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By: **Bonnie Guy, David R. Williams, Alicia Aldridge, and Susan D. Roggenkamp**

### **Abstract**

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# Approaches to Organizing Public Relations Functions in Healthcare

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## *INTRODUCTION*

As the environment in which healthcare organizations operate grows more complex and dynamic, presenting new opportunities and challenges, the contributions of public relations (PR) to organizational effectiveness are reevaluated increasingly. This reassessment encompasses the purpose and objectives of public relations efforts as well as where the function is placed in the organizational hierarchy, its role in strategic planning, who conducts public relations activities, and what those activities are.

The demands on and responsibilities of today's healthcare organizations are too difficult and overwhelming to accomplish without the assistance of strategic partners and other publics. However, the inability of many healthcare entities to successfully manage communications and relationships with these constituencies is a significant reason why healthcare systems have not achieved optimal functioning and outcomes (Wise, 2003). Trust in health care systems and organizations has fallen to low levels (Mechanic, 1998), and the perception that corresponding public relations efforts are merely propaganda aimed at damage control and image management has done more to aggravate the problem than improve it. Both public and private healthcare organizations have exhibited difficulties in demonstrating their worth and value to key publics. The Institute of Medicine identified a significant lack of ongoing relationship building between healthcare organizations and constituencies such as government agencies, strategic healthcare partners, and communities-at-large in 1988, and little improvement had been demonstrated more than ten years later (Turnock, 2001). Yet, public relations "contributes to organizational effectiveness when it helps reconcile the organization's goals with the expectations of its strategic constituencies," and organizations that manage these relationships strategically and effectively are more likely to attain their goals (Grunig, 1992). This emphasizes the importance of improving open communications and developing active partnerships with stakeholder publics.

The purpose of this article is to provide health care audiences with a framework for understanding different perspectives of the role and functions of public relations in healthcare organizations and the resultant alternatives for organizing and enacting public relations functions.

Using an example of a current issue receiving much attention in US healthcare (improving rates of organ donation), the article will provide examples of how these different public relations perspectives influence PR goals/objectives, definitions of 'public,' activities undertaken, who undertakes them and where they fit into the organizational hierarchy.

### ***PERSPECTIVES ON PUBLIC RELATIONS***

It is generally accepted that the modern practice of public relations began in the early 1900s with Ivy Lee (Kurtz, 1969). Lee was in charge of public relations for the Pennsylvania railroad when a train-wreck occurred in Gap, Pennsylvania. Lee set precedent by inviting reporters to the scene and assisting them in their coverage of the accident. This resulted in favorable coverage of the railroad by the press (Kurtz, 1969). This effort did not go unnoticed. By the 1920s, most corporations and universities had established public relations departments (Kurtz, 1969).

Publics are groups of people who share an interest in an organization or industry, its functioning, and its impacts on the welfare of those groups. As such, publics form expectations of how those organizations should operate and provide information about those operations. Kurtz (1969) noted that hospitals have several "publics" including patients, visitors, family, medical staff, employees, volunteers, contributors, geographic/community, and others such as students, clergy, and governing or oversight bodies.

Communication and public relations have always been intertwined (Henderson, 2005), and in fact have sometimes been thought of as interchangeable concepts. In 1984, Grunig and Hunt defined public relations as the "management of communication between an organization and its publics." This view of public relations is one of information dissemination for the purpose of placating or persuading stakeholders, promoting organizational positions, and managing the organizational image. However, alternate conceptualizations define the function of public relations as interacting with and soliciting input from publics for the purpose of shaping the organizational decisions that affect them (Grunig, Gruning, & Dozier, 2002). These public relations efforts are directed at forming partnerships for creating policies and plans, identifying problems and opportunities, and executing decisions (Wise, 2001).

Grunig and Hunt (1984) suggested a four-pronged conceptualization of public relations approaches which further delineate a continuum from the first of these perspectives to the latter. The first two approaches are

one-way models, which they label as press agency and public information. In applying either of the one-way models, organizations provide communications and information to their publics, but the organizations neither seek out nor utilize communications and information from those publics. In the press agency approach, organizations seek favorable publicity from media sources, and attempt either to prevent negative publicity or to respond to negative publicity with the objective of neutralizing it. The public information approach differs only in that organizations may have “journalists-in-residence” who create and distribute relatively objective communications to constituencies. Public relations practitioners practicing one-way models believe that constituency views either cannot or should not be reflected in decisions about organizational goals or operations.

Two-way models involve using information gained from publics as well as providing information to those stakeholders. A two-way asymmetrical approach is epitomized by organizations that conduct research and gather information from and about publics for the purpose of more effectively persuading those publics to act as the organizations wish. This approach is not about partnering on goals, plans, or actions, but rather about eliciting and controlling preferred stakeholder attitudes and behaviors. However, the two-way symmetrical approach reflects organizations’ desire to create information and feedback loops and to form interactive, strategic partnerships with key stakeholder groups. Publics are not merely “heard”; their interests and views are incorporated in strategic decision-making processes. This is seen as the most professional, ethical, and effective utilization of public relations efforts (Grunig & Grunig, 1992).

Similarly, Botan and Taylor (2004) observe that the “most striking trend in public relations (*sic* research) over the past 20 years . . . is its transition from a Functional perspective to a Co-creational one.” (p. 651). The Functional perspective views publics and communication merely as means to achieve organizational objectives. Its orientation is more closely aligned with marketing, advertising, agenda setting and media management, and its focus is on journalistic techniques and message production skills. Within the organizational hierarchy, these public relations practitioners tend to be staff-level technicians who provide services such as writing, editing, photography, media relations, and publication production.

Conversely, the Co-creational perspective sees publics as “cocreators of meaning and communication . . . what makes it possible to agree to shared meanings, interpretations, and goals” (p. 652). Its orientation

places an implicit value on relationships that goes beyond achieving any specific outcome or goal, and its focus is on dialogue and negotiating the evolution of the relationship parameters and shared interests. Common examples of interaction would be regularly scheduled meetings, ongoing exchanges of phone calls, emails and visits, and the use of task forces or constituency teams. Within the organizational hierarchy, public relations practitioners take on managerial level roles and often have a direct reporting relationship with the CEO or other high level executives. Some examples of their responsibilities include formulating public relations goals and objectives, using ongoing research to identify and segment key publics, determining the organizational response to vital issues, and preparing budgets.

### ***PUBLIC RELATIONS IN HEALTHCARE DELIVERY***

In healthcare, the need for public relations came about in response to the demand for greater accountability by health organizations' to their many different constituents (Fitzgerald & Embrey-Wahl, 1987; Mills, 1965). Healthcare spending has grown from 3.6 percent of the gross national product in 1929 (Mills, 1965) to 16 percent of gross domestic product or \$1.9 trillion in 2004, with spending on hospitals accounting for nearly 31 percent of this amount in 2004 (Centers for Medicare and Medicaid Services, 2007). Perhaps because of the large and varying number of constituents and the increasing cost, most of the early literature related to healthcare providers and public relations has focused on the hospital setting.

Among the first public relations activities undertaken by hospitals in the 1920s were newsletters (Kurtz, 1969). These were "fliers" used to inform the general public of the hospital's activities. After World War II, hospitals began to expand and formalize their public relations efforts. This formalization in hospitals (which primarily occurred from the 1960s through the early 1980s) took the form of creating public relations "programs." These programs were designed to form "a conscious directed endeavor by an institution to create and strengthen contacts that contribute to the development of mutual understanding, good will, and respect between the institution and its public" (Mills, 1965, p. 8). By the end of this period, public relations itself could be defined as "A systematic program of goal-oriented communication designed to support the needs of the institution" (American Society for Hospital Public Relations 1984, p. 5). The primary role of public relations during the middle

years of the 20th century was the management of communications with these stakeholders or publics.

By the late 1970s and early 1980s, hospitals and healthcare researchers began to adopt and study marketing practices (Beckham, 2001; MacStravic, 2002; Thomas, 2002). Previously, public relations departments had performed many of these marketing practices (Ristino, 1989; Thomas, 2002). However, for many hospitals, marketing meant advertising, which other than managing image and identity (Ristino, 1989) was “taboo” for many of these facilities (Thomas, 2002). Clarke and Shyavitz (1987) note that many of these new hospital marketing directors were public relations managers with new titles. Soon, debate began as to the distinctions of roles and functions of public relations and marketing (Ristino, 1989). Today, the delineation between public relations and marketing in healthcare remains unclear with much overlap (Berkowitz, 2006). Highlighting this fact is a study by the Opinion Research Corporation International (ORC) that surveyed hospital marketers. ORC found that with respect to marketing, public relations was the highest organizational priority among fifteen categories (Marketing Health Services, 1999).

The emerging role and contribution of public relations in healthcare delivery in the new millennium is perhaps only slightly more differentiated than in the past. While increasing competitive forces brought about by managed care of the 1990s and increased expectations of patients as consumerism has created more sophisticated roles for healthcare marketing (Thomas, 2002), public relations in healthcare remains focused primarily on one-way communications (both internal and external) and image-building activities. Healthcare executives now see the strategic advantages of managing the image of their organizations, recognizing that effective communications with key publics help to overcome strategic challenges from competitors (Weiss, 2004), and build long-term relationships with key constituencies to include patients, employees and media in their local communities (Meath, 2006).

One particularly important relationship is internal communications with employees, which is critical in today’s competitive environment with respect to improving the performance of the organization. One of the pre-eminent health delivery organizations in the US, the Mayo Clinic, views all employees as central in creating the Mayo ‘brand’ through their interactions with patients. To that end Mayo has built an employee communication team with the aim of helping to “connect employees to Mayo’s mission and to demonstrate how every employee contributes to Mayo’s success” (Davis, 2006, p. 14). The employee

communications effort at Mayo focuses on three strategies: supporting the communications of senior leadership; concentrated effort toward understanding the employee culture and getting to know employees on a personal basis; and reviewing and updating communications vehicles such as newsletters, online news, the employee magazine, e-screens and even bulletin boards (Davis, 2006). In fact, a recent survey conducted by The Jackson Organization and the Forum for Healthcare Strategists found that healthcare organizations with more successful overall marketing efforts focused more heavily on internal customers—employees and staff (Endresen, 2006).

Patient satisfaction is also critical to the success of healthcare delivery organizations (Gagnon, Hebert, Dube, & Dubois, 2006). The new Medicare requirement mandating public reporting of patient satisfaction data will refocus much attention on the patient as a consumer with choices. If used effectively, public relations functions can play a key role in improving the image of the healthcare organization through well-established advertising and external communication venues. But perhaps more important is the role of the interpersonal relationship between the patients and the employees/caregivers in the healthcare delivery environment (Parrington, Denny, Haeuser, & Barto, 2005; Hausman, 2004). Effective internal communications strategies that engage physicians and staff in a commitment to service excellence will go further toward improving customer perceptions than will external communications that attempt to enhance the image of the organization in the community.

#### ***FUNCTIONAL V. CO-CREATIONAL PUBLIC RELATIONS IN HEALTHCARE***

Healthcare organizations taking a one-way functional perspective of public relations typically are interested in image enhancement and informing the community and their stakeholders of services offered. The primary aim of a functional approach to public relations is to improve utilization and hence financial position and market share. A one-way functional-oriented public relations staff typically would not be associated with marketing or strategic planning functions; although in some organizations, the functional public relations activities erroneously may be called ‘marketing.’ Public relations staffs adhering to a one-way, functional perspective are typically involved primarily with communications, assisting the organization leadership with writing and facilitating communications to internal and external audiences. At a basic level, the



public relations staff would not have a role in strategically planning the communications but just delivering the message to the audience. Examples here would be writing employee newsletters; developing brochures to promote the organization or individual service offerings; writing press releases and responding to media requests for information; and working with external agencies to develop and place advertisements in media outlets. Organizations with extremely limited resources or a limited view of the role of public relations may not even have dedicated public relations staffs. The functional public relations activities might be assumed by the individual clinical or service managers, and probably accomplished in a haphazard manner given the lack of PR training or time available to the manager.

Healthcare organizations that assume a two-way, co-creational perspective of public relations view their activities as more than just informing audiences or promoting the image of the organization. A co-creational perspective would seek to understand what the stakeholders of the organization need or desire and search for ways collaboratively to achieve those desires. Interactions with publics are not ad hoc or intermittent, but regular and consistent, focused at building long-term relationships that are mutually beneficial to all parties involved. Communication flows simultaneously from the healthcare organization to the audience and from the audience to the healthcare organization. The healthcare organization uses the communication from their audiences to plan strategically how to achieve conjoint objectives and goals of each party. In this perspective, healthcare organizations will have well-developed public relations staffs that are interfaced with, but distinct from marketing and strategic planning functions. These organizations have an evolved understanding of marketing and public relations, and will not blur the distinction between the two. In a co-creational perspective, public relations professionals play key roles in planning, directing, controlling and managing the PR activities. They would actively contribute and consult on the front-end of interactions with key audiences, rather than being involved as an after-thought. In such organizations, the public relations professionals may be housed in a stand-alone department that works closely and collaboratively with marketing, strategic planning and executive staffs, or public relations may be a sub-section of marketing or strategic planning departments.

Table 1 presents a summary of functional v. co-creational perspectives. Public relations functions can be tools to achieve multiple organizational objectives for multiple audiences or stakeholders of the organization. Depending on how the organization views the importance

TABLE 1. Functional v. Co-Creational Perspectives of Public Relations

<b>Public Relations Perspective</b>	<b>Functional, One-Way</b>	<b>Co-Creational, Two-Way</b>
<b>Purpose and Role</b>	Improving the image of organization; increasing awareness of service offerings or knowledge of a health-related issue	Building relationships that connect welfare of the audience with the welfare of the organization
<b>Objectives for Internal Audiences</b> (employees, medical staff, volunteers)	Activities aimed at enhancing knowledge and understanding of the organization or issue	Activities that empower the audience to enact their own professional practice and are aimed at long-term, mutually beneficial interactions
<b>Objectives for External Audiences</b> (patients and potential patients, community in general, managed care organizations, regulators, contractors, contractees)	Activities aimed at increasing utilization, market share and/or improving leverage in contractual negotiations in order to obtain price/cost advantage	Activities aimed at improving the health of the community and/or population; interaction with business partners that promote strategic advantages ('win-win') for both parties

of and allocates resources to public relations, those functions can be structured and carried out in many different ways.

### ***AN APPLIED EXAMPLE OF ORGANIZING PUBLIC RELATIONS ACTIVITIES***

The wide variation in approaches to public relations can be highlighted by an applied example of the promotion of organ donation. Since the first organ transplant in 1954, much has been written about both the improved quality of life for organ recipients and the shortages of donated organs. The general consensus is that (1) there is a large untapped potential for boosting organ donation rates, and (2) current attempts to meet demand for organs are failing. It has been estimated that the number of people waiting for donor organs increases between 5 and 10% per year.

In spite of continued efforts to increase the availability of transplantable organs, wait times are so long that median time to transplant for registrants after 2003 cannot be calculated because most remain on the list. Currently, with more than 96,000 people on the waiting list and over 50,000 new additions in 2006, the median wait time is now three years. Only 29% of those waiting for donor organs received them in 2006, and presently 19 of those waiting die each day (OPTN, 2006).

Hospitals and Organ Procurement Organizations (OPOs) are two key, front line organizations involved in obtaining organs for transplant and promoting organ donation. OPOs operate as not-for-profit advocates for increasing organ donation in their geographic regions (there are more than 60 in the U.S.) and are subject to oversight and direction of the U.S. Department of Health and Human Services. The OPO mission includes fielding and screening of hospital referrals of potential donors, participation in family care and the donation request process, and organ recovery and allocation. Additionally, OPOs may work with affiliated hospitals in developing transplant programs.

Because requesting and allocating organs is primarily the responsibility of OPOs and hospitals, and these entities witness the ramifications of organ shortages firsthand, it is natural that they also handle a large portion of the educational, promotional, and public relations efforts. The success of these efforts is critical for expanding the number of lives saved and improved.

As such, this context is a particularly interesting application to examine with regard to public relations because it would seem logical that these two entities would form and leverage natural communications and partnerships, both with each other and with other relevant constituencies, toward the mutual goals of improving and increasing organ donation. Ironically, however, hospitals, OPOs, and other organ donation advocates have often operated parallel to and in considerable isolation from each other, and in some cases, even at odds with one another. Yet, in keeping with the demonstrated relationship between effective public relations and organizational goal attainment and effectiveness, those hospitals and OPOs which have progressed further on a continuum from functional, one-way approaches toward co-creational, two-way approaches exhibit the most success in advancing the cause of organ donation and transplantation.

This example shows the varying degrees of cooperation between hospitals, OPOs, and other relevant stakeholders in addressing the organ donation and transplant issue. A comprehensive review of the academic and trade press was augmented by the authors through personal interviews with personnel from nine OPOs and seventeen hospitals—addressing areas including administrative and management operations, marketing and public relations, hospital and community development, family care and organ procurement, social work, nursing, and physicians. The responses and findings demonstrate considerable variance in where these organizations and their stakeholders fall along the continuum mentioned earlier: from functional, one-way communications and relationships to

co-creational, two-way communications and relationships. Variance is also observed in the correlation between hospitals' and OPOs' position on the continuum with their relative levels of effectiveness in furthering organ donation and transplant related awareness, attitudes, and behaviors.

In order to show differences in how healthcare organizations utilize their public relations functions, we will provide three "snapshots" describing the two polar approaches and one intermediate approach to public relations on the functional/co-creational continuum utilizing the organ donation example. Snapshot 1 describes a purely functional approach, Snapshot 3 describes the co-creational approach, and Snapshot 2 looks at organizations in the process of evolving from one-way communications to two-way asymmetrical, and finally to two-way symmetrical, effectively moving from a functional approach to a co-creational one. Figures 1, 2 and 3 provide a synopsis of each approach differentiated by what stakeholders are recognized; what types of communication flows take place; the varying goals, objectives and organizational hierarchies of each approach; where in the organizational hierarchy the issue is primarily managed and directed; and finally, the various activities executed by the public relations function.

### ***SNAPSHOT ONE: FUNCTIONAL, ONE-WAY PUBLIC RELATIONS***

Snapshot One (refer to Figure 1) represents a one-way, functional approach to public relations related to the issue of organ donation. In this approach, hospitals and OPOs both address organ donation and transplantation issues, but there is an almost complete separation of duties and functions. Hospitals' PR function is sequestered with other autonomous offices (such as Community Development or Media Relations) rather than as a part of a centralized, cohesive effort. Promotional events are handled in much the same way. Rather than being part of a continuous sustained effort to meet hospital-wide goals, they are typically minimally planned or instituted with a "bandwagon" effect for Donor Awareness Month. Funding for these events is not a customary budget line item, but comes from a "what's left over" pool. Different departments within the hospital have an "every man for himself" approach to event planning & funding. Events themselves usually are aimed at a collective pool of publics rather than utilizing a market segmentation approach. Hospitals' Snapshot One approach to organ donation views public relations as an "us talking to them" attempt to communicate a

FIGURE 1. Snapshot 1: One-Way, Functional Public Relations

<b>STAKEHOLDERS RECOGNIZED</b>	<b>HOSPITAL</b> OPO Regulatory Bodies Patients Public at Large	<b>OPO*</b> Hospitals Regulatory Bodies Media Outlets Public at Large (Patients)
<b>RELATIONSHIPS/ COMMUNICATION FLOW</b> → One-Way ↔ Two-Way/Asymmetrical ↔ Two-Way/Symmetrical	<pre> graph TD     HOSP --&gt; OPO     OPO --&gt; HOSP     HOSP --&gt; SHS+     OPO --&gt; SHS     </pre>	
<b>GOALS &amp; OBJECTIVES</b>	Compliance Satisfaction Image Management Favorable Publicity	Compliance Assurance Education Positive Attitudes Donor Cards Referrals/Donations Volunteers
<b>ORGANIZATIONAL HIERARCHY</b>	Media Relations Nurses & Front Line Medical Staff	OPO Staff Volunteers
<b>ACTIVITIES</b>	Press Releases; Press Conferences; Compliance Reports; Policy Handbooks; Patient Interactions; Publicity Events	Media Campaigns; PSAs <sup>±</sup> , Brochures & Other Educational Materials; Donor Card Signups; Hospital Visits; Distribution; Compliance Procedures; Lobbying

\* OPO means Organ Procurement Organization  
<sup>+</sup> SHS means Stakeholders  
<sup>±</sup> PSAs mean Public Service Announcements

specific message for a specific time period. Specific activities may include sponsoring display booths in the hospital, installing banners in parking garages, and putting up brochures in ICU waiting rooms.

OPOs, on the other hand, take primary responsibility for educating the public-at-large about the need for organ donation and how to become organ donors and also for dispelling myths and misinformation that reduce the public’s willingness to do so. OPOs also oversee hospitals’ compliance with mandatory referral and request protocols. They engage in communications with hospitals designed to increase timely and accurate identification of potential donors and to enhance the effectiveness of organ donation requests. Finally, OPOs lobby government agencies to enact regulations more favorable to the cause of increasing organ donation rates. OPOs’ Snapshot One approach views public re-

lations as attempts to educate and stimulate critical publics who may care or know little about the organ donation cause and the respective roles they can and should play in increasing donations and successful transplants.

***SNAPSHOT TWO: EVOLVING CO-CREATIONAL,  
TWO-WAY/ASYMMETRICAL PUBLIC RELATIONS***

Snapshot Two (refer to Figure 2) represents organizations in transition. Hospitals have realized that cooperation between internal departments, with the OPO and with other external publics can be beneficial, but so far, their efforts are fragmented and inconsistent, resulting from a lack of consistent, formal, or tested protocols. Organ donation is not yet a true part of the culture of the hospital, as upper level goals still do not include transplant. For example, the hospital may provide space and some funding for activities, but top management has not quite come on board wholeheartedly. Some activities are held year after year, but are not part of a holistic effort. While many events take a broad brush approach, some targeting is done to specific groups, such as civic organizations, minorities, or religious groups. Hospitals' intentions may be more directed at keeping up with neighboring medical centers rather than forming true relationships with stakeholders. Specific activities may include sending a team to participate in the Transplant Games each year, sending regular newsletters to certain ZIP codes, establishing relationships with individual radio stations, and having an annual picnic for organ recipients and donor families.

OPOs at this point have realized that hospital development activities are just as crucial, if not more, than education and promotion efforts aimed at the general public. OPO staff seeks information from hospital staff about how best to assist in identifying potential donors, relieving anxieties and questions about making donation requests of bereaved families, providing helpful literature for the hospital setting, getting upper management involved, and creating or coordinating donation awareness and promotion events both inside and outside the hospital. While OPOs initiate and encourage two-way communication flows, the objective is still primarily to shape and influence hospital behavior and participation, resulting in greater resources, efforts, and upper level support directed toward organ donation.

FIGURE 2. Snapshot 2: Two-Way, Primarily Asymmetrical Public Relations (Some Symmetry, With Evolving Co-Creational Aspects)

<b>STAKEHOLDERS RECOGNIZED</b>	<b>HOSPITAL</b> <u>External:</u> Same as Snapshot #1 Plus Donors, Recipients and Families  <u>Internal:</u> Medical Staff, Nurses, Social Workers, Pastoral Care Staff	<b>OPO</b> Same as Snapshot #1 plus Medical Staff, Nurses, Requestors, Patients
<b>RELATIONSHIPS/ COMMUNICATION FLOW</b> → One-Way ← - - - Two-Way/Asymmetrical ↔ Two-Way/Symmetrical		
<b>GOALS &amp; OBJECTIVES</b>	Number of donors, Consent Rate, Favorable Publicity, Image Management, Patient Satisfaction	Same as Snapshot #1 Plus Hospital Development
<b>ORGANIZATIONAL HIERARCHY</b>	<u>Champions From:</u> Public Relations, Media, Outreach Coordinator, Nurses, Medical Staff, Human Relations, Transplant Center - May Work in Parallel without Collaboration, Interaction	Director, CEO, Hospital Development Staff
<b>ACTIVITIES</b>	PSAs; Donor Awareness Month activities; In-circuit TV education and donor/recipient stories; Brochures; Patient Handbook; Internal Education/Workshops for medical/requestor staff; Revise & refine protocols to care for and communicate with donors/ families & recipients/families; Limited funding for OPO-based activities; Promote "Donate Life"	Create specific position for hospital development; Increase visits to hospitals to assess needs & opportunities for assistance to staff, patients & patient families, education/ training for medical staff; Communicate directly with hospital CEO & upper management; Invite participation in creative organ donation awareness/promotion events

***SNAPSHOT THREE: FULLY CO-CREATIONAL, TWO-WAY/SYMMETRICAL PUBLIC RELATIONS***

Snapshot 3 (refer to Figure 3) represents an integrated, coordinated public relations effort to communicate regularly and openly with all stakeholders in forming two-way relationships rather than delivering one-way messages. Organ donation is a part of the overall culture and strategic vision of the hospital; upper management is fully engaged and includes transplant as a major part of the institutional brand. The OPO is viewed as an extension of the hospital, and collaboration with them is the normal approach. In fact, members of the OPO may have physical offices within the hospital to promote joint efforts and increased creativity. All available resources are included in team efforts,

FIGURE 3. Snapshot 3: Two-Way, Symmetrical, Co-Creational Public Relations

<p><b>STAKEHOLDERS RECOGNIZED</b></p>	<p style="text-align: center;"><b>HOSPITAL</b> ←-----→ <b>OPO</b></p> <p><u>External:</u> OPO, FSC, Regulatory Bodies Patients, Donors, Families Recipients, Minorities, Schools, Religious Affiliations and Leaders, Business and Non- Profit Employers, Civic/Community Groups, Entertainment Media, Communications Media and Marketing/Advertising Agencies</p> <p><u>Internal:</u> All Hospital Staff—H.R., Finance, Marketing, P.R., Medical/Nursing Pastoral, Social Work, and Other Non-Medical Staff, Teams &amp; Task Forces</p> <p style="text-align: right;">Hospital, Medical Staff, Nurses, Pastoral Staff and Requestors</p> <p style="text-align: right;">All in Common</p>
<p><b>RELATIONSHIPS/ COMMUNICATION FLOW</b></p> <p>→ One-Way</p> <p>←- - -→ Two-Way/Asymmetrical</p> <p>↔ Two-Way/Symmetrical</p>	<pre> graph TD     HOSP &lt;--&gt; OPO     AS[ALL STAKEHOLDERS] &lt;--&gt; HOSP     AS &lt;--&gt; OPO     </pre>
<p><b>GOALS &amp; OBJECTIVES</b></p>	<p>Meet or exceed Collaborative goals Developing ongoing relationships with donor/recipient families Integrate transplant into greater hospital culture Develop cooperative efforts among multiple stakeholders</p>
<p><b>ORGANIZATIONAL HIERARCHY</b></p>	<p>Upper Level Management of Hospital and OPO; Family Support Coordinator; Upper Level Medical Staff; Transplant Center Directors; Interdisciplinary Task Forces with members from OPO, all functional areas of hospital, donor/recipient families, donor advocacy groups, health agencies, civic groups, local community, etc.</p>
<p><b>ACTIVITIES</b></p>	<p>Fundraising and budgeting allocation; Monthly task force meetings; Participation in Organ Donation Breakthrough Collaborative partnerships, Implementation of standardized care and request protocols; Use of Family Support coordinator; In- hospital OPO offices; Continuing education of all medical and non-medical staff; Multiple/ongoing social and awareness events; Coordinated web site development; External speaking events and appearances; Donor and recipient recognition; Living waiting rooms; Camps for organ recipient children; Other.</p>

including advertising, community development, media relations, and marketing. Community partnerships are actively sought, including donor advocacy groups, patients & families, recipients & families, donor families, minorities, religious groups, and civic organizations. These efforts are sustained, continuous and focused. There are segmented efforts directed to specific stakeholder groups. There is a general attitude of helping; “we’re all in this together.” Specific activities might include on-going regular events such



as community health fairs, Transplant Day at the Ballpark, Valentine's Day with the ICU staff, and Donate Life Walks, regular communications such as community newsletters, school-based programs, or newsletters to referring doctors, as well as internal events such as cake cutting in the employee cafeteria, hospital in-service programs, programs for the volunteer network, or in-circuit TV. Additional efforts may focus on community outreach by doctors and purchasing transplant-related terms on Internet search engines. Public relations efforts are intended to involve stakeholders in co-creating messages, methods, and achievement of mutual goals.

### ***CONCLUSIONS AND IMPLICATIONS FOR MANAGEMENT***

In this article, we have provided descriptions of how healthcare providers organize public relations functions using a two-perspective framework: functional, one-way public relations v. co-creational, two-way public relations. How healthcare institutions conduct public relations activities will fall somewhere along a continuum between the two polar perspectives. Using an applied example of approaches to improving organ donation, we have illustrated how healthcare institutions and stakeholders organize their public relations activities along this continuum.

Well-planned and choreographed public relations can be instrumental to a healthcare institution's success. The environment of healthcare is increasingly complex and growing more so every day. Our view of patients as 'consumers' will be altered by changes in reimbursement methodologies. Major employers as purchasers of healthcare are exerting greater influence as 'consumers' as well, and successful healthcare organizations must be prepared to meet the challenges of the new age of healthcare consumerism. A well-developed understanding of public relations, particularly functional v. co-creational public relations, will aid healthcare leaders in effective interactions with their audiences and stakeholders. A modern evolved view of public relations is more than just managing the image and outgoing messages of the organization, although these tasks certainly remain important considerations. Healthcare executives who understand the importance of public relations as a mechanism to receive input from their stakeholders and foster mutually beneficial relationships with their audiences will achieve greater success and ultimately better health outcomes for the communities they serve.

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