on the message and 3. to discuss the programme's genre and format considering the cognitive, affective and behavioural effects assumed by the viewer. The objectives allow the "identity" to be known (McQuail, 2003: 336) and the four characteristics of media genre proposed by McQuail (2003), among them that of format (e.g., duration, rhythm, structure, language); the association between identity and taste (Mittell, 2003: 37); the content-style-compositional structure of Bakhtin's proposal (1986); the contextual factors that generated and shaped the talk show (Ilie, 2006: 489), the criteria to define the talk show format (Ilie, 2006: 490) and the format/type of talk show (Mittell, 2003: 41).

The qualitative techniques used are: the interview, the rhetorical analysis and the focus group, each one responding to an objective. To fulfil the first objective, the semi-structured, in-depth interview was conducted with the content editor, Andreia Nogueira, on March 20, 2019 and with the medical presenter, João Ramos, on March 14, 2019.

To achieve the second objective, we opted for rhetorical analysis (Table 1).

Table 1: Matrix for the analysis of rhetoric, with subcategories of *ethos*, *pathos* and *logos*

Ethos	Pathos	Logos
Capacity: the sender shows himself/herself as someone who is able to help and be useful to the patients (Borges & Júnior, 2008: 10)	Calm: arguments that instill in the viewers "freedom from pain", i.e., they make the viewer fearless (Aristotle, 4 th century B.C./2004: 76)	Truth and logic: truthful arguments (Belim & Filipe, 2019: 148).
Knowledge: the sender exhibits knowledge of concrete data that inspires trust and credibility (Belim & Filipe, 2019: 157)	Fear/Concern: arguments used that make the viewer feel that what was stated may affect him/her or cause him/her suffering (Aristotle, 4 th century B.C./2004: 81)	Reference to statistical data (Ting, 2018: 238)
Identity: the sender describes what he/she does in order to inspire credibility to be able to talk about the topic in question (Borges & Júnior, 2008: 10)	Stimulus for reflection: arguments that lead the viewers to think about their behaviour and act accordingly (Belim & Filipe, 2019: 160)	Evidence: scientific studies and/or corroborators (Borges & Júnior, 2008: 10)
	Empathy: the viewer will be able to put themselves in the position of the person (corroborator usually) and feel what the person would feel in the arguments used, if they were in the same situation (Belim & Filipe, 2019: 160)	Figures of speech (Corbett, 2004): metaphor, comparison, personification, antithesis and anaphora
	Admiration: the spectator feels consideration for the person speaking, because he or she is an important person or possesses something good, which is highly appreciated (Aristotle, 4 th century B.C./2004: 87)	Use of examples: phrases that illustrate the speaker's statement (Petric, 2007: 243)
		Unilateral and bilateral arguments: they present arguments for and against a defended position (Hunt and Smith, 1987: 12)

Source: own preparation.

The *corpus* is composed of 12 episodes from the last season of the show – January to July 2018 (Table 2) of the television show *Diga Doutor*, which had a total of 23 episodes. The last of three seasons was chosen, following the criterion of currentness and the principle of recentness. The number of selected episodes resulted from a probabilistic, random sampling process, ensuring a minimum of 50% of episodes from the season. The choice of sample does not weaken the study because, as Cortès (1999) points out, the definition of content of a programme always has an underlying "programming philosophy", which consolidates the idea of the project, or an editorial line, which determines the criteria to be followed. However, because the programme under analysis was shown on RTP, a television channel with a public service concession, it obeys the rules of composite programming, in which the programming strategy leads to the production of a grid that is characterised by a significant thematic diversity, but without neglecting the coherence between the programmes for the profile of a given target audience, unlike what happens with the federative programming rules that essentially aim at the concentration of the general public (Mehl, 1992: 162).

Table 2: Composition of the corpus

Episode	Theme	Guest speakers
2	Lymphomas	- Daniela Alves – haematology specialist - Joelma – corroborator: suffering from lymphoma - Maria da Silva – haematologist at the Lisbon IPO
3	Flu and vaccination	- Graça Freitas – Director-General of Health - Lisa Joanes – Homeopath
6	Intestinal transit	- Jaime Midões – gastroenterologist - Jorge Fonseca – gastroenterologist - Alexandra Vasconcelos – specialist in natural and integrative medicine
7	Obstructive sleep apnoea	- Carla Amaro – otolaryngologist - David Barbosa – sleep apnoea corroborator - Rita Talhas – nutritionist
8	Kidney stones	- Paulo Vale – urologist - Luís Batista – corroborator - Maria de Vasconcelos – nutritionist
9	Lung cancer	- Ricardo da Luz – oncologist - Javier Gallego – cardiothoracic surgeon
10	Fatty liver	- Leopoldo Matos – gastroenterologist - Pedro Bastos – researcher in nutrition
11	Active ageing	- Clotilde Ferreira – corroborator - Georgina do Valle – paediatrician - Andreia Silva – Directorate-General for Health
14	Autoimmune diseases	- Luís Campos – internal medicine - Tania Vilhabol – corroborator with lupus - Ilda Pallet – corroborator with sjogren's syndrome - Ângela Ramos – with antiphospholipid antibody syndrome
16	Women's intimate health	- Fernando Cirurgião – gynaecologist
19	Attention deficit with or without hyperactivity	- Fernando Santos – child psychiatrist - Filipe Silva – paediatrician

Source: own preparation.

The analysis was applied episode by episode and checked by a second researcher. At the end of the whole analysis and for the purpose of optimising the quality of the analysis, the analyses done episode by episode were compared and both researchers assessed (and refined) the coherence in the whole analysis conducted.

The third objective was achieved through a focus group with six – four women and two men – elderly (65 and over) (INE, 2002) as it is one of the age groups that most watched the programme *Diga Doutor* – 25.6% (MediaMonitor/CAEM, 2018) – confirming the idea that watching television is “an important leisure activity for older people” (van der Goot, Beentjes & van Selm, 2012: 147). We also paid attention to other socio-demographic characteristics of this population group of viewers, such as social status, region (predominance of the north) and gender (predominance of women), and to the participant's attendance as a viewer of this type of programme in the last year – a criterion used in Jeong and Lee's (2018) study – and which allows us to know and compare the non-immediate and immediate effects of the talk show.

Given this profile and for convenience, the elderly included in the focus group came from the Social and Cultural Centre of Vila Praia de Âncora, Viana do Castelo. To conduct the focus group, which took place on March 18, 2019, an episode of the show *Diga Doutor* was randomly selected and aired before the discussion. This was episode 26, from season 1, about chiropractic and acupuncture.

After viewing the episode, the moderator went through each of the questions in the previously designed script, and encouraged the participation of the elderly, while respecting ethical principles (e.g., respect for the diversity of opinions, not encouraging pre-arranged answers).

4. Results

4.1 Genre and format of the *Diga Doutor* programme from the broadcaster

The commitment to a heterogeneous solution can be seen from the definition of the objectives that the programme aims to fulfil, as stated by the interviewees: a) to demystify, calming viewers down; b) to alert, motivating viewers to “seek health services, but in a more correct or assertive way” and c) to ensure the correct reception of information, so that they can know when to go to their doctor or emergency service (Ramos).

In terms of choices, which were translated into the format, *Diga Doutor* was formed from the interest in public service programmes of the former director of RTP1, Daniel Deusdado, who chose Doctor João Ramos for his “friendly image” and because “his message reached people” (Nogueira). When choosing the doctor-presenter, the main criterion was someone who “knew how to talk on television”, i.e., who could explain “using common sense” and Doctor João Ramos had this capacity (Nogueira). Furthermore, the feedback, received from the viewers, indicated that “they liked João a lot” (Nogueira). Ramos considers that his credibility is guaranteed by his profession, which is respected by the population. He attests that his work is highly valued, not only by the population in general, but also by the medical community, who “say that I’m doing a good job”.

The criteria used to define the thematic agenda/content of the programme are: a) special calendar dates, i.e., “commemorative days” – e.g., during breast cancer month, they would talk about the disease; b) the possibility making good reports on a particular theme, e.g., “we had the chance to accompany some surgeries, and this was a criterion for the agenda: we have this surgery to report on, let’s put this theme this in the programme this month”; c) the existence of five themes of general interest: “osteoporosis, diabetes, cholesterol, allergies, and cancer” and d) the seasonality of the theme: “there are certain themes that are to be talked about in the summer and others that are to be talked about in the winter” (Nogueira).

Regarding the language style used, Nogueira and Ramos state that no formula was adopted and that the doctor’s language was that of his consultations. However, there were certain precautions, such as: a) not using “many technical terms” and, when used, decoding them by transforming the more complex words of medicine into a “more common Portuguese” (Ramos). Nogueira explains the linguistic challenge: “to draw a parallel between the technical language and the language that people use on a daily basis”; b) to use a clarifying and immediately perceptible language (Nogueira) and c) the physician must be continuously updated on diseases, norms, “on everything” (Ramos). Health communication on television is a challenge, as it requires speaking clearly and transparently, to reach “as many people as possible”, without being “too simplistic” (Ramos). Another challenge pointed out by the doctor is not to induce the viewer into risky behaviour because he/she did not understand or because the doctor did not explain himself well (Ramos).

The inspiration for the creation of the programme came from *The Dr. Oz Show*, from the American company Sony Entertainment Television, and *Bem-Estar*, from Brazilian company Globo, aiming to “approach health issues in a more creative way” (Nogueira). However, “the whole process of creating the programme” came, to a large extent, from João Ramos (Nogueira). In terms of compositional structure, Ramos selects two guests: a specialist on the theme dealt with in the programme and another who addresses in a “more practical way” “a sub-theme of the theme”, such as physiotherapists, speech therapists or psychotherapists (Nogueira). One of the segments of the programme is the use of an interpersonal communication between doctor and viewer, through the reply by the doctor to the questions asked directly by the interlocutor, taking care to any clarify doubts (Nogueira).

Ramos and Nogueira state that the choice of the guest doctors depends especially on: a) the previous contact and the “link” that João Ramos has with them, providing a “natural ease”, which guaranteed that “it would work better”; b) speaking for television; c) the ability of the guest doctor to carry on a conversation. The invited doctors were prepared the day before and it was explained to them that the challenge would be to demystify issues in a simple way, always taking care to ensure “clarity of language” and, when a more technical term was used, João Ramos would decode it. The questions asked to doctors were live, without any prior knowledge of those questions (Nogueira).

The patient selection criterion was that they must be patients of the invited doctors, so that they could “comment” with full knowledge, as they already knew them and their clinical history (Nogueira). Ramos asserts that the presence of these “cases” contributes to the success of the programme *Diga Doutor*, by bringing “a more human side” and that “the viewer feels more connected to the patient and identifies as a patient and with the language”.

Ramos asserts that people learn and are used to receiving health information through television. He gives the concrete example of patients who, in a consultation, shared that they had seen the programme, learned and even explained issues to family members. However, and despite these cognitive effects, he states that "the population still has very little knowledge about very simple things" or, as Nogueira says, "We have a lot of *illiteracy* in health areas". But for Ramos, this programme contributes to the increase in health literacy, as it clarifies questions not to just one person in a doctor's office, but rather "to around half a million people" and this will mean that "in ten years' time they will have much more knowledge and know much more about illnesses and prevention than they do now". Nogueira points out two factors that prove that the programme has increased health literacy in viewers: a) the trust that viewers have in the doctor, that is, "people are much more enlightened when they listen to someone they trust" and b) the clarification on health topics over the course of forty minutes, which allows people to be enlightened on a single topic from various angles.

4.2 Genre and format of *Diga Doutor* from the point of view of message analysis

The subjects (content) vary within the broader topic of health: there are, within the *corpus*, two female-oriented topics and three dealing with cancer.

In relation to the guest speakers, it is perceived that they are connected to the subject on the agenda of the day of the programme, e.g., in episode six the subject is "intestinal transit" and the guest speakers are gastroenterologists. Apart from this, there is always more than one speaker, with the exception of episode sixteen. Also, in five of the twelve episodes that compose the *corpus*, corroborators with the pathology presented in the day's broadcast are present.

With regard to style and *ethos* and its subcategories, "ability" is present in almost all episodes with the exception of episodes six and ten. Examples: "Today we are already able to make patients survive longer" (Physician Ricardo da Luz, ep. 9); "I explain, I ensure that people understand what is going on and then we move forward together" (Physician Fernando Santos, ep. 19).

The "knowledge" appears referenced in all episodes of the programme. Examples: "10 to 15% of patients have some kind of diarrhoea when taking antibiotics" (Doctor Jorge Fonseca, ep. 6); "It is a disease that mainly affects women between 18 and 50 years old" (Doctor Luís Campos, ep. 14).

Finally, in relation to "identity" the examples: "I am a lymphoma doctor" (Maria da Silva, ep. 2); "I am a family doctor and we are the ones who often contact the population" (João Ramos, ep. 3).

In relation to *pathos*, the subcategory "calm" appears in all episodes except in episode 11. Examples: "not all injuries evolve in a bad way" (João Ramos, ep. 21); "because a woman has lupus does not mean that her child does" (Doctor Luís Campos, ep. 14).

"Fear/concern" appears in all episodes, with the exception of episode eleven. Examples: "people are very self-medicated and there are many drugs that produce altered bowel function and constipation" (Doctor Jaime Midões, ep. 6); "people start living long enough to be able to get lung cancer" (Doctor Ricardo da Luz, ep. 9).

Examples of the presence of the subcategory "stimulating reflection" are: "The ideal is for people to get vaccinated during autumn so that when the virus is in greater circulation, in winter, they are already protected" (Graça Freitas, ep. 3); "People with autoimmune diseases have to have a balanced diet and avoid overexertion" (Doctor Luís Campos, ep. 14).

Empathy" does not appear represented in five episodes, being mostly generated by the cases, i.e., by the people who will tell their stories. Examples: "I want to do everything I used to do and I can't: I am limited because I feel pain" (Tânia, ep. 14) "Since the first case, I have suffered a lot" (Luís, ep. 8).

The subcategory "admiration" is the least represented, appearing in only one episode. Examples: "She is 92 years old and still gives yoga classes, is autonomous and still drives" (João Ramos, ep. 11); "I often work until eleven/midnight and start in the morning" (Georgina do Valle, ep. 11).

Within the scope of *logos* and in relation to the subcategory "Truth and logic/inferences" we collected the following examples: "Food in itself is not constipating" (Physician Jaime Midões, ep. 6); "Tobacco has thousands of toxic substances that are bad for everything and anything" (Physician Ricardo da Luz, ep. 9).

The use of statistical data will partly coincide with the "knowledge" subcategory of the *ethos*, mentioned above. Examples: "One in every three women will get vaginosis" (João Ramos, ep. 16); "In 90/95% of the surgeries, we always have high definition video equipment in the operating room" (Javier Gallego, ep. 9). In episodes seven and two, there is no reference.

The vast majority of the episodes use "evidence" with the exception of episodes three and sixteen. In half of the episodes in the corpus – in episodes 2, 7, 8, 11, 14, 21 – the evidence used is corroborators, with episodes 11 and 14 using more than one corroborator.

Figures of speech are used in all episodes, namely: comparison, personification, metaphor, anaphora and antithesis, and also the use of popular sayings. Examples: a) comparison: "Fungi are like mushrooms and do very well with heat" (Dr. Fernando Cirurgiã, ep. 16); b) personification: "Those innocent infusion teas" (Dr. Paulo Vale, ep. 8); c) metaphor: "Immunity is our army, but if the terrorists are well hidden we can't find them" (Dr. Ricardo da Luz, ep. 9); d) anaphora: "Some years it appears earlier, some years it appears later, some years it affects more people, some less people, some years it is more serious, some less serious" (Graça Freitas, ep. 3); e) antithesis: "We live in a society of information and misinformation at the same time" (João Ramos, ep. 10) and f) popular sayings: "An ounce of prevention is worth a pound of cure" (Graça Freitas, ep. 3).

"Examples" are used in all episodes, such as: "For example, when I say that the lymphoma is in the bone marrow, people say 'it's already in the bones' – they make the analogy with bone metastasis" (Doctor Daniela Alves, ep. 2); "I have a case in which she is 38 years old, she has already been treated, but she hasn't seen a doctor since she was 26" (Doctor Teresa Fraga, ep. 21).

In all episodes, there is the use of two-sided arguments, since, for each topic, positive and negative aspects related to it are mentioned. Examples: episode 2 – "Indolent lymphomas do not need to be treated right away, they can wait for some time and that is advantageous for the patient" (Doctor Maria da Silva) and "In indolent lymphomas, no matter how hard we try, we cannot achieve a cure" (Doctor Daniela Alves); episode 16 – "The bifidus, by improving the intestinal flora, end up having a positive impact on the vaginal flora" (Doctor Fernando Cirurgiã) and "The antibiotic, by killing, kills everything and kills these good bacteria, which makes the others grow" (Doctor Fernando Cirurgiã).

4.3. Genre and format of *Diga Doutor* from the viewer

Regarding the non-immediate effects, several participants claimed to learn from this programme, confirming the cognitive effects: Alice says "I used to watch Dr. João Ramos' programme because that way I would be enlightened, because there were things he said that had already happened to me and so I would learn". Maria says, "I found it interesting because [the doctor] explained things very well" and Henriqueta and Carlos agree that, although nowadays one learns little from television, these programmes "are very educational, they educate old and young". Miguel also says that "by watching some episodes one always realises what precautions one should take, or new ways of treating oneself, on our own, at home, things that we should change".

Some participants gave examples to prove how they learned through *Diga Doutor*. Carlos explains: "They advised that if you sit for a long time you should move your feet and legs and hands, and I have been doing that". Alice tells that "Once in the programme they said that one should not run tests every year, and I had the habit of doing that. I even commented, many times, that the doctors didn't want to run tests, but that they should do them, to understand how people were doing. But it turned out they [programme broadcasters] said that wasn't recommended".

Exploring the immediate cognitive effects, Miguel reports that "I didn't know what chiropractic was, nor how it was done. And I didn't know that spinal problems influenced other things, like the bladder, as the guest said". Henriqueta mentions, "What I realised is that there is a connection between the spine and the nervous system and it is from there that these specialist doctors treat the person, because it is the nervous system that controls everything. And also that through chiropractic, as the doctor said and exemplified, one can adjust vertebrae, which was the adjustment he made to the guest". Carlos says, "I also didn't know what chiropractic was and, by giving an example, it was very well understood and it seems to me that it must have results". On the contrary, Conceição underlines: "I couldn't understand very well what chiropractic was, I know it is for the back, but I didn't understand very well what is done, I saw the doctor analysing the lady there, but I didn't understand what it does more than other treatments". However, she says, "I didn't know that, through acupuncture, you could treat psychological things and stress, I thought it was only for pain".

In the affective dimension, the participants mentioned the following non-immediate effects: a) concern: "I feel some concern because one sees so many things, so many diseases, that one is always on the back foot. I think that I may still have more illnesses than I already have" (Conceição); b) pleasure in learning: "I feel that I learn, I always like to watch, because things are very well explained" (Maria); "It is always important to see these things and learn" (Miguel); and c) curiosity: "I feel very curious, I always like to learn new things and it has already led me to experiment" (Alice).

Among the immediate effects, the participants mentioned that they felt a) curiosity and interest in learning: "I was interested in knowing things I didn't know, like chiropractic" (Alice), "I felt some curiosity to try the treatments, because of my back pain" (Carlos); "I liked it too: very interesting to realise that there are treatments, other than conventional medicine, that are so good" (Henriqueta); and b) indifference: "I didn't feel anything, I don't know, I don't think I have much interest in the subject" (Maria), "I didn't feel anything either, these are things that exist. I was able to know more. But I feel rather indifferent towards it" (Conceição).

With regard to behavioural effects, there is disagreement on both the non-immediate and immediate effects. In terms of non-immediate effects, Miguel says that he doesn't feel the need to go to a consultation after watching a programme because "I've already been enlightened, unless the doctor on television says that whoever feels that way should go to a consultation. But even then I don't go. What's the point? To the contrary, Alice says: "It was because I saw a programme like this that I went to the doctor. It's a method of seeing illnesses via the eyes and the specialist went there and I was so curious that I went to try it". About the immediate effects, Carlos and Henriqueta consider the treatment and even make an appointment for a consultation: "I would go if there was this treatment here: I would like to try it to see if this pain went away" (Carlos). Alice and Miguel give the reason that they will not change their behaviour: "So far I don't feel back pain" (Alice) and "it hasn't aroused much interest in me" (Miguel).

5. Discussion and conclusions

Focused on health, any media programme or communication potentially attracts the interest and attention of the receiver – regardless of their age, although the elderly, along with individuals with low education and low income, because they face more health problems and complications and greater risk of falling ill (Observatório Português dos Sistemas de Saúde-OPSS, 2016: 129), are those who may recognise greater usefulness in the exposure to these thematic programmes, because health touches everyone (Wallington, 2014: 169) and, as Emerson (1860) states, it is the "first wealth". Schopenhauer, too, perfectly captured a deeply felt human need when he wrote that "health is not everything, but without health everything is nothing". This assumption is in line with the argument of Stiglitz, Sen and Fitoussi (2009) that health is arguably the most fundamental aspect of quality of life, since without health, all other components of quality of life have little value (2009: 156-157). Discussing this causality, there is a vast literature revealing the harmful consequences for the individual derived from negative shocks to their health.

Diga Doutor is a programme with a heterogeneous and rich solution, due to the functions it performs: social surveillance on health, sharing facts, clarifications and diverse perspectives on health, demystifying and calming viewers, trying to help them make daily decisions related to health, alerting and motivating them to seek health services, and ensuring the correct reception of information. In contrast, in the studies of Crouch et al. (2016) and Park, Chang and Kwon (2003), the entertainment component is the dominant one from the viewpoint of viewers, who declare that they watch health television programmes motivated by the need for entertainment or fun. According to Mittell's classification (2003: 41), in *Diga Doutor* the talk show format focused on "public interest" and on "important issues", in contrast with those that promote entertainment.

The programme offers updated information and, simultaneously, tries to convince viewers to practice healthy and preventive behaviour, aiming at novelty by "approaching health issues in a more creative way". Therefore, it assumes the precepts of health communication, which is based on promoting, informing and influencing health, as defined by Teixeira (2004). The combinations, which are made in the programme reflect its identity.

The hybrid identity of the programme, involving "people, practices and platforms" (Carlson, 2015: 2), is revealed 1) in the specificity of the people: doctor who plays a multipurpose role within the context of the programme (author of "the whole process of creating the programme", presenter, conductor, source of information, content decision-maker, decision-maker about the guests present), doctors, patients; and 2) in the sub-routines that compose the format, such as the duration (average 40 minutes), the periodicity of the broadcast (weekly: Saturdays in the morning), the language style (accessible), the compositional structure, the interpersonal communication segment between doctor and viewer, the on-site presence of specialists and patients, the selection criteria of the invited doctor and the patient. The "human side", such as the reference to concrete cases, with patients in the studio giving voice to their stories being a practice in the programme – "helps to personalise and connect" (Bate, 2004: 68).

Two features of *Diga Doutor* contradict the observations of Din et al. (2021): the choice of experts and patients is made based on the thematic suitability of the programme, unlike what happens in the analysed Pakistani talk shows, in which the selection of the guest is not motivated by the topic under treatment; *Diga Doutor* shows therapies and treatments to solve problems, oriented by a logic of solutions, while Pakistani talk shows do not follow this guiding principle. Making a comparison with Albanian talk shows (Luku, 2013), *Diga Doutor* rewards rational debate and plurality of perspectives by

inviting several specialists and patients, which is not the case with talk shows broadcasted in Albania; and the patients/the public have a participatory contribution by reporting their health history and asking questions, while in Albania there is scepticism about the public's involvement, following the traditionalist logic that it is the elites who make television and the public plays a role of merely scenic presence.

As in Park, Chang and Kwon's (2003) study, it is perceived, in terms of style/rhetoric, that the presence of the doctor (*ethos*) influences the viewers' trust in the programme. The focus group participants evaluate the doctor as "trustworthy" (Aristotle, 4th century BC/2005: 96-97), stating, "You can tell he knows", and the information as "serious". This may influence their learning through the programme, as the credibility of the sender leads to the persuasion of the receiver (Burgoon, Birk & Pfau, 1990) and the acceptance of the message is roughly influenced by judgements about the communicator's competence – his ability to make valid statements – and about his reliability – his intention to express only statements he considers reliable (Lind & O'Barr, 1979).

The simple, clear or perceptible language style, deconstructive of technical terminology, is the one adopted in the *Diga Doutor* programme. For, in the intention of ensuring access, understanding and use of health content by the recipient, plain language is a logical and flexible response (Stableford & Mettger, 2007: 75). This style of language is part of the solution to major health problems and is not about neglecting the need for accuracy (Stableford & Mettger, 2007): it is about communicating with transparency and meaning, with creative, vibrant and emotionally resonant language, where the content design process requires knowledge and skills, a correct understanding of the target audience and the use of a fact-based approach (Stableford & Mettger, 2007: 76-81). Also televisually, analogies or real-life stories may be useful (Mayeaux, Murphy, Arnold, Davis, Jackson & Sentell, 1996), because patients understand health communications more improperly more often than doctors may think (Brega, Freedman, Leblanc, Barnard, Mabachi, Cifuentes, Albright, Weiss, Brach & West, 2015: 16; Howard, Jacobson & Kripalani, 2013).

In order to persuade the viewer to gather knowledge or change behaviours, *logos* was used in all programmes by both the presenting doctor and the guests. The use of "truth and logic/inferences" can be influential, according to the study of Park, Chang and Kwon (2003). The presence of corroborators (evidence) is relevant for the success of this programme, as mentioned by Doctor João Ramos, because the construction of personal stories of suffering helps the individual to understand certain situations (Sharf & Vanderford, 2003: 29). These stories aim to influence behaviour and, in other cases, add drama, with the intention of promoting healthy behaviours (Moyer-Gusé, 2008: 409). Figures of speech help to concretise and clarify the speaker's discourse (Corbett, 2004: 143). The use of examples allows a better illustration of the speaker's statement (Petric, 2007: 243). Finally, with regard to bilateral arguments, these show both sides of the issue (positive and negative), which favours the acceptance of the message and arguments (Hunt & Smith, 1987: 12).

It was found that the programme *Diga Doutor* contributes to the health literacy of the population, as mentioned by Andreia Nogueira and João Ramos. It was found, therefore, that *Diga Doutor* has cognitive effects on viewers. And, as in the study by Hoffman et al. (2017), it was observed that viewers acquired more knowledge about the health issue covered in the programme immediately after viewing it (2017: 118). This is explained because viewers retain the messages presented on television and tend to emulate the behaviours they have observed and which they consider as desirable (Moyer-Gusé, 2008: 408).

At the affective level (*pathos*), the feelings mentioned by the focus group participants after watching the programme are: a) concern; b) pleasure in learning; c) curiosity and d) indifference. Concern can be compared to fear, and is essential in the transmission of health messages, so that individuals can be prepared for diseases (Murray-Johnson & Witte, 2003: 478).

Pleasure in learning may refer to the functionalist school of thought (media functions) and the theory of uses and gratifications, which explains how individuals use the *media* – in this study the messages of the talk show *Diga Doutor* – in the satisfaction of their needs (Katz, Blumler & Gurevitch, 1973). In this case, the programme satisfies the cognitive needs, identified by Katz, Blumler and Gurevitch (1973), which are related to the consolidation of information and knowledge.

Regarding curiosity, it can be inferred that it motivates the receiver to move to the behavioural level. Alice is an example of this transition from exposure to the message to action. Several participants stated that they changed their behaviour and went to the doctor after viewing an episode.

In the rhetorical analysis carried out, feelings such as calmness are identified. Coincidentally, João Ramos, also, identifies as *Diga Doutor*'s objective to calm the viewers. According to Aristotle (4th century B.C./2004), "calmness" makes the viewer experience "absence of pain" (4th century B.C./2004: 76).

Other feelings found in the message created in the *Diga Doutor* programme are fear/concern, cause for reflection, empathy and admiration. Appeal through fear has been shown to be effective in positively influencing attitudes, intentions and behaviour, with very few circumstances in which it is not effective and no circumstances identified under which undesirable outcomes occur (Tannenbaum, Hepler, Zimmerman, Jacobs, Wilson & Albarracín, 2015). Messages that stimulate reflection can be useful because they invite the receiver to think about the content that he/she decodes, and this may lead him/her to positive action and, therefore, in favour of healthy and/or preventive behaviour. We perceive that the programme *Diga Doutor* conveys messages that awaken empathy, which is the capacity to perceive the internal frame of reference of the other with precision and with the components and emotional meanings of the other, as if it were him/her, but without ever losing the condition of "as if" (Rogers, 1959: 210-211). This ability allows the receiver to understand the other and to "put himself in his shoes". The presence of ordinary citizens on the programme *Diga Doutor*, who share their health experiences, helps to stimulate the capacity/feeling of empathy and to give a face and a voice to health problems that can be experienced by those who see and hear them and also to solutions and behaviours that can inspire and motivate action. In turn, admiration for others – so little studied academically, despite its contribution and potential implications (Haidt & Seder) – encourages people to learn valuable skills (Immordino-Yang & Sylvan, 2010) and facilitates social learning (Haidt & Seder, 2009). Onu, Kessler and Smith (2016) propose the conceptual model of admiration. The authors explain that admiration is provoked by people of superior competence and that it is associated with reflection on the target's competence and a tendency to imitate, which facilitates social learning (2016: 9-11).

The identity of the programme (Bignell, 2019: 161) and the viewer's taste, referred to by Mittell (2003), come together in the programme, allowing for the optimisation of the viewer acceptance of health communication that the programme intends to achieve. It is in this encounter that "collective identity" may lie, if one uses McQuail's (2003: 336) term.

The genre and format of a programme imprint its identity, although it is understood that there is room and freedom for creativity, innovation and experimentation of solutions by producers and broadcasters. One can also say the opposite: a programme can challenge and extend the definition of genre and format. The appropriation of the health theme by a talk show – in this case, by *Diga Doutor* – proves to be a rewarding solution for viewers who receive cognitive (e.g., learning, knowledge), affective (e.g., feelings that inspire healthy behaviours) and behavioural (adoption of recommendable health decisions and practices and of alternatives to solve health problems and/or to optimise quality of life) compensations. These compensations may occur thanks to the compatibility between the style and identity of the talk show and the viewer's psychological needs, according to the results found by Edgerly, Gotlieb, and Vraga (2016).

In terms of theoretical contributions, this study seeks to a) break boundaries between academic agendas focused on specialised work about television as a medium and the space of watching television, bringing the practical and utilitarian perspective of the viewer, which was a challenge launched by Bignell (2012: 4), and b) to respond to the gap in the literature that focuses very little on analysing a programme (Bignell (2012: 2) and c) to Mittell's (2004) question: What makes a certain television genre – in this case, the talk show – distinctive? (2004: 2).

The practical contributions reside in the wealth of results about the talk show and its usefulness to health, combining three perspectives: that of the transmitter, that of the message and that of the receiver. Knowing these three perspectives, especially that of the receiver, in practice, content producers can adopt and/or fine-tune subroutines that allow for a better articulation between the identity of the television programme and the taste and "compatibility" of the viewers.

Regarding future research proposals, it is suggested that more television programmes dealing with health be studied in order to understand how health communication is configured in genres and formats.

6. Specific contribution of each author

Contributions	Name and surname of the authors
Conception and design of the work	Célia Belim, Sofia Lagido
Documentary research	Célia Belim, Sofia Lagido
Data collection	Célia Belim, Sofia Lagido
Analysis and critical interpretation of data	Célia Belim, Sofia Lagido
Revision and approval of versions	Célia Belim, Sofia Lagido

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Notes

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