THE PR GUY

Building Better Relationships Through Effective Communication

How to Plan and Manage a

Relationship Check-Up©

For Hospitals and Health Systems

Contents

David Kirk, APR, Fellow PRSA
www.thePRguy.com

About This Guide

This guide was written to help hospital and healthsystem executives to select and to manage the expert resources required to conduct Relationship Check-Up research successfully. David Kirk, APR, Fellow PRSA, a Pennsylvania-based healthcare industry communication consultant, wrote it.

What it is

A Relationship Check-Up is the most basic element in a relationship-building program. In simplest terms: you have to know the *actual condition* of your relationships before you can do anything to improve them. Effective communication is the bedrock upon which effective relationships are built. All effective communication programs, in turn, must begin with listening, not speaking. A Relationship Check-Up is a listening tool, just like many others used by healthcare professionals.

Community-dependent institutions like hospitals and healthcare systems should conduct assessments periodically. Why? Because delivering on the commitments that these institutions have made to their communities depends on the quality of the relationships they have with employees, patients, trustees and the community leaders who shape public opinion and public policy. This is both a philosophical and practical issue. Hospitals and healthcare systems operate in the public trust and must *earn* it continuously to keep the benefits of that trust. The payoff is literal: many studies have demonstrated that there are bottom line benefits to assuring that an institution's *performance* is aligned with community expectations including increased preference, increases in charitable giving and volunteerism.

The payoff for building relationship of trust and understanding is literal.

A Relationship Check-Up "takes the temperature" of critical relationships, one part of "diagnosing" the relative health of each. If an institution hopes to have the support of employees, patients, community leaders and others, it must *perform* appropriately on the issues that matter most to each group to win their support for its goals and objectives.

A Relationship Check-Up can employ a variety of research and analytic techniques to identify gaps between key constituents' *expectations* for an institution's performance and its *actual* performance. The result of the process is a road map to guide senior management's decisions about the *actions* of the institution.

A Relationship Check-Up frequently is conducted at milestones such as when opening new facilities, during mergers or re-engineering programs, when new management is installed or when major fund-raising efforts are being planned. However, if your institution *never* has

taken action to Check-Up on the condition of its critical relationships, there is no time like the present!

"Kissin' wears out. Cookin' don't.

A Relationship Check-Up focuses on understanding the results of an institution's behavior and its communication about this behavior. It is intended to provide management with a vital strategic decision-making tool to help guide what the institution actually *does* -- as opposed to merely how it communicates about what it has done or plans to do. This is a more sophisticated way of paraphrasing the old Pennsylvania Dutch saying: *Kissin' wears out, cookin' don't.*

David Kirk, APR, Fellow PRSA
www.thePRguy.com

Audiences to Consider

There are as many "systems" of categorizing relationships as there are organizations thinking about them! So virtually any way of categorizing the audiences that matter most to each institution is appropriate. In planning Relationship Check-Up activities, your management team might consider a structure of key audiences similar to this one.

Internal Audiences

- Hospital, subsidiary and affiliated organizations' employees, both medical and non-medical
- Volunteers and auxilians
- Inpatients
- Staff physicians

External Audiences

- Trustees
- News media
- Other community physicians
- Outpatients
- Community leaders
  - Elected and appointed officials
  - Business leaders
  - Civic and service organizations
  - Educators
  - Arts, culture and philanthropies
  - Special interest advocates
  - Community planning and development
  - Religion

David Kirk, APR, Fellow PRSA
www.thePRguy.com

Check-Up Checklist

Spend a moment and complete this simple checklist of the kinds of the Check-Up tools and resources that "best practices" institutions use to monitor the state of their relationships with different critical audiences. Your answers may help to identify where there may be gaps in your hospital's relationship information base.

Patients

Ongoing use of patient satisfaction surveys	o
Patient satisfaction survey results shared with employees	o
System for recording and centralizing patient complaints	o
System for correcting the sources of recurring complaints	o
Patient satisfaction scores tied to evaluation and compensation	o
Dedicated patient advocate(s) with the authority to intervene on behalf of patients	o

Community Leaders

Current database of community leaders is automated, up-to-date and linked to communication methods such as E-mail, blast fax, mail-merge	o
Regularly scheduled community advisory group meetings	o
Specialized publication or web resource for use by leaders	o
Periodic formal or informal surveys, focus groups or other input sessions with leaders	o
Hospital executives and physicians are actively involved in leadership positions with key community organizations	o
Hospital is involved in multiple Healthy Community partnerships	o

Physicians

Physician's have meaningful participation in governance of the institution, especially in board positions	o
System for recording and centralizing physician complaints	o
System for correcting the sources of recurring complaints	o
Dedicated physician relations staff	o
Process for orienting new staff and community physicians to the mission of the institution	o
System for regular visits to community physicians' offices	o
Physicians directly impact clinical pathways in the institution	o

Trustees

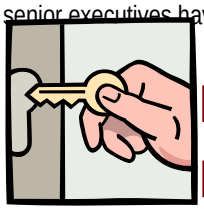
Process for orienting new trustees to the mission of the institution	o
Trustees represent variety of community constituent groups to the institution, not vice versa	o
Board reflects the demographic mix of the communities served	o
Board conducts annual self-evaluation against external criteria	o

Hospital Employees

Annual employee survey conducted	o
Survey results are shared with employees	o
System for gathering and responding to employee concerns	o
System for correcting the sources of recurring complaints	o
System for conducting flash polls on key issues	o
Supervisors receive formal training in communication skills	o
Supervisors receive tools to assist with communication about key events and issues	o
Supervisors' evaluation and compensation tied to effective communication skills	o
CEO is the champion for and model of effective communication skills	o

David Kirk, APR, Fellow PRSA
www.thePRguy.com

CEO and senior executives have routine, in-person, two-way dialogue with small groups of employees o



How An Institution Can Benefit

A Relationship Check-Up can provide many benefits including:

- **Identifying key community** leaders, perhaps for the first time, who are likely to have relationships to a community-based institution and building a database of these influentials to serve future community relations, fundraising, public policy and other communication efforts;

- **Signaling to employees the institution's genuine interest** in understanding and responding to their concerns through genuine dialogue and action;

A Relationship Check-Up provides benefits with every audience.

- Signaling to all audiences that the institution intends to devote resources to **understanding and responding to constituent needs** and working to win their support;

- **Beginning a new dialogue with Trustees,** providing them and the institution with an opportunity to re-examine the roles they play and how sharply focused they are on advocating for the interests of the constituent groups they represent;

- Learning more about the **needs, issues and concerns of physicians** in an environment that is professional, respectful and, if necessary, anonymous.

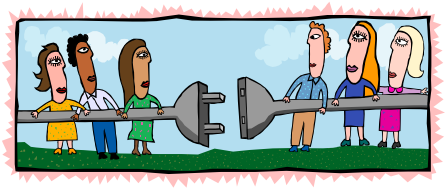
- **Identifying the differences** among different groups in terms of their overall community **priorities** and how they expect the institution to be involved with those priorities; how they currently view the institution along a variety of dimensions; and **sources of information** they consider to be credible; information channels they use to obtain information about the institution and its issues;

- **Avoiding errors** in policy or action that may adversely affect current relationships as new relationships are identified, developed and nurtured. First impressions *last*;

- **Determining whether or not the resources** the institution devotes to building critical relationships **are adequate** and/or appropriate and helping to structure them appropriately.

- **Providing actionable information** with which the institution's management can take specific actions to improve relationships.

David Kirk, APR, Fellow PRSA
www.thePRguy.com



Effective Communication

The concept of a Relationship Check-Up draws upon a rich body of social science, organizational behavior and communication research regarding effective research and communication activities.

- Communication programs ultimately are **intended to affect opinion, creating desirable states-of mind such as job satisfaction, institutional loyalty, trust and respect** which in turn **lead to desirable behaviors** such as volunteering, donations, support of public policy initiatives, excellent job performance, referrals and so forth.

When an institution's *actions* are aligned with the expectations of an audience, support follows.

- **Community leaders are pivotal in the processes of public opinion and public policy formation** literally *leading* the formation of public opinion and the behaviors that result. Conversely, mass news media play a limited role in changing public opinion or public policy. In fact, mass media *reflect* the opinions of community leaders, making it even more critical that institutions work diligently to shape community leaders' opinions of their actions;

- The degree to which community leaders believe that an institution's actions are consistent with *their* priorities and expectations is **linked directly to their willingness to support the institution, donate time and money and to support public policy initiatives** that affect the institution;

- The success of an institution's programs, then, is linked directly to the institution's actual *performance*, about which it communicates with each audience. This suggests that, where the institution's performance does *not* meet expectations, it **may have to change how it performs** – that is what it *does* – rather than merely communicate more or differently about its behavior;

- The **most effective means of communication** are those that are delivered in-person and reflect an understanding of the needs and expectations of the individual with whom the hospital is communicating. Effective communication programs are *personalized* and person-to-person. As in high-quality personal relationships, mass marketing techniques do *not* work to build relationships or to change minds;

- Each audience's **"perception is reality."** Whether or not an institution's management agrees or disagrees with opinions that audiences hold about hospital behavior is irrelevant to shaping effective policies or communication programs. The current perceptions of each target audience must be determined and then seen as the basis from which improved relationships can be built.

David Kirk, APR, Fellow PRSA
www.thePRguy.com

How a Relationship Check-Up Should Be Conducted

Each Relationship Check-Up will be designed and conducted differently. Depending on where the institution is in its lifecycle; the existence and relevance of other research such a public opinion polls; employee surveys; patient satisfaction surveys; recent events; practical budget constraints and other factors shape each specific program. However, any Relationship Check-Up will involve these steps:

- **Determine which relationships need to be assessed** at this time. Often, this choice means balancing available resources and using anecdotal evidence to determine which relationships are in better condition than others so that relationships assessments can be prioritized.

- **Build a preliminary list** (database) of the people who comprise the audience(s) to be assessed. This may not be as simple as it seems. For example, if "employees" are one of the audiences to be assessed, employee records must be in a form that is appropriate to the research methods ultimately selected. Similarly, community leader lists maintained by hospitals frequently are incomplete, outdated or non-existent and substantial effort must be devoted to creating or updating the list;

- **Select an appropriate representative group** of individuals from each audience to represent the opinions of the rest of the group. Depending on the research techniques employed, this may require rigorous statistical methods for making the selection of participants in order to ensure the validity and projectiblity of the results;

Trust is a key issue and effective communication is at the heart of it.

- **Determine potentially productive areas of questioning.** There is an enormous amount of already existing information about the factors that contribute to strong relationships, communication channels that are most effective and linkages between various factors. For example, among employees, "my immediate supervisor" is virtually always considered to be the most credible source of information about an employer. A key issue in job satisfaction is "trust" and trust, in turn is based upon other factors such as communication. Through literature reviews, preliminary focus groups or by using the resources of outside consulting resources, it's important to narrow the scope of questioning to just those areas that will yield useful information that allows management to take specific action. A good rule of thumb: *don't ask questions if you can't do anything with the answers!*

David Kirk, APR, Fellow PRSA
www.thePRguy.com

- **Select the right methods for gathering information.** Information gathering methods can yield information that is either *qualitative* (such as focus groups and in-depth personal interviews) or *quantitative* (such as self-administered written surveys distributed to a random sample of the target audience.) Sometimes these methods are categorized as *formal* (meaning that the results can be used to say how the rest of the same population thinks within a certain margin of error) or *informal (*meaning that the results do *not* reliably represent the rest of the entire population.) Frequently, both types of methods are used as when focus groups are conducted to determine which issues are "hot" followed by formal research to determine precisely who feels the heat and how high the temperature is. A Relationship Check-Up involves research and there are "tricks to the trade" no matter what methods are used.

- **Invite the targeted audience to participate** in the process. The invitation method should reflect the needs of the audience. For example, employees might be invited to participate in a survey of all employees through newsletter articles, E-mail and through group meetings. Employee focus group participants might be invited by personal telephone call from a senior manager. Community leaders may be invited through personal letters from the CEO and trustees by a phone call from the chairperson. Patients may be invited to complete a survey upon discharge or may be telephoned at home after an admission. The important part of this step is to issue the invitation as part of the very process of building a strong relationship.

- **Gather the information.** Conduct the focus groups, distribute the surveys, complete the interviews. Professional assistance can be extremely useful to make certain that the information gathered is not "contaminated" inadvertently by the methods used to gather it.

- **Tabulate the results.** Methods used for tabulating results will depend, of course, on the methods used to gather the data. The means used may range from written summaries of focus groups punctuated by quotes from participants to illustrate key points to sophisticated statistical cross tabulations and factor analyses.

Don't just *study* the results: *do* something!

- **Use the results to change hospital behavior.** The aim of a Relationship Check-Up is determine the specific *actions* an institution can take to better align what it is doing with the expectations key audiences have for its behavior. It can be surprising or upsetting to learn that a relationship is in worse shape than believed or expected. But it is impossible to improve a relationship without an accurate view of its condition.

- **Continue the dialogue** by thanking participants and sharing a summary of the results with them. One reason for doing this is practical and is important to allow for the "test effect:" whenever an audience is surveyed, the process itself raises the expectation that

the sponsoring organization will *do something* with the results. Communicating the results – both good and bad -- reaffirms that the sponsoring hospital heard what the audience said. When communicating the results, the institution also should indicate clearly what *actions* it has taken or will take to align its behavior with expectations.

Some Research Advice

While most hospitals should seek professional assistance when developing Relationship Check-Ups, being an informed buyer of research services is important. When planning research and selecting outside assistance, consider these factors.

- Some research firms **copyright** the questions used in their surveys. Some even copyright the data they collect. While this is a legitimate and appropriate method to protect their valuable intellectual property, it has the practical effect of marrying your institution to the same partner for future research among the same audience or for conducting additional analysis of the data. Clarify who owns what and the consequences, now and in the future.

- **Don't ask questions if you can't do anything with the answers.** Any person has a limited tolerance for surveys of any kind and you want to make *every* second count. If you can't do anything with the answer you receive, don't ask the question. For example, if you can't take action based on gender, why bother to record the gender of participants?

- **Build your owns lists**, don't rent or buy them. This is especially important when it comes to community opinion leaders.

Follow "best practices."

- **Follow best practices** when constructing the actual questions you ask. Always pre-test questions with a few members of the target audience to assure that each question is clear and not subject to multiple interpretations. For example, a survey question may ask about "healthcare issues" hoping to understand opinions, information and sources and so forth that may affect public policies. However, survey participants may "hear" the same phrase to refer to their own health or sickness.

- Some survey vendors can provide so-called **"normative data,"** telling you how people answered the same questions on behalf of other organizations like yours. While normative data can be instructive, it also may limit you to asking the same questions the vendor has asked before. Also normative data frequently provides management with a

David Kirk, APR, Fellow PRSA
www.thePRguy.com

false sense of security and may lead to inaction on critical issues. For example, while a 46% approval rating of management by employees may be "better" than a 39% "normative" rating, a 46% approval rating should be of extreme concern to an institution's management. It is a *terrible* result, no matter what the "norm!"

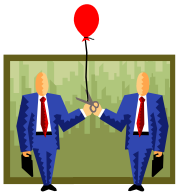
- **Go beyond asking how people feel.** While obtaining benchmarks of opinions in various "affective" or emotional areas can be extremely useful as barometers, they are not enough. Too many surveys – most of which end up on booksheleves – never go beyond asking how people feel about various issues. It is critical that surveys obtain information that will give management the information it needs to take actions to intervene where there are problems. For example, if you learn that employee morale is low, the information is useless unless you *also* have gathered information about the factors that contribute to morale, where each factor stands currently, which channels of information are believable when it comes to these factors and so forth.

- **Be cautious when interpreting people's statements** about what they will or will not do in the future under hypothetical circumstances. In fact, this kind of information is so notoriously unreliable that the data is of little use for planning purposes.

Dig deep. Don't be satisfied with results at the top level. The real treasure is probably buried.

- **Take data analysis below the top line "aggregated" data**. While it is important and useful to look at the data for everyone participating in a particular study, the *actionable* information you are seeking frequently is found in what are known as the "cross tabulations." Be sure that you and your research partner dig deep into the data to determine which factors affect others, which types of people feel strongly about certain issues and so forth.

- **Package and sell the results**. How many studies are in binders on your bookshelf today? That's where too many potentially valuable studies end-up because no one took the time to extract information from the data and to present it in a way that was clear, compelling and argued for *action*. Make sure the data analysis tells a clear, compelling story and that the result is packaged in a way that supports action. In many ways, the medium is the message so give the research the medium it needs to enroll management and others in *doing* something about the results.



Key Audiences, Key Issues

While all relationships stand or fall on the same factors (for example trust, respect and open, honest, two-way communication) different audiences will have different unique concerns and interests. As a result, any Relationship Check-Up activities undertaken must address these uniqueness both in form and content. The sections below provide "food for thought" for the key audiences listed. While by no means offering a complete discussion of issues unique to each audience, each section provides information that will be useful in shaping Relationship Check-Ups for each audience.

Employees

Employee survey research has been conducted for decades and a number of factors have been demonstrated repeatedly:

- Job satisfaction and commitment to the institution are made-up of different elements, most of which have effective communication at their heart. Be sure to explore all of the elements *and* the communication components. Typical components of job satisfaction are trust, quality of supervision, training, group cooperation, compensation, understanding roles and a sense of involvement in decisions affecting the individual.

- Employees communicate through formal and informal, internal and external sources. Be sure to test all possible communication channels, inside and outside the organization, for utility and credibility so that specific actions can be taken based on the results of the study. For example, consider local news media, friends and neighbors, personal physicians and so forth among external sources of information and, internally, consider supervisory communications, newsletters and other publications, E-mail, the hospital web site, employee handbook, the grapevine, co-workers, CEO and other sources.

Explore the components of each issue so that you can *do* something with the results.

- Trust is always a key issue in employee satisfaction and a number of factors create trust. These include open communication, having a share in decision-making, having access to critical information, fair handling, truthful sharing of perceptions and feelings. In order to take action to resolve any problems with trust, it is important to explore the various components to identify which actions can be taken to improve this critical factor.

David Kirk, APR, Fellow PRSA
www.thePRguy.com

Community Leaders

Community leader research has demonstrated that there is a direct relationship between the degree to which community leaders believe an institution is *appropriately involved* in the priorities that matter most to each group of leaders and their support of the institution in various ways. For this reason, it is important to ask leaders what matters *to them* as opposed to asking them about what matters to the institution.

- **Don't merely ask for leaders opinions on institutional and healthcare issues.** Community leaders of various community segments have concerns that are much broader than healthcare such as crime and safety, development, roads and highways, taxes, immigration and so forth. It is critically important that you find out how they expect the institution – a major employer, a major component of regional economic health – to be involved with the priorities that matter to *them*. Ask about institutional and healthcare issues in the context of their broader concerns. The intersections of interests will be both surprising and clear.

Be creative. "Think outside the box."

- **Create opportunities to uncover unusual solutions.** For example, in one community, affordable housing was a critical community need and the hospital conducting the assessment was under fire for owning some empty buildings near the hospital. This created opportunities for untraditional but relationship-strengthening partnerships. In another case, the intersection of leaders' interests and the hospitals role was more straightforward: concerns about teenage pregnancy in the community. Research among community leaders is often more productive if one-on-one interviews, rather than survey forms are used because of the opportunity to explore novel ideas that could not have been anticipated when structuring a questionnaire.

Physicians

- Physicians are trusted for a lot of things. For example many studies have demonstrated that, for the majority of people, the personal physician is the most trusted source of information about their own health issues. But other studies have shown physicians play a much broader role in affecting opinion about and support for hospitals. For example, when it comes to shaping public opinion about issues of public policy that matter to hospitals, community leaders of all kinds look to friends in their social circle *who are physicians* for credible information about those issues. Don't overlook the critical role physicians play as *communicators* to many audiences about your institution.

- Physicians are as different in what motivates them as are the specialties they practice. Don't think of "physicians" as a monolithic category. Be sure to test and understand what motivates different types of physicians to support or not to support your institution. For example, psychographic studies have demonstrated that physicians in certain specialties are more motivated by financial considerations while others are more motivated by social values.

Trustees

- If your institution's trustees are playing their *traditional* roles, they are representing the needs, interests and concerns of various constituencies *to your institution*, helping to assure that the actions of the institution are consistent with the expectations of each group for the institution's performance. However, the trustees of some institutions have lost sight of this role and see themselves more as advocates for the institution *to its constituent groups*. Successful alignment of your institution's behavior with public expectations for its performance depends on the trustees acting the *traditional* role. Use a Relationship Check-Up to explore where trustees stand in this regard – and then communicate the results in a way that helps to demonstrate the need for returning to the more traditional way of thinking about their roles.

Patients

- Perhaps in no single area are most institutions most self-assured about the quality of their relationships than among patients. Most hospitals, for example, use survey research on an ongoing basis to monitor patient satisfaction. In fact, it is because most hospitals achieve such high patient satisfaction scores that they are tempted to "rest on their laurels." The truth of the matter is, however, that patient satisfaction with healthcare services is only one factor of several that are important to delivering on the commitments that hospitals have made to their communities. For example, cost is a key component to patients' judgments about the value of the services they receive – and many studies have shown that patients believe hospital costs are too high.

Satisfaction with healthcare services is only one component of meeting expectations.

- While commercially available satisfaction studies are an excellent tool for monitoring *one* aspect of an institution's relationship with patients, they are *not* sufficient alone. Patient satisfaction studies must be combined with other methods – focus groups, public opinion polls and other methods – to test and understand all of the factors that determine whether or not an institution has "healthy" relationships.

Use the Results

How many times have you heard an exasperated hospital executive say, "If only people understood all the good things that we're doing, the public would support us. Just *get our message out there*, *educate the public* and then they'll support us and the public policies we need to survive." The truth of the matter is that the public is *already* quite well educated about hospitals and healthcare systems and they don't like what they see in many cases. This is a hard pill to swallow for many of the people who are intimately associated with these institutions because so many entered health professions to make a difference in people's lives and in the course of their communities. It's difficult, frustrating and painful to hear that people hold other opinions about your institution's intentions and actions. But they do. That's the fact.

Action speak louder than words.

Shifting public perception about hospitals and healthcare systems is not so much a matter of *educating the public* as it is *educating ourselves* about what it takes to win the support of patients, opinion leaders, government leaders, politicians and others for hospitals. Actions speak louder than words. A Relationship Check-Up is not intended to help institutions to figure out what to *say* differently but rather what to *do* differently to earn the relationships of trust and respect they need to survive.

David Kirk, APR, Fellow PRSA
www.thePRguy.com

About the Author

David Kirk, APR, Fellow PRSA is a nationally recognized corporate communication consultant, with special expertise in communication research, corporate financial communication, issues management, employee communication, executive training and communication technologies. He has been in practice since 1976.

He was Accredited in Public Relations in 1982 by the Public Relations Society of America and is past chairman and a long-time member of that organization's National Accreditation Board, the body that designs and administers the rigorous written and oral examinations that are required to achieve the designation "APR." In 1994, he was inducted into the organization's College of Fellows, an honorary title that recognizes senior practitioners for "superior capability . . . and professional qualities that serve as a role model." Of 17,000 members nationwide, only 300 have been so recognized.

In 1983 Kirk founded GoebelKirk Public Relations, the agency which became, at the time, the largest independent Public Relations firm in the Philadelphia region. It was acquired in 1990 by the international firm Ketchum Public Relations, where he served as senior vice president. He then joined HRN, Inc., a firm specializing in community leader research and Public Affairs software development, as senior vice president of consulting services. He returned to independent practice in 1993.

He is well known for his special expertise in the healthcare and financial services industries. In healthcare industries, for example, he has worked with Glaxo, Inc., Bristol-Meyers Squibb and the DuPont Merck Pharmaceutical Company; the New Jersey, Pennsylvania and Washington State Hospital Associations; The Lancaster Health Alliance, Helene Fuld Medical Center, Mercer Medical Center and Christiana Care Health System; among others. His financial services industry clients have included CoreStates Financial Corp., a super regional bank and its subsidiaries CashFlex and Questpoint; Penn-America Group, Inc. and RLI Corp, both publicly traded specialty insurance companies, and United Pacific Life Insurance; and the regional brokerage firms Butcher & Singer and Janney Montgomery Scott.

A skilled "trainer's trainer," he also develops and delivers special-purpose executive and managerial communication training programs. Among his most popular programs are *Communication Skills for Managers* and its associated book, *How To Plan and Implement an Effective Employee Communication Program*, and a variety of other presentation and media training programs.

He lives and works in Phoenixville PA an exurb of Philadelphia. Additional information, samples and useful tools for communication professionals are located at www.thePRguy.com