Let's Look at

Hospital-Community Relations

A Report to the Hospital Service Industry
CHARACTERISTICS OF HOSPITALS ASSOCIATED WITH THE QUALITY OF THEIR PUBLIC RELATIONS PROGRAMS

(1) Age of Hospital—Hospitals which were judged to have generally “good” relations with their publics were considerably newer than hospitals which did not have “good” public relations.

(2) Type of Ownership—A much higher percentage of the hospitals with “good” public relations than those with “poor” public relations were publicly owned Hill-Burton units.

(3) Percentage of Bills Paid by State and Charitable Organizations—Hospitals with “poor” public relations rendered very little charity care compared to a high percentage of charity care rendered by those with “good” public relations.

(4) Method of Founding—Hospitals with “good” public relations were founded by community leaders at large and involved a prior commitment of financial support (through the bond issue) before construction. Hospitals which were founded by medical doctors generally had “poor” public relations.

(5) Size of Hospital and of Hospital Community—Although size of the hospital and of the hospital community were not significantly related to the quality of the hospital’s public relations, there was a tendency for hospitals with “good” public relations to be above average in size and located in larger communities. This also means that these hospitals were better equipped; the average length of stay in them was longer; and in most cases they had a staff which could handle a wide variety of cases and procedures.

CHARACTERISTICS OF HOSPITAL ADMINISTRATORS ASSOCIATED WITH THE QUALITY OF THEIR PUBLIC RELATIONS

(1) Type of Job Training—Almost all of the administrators with “good” public relations had had training in hospital administration. Only one administrator whose public relations were “poor” had had such training.

(2) Professional Identification—Administrators whose public relations were “good” generally identified with only one profession (hospital administration). About one-half of the administrators whose public relations were “poor” were medical doctors and identified professionally with medicine as well as administration.

(3) Salary—Administrators whose public relation were “good” received higher salaries than those whose public relations were “poor”. The median salary of the first group of administrators was $8,500; for the second group it was $5,000.

(4) Job Mobility—Administrators whose relations were “good” have changed hospital jobs less frequently than those whose public relations were “poor”. If both hospital and non-hospital jobs are considered, however, administrators whose public relations were “good” have changed jobs more frequently.

(5) Participation in Professional Organizations—Administrators whose public relations were “good” were much more active in professional organizations than were administrators whose public relations were “poor” as measured by number of organizational memberships and number of offices held.

(6) Participation in Community Affairs—Administrators whose public relations were “good” participated in an average of three community organizations and held two offices in these organizations. Administrators whose public relations were “poor” belonged to an average of two community organizations and held one office.
LET'S LOOK AT HOSPITAL COMMUNITY RELATIONS:
A REPORT TO THE HOSPITAL SERVICE INDUSTRY

GERALD O. WINDHAM and MARION T. LOFTIN

During the past several years members of the Division of Sociology and Rural Life at Mississippi State University have been engaged in a study of the relationships between hospitals and their several publics. The purposes of the study were: (1) to determine the acceptance of hospitals by their various publics in the community, and (2) to arrive at criteria or standards that could be used by hospital administrators and other hospital personnel for establishing a program of favorable public relations between the hospital, its several publics, and the community at large.

The assumption upon which the study was based was that the hospital as a local institution has a number of different kinds of publics with which it must maintain favorable relationships if it is to render maximum service to the community. Some of the groups which were assumed to be publics of the hospital were: (1) the board of trustees and other governing bodies, (2) persons employed by the hospital, (3) the medical staff, (4) former and potential patients of the hospital, (5) the local community leaders, (6) persons and agencies interested in community welfare, and (7) the people and groups instrumental in establishing and developing the hospital.

The relationships between each of these publics and the local hospital have been studied in a number of ways: (1) data were obtained from the Mississippi Hospital Association on hospitals and hospital administrators in the state; (2) personal interviews and mailed questionnaires were used to elicit information from hospital administrators on themselves and their hospitals; and (3) field studies were conducted in three hospital communities to gather information on the status of the hospital in the community and to observe factors which we're related to the status of the hospital. In addition, the quality of the public relations of each short term general hospital and of its administrator was rated by a panel of judges whose daily work required them to maintain close contact with the hospitals. On the basis of this ranking the quality of the public relations of hospitals and of their administrators were grouped as "good" or "poor", and the analysis of data made. Significant differences between hospitals and hospital administrators with "good" or "poor" public relations were shown at the beginning of this report.

The Administrator Holds the Key

There is considerable evidence that the success of the hospital which is not a part of a regional or state medical center is largely dependent upon the hospital administrator. This person not only must know the facts and figures associated with hospital management, but he must be able to discern the "human factors" which are involved in the operation of his hospital and be able to manipulate them to his hospital's advantage.

In discerning the "human factors", the administrator must know his publics and be able to work harmoniously with each. It should be remembered that the success of the hospital depends ultimately on the support of the general public. This group not only is the consumer of the services, but it is also this group which must provide financial support and a

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place in the community for the new county hospitals. The relationships of the administrator with each of the hospital’s publics will eventually influence the relationships with the general public. This is true because membership in each of the publics overlaps. Also the promotion and selling of the hospital among the general public can perhaps be better accomplished by members of the various publics than by the hospital itself.

It is impossible to write a formula which will guide the administrator in all of his relationships with each of the hospital’s publics. This is true because the way to effective public relations varies according to the unique situation of each hospital. This situation includes factors which are a part of the hospital itself as well as community and “human” factors which constitute the environment in which it must operate. It is hoped that the following materials will help the administrator to know his publics and will give some insight into the importance of the “human factors”. Then he can discern the unique situation of his hospital, and can set realistic public relations goals as well as means to accomplish the goals.

The General Public

Inasmuch as the larger general public is the ultimate group with whom acceptance of the hospital lies the first concern in evaluating the effectiveness of public relations programs will be with this group. There are several criteria which administrators may use to judge this. One is use of hospital. Many administrators who have no apparent competition tend to assume that their hospital has a monopoly in the community. This study has shown this not to be the case. Persons who do not like a hospital will drive a long distance to use one they do like. There may be several reasons why persons do not like a hospital. Some may be inherent in the hospital itself — such as size of the hospital, distrust of the hospital and its medical staff, lack of equipment and personnel to handle certain types of cases adequately, and poor treatment of patients and their family by the nursing staff and the business office. Other reasons may be external to the hospital, such as traditional use of physicians and hospitals in other communities, dislike for the hospital and/or its administrator for various reasons, failure of the hospital to render charity care, or strained relationships between the hospital and large segments of the population. The effective administrator should be able to recognize groups who do not use his hospital, to determine why, and to formulate means whereby these conditions may be corrected.

A second index of effectiveness with the general public is the opinion which persons in the hospital’s area have of the hospital. The administrator should make some effort to determine the likes and dislikes of persons toward the hospital, and to determine what factors are responsible for these opinions. This type of information is not always easy to acquire; however, it may be acquired through a little time and effort. Patients and their families can be asked to leave suggestions for improving services in suggestion boxes in the hospital. Also, upon leaving the hospital, patients might be asked to fill out questionnaires voicing approval or disapproval of various aspects of the hospital’s program. Another method of getting this information is to work through schools, churches or other community organizations to get questionnaires completed with respect to likes and dislikes of the hospital.

The administrator needs to have some knowledge of survey design to use these surveys successfully or a consultant might be employed on a limited scale. In addition to providing useful information these surveys may serve as a public relations medium. Perhaps they will get people to thinking about the hospital and
make them feel that the hospital is concerned with their feeling toward the way it is performing its role.

Another index of acceptance is the amount and type of gossip and rumors which one hears in the community about the hospital. One administrator said that this was the biggest obstacle which his hospital had to overcome in winning acceptance among the general public. These rumors may arise out of dissatisfaction with the way the hospital is performing its services or with some other aspects of the hospital.

In one community, for example, there were rumors that preferential treatment was given certain elements in charity care; that the staff of the hospital was incompetent, and that political figures dominated the administrator. The source of rumors of this sort is frequently hard to determine, and the administrator may never know of the rumors himself. However, each administrator should employ methods to project a favorable image of his hospital to the public. This may be done through the local press, speeches to civic clubs or other community organizations, and the personal influence of employees and other persons connected with the hospital.

In the field studies it was found that persons who remembered reading articles about the hospital in the county paper expressed more favorable attitudes toward the hospital than persons who could not remember reading about the hospital. Also persons who had attended a club meeting where the hospital was discussed as a part of the program expressed significantly more favorable attitudes toward it than persons who had not attended such a meeting.

Former patients are also important means of projecting a favorable image of the hospital to the community. One satisfied customer is perhaps worth a million words. Therefore, the hospital should strive to satisfy the patient’s needs insofar as possible. In many cases this will include the satisfaction of basic emotional and psychological needs in addition to routine nursing care, food, cleanliness and diagnosis. In one community, persons were asked why they continued to use an obsolete proprietary hospital when by their own admission the county hospital had better equipment, a nicer plant, and offered more sophisticated services. The answers revealed that the nurses in the proprietary hospital treated the person like a baby, that they seemed more interested in him as a person than as a patient, and that a homelike atmosphere was maintained.

The study has revealed that rural residents in Mississippi expect some degree of informality and “follksness” from the hospital, and when the rural hospital becomes too sophisticated patients and their families begin to complain. This desire for follksness is part of the “expectation complex” which potential patients, who until recently dealt with all but major illness in their home, have of the hospital. Of course, the degree to which a hospital fulfills the expectations of its patients is associated with the degree of acceptance and satisfaction of the hospital. Talks with patients and their families may give the administrator some indication of the expectations of his hospital. The efficient administrator must then decide how to adjust performance to expectation, or vice versa.

A final index of acceptance among the general public is the amount of support which residents of the hospital’s service area give the hospital in comparison to support given other institutions. In the case of Hill-Burton hospitals this includes tax support as well as use and contributions. Willingness to support the hospital through one means may not mean willingness to give whole hearted support. In one county, for example, residents of one neighborhood remarked that they
liked the hospital and would use it, but that they would not support any move to add to the plant or equipment as long as Mr. X remained on the board of trustees. It was a common tendency for persons to indicate willingness to support the hospital in every way except through increased taxes. The reason for this feeling in most cases was misunderstanding of the obligation of tax support to maintain the hospital or to improve its plant and services. In many cases this condition could be overcome with a good public information program. The administrator needs to know what conditions stand in the way of a willingness to assume financial support before he can try to overcome the condition. Working through neighborhood influentials is one good way to get this information.

It is not common for Hill-Burton hospitals to ask for support in the form of contributions. However, several hospitals have asked for contributions from persons and groups in their service area. One hospital involved the churches and other community groups in a fund raising campaign to build and equip a small chapel in the hospital, and to provide other services which lay outside of the area of hospital care. Also in one case the hospital auxiliary asked persons for surplus produce from home gardens to be used in the hospital kitchen. In both cases the involvement of persons and groups in this type of support served as a public relations device. Anytime persons and groups are made aware of the need of the hospital and respond favorably, the administrator can be assured that he has elicited a stronger commitment of support in the long run.

The Board of Trustees

Outside of the general public probably no groups are more important to the success of the Hill-Burton hospital than the board of trustees and the board of county supervisors. Administrators frequently judge their effectiveness with these groups by their support in financial matters, and in making and implementing policy. However, it should be remembered that these groups are closer to the general public than are some other groups and they can have a tremendous influence on the success of the administrator and the hospital among the larger public.

Perhaps one of the biggest problems of the new county hospitals is a clear definition of the role of the trustee in the operation of the hospital. In many communities the county hospital is perceived by the board of trustees, the board of county supervisors, and a large proportion of the general public as being a sort of Jeffersonian bureaucracy. Thus, in these counties the board of trustees may want to assume more power in the daily operation of the hospital than is rightly theirs. In one county, for example, it was felt that the board of trustees wanted to keep a weak administrator at the hospital so that, as they put it, they could “run” the hospital.

In most cases members of the board of trustees have little information about hospital administration. Therefore, if they are to have more than a nominal role, some means must be taken to inform this group. This would include information with respect to the role of the hospital as a business organization as well as a community service organization. It is the belief of the research team that one of the most urgent needs of the new county hospitals is some standard procedure to recruit board members, to indoctrinate them once they are chosen, and to provide for some sort of continuing education once the program is begun.

Hospital-Physician Relations

The physician is one of the key persons in the promotion of the hospital. This study has shown that a large percentage
of persons will choose a particular hospital because their doctor uses it. Thus, when there is a choice in a community the decision is made on the basis of the hospital which the family physician uses. Also if a family must use a hospital outside the community they generally follow the recommendation of their family physician on where to go, what specialist to consult, and what hospital to use.

There is evidence that persons place more confidence in their physician than in the hospital. Thus, even mild criticism of the hospital by a physician in the presence of patients may create an unfavorable impression of the hospital in the eyes of the patient. In one community it was found that former patients of a particular physician were almost always critical of the local hospital. A check showed that this physician had been very critical of the hospital for personal reasons. This in turn had influenced his patients. However, many of these patients said that their opinion had changed when they changed doctors or when they had personal experience with the hospital.

In another community the hospital was criticized for its failure to render charity care. According to the administrator and the board of trustees, the hospital and the physicians in the community had agreed upon this policy because there was evidence that all persons in the county could afford to pay for treatment. However, it appeared to the research team that neither the hospital nor the physicians were willing to assume responsibility for the decision and that both placed the blame upon the other when the general public began to complain. There is evidence also that patients do not know whom to blame for minor dissatisfaction with respect to service and diagnosis, and such things as visiting hours and other regulations. It is easy for the hospital as well as the doctor to shift the blame to the other unless a satisfactory arrangement for handling complaints is worked out.

It is therefore incumbent upon the administrator to maintain favorable relationships with the medical staff. The personality of the physician and of the administrator may bear upon this problem. However, administrators must be able to identify potential areas of conflict between themselves or the hospital and its medical staff. Policies must be established jointly by the medical staff and the administrator if they are to be satisfactory to both parties. Also communication between the two levels must flow freely so that conflict is made apparent and can be resolved, and each party must be willing to assume its obligations as well as rights. All persons involved in medical and hospital care have a stake in the hospital. Therefore, a regular review of its status together with a consideration of internal and external problems is of importance to all concerned.

Local Community Leaders and Hospital-Community Relations

Any program designed to create a major change in the status of the hospital in the community will require a long period of time to accomplish. It will also need the support of community leaders who exert their influence through informal channels as well as those who are easily identified as community leaders by virtue of their positions in formal community organization. Obviously to secure the support of the community power structure one must be able to identify persons who have influence. This may be no easy task in view of the fact that the persons with the most power may not hold any formal positions of influence in the community. However, the effective administrator will be concerned with the identity of power holders and will discern the most effective way to work

1 This doctor is no longer engaged in the practice of medicine in the state.
through the existing structure.

Failure to win support of community influentials has spelled defeat for expansion programs of some hospitals as well as programs of a more general nature involved in the day to day operation. Also in some cases administrators have become involved in power struggles between factions in the community when the positions of power holders were threatened or the power structure was being questioned. In cases of this sort the identification with factions is to be avoided. Administrators in several small Mississippi communities have discovered the ill effects which can accrue when the administrator and the hospital become involved in local politics. There is no magic formula for working with the community power group. However, administrators must be aware of its importance and manipulate it to the hospital's advantage.

Persons and Groups Interested In Community Welfare

There are many persons and groups in every community who are interested in welfare. These groups may have governmental connection such as the county health and welfare departments, or they may be local groups, such as churches and civic clubs which have welfare programs as a part of their overall program. Each of these groups, is either directly or indirectly a partner of the hospital in providing services which are essential to the welfare of the community. Also many of them serve as the connecting link between the hospital and a large segment of the general public.

As a community service institution Hill-Burton hospitals have an obligation to render some charity care. Close cooperation between the hospital and such groups as the county health and welfare departments can be beneficial to all groups concerned in handling charity cases. Health and welfare departments frequently wish to recommend persons to the hospital or a medical doctor for charity care. On the other hand, the cautious administrator may sometimes desire the help of the welfare department or other groups in establishing eligibility of some charity patients.

Certainly all groups concerned with welfare can be of benefit to the hospital in formulating and publicizing policy with respect to charity. This is another of the major needs of Mississippi hospitals. Many persons have the notion that all Hill-Burton hospitals are charity hospitals. Some people who are able to pay expect free services. Some administrators have attempted to solve this problem by refusing charity patients. However, this policy appears to be more detrimental than beneficial to the hospital. One hospital which followed this policy was not at all popular among the substantial middle class element in the county. Stories were told of several deaths which occurred because the hospital refused to render charity care to dying patients, and of embarrassing incidents to middle class persons who were suspected of wanting charity care. Whether or not these stories are true was not determined. However, the hospital has suffered and will probably continue to be held in low esteem by a sizeable proportion of the population until a reasonable policy with respect to charity is formulated and publicized.

Other persons and groups interested in welfare may be beneficial to the hospital if handled properly. One such group is the ladies in the community who are interested in the hospital auxiliary. These ladies are generally higher status persons who desire some channel through which they can render a welfare service to the community. They have resources in the form of time, talent, and sometimes money which the hospital can use to an advantage. Also they are either a part of, or close to, the community power structure and can influence the status of the hospital at that level.

If the administrator cannot work har-
monically with the auxiliary, however, it may do his hospital more harm than good. One hospital studied had a large and ambitious auxiliary, but the administrator's relationships with the auxiliary members were strained. Hence, the auxiliary spent a large part of its time criticizing the administrator and the hospital. Another administrator spoke of unfavorable experiences with the auxiliary. This administrator thought that civic clubs, churches and other groups interested in welfare could be used more effectively to perform some of the tasks ordinarily performed by the auxiliary. He saw an additional advantage in this arrangement because he said these groups do not become as deeply involved in the day to day operation of the hospital as the auxiliary does. Therefore, he does not have to justify his administration to these groups as he would to the auxiliary nor does he worry about these groups spreading detrimental gossip. It appears that the auxiliary can be a dynamic force in performing tasks which are not a part of the hospital's daily program and in promotion of the hospital in the community. However, unless the administrator has a well defined and useful program for the auxiliary he may find that its disadvantage outweighs the advantages.

Literature Available on Hospital-Public Relations in Mississippi

The materials in this report were taken in part from the following source: Interested persons may obtain copies of the publications, preceded by an asterisk by writing the Division of Sociology and Rural Life, Mississippi State University, State College, Mississippi.


*J.V.D. Saunders and J. H. Bruening, Hospital Care in Mississippi, Mississippi AES Information Sheet No. 581, State College, 1958.


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*Gerald O. Windham, Elisabeth J. Stojanovic and Marion T. Loftin, Attitudes Toward a New Hill-Burton Hospital in a South Mississippi County, Mississippi AES progress report in Sociology and Rural Life No. 18, State College, 1961.


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