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Public Relations 1

Public Relations in the Healthcare field

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Running Head: Public Relations in the Healthcare Field

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A public relations director at a hospital made be called upon to do many things. In this paper, four aspects of his or her work will be highlighted in this paper. They are, hospital marketing, community relations, publications, and crisis communications. These four areas are not the only things that are required of public relations directors, but some of the most discussed.

The research that will be described comes from mostly trade journals. I was able to pinpoint what I wanted to find by speaking to various hospital representatives at Southeastern General Hospital. Many of the things that I have written in this paper are things that I was able to do with my internship at Southeastern General Hospital. Therefore, I know that many of the suggestions that are offered in this paper are applicable.

"Sixty-four percent of all any consumer knows about healthcare, they know from TV," Dr. Bob Arnot, medical correspondent for CBS News, said at a recent conference. (Profiles, July-August '92, p48) Because television teaches consumers so much about healthcare, public relations is important in the healthcare field, not to mention the continuing increase of competition among health care providers.

One of the best ways to keep the general public informed about healthcare is through "infomercials: (Profiles, July-August '92) These infomercials usually have doctors from a health care institution offers. These infomercials are primarily only sixty

seconds long, and are aired during television news programs that attract large audiences. (Profiles, July-August '92) It would be important for the health care institution to stress in which institution the particular physician on the infomercials practices.

As with any public relations campaign, it is important to do some research before doing an infomercial. One recommended form of research is to use focus groups. (Profiles, July-August '92) "The best focus group is the hospital's board of directors." (Profiles, July-August '92, p49) This is because quite often the board of directors serve as an intermediary between the hospital and the general public. Therefore, it would be the board who would know what the public's needs and concerns were.

Some of the Chief Executive Officers and board members may be a little uneasy about doing an infomercial because they are not inexpensive to do. "Although a television campaign is usually much more expensive than print ads or direct mail, the results are usually more dramatic." (Profiles, July-August '92, p52) The cost is usually worth the effect. "The infomercials help hospitals develop ties with the physicians, increase market-awareness, and provide useful health information to the public." (Profiles, July-August '92, p48)

The primary foreseeable problem that a public relations practitioner may encounter in producing an infomercial would be to get the cooperation of the doctors. Physicians are usually not that sympathetic to the needs of a public relations department.

(Profiles, July-August '92, p52)

"More than any other group, physicians have held a negative attitude towards advertising." (Bell, June '92, p3) One reason for this is because many physicians feel that advertising health care puts the profession into an image that is less respectable than if it did not advertise. Studies have shown a more accepting attitude concerning healthcare advertising among younger doctors. (Bell, June '92, p3)

"In the only study of physician attitudes toward hospital advertising (researchers) found that only twenty-one percent of the physicians surveyed held a favorable attitude toward hospital advertising. Fifty-nine percent had an unfavorable attitude and twenty percent were undecided." (Bell, June '92, p3)

In one of the most recent surveys concerning the public's attitudes towards health care advertising, researchers found that "forty-nine percent held a favorable attitude, twenty-seven percent were undecided, and twenty-four percent held an unfavorable attitude." (Bell, June '92, p3) Consequently, a health care public relations practitioner has to find out how advertising can provide consumers the desired information while eliminating the belief among physicians that the advertising is misleading, deceptive, or confusing to others. (Bell, June '92, p7)

Health care public relations practitioners have not had prohibitions concerning advertising since 1982. The Supreme Court ruled in favor of the Federal Trade Commission by allowing

health care providers and health care institutions to advertise "without sanction" by the American Medical Association. (Bell, June '92)

Several other conclusions have been found while researching consumer and physician attitudes on health care advertising. Both consumers and physicians agree that health care advertising increases prices and benefits larger hospitals more than smaller ones. Perhaps this is because larger hospitals have larger budgets, and could therefore produce higher quality advertising. (Bell, June '92) Both groups believe that advertising does help to inform the public about services and medical programs. However, unlike the consumers, the physicians feel that advertising confuses consumers. Furthermore, unlike the consumers, physicians do not feel that advertising makes the consumers select better health care institutions. (Bell, June '92)

Consumers seem to believe that advertising creates goodwill towards the hospital and shows that the health care institutions are concerned about the health care needs of the community. Physicians disagree, because they see it more as a waste of money. (Bell, June '92)

"Both groups disagree with the statement that advertising has lowered the quality of medical care and that hospitals that advertise are less likely to have quality doctors; both groups agree that advertising takes money that could be better used to improve the quality of medical care." (Bell, June '92, p6) One

of the most important conclusions drawn from the surveys of consumers and doctors was that a marketing campaign is much more effective if it appears that the doctors at the institution support it. (Bell, June '92) One way to have this happen is to include the physicians in the creating and implementation of the campaign. (Bell, June '92) Perhaps this is why of all the marketing strategies physicians seem to be the most accepting of the infomercials, because they are in them. (Profiles, July-August '92)

Sometimes it is not just the doctors who get upset with a marketing campaign occasionally the public does as well. A ten month ad campaign for a local hospital group's prenatal care unit followed a couple Mark and Beth Dunn, through the ups and downs of a first pregnancy. Each month, a new ad picturing the couple appeared that chronicled in their own words, the latest stage of Beth's pregnancy." (Kerwin, Nov. 14 '92, p32)

These ads were a hit, and many people read the ads religiously. In fact, the ads even began to attract national attention. People were actually calling the hospital to find out when the baby was due. (Kerwin, Nov. 14, '92)

After the campaign ended, many people were irate to find out that the ads were not what they believed them to be. A paper that had not carried the ads reported that Mark and Beth Dunn were fictitious characters and the two were not married. "Beth" was actually not even pregnant. The baby in the last ad had been named Angela, when in reality his name was Nicholass. (Kerwin,

Nov. 14, '92)

The advertisements never claimed to be true, but even after the hospital learned that the public believed that the ads were totally true, they did not do anything to clarify the misunderstanding. (Kerwin, Nov. 14, '92) The hospital's administrators said that they decided not to use a real couple because they wanted to respect a patient's right to privacy and also because there is always a chance that a woman could lose a baby. If that had happened in this campaign, the whole thing would have been a waste and more harm than good would have occurred. (Kerwin, Nov.14 '92, p32)

With this type of advertising, it is understandable that some people would not approve of health care advertising. It is possible that if staff members of the hospital that did the infamous ads had been involved in the planning stages, such negative publicity would have never occurred. Many hospitals are turning to their doctors, nurses, and other employees for input on marketing campaigns. The public relations department at the hospital where the controversial ads originated would be well advised to take this advice.

One hospital was about to launch a campaign, but before doing so decided to try to get the support of the staff. This was very important since this particular hospital had been facing major budget cutbacks. (Profiles, Jan.-Feb. '93, p7) One spokesperson for the hospital said, "We did not want staffers to consider what we were doing a frivolous expense. We wanted them

to understand that advertising is an investment." (Profiles, Jan.- Feb. '93, p7)

The spokesperson also said that the public relations office certainly did not want the hospital's employees to learn about the campaign by seeing a spot on television or hearing one on the radio. (Profiles, Jan.-Feb. '93) In fact the public relations department took a large part of the budget from the campaign to educate its employees on what it was planning to do. (Profiles, Jan-Feb. '93)

"The result was an extensive internal marketing campaign that included a raffle, a week-long series of events, a special video presentation, and direct mail that helped win the support of most employees." (Profiles, Jan.-Feb. '93, p6)

After all of this was done, a public relations spokesperson said that she did not hear any complaints at all about the expense of the campaign. Furthermore, even the physicians at the hospital were complimentary, and that is quite impressive since it has already been discussed about how most physicians feel about advertising. (Profiles, Jan.-Feb. '93)

After the campaign had begun, employees were periodically kept up to date with the campaign's progress and plans. This was later to be looked upon as a very important step by the public relations office of the hospital. (Profiles, Jan.-Feb. '93)

When working in public relations, it is important to remember that you are working with emotions. With this idea in mind, one hospital's public relations department brought a twenty



percent increase in its outpatient surgery department in four months. (Profiles, Sep.-Oct. '92)

The public relations department decided to try to tap into patients' emotions instead of going with the more traditional approach of showing the outpatient facilities. (Profiles, Sep.-Oct. '92) The public relations department decided to show people doing things the same day that they had outpatient surgery earlier. Such scenes included a boy fishing and an older couple lounging in a hammock. (Profiles, Sep.-Oct. '92)

They wanted to emphasize the needs of the patients, instead of their own uniqueness. In discussing the ads, a spokesperson for the public relations office commented, "It simply recognized that people don't want to stay in hospitals long, and communicates that the hospital knows how to care for its patients." (Profiles, Sep.-Oct. '92, p21)

Because the campaign was based on emotions, the hospital chose only to use print media, radio, and television, because they can convey emotion. They chose not to use direct mail or outdoor advertising because they felt those two mediums were too impersonal. (Profiles, Sep.-Oct. '92)

Another spokesperson said that while forming the campaign, they tried to keep in mind that, "There are four primary reasons why patients report dissatisfaction in a hospital... a perception of poor quality, having to wait, a perceived lack of caring, and discourteous treatment by the hospital staff." (Profiles, Sep.-Oct. '92, p22)

One way that this hospital could have possibly found out the four primary reasons for consumer dissatisfaction is through the use of interactive touch-screen systems. (Sales and Marketing, Aug. '92) These systems allow patients to give feedback to the services that they are receiving while in the hospital.

"One such system, Questplus, developed by an Atlanta base consulting firm, Strategic Decisions Systems (SDS), allows patients to read survey questions directly from a computer monitor and touch a box beside their chosen response. The responses are then compiled into a database that enables the hospital to collate and review the information to determine how satisfied their 'customers' really are." (Sales and Marketing, Aug. '92, p31) This could easily become one of the top public relations research methods in the future. One reason is that many times surveys are given to patients after their stay, instead of during when everything is still fresh on their mind. Also, the way these types of systems are set up, they can be processed in so many ways that a public relations practitioner could get so much research data on many demographic and psychographic classifications.

Until this trend catches on, health care institutions will have to rely on more traditional methods. Research is imperative since in 1991, "America's 6,000 hospitals spent \$863 million on advertising." (Findlay, June '92)

One national survey reported that five factors are most important to keep a patient satisfied, "concern for privacy, how

well family is kept informed, sensitivity to the inconvenience of hospitalization, cheerfulness of surroundings, and attitude of nurses when called. (Findlay, June '92)

It is important for the public relations departments in hospitals to know these factors since it would be wise for them to keep the factors in mind while preparing and planning for a communications campaign.

In the past few years, hospitals have been particularly anxious to get the feedback from one specific demographic group--women. Women are the primary consumers of hospital care and they are also the ones that tend to decide where their family members will receive their health care. (Lewin, Oct '92)

In a 1990 study by the American Hospital Association, these results were found:

"1) Operations unique to women--from hysterectomies to caesarean deliveries account for eleven of the twenty most frequent surgeries. 2) Women in labor account for thirteen percent of all hospital admissions. Even without childbirth admissions, women are still admitted to hospitals fifteen percent more than men. 3) Women decide where their families will seek health care sixty percent of the time." (Lewin, Oct. '92)

Studies show that promoting services that are available exclusively to women are usually quite successful. One hospital that promoted a new state of the art new birthing suite increased its deliveries twenty-three percent. (Profiles, May-June '92)

"Working with the CEO (the public relations director),

arranged for the then Today Show host Deborah Norville to speak during the opening of the new wing. Norville, who was in her seventh month of pregnancy at the time, proved the perfect attention-getter." (Profiles, May-June '92, p43)

This was a great way to spark some interests but the public relations director did not stop there. She offered an open house of the new suite to anyone who was interested and had a maternity fashion show and a baby product fair. (Profiles, May-June '92, p43) Working with local businesses, the director gave coupons to expectant mothers on pregnancy and baby items. To initially get people to come to the open house, she primarily advertised in obstetricians' offices with posters. (Profiles, May-June '92)

Another group that is often targeted in marketing campaigns is doctors. Consumers sometimes forget that doctors who have their own private practice often refer several patients a day to surgeons at hospitals. One hospital realized this and by doing so had a 54% increase in its open heart surgery operations from a campaign that cost less than \$10,000. (Profiles, May-June '92)

After the Wall Street Journal had listed this hospital as one of "the top ten cardiac bypass hospitals in the country based on the mortality rate", it began its marketing campaign. (Profiles, May-June '92, p42)

The campaign was aimed at physicians so ads were placed where doctors would see them. "The ads featured a large, brush stroked heart with the message, 'Don't take unnecessary chances with your heart. Bring it to a national leader in cardiac

care.'" The ads were a success.

A lesson to be learned here is to always take advantage of the publicity that your health care institution has received. It is often a good idea to concentrate your marketing on a health care institution's "top services" or "centers of excellence." (Profiles, May-June '92, p42)

Another target audience that is often ignored is college students. Many times there are colleges and universities near hospitals. Since a lot of the students are not originally from the town that the school is in, they do not know where to go to get medical care. In other words, they are a public that would be very easy to attract.

"There are several ways the hospital could reach students. It could set up booths at freshman orientation, giving out educational materials, and information on how to reach the hospital, including a map and telephone number. Information also could be included in student information packets." (Shelton, Spring '93, p28) Other ideas to reach students is to try to conduct a "health fair on campus or to send news releases to the student newspapers on campus or to send news releases to the student newspapers on campus. (Shelton, Spring '93)

One idea that a hospital came up with, had to have pleased many environmentally conscious college students and other people who are concerned about our country's environment. This particularly notable since many times environmentalists are upset with hospitals since most operate incinerators. This particular

hospital began a telephone recycling campaign. This not that unusual, except to the fact that the books that were recycled became disposable bedpans. The result from this \$500 campaign was a hit! (Profiles, September-October '92)

"Hospital positioning" has become a popular term as far as hospital marketing is concerned. (Augustine, '92) "Positioning is the act of designing the company's image and value offer so that the segment's customers understand and appreciate what the company stands for in relation to its competitors." (Augustine, '92, p15) In other words, it means making what is special about the hospital stand out while showing that other nearby hospitals do not have the same thing to offer.

Psychologists have told us that perceptions are based on things that we have either seen, hear, touched, or in some way have a connection to from the past. This does not necessarily mean that these perceptions are always accurate. This is why, "whatever position the hospital chooses should invariably relate to the consumer's mental constructs, including 'old pictures' and new images." (Augustine, '92, p16)

In order to do this kind of positioning, the hospital's public relations director has to form a position statement that explains what the purpose of the positioning is, and how the positioning will be done, and how it will be evaluated.

(Augustine, '92, p16) To come up with this kind of statement, not only does the public relations director have to look at what his or her hospital has to offer to the public, but it also has

to, "articulate the desired position in relation to competitors. Omission of this step results in image building, not positioning." (Augustine, '92, p16)

Even a hospital's name can influence the position that the general public sees the hospital. Today, many hospitals have affiliates or satellites outside of the hospital that many people do not know are part of the hospital. A new name going from "hospital" to "corporation or institution" can help people to know that there are many more things than just a hospital. (Augustine, '92, p16)

There are usually seven steps that a public relations practitioner can follow to help position his or her hospital in a more positive light. Before a hospital begins to follow the steps of positioning, "it must determine which positions competing hospitals hold and then select a position from which it can again a strong competitive advantage. Once a position is chosen, the hospital must try to occupy that position." (Augustine, '92, p17)

The first step in positioning is called "situation analysis". (Augustine, '92, p17) This requires a tremendous amount of marketing research. The research involves gathering data from target markets, which in this case would be the consumers, physicians, and employers. What must be measured in this research is the "awareness of the hospital, comprehension of the hospital, positive attitude towards the hospital, and the behavior of the hospital." (Augustine, '92, p17) The public

relations director has to consider, "the corporate mission, tradition, capital availability, market supply and demand factors, and projected socioeconomic-demographic environments," in this step. From here, the hospital's executive branch may want to redefine its ideal position.

The next step is to state or restate the problem. (Augustine, '92, p17) The public relations director will compile all the research into such a way that is understandable to other members of management. Meetings are held to try to decide what needs to be worked on and improved. If the management is included in this step, as they should be, then 'the position eventually chosen is more likely to receive long-term commitment and support from top management." (Augustine, '92, p17)

The third step is selecting the desired position. (Augustine, '92, p18) Here, managers analyze alternative positions. They tend to have at least three options.

The first option is to choose the current position. (Augustine, '92, p17) If the current position is desirable and no other hospital nearby occupies the same position this may be the best option. However, even here it is important to come up with ways to improve the position. (Augustine, '92, p18)

The second option is to choose a new position that neither the hospital that the public relations director is employed by or competitor hospitals hold. (Augustine, '92, p18)

" An example is the innovative repositioning of Shouldice Hospital in Canada, which created a new position when it chose to



specialize in care for hernia patients. By concentrating on one segment that is inexpensive to serve, Shouldice optimized its operations, fulfilled its mission, and achieved a handsome return." (Augustine, '92, p18)

The third option is the most difficult to undertake, but could very well be worth the effort. The third option is to choose the position that is currently occupied by the competitor. (Augustine, '92, p18)

The fourth step in this procedure is to develop marketing mix goals and strategy. (Augustine, '92, p18) By this point, managers have selected a desired position. Now, they have to create tactical goals and a "complete program for the entire marketing mix; service, promotion, price, and distribution strategies." (Augustine, '92, p18) This marketing mix has to support the newly created positioning statement.

Once all of this has been completed, it is time to implement the positioning strategy which is the fifth step in this process. (Augustine, '92, p18) There has to be some kind of commitment from top managers for this to be successful. This type of commitment includes:

- \*deploy the necessary resources for the effective implementation

- \*ensure long-term viability of the chosen position, and

- \*conduct periodic review and monitoring of the various markets' perceptions." (Augustine, '92, p18)

The sixth step is to evaluate the positioning strategy.

(Augustine, '92, p18) It is here where adaptive perceptual maps can be quite useful. (Augustine, '92, p18) During periodic intervals of the plan, research should be done to test the effectiveness of the position strategy. (Augustine, '92, p19) "Effectiveness may be linked to the achievement of specific goals as previously stated in terms of qualitative levels of the variables in the hierarchy of effects. The result of the repeat study must be compared with those of the benchmark study to determine any shifts in awareness, comprehension of the positioning statement, valuative beliefs, relative importance of valuative criteria, and behavioral intentions." (Augustine, '92, p19)

The seventh step is called adjustments. (Augustine, '92, p19) This is because as with any campaign, adjustments have to be made to make it as successful as possible. If the preceding step has been done properly, it should be relatively simple to find where adjustments should be made. It should not be embarrassing to make these adjustments since this part of the whole procedure.

One may ask if the results from this is worth all of the effort. In response to that, research shows that emerging trends of the 1990s and the twentieth century promise heavily increased competition among health care providers. Keep in mind that in 1990, "approximately 11.3% of the United States' Gross National Product was absorbed by medical-related costs in contrast to 4.5% in 1950 and 9.4% in 1980. (Augustine, '92, p22)

Up until this point, it is evident that advertising and marketing is essential in the public relations department of any health care organization. Advertising and marketing can provide tremendous growth potential and can also help to keep the general public better informed on health benefits that are available to them. However, just like anything else, advertising and marketing do have their limitations. Sometimes, the public relations practitioner has to be creative in finding new ways to communicate certain concepts, or even know what can not be communicated at all.

Some of the things that advertising and marketing can not do are:

- \*Save a bad product (in fact, exposure may kill it more quickly)

- \*Eliminate the need for guest relations, employee communications, physician relations, or PR programs

- \*Be effective if it's of poor quality, short-term, wrong medium, and so on

- \*Sell every product, because there are some services that are either so technical (cardio endarterectomies) or so sensitive (although even impotency programs are now advertising, with mixed results) that they don't lend themselves to effective ads

- \*Accomplish multiple objectives (educate and persuade simultaneously) or send multiple messages to different audiences (the ad becomes so detail-laden and/or unfocused that it's

worthless)

- \*Sell a service for which there's no need (among consumers or physicians)

- \*Sell a service that consumers can't access directly or for which they can't have an impact on the selection process

- \*Affect a target audience in an individual market if the entire campaign has been borrowed or purchased from a hospital in a very different market ("If it worked for hospital X, it will work for us") (Lewton, '91, p249)

If it is decided that advertising, marketing, and positioning will work with what the present need of the health care institution is there are some very basic rules to remember.

One rule is to be specific. Something specific will stick in the minds much longer than a very general statement. "For a heart program, that may be, "we care for more heart attack patients than anyone else." For maternity, "every mother and baby have a private suite." (Lewton, "91, p245)

Tell people about an important benefit that they will receive for coming to a specific place of health care and don't tell them about things that they care little about. Learn to focus in on strengths of the hospital and try to create positioning programs that will work in sync with the strengths of the hospital. (Lewton, '91, p245)

"If a hospital delivers thousands of babies every year, it can't bill itself as 'small and personal'". (Lewton, '91, p245)

It's important that the hospital's public relations practitioner

be real with himself or herself and with the public. If the public relations director is not honest, it will eventually be obvious and that will do more harm than the good that could have come about with the falsehoods. (Lewton, '91, p245)

For some health care CEO's, public relations can mean the same thing as community relations. Usually community relations primary aim is to try to build and maintain a relationship between the hospital and the area that it serves. (Lewton, '91, p163)

A popular form of community relations work that a public relations staff person may be asked to do is to conduct a tour of the hospital. This does not mean that the tour that you give a group has to include every department in the hospital, just the ones that would be interesting to the group and would be fairly accommodating for a tour group. School groups are usually excellent groups to try to recruit. (Lewton, 165, p163)

Sometimes, giving tours can take up too much of the public relations director's time, so it is wise to train volunteers to give the tours and allow the public relations director to simply schedule the times of the tours. (Lewton, 165, p163)

At the end of the tour, an excellent idea is to have various brochures about the hospital given to members of the tour group. This is especially good if the tour group is school children because the children "serve as conduits to get information to the parents." (Lewton, '91, p166)

Not only does this build good will towards the health care

organization, but it also gives the public relations department the chance to "educate, inform, and build awareness of specific programs and services; and the chance to erase any preconceived ideas about the organization's physical facilities." (Lewton, '91, 9167)

If a general tour does not seem to draw the community into the hospital, there are still several other options.

For senior citizens, blood pressure, cholesterol, weight, and many other screening could be offered either free or at an inexpensive amounts at the hospital. It is usually senior citizens who go to these types of screening, so you would be sure to draw them into the hospital. (Lewton, '91, 166)

There are several things that a public relations director can do to get children into the hospital. Allowing children to bring dolls and animals to the hospital for a "free examination" will not only bring the children to the hospital, it will also help to reduce some of the fears that many children have about physical. (Lewton, '91, pl67) Hospitals can also offer small monetary awards that would be given at a special awards ceremony for children who enter various contests and their parents. (Lewton, '91,pl67)

These contests do not necessarily have to be for children. A reception could be offered for "healthy hear recipes". (Lewton, '91, pl68) Another idea to bring in the general public is to have an open house of any new department or newly renovated department in the hospital. (Lewton, '91, pl68)

The following are some keys to having a successful "on-site" special event at the hospital:

"\*Remember that people don't naturally want to come to a health care facility. (even for a fun event, the facility still feels scary,) so the event should be special

\*If the health care organization is located in a metropolitan or inner city, the institution should provide easy-to-follow information on how to get to the facility, correct parking, and so on.

\*Check the time with target audience-late morning, lunch, or early morning. Earlier times may be good with mothers of toddlers, whereas women who work may prefer nights after work or a week-end day. Do research to find what works for your audience.

\*Make sure you get names, addresses, and other data on participants, to add them to the marketing data base.

Make sure the event has a health or health-related focus to avoid criticism about wasting funds or being frivolous

Consider giving away door prizes because although there is some debate about the 'appropriateness' of door prizes and incentives (drawings for scrub suits, and so on) they do help achieve the objective of bringing the public into the health care facility. (Registering for a health related door prize is a good way to capture attendees' names for the marketing data base.

\*Use take-homes-printed materials, calculator wheels to determine the percentage of fat in foods, even the ubiquitous

refrigerator magnets- as a method to prolong the contact and keep the health care organization's name in the participant's consciousness.

\*Be imaginative. If every other health care organization is doing cholesterol screening, try something different.

\*Above all, remember that the point of special events is building relationships-and that means people meeting people. Audiences will want to meet 'medical people'-physicians, nurses, technologists-not PR people. If the only people from the health care organization who will be at a heart center open house are going to volunteer tour guides and the PR staff, rethink it. (Lewton, '91, pp168-169)

Another type of community relations that a public relations staff person at a health care organization, may be asked to head up is termed "Opinion leader briefings". (Lewton, '91, p169) What this primarily consists of, is getting together a group of people who for whatever reason, have the power to influence members of the community. These people meet with someone from the health care organization, to discuss a current, sometimes controversial topic. (Lewton, '91, p169) Usually, the representative from the health care institution will try to plead the argument that will best satisfy the needs of his place of employment. (Lewton, '91, p169)

This approach is very similar to marketing, in that research needs to be done before hand to decide on who will be invited, and that a proper topic is chosen. It is also like marketing in



that "follow up" is essential when doing "opinion leader briefings". (Lewton, '91, p169)

Something that is very similar to opinion leader briefings, are called a "speakers bureau". This is when a qualified representative from the health care organization goes out to local civic clubs and other types of groups and organizations to speak on a field of his or her expertise. (Lewton, '91, p173)

Usually, the public relations director will comprise a list of people in the organization who are willing to speak, and on what they are willing to speak about. From there, the director sends out the brochure to all local groups with the information about the speakers, and the fact that health care is very popular right now, this type of community relations tends to be very successful. (Lewton, '91, pp. 173-174)

Probably, the most common form of community relations from a health care organization, includes sponsoring a health fair at a local mall or any other place that usually attracts large groups of people. (Lewton, '91, p175)

Another way to stay involved with community relations, is to have the health care corporation to sponsor or underwrite a community event. However, before undertaking such an endeavor, it is important to realize that doing this can often be quite expensive. Whenever a corporation decides to sponsor or underwrite an event, it is usually decided before the event happens what kind of reputation that the organization will get for its financial contribution. (Lewton, '91, p176)

The public relations director should also make sure that the event that his or her health care organization is sponsoring fits in well with the image that he or she has tried to create for the institution. For example, sponsoring a marathon would probably be much more fitting for a hospital to do rather than a jazz ensemble. (Lewton, '91, p176)

In today's society there are many different types of support groups from Alcoholics Anonymous to people gathering together that suffer from the same disease. It is a well thought out idea for a public relations practitioner at a hospital to set up times in the schedules of meeting rooms in the hospital that these groups can reserve to conduct their meetings. Not only does this show compassion and goodwill on the part of the health care institution towards the members of the support group, it can also encourage the people who attend the meetings at the particular hospital to seek out health care at the same place where they go to their meetings.

Experts in public relations see a trend for the 1990's, they believe that personalized relationships between clients and clienteles are going to be extremely important to consumers. (Lewton, '91, p180)

These same experts believe that there are four keys to successful community relations programming. They are:

- "1. A specific objective should be developed for each program, even if it's one that's hard to isolate and measure, such as 'build visibility.' The program's role in the PR or marketing

communications plan must be clearly defined.

2. The smaller the event, the more personalized it should be. With larger events, personalized attention is sacrificed to gain access to larger numbers.
3. Community relations efforts should be ongoing, with a long-term focus, rather than short-term, scattershot projects.
4. The goal should be to introduce the health care organization's people to representatives of the organization's people to representatives of the organization's publics--to begin the process of relationship building." (Lewton, '91, p180)

If these rules are kept in mind while trying to plan for community relations events, then eventually it should be evident that community support is growing towards the hospital. If this support is there, then people will want to go to that particular health care institution and that institution should begin to experience growth.

A health care public relations practitioner not has to communicate with the external public, but is quite often called upon to communicate with the internal public, employees, as well. It is important for the director of public relations to know what he or she can write about that will keep the interest of the employees.

"Health care employees today may enjoy reading profiles of fellow employees or hearing reports about grants that the health care organization has received, but they are more interested in hard news that concerns them such as:

\*How the health care organization is responding to competitor's activities.

\*Details about the health care organization's strategic plan

\*Expectations about their performance

\*Advice on productivity and safety

\*Census, utilization, and budget reports-good or bad

\*Details about progress and failures

\*Information about the external environment and how it affects the health care organization

\*Interpretations of how the health care organization's actions, changes, and so on will affect their working environment, their work, and their opportunities for personal growth

\*Details on all kinds of internal changes (moving a department from one floor to another may seem like a minor issue, but the people who work in, visit, and utilize that department want to know what's happening as well as when and how)

\*Insights into the "whys" of the healthcare organization's actions and administrative decisions. (Lewton, '91, p285)

There are several different ways to keep the employees at the health care organization informed and interested. Most people still consider print to be the primary form of management to communicate with employees. It is still the "dominant method". (Lewton, '91, p285) However, there is much more to print than just the average newsletter. Some examples are:

\*Lengthy magazines or tabloids, including news and feature stories and photos, issued quarterly, semimonthly, or monthly

\*Smaller tabloids or newsletters, primarily aimed at conveying news (may include photos), issued more frequently—from monthly to weekly

\*Quick news updates, either one page or smaller format, distributed daily to provide fast-breaking information in the health care field

\*Employee annual reports, lengthier publications that provide a yearly overview of the health care organization and a look ahead

\*Paycheck stuffers, often used for compensation and benefit information

\*Fliers or posters ("Please post in your department") for timely news or messages that need to be considered on an ongoing basis (safety and patient relations service messages, for instance)

\*Handbooks or manuals that include large amounts of detailed, relatively consistent information to which medical staff may need to refer back. (Lewton, '91, p281)

For many years, print was just about the only way that employees were communicated with. Today, there are several other new options. Audio visual and electronic methods are becoming quite popular and many hospital employees prefer this type of communication much more than print. (Lewton, '91, p281)

Some of the most popular audiovisual and electronic methods used in employee communications are:

- Slide shows—ranging from multiprojector, synchronized-sound shows to simply setting up a projector in the hospital cafeterias to show slides from the employee picnic

- Videos, which can sometimes be produced by in-house staff members
- Films, a method that is used less often owing to cost
- Electronics messaging—using in-house computer networks to send breaking news in the health care field or daily briefings from various departments in the hospital. (Lewin, '91, p281)

Research through opinion and attitude surveys, shows that hospital employees prefer to get news information in person. Not only is this more personal, it also provides a chance for the medical staffers and other personnel to ask questions about things that they do not understand. There are numerous ways to institute a personal communications program in a health care organization. Some of them are:

- Large group presentations to announce major changes or to serve an annual report of the hospital
- Small group meetings arranged by the public relations director, involving employees and the CEO (Often part of an ongoing hospital cafeteria breakfast or lunch series that is either by invitation or open to any hospital employee that wishes to attend)
- Routine department meeting, when department managers and nursing supervisors update employees and receive feedback; meetings that should be part of a controlled chain of information sharing beginning with the CEO and top

administrators, moving on to administrators, managers and supervisors, and finally reaching employees, with employee feedback sent back up the chain

- Direct employee question or response programs, including hot lines employees can all to leave questions that are answered via existing channels, or write-in programs in which employees can send comments directly to the health care organization's CEO or receive personal responses (these would be screened by a member of the hospital's public relations staff who removes the employees name before submitting the question to an administrator for a response). (Lewin, '91 p282)

There is one rule of thumb, however, to always try to keep in mind. "Any form of communication sent to employees issued on a special or emergency basis had better fill with significantly urgent information. And these specials had also better be issued or viewed sparingly if the PR man producing them wants to maintain respect as a reliable communicator with good judgement. (Oriphant, '75, p154)

With many of these forms of communication, pictures could either simply make that medium more attractive or could be an absolute necessity. A health care public relations director should always have photographs of individual administrators, medical staff, and other personal that may receive attention. (Coffey '85, p63) It is also important to have photographs of all

the buildings that are part of the health care organization and photographs of the various departments in those buildings.

(Coffey '85, p63) All photographs that are taken should be dated, with the name of person(s) in the picture and filed away for possible future use. (Coffey, '85, p63)

It seems only logical that the public relations director would save all of the photographs that are taken, since it is usually the public relations department that has to create various brochures and handle media requests for photographs. If the photographs are stored, it saves everyone a great deal of time.

Another part of healthcare public relations is to handle crisis communications. It's obvious how easily a hospital can either have a crisis or be indirectly involved in a crisis.

"In order to properly plan for a crisis, (a public relations practitioner) must anticipate communication needs, provide a program to asses and meet those needs, and be prepared to evaluate along the way how the plan is working." (Tellem, July-Aug. '88, p38)

Although usually a public relations practitioner is usually in charge of crisis communications, he or she can not do the work alone. It is important that there be a crisis communications team for the health care institution. Several top administrators, a representative from any satellite medical facilities, a representative from any satellite medical facilities, a representative from the legal and financial



departments, and a member of the security department, would be ideal to be on a crisis communications team. (Tellem, July-Aug. '88, p40)

The only foreseeable problem with having all of these people on a crisis communications team is that many of these people know about health care, not public relations. This is why many health care directors of public relations are setting up educational programs for their crisis communications team members. (IHLE, sep '92, p55)

"These training sessions often include role-playing potential crisis situations or developing answers to question a reporter might ask. Role-playing may be video-taped to provide an opportunity to review the performance of each 'spokesperson'." (IHLE, Sep '92, p55)

Another way of planning ahead before a crisis occurs is to invite several local newspaper and television reporters to your health care institution, in order to establish some rapport that you may need to call on when a crisis hits. (Hospitals, Nov. '91, p38) This is also a good way to keep reporters informed about what is going on in health-care.

While planning for a crisis, a public relations practitioner in the health care field should not get too caught up in the word "crisis". Crisis doesn't necessarily mean a natural disaster or a wrong prescription bringing about the death of a patient. A crisis can be on a much smaller scale.

"Escalating health care costs, accessibility problems.

hospital business dealings, and other controversial topics are just some of the issues to which hospital executives may be responding on almost a daily basis.' (Burns, Dec. '92, p33) With any of these topics, a crisis could be formed if enough media attention is given to it.

One of the most important pre-crisis management strategies is to have a written crisis communications plan. (NCHA, 91, p1) This plan should be very detailed and should be distributed to each department.

Once a crisis has begun, research should begin immediately, to find out as much information as can be found before making any statement. One of the worst things to do in a crisis is to act without complete information." (MacCracken, '88, p93) In the cases of natural disasters, telephone systems may go out periodically, thus making it even more difficult to do the proper research. This is why it is imperative that key people throughout the hospital be equipped with beepers and walkie-talkies be used in such undesirable circumstances. (Allen, Dec'88, p8)

In the case of a baby being kidnapped from a hospital, the health care public relations director is vital in getting the baby back safe and sound. "Television coverage of the incident is the quickest way to get the baby returned... ask the community to report anyone who has a baby today who didn't have one yesterday...the (public relations director) should discourage the media from focussing on the kidnapper as a criminal...such a

stance might reduce the chance of the baby's return." (Eubanks: June '90, p66)

When the media begin to arrive there needs to be a room designated for them to go to, whether an actual press conference is to be held or not. In this room, there should be telephones for the reporters, as well as food and drinks with restrooms located nearby. (NCHA, '91, p4)

If a press conference is deemed necessary, there should already be "press badges, pencils, paper, typewriters, release forms (if patients will be interviewed), electrical outlets, visuals, such as flip charts, graphics, blackboard (Do not use slides...the lights need to be dimmed and television crews do not like that), press materials, microphones, directional signs to the room, personnel to welcome and sign in the press, "in the room, personnel to welcome and sign in the press," in the room. It is also a good idea to have a banner with the name of the health care institution in the background, behind the podium, where television cameras can pick it up if a television spot is aired. (Tellem, '88, p41)

Naturally a press release about the crisis should be awaiting the reporters as they begin to come to the hospital. There are several other things that should also be distributed along with the press release. It is a good idea to already have a fact sheet about the hospital, a sheet with typed typical questions and answers about the crisis, and a position statement that is a "factual brief one page maximum overview of the

situation that the spokesperson can read over the phone or mail to inquiring reporters." (Tellem, July-Aug. 1988, p41)

It is usually best to have just one spokesperson at a news conference. This person should either be the public relations director or the health care organization's CEO. If it is the CEO, then the public relations director should speak to him or her prior to the press conference and tell him or her what she anticipates the questions to be like. From there, the public relations director would be well advised to help the CEO to come up with responses that would best suit these questions. (IHLE, Sep. 1992, p55)

It may be necessary to have more than one spokespersons in certain situations. If this is the case, the public relations director has to see to it that everyone is telling the same story. It would look really bad to see some interviews on the local news of several hospital employees, not telling the same story. Many time these other people that are requested for other interviews or comments are the doctors that have treated the patients in the crisis or the nursing supervisor that was on duty when the crisis first hit. (IHLE, Sep. '92, p55)

The public relations director should remind anyone who will be speaking at the press conference to try to give the media several "sound bites", which are short phrases that television media may decide to run on the news, or the radio media may decide to play on the radio, or newspapers may print. (IHLE, Sep. '92, p55) This is an important point to keep in mind since the

media selects what the public will hear and see, not the public relations practitioner at the health care organization. Unfavorable results could occur if just one response to the questions that the media ask is able to be interpreted the wrong way. The golden rule in press conferences is "to never, never lie". (Weiss, Oct. '92, p67) If someone at the press conference lied about something, this could very easily become another crisis. Reporters research stories and it would be quite possible that they could find out information from other sources that proved that someone at the health care organization lied. If this were to be announced publicly, this could greatly reduce the credibility of the health care organization. (Weiss, Oct. '92, p67) This is just another good reason for the public relations practitioner should double check all newsreleases and speeches before they are distributed and quoted.

If the crisis centers around patients at the hospital, there is a good chance that requests will be made of the public relations practitioner to set up interviews for the media with some of the patients. In this scenario, the public relations practitioner to set up interviews for the media with some of the patients. In this scenario, the public relations director has to keep in mind that the hospital's main goal is to provide aid to patients not the media. If the patients object to giving interviews, then the public relations director has to turn down the requests of the media. It is unprofessional for the public relations director to try to pressure the patients or the

patient's family to give an interview. In some cases, the public relations director may want to even tighten security where the patients and their families are at. It is not unheard of for eager reporters to try to sneak to the rooms where the patients or their families are in order to get an interview or to take a picture. (Burton, July-Aug. '89, p23)

If the reporters get a picture of a patient without the patient's consent, the hospital could have to face a lawsuit for allowing such an act to occur. (Burton, July-Aug. '89, p23) The patient's right to privacy has to be respected in a hospital, whether a crisis is happening or not.

Should the patient or a family member be willing to give an interview, the public relations director should talk to the individual or individuals before the interview about what they may be asked. During the interview, sometimes the public relations director may want to sit in the interview to facilitate matters and also to be there to remind the patient that he or she does not have to answer any questions that he or she does not feel comfortable answering. (Burton, July-Aug. '89, p23)

Sometimes a patient will not mind making a statement, but they may feel slightly intimidated about a reporter questioning him or her. The public relations director can make matters much easier by volunteering to talk to the patient and write a statement that the patient will agree to being his or her statement. If this is done, the public relations director should make sure that the patient does sign a consent form stating that

it is acceptable to release this statement and that he or she claims the statement to be his or hers. (Burton, July-Aug. '89, p23)

There are usually standard policies that most hospitals follow when requests are made concerning the status of patients that have to be followed in or not in a crisis. Usually, a health care organization's public relations director is put in charge of answering questions about patients. He or she will give the name of the patient, the age of the patient and will state the classified condition that the patient's doctor has placed the patient in. If further information is asked for by the media, the public relations director many times will have to have permission from the patient before any more can be said. (Burton, July-Aug. '89, p24) If the patient has been involved in some form of a crime, the public relations director at the hospital is better off to send questions regarding the crime to the local police department, instead of trying to answer the question himself or herself, no matter whether they know the answer or not. (burton, July-Aug. '89, p24)

In order for the public relations director to weather the crisis and protect the hospital's image, he or she had better have already done some planning before a crisis ever comes about. Working for a health care organization, it should be obvious that a crisis at some point is unavoidable. Usually health care practitioners divide crises into three major categories. They are:

"\*Situations of caring for the victims of natural or man-made disasters from tornados to multiple-vehicle crashes

\*A crisis that directly involves the health care organization (a baby kidnapped from the nursery, an orderly murdering patients a visitor attacked in the parking garage, the crash of a medical helicopter, a surgeon becoming infected with AIDS)

\*A major controversy, often involving special-interest activist groups from right-to-lifers to animal rights activists" (Lewton, '91, p207)

Each one of these three different types of crises have to be handled in different ways. There are usually five steps to follow when the crisis is an external crisis. They are, "public relations notifying others about the external disaster, what public relations staff members will do what-and where they will be stationed, placing on-site media, what and how information should be released, reporters getting answers via the phone." (Lewton, '91, p208)

In the first step, it should be stated in the crisis communications manual that the public relations office is to be notified as soon as a crisis has taken place. This way the public relations office will not be taken by surprise when the media begin to call or when someone from the media shows up at the public relations office wanting some answers. It would be present a negative image for the media to know about the crisis before the health care organization's public relations office does.



In the second phase, there are three primary functions that must be filled by public relations staff members. They are, "gathering information to be released to the media; answering media phone calls, and working with on-site media." (Lewton, '91, p208) If the public relations department consists only of one or two people, it would be advisable to send some adult volunteers or other hospital staff members to the public relations office to be assigned duties. They would probably be best used as information gatherers. (Lewton, '91, p208)

Usually, the best place to gather information in this type of situation is in the emergency room. This is because the newsgatherer can "count the number of victims received, refer to patient charts or victim tags for identification, and get answers from the emergency department physicians and staff." (Lewton, '91, p208) As the gatherer does this, he or she must be careful not to get in the way of patient care.

Once this information is gathered, then it should be given to the public relation staffer that is handling the phone calls and to the public relations staffer that is handling the on-site media. (Lewton, '91, p208)

"It is important to set up two separate processes for releasing information to the media and to victims' families. The PR staff can't handle both responsibilities; patient reps, a nursing supervisor, or a human resources administrator should handle the families. However, there's no need to duplicate functions-the PR information gatherer can serve a dual function

and get information, including names of patients received, to the area where are families are being held. The person coordinating the notification of families should notify the PR staff as this is accomplished, so that the victims' names can be released to the media." (Lewton, '91, p209)

When an external crisis occurs, there is bound to be some on-site media. The public relations director has to decide where the best place would be to gather them initially. This place needs to be well away from the emergency department and areas where the victims' families may be. Everyone in the hospital should know where this area is located so that they can direct media to the right place. This will help to keep the media out of the way of the doctors treating the patients and keep the media from trying to find patients in their rooms or their families.

When the information has been gathered, the most important thing to do as far as communications goes, is to contact the patients' families. Sometimes this can take hours, however the hospital should have enough respect for the families to contact them before the public relations goes public with the names of the dead and injured. While this process is going on, the public relations staff person can, "release the number of victims brought to the health care facility, a summary of gender and ages if known, a brief description of their injuries (if available), and a summary of conditions (6 admitted in critical condition, 14 in serious condition, 11 in surgery, 10 treated and released)."

(Lewton, '91, p209)

One can be assured that in the event of a crisis where health care organization is involved, there will be a tremendous influx of phone calls. It is suggested that a telephone line be set up for the media to call in on. This line would be non-operational when there is no crisis. This would not only help out the public relations director, but it would also make the switchboard operator's job much easier in the even of a crisis.

An internal crisis can be just as delicate to handle. In this case, the public relations director has to be even more concerned with protecting the health care organization's reputation and image. In this case, the institution does not become a source for a story for the media, but rather it is the story.

The public relations director should also set up a plan as he or she does for an external crisis. Some of the same steps may be followed. However there are some variances.

"The philosophy of this plan must be open and honest communications, within the limitations of the law and responsibilities for patient privacy. 'Within the constraints of the law and marketplace (for hospitals, that means patient privacy regulations), we should tell the whole story honestly and candidly, even if news is bad. The public's right to know is greater than whatever embarrassment we might face as a result of admitting a 'mistake,' advised Ian Rolland, CEO of Lincoln National Corporation. A number of points should be covered in

the plan, including what key media questions management must have answers to." (Lewton, '91, p211)

The final kind of crisis that may target a health care organization is a crisis arising from controversy. If it is possible for the public relations director to try to form some kind of an alliance with special interest groups and activists groups, many times these kinds of crises can be avoided. It goes back to community relations. However, sometimes they just can not be avoided no matter what the public relations director has done to try to build ties with the groups.

This type of controversy is surging in the 90's. Experts believe that it will continue to grow. (Lewton, '91, p115) Activism has always been a part of the American culture, but now it seem to have changed the way it goes about getting its message across. "Terrorist methods" and other violent tendencies have become more popular than the former pacifistic ways of protest. (Lewton, '91)

The New York University Medical Center offered these ideas to keep in mind when health care organizations are forced to deal with activists.

"\*Planning a strategy should be a team effort involving all the key players. A philosophy and communications strategy can be formulated well in advance of any activity.

\*Health care organizations that are likely to be targets of activist groups usually know it. Every health care organization should, as part of its issues management program, identify which,

if any, groups might confront the organization and carefully monitor those groups.

\*Activists usually announce their intentions well in advance so that they can get media coverage. This allows the health care organization plan to preempt.

\*The health care organization's case must be framed in the best interest of the public-not the health care organization instead of "we need...we want," the message should be "In order to help our patients/community, and so on, we are doing..."

\*The health care organization's preemptive actions can actually capture and reframe the agenda.

\*The health care organization loses if it appears to be harassing demonstrators or overreacting with anger or defensiveness. The more unruly the demonstrators are, the more professional and polite the health care organizations's staff members should be. And don't attack the group's right to express its opinion."

(Lewton, '91, p217)

During the crisis someone in the public relations office should be keeping a journal of all the events that took place during the crisis. This includes telephones calls that were, received, detailed minutes of press conferences, and all other actions that the hospital took part in. This journal will later become very useful in reviewing what the health care organization did well and where there is room for improvement, after the crisis.

Hopefully, this journal would be used to revise and update

the current crisis communications plan. The public relations office should share the findings of the report with other parts of the hospital, since it is the whole hospital that was involved in the crisis. (Weiss, Oct. '92, p71)

The public relations office needs to form a "follow-up list". (Weiss, Oct. '92, p71) This list includes all of the people who should be contacted with a complete story of the crisis and the results of the crisis.

It is usually a good idea for the public relations director to include a thank-you note to all of the employees of the hospital for acting appropriately, in the next newsletter to come out after the crisis. This provides a sense of comradery among the employees and that is always good for public relations. (Burton, July-Aug. '89, p23)

If the crisis left the reputation of the hospital a little tarnished, the public relations staff has to begin to correct the damage that was done. This could be done by, "meeting with the mass media, holding meetings with the community leaders, stressing the positive aspects of your hospital's services through free community education workshops or health screening. Don't expect to repair damage overnight. It may take a few months." (Burton, July-Aug. '89, p23) Eventually with hardwork, the hospital should be able to regain faith throughout the community. Most importantly, let the public "know how many benefits came about with the end of the crisis." (Burton, July-Aug. '89, p23)

Naturally the follow up will require more interaction between the public relations department at the hospital and the media. The media can either paint a negative or positive picture of the health care organization. Much of the decision on what the media will do, depends on how the public relations staff members handles the media.

It is usually better if the media speaks to just one staff person. (IHLE, Sep. '92, p55) This make sure that there is no discrencies in the official story. This also helps the media know who go to get their questions answered.

When the public relations staff person talks to the media, he or she should follow these rules, "listen carefully to media questions, begin each answer with one key point, answer questions with positive statements, and do not speak in industry jargon." (IHLE, Sep. '92, p55) It doesn't hurt to smile and be polite to the reporters as well. The public relations staffer should not show favoritism among reporters. (IHLE, Sep. '92, p55)

The public relations staffer should also never say anything "off the record" an should never say "no Comment" (IHLE, Sep., '92, p55) Reporters have to get a story and they are not bound to just print what the public relations staffer says something then, it is fair game for the media to broadcast or print. There are cases where a broadcaster has had a camera on, when they told the interviewee that it was off.

"No comment", has very negative connotations. When the general public hears this, they automatically think that someone

is trying to hide something. (IHLE, Sep. '92, p55) this would not be good for the hospital's image.

The final rule is never lie. Lying to the press is like playing Russian roulette. There is a chance that the public relations staffer may be able to keep something out of the press that he or she does not want to be in there, but the consequences could be very severe if the media discovers the lie.

Public relations is like many other professions. It may seem easier to take the unethical route, but in the long run it does more damage. For the public relations practitioner, not only could unethical behavior cause distrust among the media towards him in the media (which is deadly), and cause the hospital harm, it could ruin his reputation and that is not something that someone can just bounce back from.

this summer I worked at Southeastern General Hospital and had a chance to talk to the public relations director, COO of the hospital, and the CEO of the health care institution. I have taken some of the comments that they have made and also some observations that are my own, to come up with some suggestions that may help their hospital, based on the research of this paper.

One of my suggestions is for the hospital to come up with a written crisis communications plan. As stated earlier, this is the fundamental step in handling crisis communications. I suggest that the public relations director, CEO of the health care organization, COO of the hospital, nursing supervisor, and



the security director be consulted while writing the plan. All of these people will either be directly or indirectly involved in a disaster, so each should have input.

While considering this idea, the concept of training some of the may adult volunteers that the hospital has, in crisis communications. This way there will be plenty of staff on hand, in the event of a crisis.

I know that the public relations for Southeastern General is not hat large, it is currently probably too small to consider doing an "infomercial". However, it would not be a bad idea to consider trying to set up a call-in show one hour a week between the doctors at the hospital and the public, via a local Fayetteville or Lumberton radio station.

Currently there is a speakers bureau at the hospital but a lot of people do not know about it. I suggest that there be a massive group mailing take place to all local church and civic organizations discussing the speakers bureau. Also, the public relations director has a column in "The Robesonian" and she could have the name of the speakers bureau and the address where more information could be attained about it, at the end of all of her columns.

Another problem with the Southeastern General Health Care Corporation, is that many people in the area do not know what the Corporation consists of. Many believe that it is just the hospital. They do not know about the other satellites such as the gym. I believe that the health care organizations logo

should be prominently displayed at each one of the satellites to increase the public's awareness. Another way to increase the public's awareness would be to send the public relations director to Pembroke State University. There are many times when representatives have gone to the mall in Lumberton, but they have not been well represented at Pembroke State University. As stated earlier, since P.S.U. is so close, they are unwise not to take advantage of it.

There is an elementary school, Tanglewood Elementary, located across the street from the hospital. This is a great opportunity for the public relations director to set up a link with children (and their parents). Over the course of a year, she could give a tour to many if not all of the classes at that school quite easily since transportation is not a problem. This would be even better if the director could get some publicity of the hospital going out and trying to help children feel more comfortable with hospitals.

The hospital has a monthly newsletter titled, "The Capsule", and it also has some suggestion boxes. However, the suggestion boxes are not heavily emphasized. It would be a good idea to print some of the suggestions in the newsletter. First of all, this would let employees know that their suggestions are being taken seriously and give them a feeling that their opinions are important to the hospital. Also, many people like to see their names in print and if the employees know that their suggestions may be printed along with their names, then there would probably

be more suggestions made.

The public relations director and the CEO of the health care institution are the only two that have had some training on how to deal with the media. The public relations director would be well-advised to get some training for the COO of the hospital and other top managers. This way if a crisis occurs when the public relations director is not accessible (late at night or on weekends, or when she is out of town) the situation could be handled until she got there.

All in all, the public relations department at SGH does very well for its budget and to be staffed by only one person. It could just use some refinements and additions.

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