NATIONAL UNIVERSITY OF POLITICAL AND ADMINISTRATIVE STUDIES
DOCTORAL SCHOOL OF COMMUNICATION

ACTION, DISINFORMATION, FAKE NEWS IN THE CONTEXT OF COVID-19 PANDEMIC IN ROMANIA

Summary

COORDINATOR:

PROF. UNIV. DR. PAUL DOBRESCU

PhD Candidate:

MIROSLAV ADRIAN STANICI

Bucharest 2023

In the first chapter titled Fake News. Theoretical and ideational implications in the pandemic of COVID-19 I discuss the fact that since the 19th century, we could observe the increased use of sensationalism in journalism of the time, characterized by bombastic and out-of-context information. This practice led to the emergence of what we now call "fake news". Along with the rise of technology, fake news developed, adapting to television, the internet and to social media. Online algorithms deliver the content that the readers desire, fueling the spread of false information. The phenomenon has not escaped Romania either, where magazines and newspapers have promoted such fake news to attract the public. Fake content has begun to have a significant impact on contemporary society. People consume and distribute such news based on personal emotions and beliefs, affecting trust in traditional sources of information. Social identity theory explains why people are prone to accept and spread fake news as it reinforces the positive image of their group and diminishes the image of other groups. (Balmas, 2014) Fake news affects democratic processes and can contribute to the polarization of society, amplifying its divisions. Recommendation algorithms on social platforms create information bubbles, where people are only exposed to content that validates their beliefs, intensifying cognitive dissonance. I point out that the loss of trust in traditional media, the decline in critical thinking and changes in media business models have contributed to the spread of misinformation. Technological advancement and the easy dissemination of information on the internet are key factors that favor the spread of fake news and misinformation during the pandemic. I stress the importance of education on verifying information sources and the need for collaboration between governments, digital platforms, media and the public to counter their spread. Disinformation involves the intentional distribution of false information with the aim of misleading the public. These tactics can be used for a variety of purposes, including political, personal, or financial. In this context, rumors, which are unconfirmed information, can play an important role in interpreting events and managing crisis situations. Fake news and rumors have significant influences, affecting individual attitudes and behavior as well as electoral processes. Excessive consumption of media information can weaken people's ability to identify fake news. Strong emotions are often exploited in the sensationalist headlines of fake news, and the credibility of sources is a crucial factor in the acceptance and interpretation of information. In the context of the COVID-19 pandemic, misinformation has been strongly linked to the use of tactics that exploit emotions. From a medical perspective, even experts can be susceptible to conspiracy theories and misinformation.

Here I discussed about the Dunning-Kruger model. Doctors can spread misinformation despite their limited expertise in certain areas. Politicians also play an important role in generating and disseminating disinformation by discrediting credible sources and using the populist discourse.

Social inequalities and limited access to education and technology can contribute to the spread of fake news and misinformation. In the context of the pandemic, the interaction between media and religion plays a significant role, as individuals may revert to religion in times of crisis. Religious media can influence public attitudes and behaviors, spreading both accurate information and misinformation. Education, critical evaluation of digital content and fact-checking are essential to navigating fake news. Fighting the pandemic requires facing facts, fighting fears, and cultivating reflective thinking.

In chapter two I discuss crisis communication. Crisis communication or crisis communication management is a subfield of public relations that aims to protect and defend individuals, institutions, companies, or organizations from challenges that may affect their reputation (Barrera, 2014). The term "crisis" can be overused, diluting its meaning and can be applied to a variety of situations. Although public relations specialists have been dealing with crises for a long time, the understanding of the term often remains simplistic and incomplete (Burnet, 1998). In ancient Greece, the term 'crisis' was used in political and legal discussions, later evolving into the medical field (Coman, 2009). Crises can be viewed as unforeseen events that can destabilize organizations (Meyers & John, 2019). The benefits of crises include the potential to generate heroes, trigger change, highlight latent difficulties, change people, stimulate new strategies and prevention plans, and promote competition (Meyers & John, 2019). An organization's crisis crystallizes when three characteristics emerge: a trigger and inadequate change management (Meyers & John, 2019). Crisis typologies provide templates for framing events and establishing appropriate responses (Lerbinger, 1997). These include crises of the physical universe (earthquakes, hurricanes), crises caused by man-made surroundings (wars, terrorist actions), and crises of mismanagement (planning mistakes, fraud) (Lerbinger, 1997)

Crisis communication theories examine how individuals, groups and organizations deal with crisis situations through communication. These theories are fundamental to the development of strategies in the three key stages of crisis management: pre-crisis preparation, in-crisis management and post-crisis recovery which is particularly important to frame the type of crisis

correctly (Coombs, 2004). Contingency Theory emphasizes the conflicts between organizations and their public, highlighting the need to adapt and promote optimal solutions to achieve strategic objectives (Coman, 2006). Attribution Theory focuses on negative perceptions of crisis events and how stakeholders assign responsibility (Coombs, 2004)

Rhetorical Arena Theory stresses the polyphony of discourse in a crisis, where diverse speakers communicate to create a crisis dialogue. This approach focuses on the interactions between different stakeholders such as experts, activists, mass media, organizations, and governments.

Situational Management Theory focuses on adaptability and flexibility in organizational communication during crises. It involves carefully assessing the situation, defining the target audience and adapting messages to respond effectively to the specific context of the crisis. Transparency and proactive communication are key to building trust during crises. This theory explores how public opinion forms and evolves during crises. Mass media and political leaders influence the public's perceptions, where effective and coherent communication can affect how the crisis is managed and resolved. This theory stresses the importance of transparent and evidence-based communication in shaping public opinion.

The Mitroff Model focuses on identifying and resolving crises before they become critical. It involves proper risk management, preparation, and effective communication. These theories provide diverse perspectives on crisis communication and emphasize the key role of adaptability, transparency, and proactive communication in managing critical situations.

Crisis Communication Management Theory is based on a chronological framework divided into pre-crisis, crisis, and post-crisis phases. In pre-crisis, risks are identified and communication is planned. During the crisis, transparent and adaptive communication is applied, and in the post-crisis, assessment and recovery take place.

Involvement Theory examines how people interact with messages, focusing on the level of involvement. These theories provide important insights into communication during crises and offer tools for understanding how public opinion can be influenced and managed in crisis situations.

Theories of Medical Communication

In medical communication, theories are used to understand and improve interactions between doctors, patients, and the general public. These theories provide the basis for developing effective strategies. These theories include:

The Informational-Behavioural Model. This model addresses the interaction between information, motivation, and behaviour in health promotion. It focuses on providing precise information, developing individual motivation, and adopting healthy behaviours.

Systemic Model of Health Communication. This model explores the complex interactions between individual, social, and contextual factors in health communication. It focuses on individual characteristics, social influences, and cultural norms in health-related decision-making and behaviours.

In terms of crisis communication management during the COVID-19 pandemic, some examples of good practices are presented. These include transparency and accessibility of information, collaboration between authorities and mass media, involvement of experts in public communication, and empathetic communication. This thesis highlights the importance of adaptability of communication for different population groups. The responsibility of mass media in verifying information and presenting reliable sources is also mentioned.

In this chapter, we have undertaken a detailed exploration of crisis communication. We began by looking at the definition and conceptualization of this type of communication, followed by an examination of the different types of crises and the ways in which they are classified by various researchers. Special attention has been paid to the synthetic study of theories of crisis communication. We began by presenting Contingency Theory and Attribution Theory, after which we discussed Rhetorical Arena Theory and Situational Management Theory. We then progressed to discussing the Theory of Public Opinion Formation in the Context of Crisis and the Crisis Management Model. We also covered topics such as Moral Panic Theory, Communication Management Theory, Risk Communication Theory, and Semiotic Crisis Theory. In the second part of the chapter, the focus shifted to various theories of communication in healthcare. We began by looking at the Information-Behavioural Model,

followed by the Systematic Model of Health Communication. We continued by discussing the Doctor-Patient Relationship Theory and then extended the analysis to the Intercultural Communication Theory in Health and the Theory of Planned Behaviour. These theories were regarded as being essential for understanding the impact of communication on medical practice and patient perceptions. To conclude the chapter, we have included two sections. The first focused on managing communication in crisis situations, highlighting key strategies and effective communication techniques in these difficult contexts. The last section addressed the relationship between social media and trust capital, exploring how digital platforms influence the building and management of trust in healthcare contexts. In the research process adopted for this thesis, I chose an inductive approach. This focused on developing an understanding and interpretation of data gathered from subjects, rather than applying and testing pre-existing theories. This approach was motivated by a desire to capture the subjects' perspective on the studied phenomenon and to develop a deep understanding of their experiences and perceptions. Thus, in the analysis, I largely avoided constant references to various theories, using them rather as a background framework for contextualizing the topic of research. While theories can provide valuable insights and help structure thinking and interpretation, I have sought to remain open to the diverse ways in which subjects understand and live their experiences, avoiding limiting interpretation by rigidly applying them.

In Chapter 3 I discussed the research methodology, namely Grounded Theory. It is derived from data collected and analysed in the research process and it is empirically based. Approaches vary between positivism and interpretivism, and the method can be adapted to both the realist-objectivist and interpretivivism-constructivist perspectives. Grounded theory focuses on the interpretation of interactions and rationalities. Open coding, being the first step in the analysis, involves the development of concepts and categories from the collected data. Coding can be analytical, descriptive, explanatory, or "en vivo", then the second step is axial coding which involves the creation of categories and subcategories and finally selective coding which involves the extraction of a single code around which the theory is developed. The foundations of Grounded Theory were formulated by Barney G. Glaser and Anselm L. Strauss, and the technique of the theory was developed by Anselm L. Strauss and Juliet M. Corbin. Grounded theory is, in his view (Chelcea, 2022, p. 87), "derived from data systematically gathered and analysed in the process of research. The collection of analysed data and the eventual theory are in close relation. Theory is emergent from data" (Berg, 2004, p. 81), in Qualitative Research Method in Social Science writes: "Open coding in grounded theory" as

being ”the analytical process by which concepts are identified and developed through the prism of their properties and dimensions... events and similar incidents are labelled and grounded to form categories". Axial coding "is a complex process of inductive and deductive thinking that has several steps. These are accomplished, as with open coding, through comparisons and questions. However, in the case of axial coding, these procedures are focused in the direction of discovering and refining relationships between categories in the paradigm" (Berg, 2004). In his definition (Serge Gabarre, 2016), selective coding is the process of integrating and refining the theory. He considers that integration is an interaction between analysis and data, while by refinement he means the revision of the category scheme and the concepts resulting in the previous phases, where they can be revised in this phase, put into a logical matrix, and finally validated. Grounded theory also has some limitations. For example, it is difficult to carry out the recruitment step, as the process is sometimes lengthy and tedious. Analysis can be difficult, coding can be inconvenient, as well as categorization. One may also wonder whether a small group of participants in the social process under study can lead to generally valid questions for the event in question. However, this method is useless if we want to carry out an experiment or to explain the cause of a particular phenomenon.

In Chapter 4 I present the objectives of the research, for a clearer visualization I suggest the reader to follow them in the form of a table.

GENERAL OBJECTIVE	
Tracking the main vulnerabilities, difficulties, and communication challenges experienced in Romania during the pandemic, namely observing in which sphere were they felt the most: in the sphere of specialists (doctors) or politicians.	
SPECIFIC OBJECTIVE 1	**SPECIFIC OBJECTIVE 2**
Tracking the main vulnerabilities, difficulties, and communication challenges experienced in **Romania in the first part of the pandemic** (26th of February 2020 – 26th of February 2021).	Tracking the main vulnerabilities, difficulties, and communication challenges experienced in **Romania in the second part of the pandemic (**27th of February 2021 – 8th of March 2022).
THE QUESTIONS OF THE RESEARCH	
Question 1. What were the most important successes and failures in communication during the pandemic? Question 2. Where were the main communication gaps in the relationship between institutions, medical authorities, politicians, and society? Question 3. To what extent did the populism of politicians overlap with the phenomenon of fake news during the pandemic? Question 4: How did the phenomenon of fake news contribute to the symbolic erosion of democracy in Romania during the COVID-19 pandemic? Question 5 How has the official medical discourse in Romania been perceived in terms of being overly technical and difficult, and to what extent has this contributed to fostering distrust among a significant portion of the society regarding the authorities' proposed plans to combat the pandemic? *Question 6* Does Romania stand out in the EU context in terms of the influence of fake news on the institutional communication capacity of the authorities?	

In this section, I will detail the data collection and organization process for the research conducted. I have adopted a predominantly qualitative analytical approach, which I believe is appropriate for achieving the proposed objectives. In order to achieve these objectives, I conducted two sets of interviews: one with doctors and health specialists and the other with political figures at local and central level. Thus, the two sets of interviews amounted to forty interviews of twenty interviews each. Between May and August 2022, we conducted twenty

unstructured interviews with doctors and health professionals. The snowball method was used to establish initial contact with each subject and subsequently request an interview. I was able to interview infectious disease physicians, epidemiologists, pulmonologists, anesthesiology and intensive care specialists, family physicians, and healthcare researchers. They were selected from the major cities of the country: Bucharest, Timisoara, Iasi, Cluj-Napoca, Craiova, Brasov, and one interview was conducted with a researcher from the UK.

In an effort to gain insights from those involved in the decision-making process, we conducted 20 interviews with politicians and government representatives. These interviewees represented not only the central level of government but also the local level of public administration. We also included interviews with opposition politicians. Interviewees included prefects, presidents of county councils, mayors, directors of county public health institutions, MPs, senators, a minister of health, and a prime minister. They came from various cities in the country, Bucharest, Timișoara, Cluj, Pitești, Arad, Brașov, Giurgiu, Drobeta-Turnu Severin, Bacău, Galați, Buzău, and Piatra Neamț.

The following is a table presenting the anonymized list of interviewees, including the abbreviated name, position, and city. The full names of the respondents will be revealed in the appendices of the paper.

Interviews with Doctors and Specialists

For this series of interviews, I chose the unstructured version as I was interested in the whole story of the doctors and specialists during the pandemic. Thus, the interviews were long and took place both through the Zoom platform and face-to-face. The interviews were then transcribed and subjected to a coding and analysis procedure.

Name	Specialization	Institution	City
Dr.1	Infectious diseases	National Institute of Infectious Diseases "Matei Balș"	Bucharest
Dr.2	Infectious diseases	Victor Babeș Clinical Hospital of Infectious Diseases and Pneumophthisiology	Timișoara
Dr.3	Pulmonology	Marius Nasta Institute of Pneumophthisiology	Bucharest
Dr.4	Anesthesiology and Intensive Care	Floreasca Emergency Clinical Hospita	Bucharest
Dr.5	Family medicine	Association of Family Physicians	Bucharest and Ilfov
Dr.6	Infectious diseases	Saint Parascheva Clinical Hospital of Infectious Diseases	Iasi
Dr.7	Emergency medicine	Pius Brînzeu County Emergency Clinical Hospital	Timișoara

Dr.8	Public health expert	Babeș-Bolyai University	Cluj-Napoca
Dr.9	Infectious diseases	Victor Babeș Clinical Hospital of Infectious Diseases and Tropical Diseases	Bucharest
Dr.10	Infectious diseases	Clinical Hospital of Infectious Diseases	Brașov
Dr.11	Pulmonology	Victor Babeș Clinical Hospital of Infectious Diseases and Pneumophthisiology	Timișoara
Dr.12	Anesthesiology and Intensive Care	Pius Brînzeu County Emergency Clinical Hospita	Timișoara
Dr.13	Pediatrics	National Institute for the Health of Mother and Child "Alessandrescu-Rusescu"	Bucharest
Dr14	Epidemiology	University of Medicine and Pharmacy	Timișoara
Dr.15	Pulmonology	Victor Babeș Clinical Hospital of Infectious	Timișoara

		Diseases and Pneumophthisiology	
Dr.16	Medical research	Neuroscience/medical statistics	West University of Arad
Dr.17	Family medicine/ vaccinology	National Society of Family Medicine	Craiova
Dr.18	Medical researcher immunology/epidemiology	University of Oxford	Oxford
Dr.19	Epidemiology	University of Medicine and Pharmacy	Iași
Dr.20	Personalized medicine	Center for Innovation in Medicine	Bucharest

Interviews with authorities and politicians

Name	**Position in Public Authority**	**Party**	**Location**
P1	Former Prime Minister	Anonymous	Bucharest
P2	Former Minister of Health	USR	Anonymous
P3	Senator, Romanian Parliament - Health Committee	Anonymous	Piatra Neamt
P4	Mayor of a major city in Romania	USR	Anonymous

P 5	Former Prefect of a county in Romania	Anonymous	Pitești
P6	Former Prefect of a county in Romania	Anonymous	Arad
P7	Mayor of a major city in Romania	PSD	Anonymous
P8	Former Director at the Public Health Department of Timiș	Anonymous	Timișoara
P9	Former Prefect of Bucharest	Anonymous	Anonymous
P10	Vice Mayor of a major city in Romania	PRO ROMÂNIA	Anonymous
P11	Member of Parliament, Romanian Parliament - Health Committee	Anonymous	Galati
P12	Member of Parliament, Romanian Parliament - Health Committee	Anonymous	Cluj

P13	Member of Parliament, Romanian Parliament - Health Committee	USR	Anonymous
P14	Director at the Public Health Department of a major city in Romania	Independent	Anonymous
P15	Former Mayor of a major city in Romania	PSD	Anonymous
P16	Former Prefect of a county in Romania	USR	Anonymous
P17	President of a county council in Romania	Anonymous	Timișoara
P18	Former Prefect of a county in Romania	Anonymous	Arad
P19	Former Prefect of a county in Romania	USR	Anonymous
P20	Former President of a County Council in Romania	PNL	Anonymous

For the second set of interviews, we chose the semi-structured version. Having a total of 19 questions for each respondent. In this case, the interviews were conducted both via Zoom, face-to-face, and by phone. Afterwards the interviews were transcribed and reported for analysis.

In Chapter five we conducted a preliminary analysis of the data. Thus, we conducted a survey of the most frequent terms used in the interviews and discussed them in part under a dichotomous form that we have called in the binomial thesis. Below is another table of the most frequent terms used in the first set of interviews.

People	96
Vaccination	73
Romania	64
Pandemic	50
Media	36
Information	32
Trust	25
Fake news	24
Crisis	12
Authorities	8

In the case of the second sample, we conducted the same type of analysis but taking into account that the structure of the interviews was more parsimonious. Thus, below is an analysis of the frequency of the most frequently used terms in the second group of interviews

People	96
Vaccination	73
Romania	64
Pandemic	50
Media	36
Information	32
Trust	25
Fake news	24

Crisis	12
Authorities	8

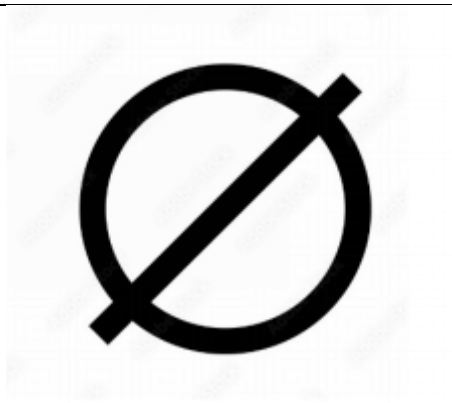
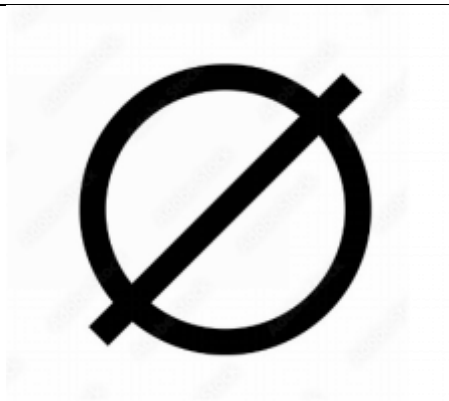
In this chapter, I also used the word cloud in order to observe both the frequency and keywords. In the paper I approached an analysis of each concept individually which emerged from the data using the word cloud, I was able to quickly visualize which words have the highest frequency in the text, giving me an overview of the dominant topics or terms. This allowed us to observe the main directions of the discussion and to identify the topics that were most often addressed by the subjects.

In chapter six, we developed a detailed category scheme to structure and deepen the analysis of our data. This scheme was designed as the main tool to organize and classify the collected information in a coherent and systematic way.

We began by defining categories that reflected the main aspects of the research. These categories were carefully selected to cover various relevant topics and angles from the dataset. The process of creating this category scheme involved a reflective and iterative approach. We considered both the available data and the research objectives so that the category accurately reflects the complexity and diversity of the information. I present below the category scheme:

Medics / Specialists	**Authorities / Politicians**
MISINFORMATION AND NEGLECTIVE THEORIES Fake news Informational „Bombardment” Pandemic fatigue Conspiracy theories The origin of the virus	**MISINFORMATION AND NEGLECTIVE THEORIES** Fake news Misinformation Sensationalism Sudden death Alternative truth

EMOTIONS Distrust Solidarity The Burnout Syndrome The „White Knight" Syndrome Anxiety Fear Trauma Marginalization Trust Compassion	**EMOTIONS** Fear Solidarity Anxiety Confusion Confusingness Disruption Skepticism Regret Stigmatizingness Trust
DILETANTISM Populism Incompetence Deprofesionalization	**DILETANTISM** Populism Extremism Coercion
COMMUNICATION MECHANISMS 1. Medical communication through technology 2. Types of communicators 3. The Vaccination Campaign 4. Means of communication 5. Channels of communication	**COMMUNICATION MECHANISMS** 1. The Group for Strategic Communication 2. The communication of powerful institutions 3. The Vaccination Campaign 4. Means of communication 5. Channels of communication

Jargon and specialized languages 1. Specialized Language 2. The Scientific medical discourse 3. Medical Expertise 4.Treatments and pharmaceutical processes	
	**The pandemic and health in the EU and Romania** 1. The impact of the first waves in the European Union and in Romania 2. The management of the pandemic in Italy and Romania 3. The contrast between the health systems from the European Union and Romania 4. The vaccination policy in Portugal and Romania

In Chapter seven I discussed the main successes and failures of communication. The data showed that one of the most important achievements was to initiate serious debates about the overall state of the health system, both within the healthcare sector and within the relevant political authorities. Subsequently, another significant benefit has been the adoption and development of online communication, which has democratized public consultation.

However, the development of online communication has also brought disadvantages, such as the distortion of both the medical and political discourses. Another observed failure has

been the contamination with various forms of fake news and their spread across a wide spectrum. At the same time, the political discourse has become shallow and susceptible to attack through fake news, becoming less oriented towards crisis management and solutions.

In Chapter 8, I conducted an analysis of the main emotions felt during the pandemic among both doctors and politicians. We observed that predominantly negative emotions dominated, with a sense of distrust prevailing. Then, I answered the question: Where were the main communication gaps in the relationship between institutions, medical authorities, politicians, and society? In this context, we identified five significant elements:

The communication of authorities was characterized by contradictions and frequent changes.
A lack of transparent communication from the authorities was felt, which generated anxiety and negative emotions among the public.
The pandemic crisis was perceived as a political event, fueling mistrust between health authorities and politicians.
In many cases, society's questions and concerns were not sufficiently answered and resolved, adding to negative public emotions.
The pandemic was accompanied by an increase in misinformation and conspiracy theories, which undermined the efforts of medical authorities and politicians to communicate accurate and verified information.

In Chapter nine I formulated the question of research : . To what extent did the populism of politicians overlap with the phenomenon of fake news during the pandemic?
We noted that some politicians have been known to use simplistic and emotional rhetoric, an approach that confused the population. They interpreted the data in a way that supported their own agendas, ignoring or downplaying scientific evidence or expert advice.

In Chapter ten I formulated the reaserch How did the phenomenon of fake news contribute to the symbolic erosion of democracy in Romania during the COVID-19 pandemic? Here we found that false information and conspiracy theories fueled conflicts and social tensions, contributing to a greater fragmentation and division of the public opinion. We also observed that political interests sometimes prevailed over public health, often leading to the undermining of key measures or delays in their implementation. The involvement of institutions of power during the pandemic meant the potential for abuses and suppression of

rights, leading to restrictions on freedoms of expression and movement, affecting the effective exercise of democracy. The involvement of institutions of power also implied a form of concentration of power and existing government control over society

In Chapter 11 we answered the research question: "To what extent was the official medical discourse too technical and too difficult, contributing to fueling the distrust of an important part of Romanian society in the measures proposed by the authorities to fight the pandemic?". The data obtained support the fact that once the crisis started, the medical discourse was perceived as complex and technicalised, which led to confusion and difficulties in understanding both at the level of the authorities and the public. Jargon terms and specific language were used extensively by doctors and specialists, which impacted communication and increased confusion between authorities and the public. With the introduction of the vaccine, medical language became over-technicalised and created an even wider sense of ambiguity.

In Chapter 12 we formulated the following research question: "Does Romania stand out or not in the EU context in terms of the influence of the fake news phenomenon on the institutional communication of authorities?". Thus, we found that Romania faced additional challenges in managing the pandemic due to its healthcare infrastructure, insufficient financial resources, and deficient public policies in the field of public health. This led to inconsistent and unreliable communication from the authorities. Compared to Italy, Romania had a harder task in managing the pandemic situation, as its healthcare capacity was completely overwhelmed. In the case of vaccination, mistrust and traditional culture led to a widespread rejection of mass vaccination.

At the end of the paper I have answered both the central and specific objective. I have formulated the theory that emerged from the data, explained its limitations and made some recommendations for improving the acceptance of vaccination in former communist states. Thus the theoretical approach of reluctance to vaccination in post-communist societies, with a focus on Romania. It argues that understanding this reluctance requires a complex approach, taking into account social, economic, cultural and administrative aspects. It highlights that reluctance is influenced by centralising tendencies in the post-communist context, manifested through bureaucratic, religious, local authority, and family dimensions. Another important cause is the withdrawal of the state from underprivileged areas, which has led to a lack of trust and communication regarding vaccination. The theory also addresses the challenges of

communication in the context of a public health crisis, such as the interference of medical jargon and the impact of stress and political pressure on effective communication. In terms of strategies to improve the acceptance of vaccination, the text proposes the involvement of religious leaders, the revival of redistributive social policies in underprivileged areas, accessible communication from doctors and specialists, psychological support for them, the promotion of digital education as well as transparent and honest communication from the authorities. The limitations of the theory presented, suggests that the approach is likely to omit the diversity of opinions and perceptions. It is also noted that there is insufficient data to understand the level of health 'literacy' of the population and that the influence of digital media and social networks is not sufficiently explored in the data presented.

Selective Bibliography

Abiri, G., & Buchheim, J. (2022). Beyond True and False: fake news and the digital epistemic divide. *Michigan Technology Law Review, 29.1,* 59.

Agerpres. (2021, April 5). *Studiu/Aproximativ 60% din personalul de la Spitalul "'V. Babeş'" Timişoara - grad de..* https://www.agerpres.ro/sanatate/2021/04/05/studiu-aproximativ-60-din-personalul-de-la-spitalul-v-babes-timisoara-grad-de-epuizare-mediu-sau-ridicat--690764

Aïmeur, E., Amri, S., & Brassard, G. (2023). Fake news, disinformation and misinformation in social media: a review. *Social Network Analysis and Mining*, *13*(1).

Albright, J. (2017). Welcome to the era of fake news. *Media and Communication, 5*(2), 87–89.

Allcott, H., & Gentzkow, M. (2017). Social media and fake news in the 2016 election. *Journal of Economic Perspectives*, *31*(2), 211–236.

Aziz, S., Arabi, Y. M., Alhazzani, W., Evans, L., Citerio, G., Fischkoff, K., Salluh, J. I., Meyfroidt, G., Alshamsi, F., Oczkowski, S., Azoulay, É., Price, A., Burry, L., Dzierba, A., Benintende, A. J., Morgan, J. S., Grasselli, G., Rhodes, A., Møller, M. H., . . . Christian, M. D. (2020). Managing ICU surge during the COVID-19 crisis: rapid guidelines. *Intensive Care Medicine, 46*(7), 1303–1325.

Bagó, B., Rand, D. G., & Pennycook, G. (2020). Fake news, fast and slow: Deliberation reduces belief in false (but not true) news headlines. *Journal of Experimental Psychology: General*, *149*(8), 1608–1613.

Balmas, M. (2012). When fake news becomes real. *Communication Research*, *41*(3), 430–454.

Bârgăoanu, A. (2018). *#Fakenews: noua cursă a înarmării*. Evrika Publishing.

Gibbs, G. R. (2018). Analyzing qualitative data. *Analyzing qualitative data*, 1-232.

Glaser, B. G. (1978). *Theoretical sensitivity: advances in the methodology of grounded theory*.

Grishina, A., & Vladimirovna, A. I. (2020). Informational Behavior in the COVID-19 Pandemic: Psychological predictors. *International Journal of Cognitive Research in Science, Engineering and Education*, *8*(Special issue), 59–67.

He, L., Jean, J., Lu, Y., & Pan, Y. (2023). Exploring the social dynamics of public stigmatization in China of Wuhanese during the initial outbreak of COVID-19: A moral panic analysis. *Journal of Contemporary China*, 1–21.

Heath, H. A., & Cowley, S. (2004). Developing a grounded theory approach: a comparison of Glaser and Strauss. *International Journal of Nursing Studies*, *41*(2), 141–150.

Helmy, Y. A., Fawzy, M., Elaswad, A., Sobieh, A., Kenney, S. P., & Shehata, A. A. (2020). The COVID-19 Pandemic: A Comprehensive Review of taxonomy, genetics, Epidemiology, diagnosis, Treatment, and control. *Journal of Clinical Medicine*, *9*(4), 1225.

HOTĂRÂRE nr.2 din 24.02.2020 privind aprobarea măsurilor necesare creșterii capacității de intervenție în prevenirea și combaterea ngecțiilor cu noul Coronavirus. (2020, March 15). COVID-19 Știri Oficiale. https://covid19.stirioficiale.ro/hotarari/hotarare-nr-2-din-24-02-2020-privind-aprobarea-masurilor-necesare-cresterii-capacitatii-de-interventie-in-prevenirea-si-combaterea-ngectiilor-cu-noul-coronavirus

Hu, Y. (2015). Health communication research in the digital age: A systematic review. *Journal of Communication in Healthcare*, *8*(4), 260–288.

Jiang, H., Nan, J., Lv, Z., & Ye, J. (2020). Psychological impacts of the COVID-19 epidemic on Chinese people: Exposure, post-traumatic stress symptom, and emotion regulation. *Asian Pacific Journal of Tropical Medicine*, *13*(6), 252. https://doi.org/10.4103/1995-7645.281614