

PUBLIC RELATIONS PRACTICES WITHIN SELECTED PUBLIC HOSPITALS IN KWAZULU-NATAL

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DECLARATION

I, Goodhope Singabakho Nxumalo, hereby declare that the work in this dissertation represents my own work and findings except where indicated, and that all references, to the best of my knowledge, are accurately reported.

Goodhope Singabakho Nxumalo

ABSTRACT

In South Africa, the media coverage and the general perceptions of the public about public hospitals have been pervasively negative and this has resulted in the overshadowing of the good work being done in hospitals. In an effort to overcome these negative perceptions, the Kwazulu-Natal Department of Health has introduced the practice of public relations in public hospitals since 2001. This effort is in line with the National Health Act 2004 (Act No 61 of 2003). The act is described by the Health Systems Trust to rest heavily on the Constitution which, amongst other things, requires the State to take reasonable legislative and other measures to progressively achieve the right of access to health care services, and reproductive health care, within its available resources.

The rationale behind the introduction of public relations was that, by managing and influencing the public's perceptions, public relations professionals in public hospitals would initiate a sequence of behaviours that would contribute towards the achievement of the hospitals' objectives. However, are relevant stakeholders aware of the presence, the role and the functions of public relations in public hospitals? Based on the above, this study seeks to evaluate public relations practices within selected public hospitals in Kwazulu-Natal, South Africa. The study is qualitative, cross-sectional and descriptive in nature. Data will be collected through observation, questionnaires and interviews.

The findings revealed that a lot more needs to be done by both the Department of Health in KwaZulu-Natal and hospital CEOs in order to benefit greatly from the practice of public relations in public hospitals as public relations practitioners are under-utilized. Issues of budget constraints, lack of public relations understanding by hospital CEOs are some of the factors impacting negatively the function of public relations in hospitals. It is more of a technical role that public relations practitioners play in public hospitals.

This study came to the realisation that not enough attention is given to the practice of public relations in public hospitals. One of the major recommendations is that public relations practitioners should participate in the strategic management processes and be part of the planning process and they should use public relations strategies to build harmony between the hospital and all its external and internal publics.

For public hospitals to realise the need and value from the function of public relations, they have to appreciate that the practice of public relations has grown over the years and they have to employ effective public relations practitioners in order to accomplish their goals.

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CHAPTER ONE

1.1 INTRODUCTION AND BACKGROUND TO THE STUDY

Public relations is present in almost all areas of life today. One such area is that of health. According to Tomic, Lasic and Tomic (2010: 25-27), health is, without doubt, one of the most important areas of social activity. Health is often described as a complex job in an unsafe future. The practice of public relations in health care has changed together with the dramatic changes in health care.

Public health care is also faced with a number of challenges and expectations in South Africa. This says that today's public relations practitioners need to deal with a much broader perspective of health related issues (such as the National Health Insurance), as it is being rolled out by the Government of South Africa. Apart from this, malpractice, scandals, mistakes and misunderstandings occur in medical and health care, like in any other organisation. Valjak and Draskovic (2012:258) argue that such things are bound to happen due to the nature of public health care, thereby putting the task at the hands of public relations to help in bringing public health care institutions and public together by providing accurate information.

Negative reports on public health care also dominate media coverage in South Africa. Such negative publicity damages the image of public hospitals and that of government's drive towards providing quality health care. Provision of quality health care is mandatory, as it is enshrined in the South African Constitution (as cited by Botha and Hendricks, 2008:25). Poor customer service and low levels of trust in public hospitals are some of the factors raised by Cullinan (2006:1), causing a negative image for the public health facilities in the country.

In an effort to bring harmony and improve liaison with the environment, the Kwazulu-Natal Department of Health introduced the practice of public relations in public hospitals in 2001. This effort is in line with the National Health Act 2004 (Act No 61 of 2003). The act, as described by Gray and Jack (2008:33), rests heavily on the Constitution which, amongst other things, requires the State to take reasonable legislative and other measures to progressively achieve the right of access to health care services, and reproductive health care, within its available resources.

The rationale behind this initiative was that by managing, controlling, or influencing people's perceptions, public relations professionals in public hospitals would initiate a sequence of behaviours

that would contribute towards the achievement of the hospitals' objectives and entrench the principles of Batho Pele. Based on the above, the study seeks to explore the role of public relations within selected public hospitals in KwaZulu-Natal.

1.2 PROBLEM STATEMENT

Cullinan (2006:10) reveals that only ten percent of people trust state hospitals, while half said hospitals gave poor customer service and a third said they do not get things right. The media is filled with stories and letters about people being poorly treated when visiting hospitals. It is such incidents that have led the KwaZulu-Natal Department of Health to introduce public relations in public hospitals. Public relations officers' responsibilities, amongst others, include establishing and maintaining relationships with target audiences and building a positive image for public hospitals.

In addition to the above, the Media Tenor Annual Report (2009:12) highlighted that the media coverage and the general perceptions of the public about public hospitals have been pervasively negative and this have resulted in the overshadowing of the good work that hospitals are doing in servicing the people of this country.

One of the findings identified by Guy et al. (2008:2-3) is the inability of many health care entities to successfully manage communications and relationships with these constituencies. This finding is a significant reason why health care systems have not achieved optimal functioning and outcomes. In addition, both public and private health care organisations have exhibited difficulties in demonstrating their worth and value to key publics.

Working towards getting a deeper understanding of the problem, in a telephone conversation on 9 February 2009, Mr LA Mbangwa, the General Manager of Corporate Communications of KZN: Department of Health, stated that citizens often complain about the unsatisfactory levels of service from public hospitals. Also linked to that is the fact that citizens will carry a lot of medication without even knowing the nature of the diagnosis. Even when they have queries, more than half of them are not aware of relevant channels in addressing their concerns.

Rust and de Jager (2010: 2278) also indicate that over eighty percent of South Africans have no medical aid, and have no choice but to seek treatment at the government hospitals and clinics. This is not the ideal situation when a common perception exists that public sector hospitals are inefficient and

ineffective while the privately-owned and managed hospitals provide superior care and are more sustainable.

Jan (2009:84) maintains that the function of public relations is to improve channels of communication and to institute new ways of setting up a two-way flow of information and understanding. Therefore, it is critical for every hospital to have this function in order to create and retain strong relationships with its stakeholders. These stakeholders include the local media and national media, local communities and various institutions, such as the community-based organisations, non-governmental organisations, faith-based organisations, research institutes, other government departments and possible political parties.

What is then important for the researcher is to investigate how the practice of public relations contributes to organisational effectiveness by means of reconciling the organisation's goals with the expectations of its strategic constituencies. Grunig (2009:6) affirms this view and states that organisations that manage these relationships strategically and effectively are more likely to attain their goals.

Public relations emphasise the importance of open communication and developing active partnerships with key stakeholders. However, a critical question that remains is do stakeholders understand the role of public relations practices within public hospitals? After more than ten years after the introduction of public relations in public hospitals, has public relations played a role in achieving the broad objective set by the Department of Health in 2001? This study, therefore, sets out to investigate the role of public relations in public hospitals in South Africa.

1.3 AIMS AND OBJECTIVES

The overall aim of the study is to explore the role of public relations within public hospitals. The objectives are:

- To establish the functions of public relations within hospitals; and
- To identify and explore the nature of relations between public hospitals and key stakeholders.

1.4 RATIONALE FOR THE STUDY

Research studies pertaining to the role and function of public relations in the public service are limited as the practice has been heavily associated with the corporate sector (Gregory, 2004:102). The Department of Health in KwaZulu-Natal only introduced the concept of public relations practitioners in 2001. Therefore, this research study will add value and also assist other researchers who will be interested in undertaking further research which may not necessarily be confined to the selected hospitals.

Macnamara (2001:157) indicates that there is a need for such a study considering that the practice of public relations is reasonably new to public hospitals and insufficient research has been conducted to evaluate the impact. The current research will, therefore, ensure that it identifies strengths, opportunities, weaknesses and threats in the practice of public relations at selected hospitals in KwaZulu-Natal.

This study will also help in streamlining processes which may need some adjustments and better inform the Department of Health of the strategies and tactics to be considered for a qualitative improvement of public relations practitioners.

This study will benefit both the Department of Health and hospital CEOs in better utilising the function of public relations within public hospitals.

1.5 SCOPE OF THE STUDY (AND DELIMITATIONS, IF ANY)

This study will be confined to public hospitals situated at the Vryheid, Nongoma and Hlabisa areas in KwaZulu-Natal. It will also be confined to the Living Standard Measures (LSM) 1 – 4 group. LSM 1 – 4 consists of + 75% of the group earning a household monthly income between R1,099 or less to R3,999 (Truter, 2007:53). These hospitals service people within this LSM group.

1.6 RESEARCH METHODOLOGY

This section of the study describes the research framework. In this study, grounded theory is used to unravel the phenomenon under investigation. Grounded theory is more comforting to participatory research, with data collection and analysis techniques based on its theory. Penzhorn (2002:245)

describes this approach as based on the people's role in the setting of agendas, participating in the data gathering and analysis, and controlling the use of outcomes.

The research is mainly empirical in that it seeks to draw conclusions based on the data collected from the interviews. A qualitative research methodological approach is used for this study. It is essential to note that qualitative research methods are explained by Penzhorn (2002:244) as best suited for the study of information needs as they are concerned with discovering the facts of the everyday lives of people, and thereby providing an understanding of the meaning of information in the lives of people.

With the main aim of the study being to explore the role of public relations within public hospitals, the research instrument took the form of interview schedules. The targeted population selected for this study was confined to public hospitals situated at the Vryheid, Nongoma and Hlabisa areas in KwaZulu-Natal. This also included local media and municipalities in the identified area. The criteria was to focus on people who will be most likely to experience, know about, or have insights into the research topic. The participants are hospital CEOs, local media reporters and local municipality officials from the Corporate Service.

As explained by Groenewald (2004:11), when collecting data by means of personal interviews, the researcher needs to visit the respondents at their workplace. This did help the researcher in ensuring that all questions were answered. The researcher had to brief respondents beforehand about the objectives of the research and guarantees related to the issues of privacy. Semi-structured interviews were appropriate for this study.

An interview schedule and guide consisting of open-ended and close-ended questions was used to collect data. An interview schedule helps one to manage one's time during data collection, factoring in time allowance for transcription and analysis, as expressed by Cohen, Manion and Morrison (2000:267). The researcher also attended two events organised by the two hospitals at the time of data collection. This was an opportunity to learn further about the role of public relations practitioners in terms of organising events.

Towards ensuring the reliability of the research, the researcher used the same interview questions to all respondents according to the interview schedule. This was done in a simple language and relaxed environment for the respondents to understand the questions clearly. Questions asked were relevant to the subject at hand, the objectives of the study and also linked to the literature.

Data was organised logically and systematically. Responses from the interviews were categorised and typed up into a simple format. The data was sorted into themes. Thereafter, the information was interpreted and summarised. Explaining the information was done at length in order to avoid making assumptions. As the study is qualitative in nature, a number of other topics came up during open-ended interviews. These topics were then listed as bullet discussion points. The researcher clearly understood that credibility starts with the researcher being credible. This included a proper documentation in terms of qualifications, experiences, perspectives and assumptions related to the practice of public relations in public hospitals.

Towards ensuring validity and reliability, the researcher prolonged engagements with all respondents to ensure that the information provided was credible.

1.7 DIVISION OF CHAPTERS

The dissertation is divided into five chapters. Chapter one introduces the research topic, provides a background and gives an outline of the study. It further highlights the problem statement, outlines set objectives and finally provides the scope of the study.

Chapter two presents an overview of the theoretical foundation. This is a basis for the design of the research instrument. This chapter critically reviews the relevant literature on public relations. This includes an introduction of public relations in public hospitals and the role and function of public relations.

Chapter three examines the methodology employed in the empirical study. This was achieved by determining the research instrument, sample, the method of obtaining data, reliability and validity of the research study.

Chapter four presents the results of the field work conducted. It sets out to explore the practice of public relations in public hospitals.

In chapter five, conclusions are drawn based on the findings from the study. Based on the interpretation of the results, this chapter further offers a set of recommendations pertaining to the practice of public relations within selected public hospitals in KwaZulu-Natal.

1.8 CONCLUSION

This chapter introduced the research problem, objectives of the study and has justified the necessity for the research. The rationale, scope of the study and the methodology were presented. Finally, the chapter presented an overview of the chapters that follow and laid the foundation for this dissertation. On this basis, this study proceeds to provide a theoretical underpinning for the study, by examining the role of public relations within selected public hospitals in KwaZulu-Natal.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter discussed the motivation for the research and presented an outline of the study based on the practice of public relations within selected hospitals in KwaZulu-Natal. This chapter will review related literature regarding discussion of health care in South Africa and the role of public relations in public hospitals in South Africa.

Before discussing the functioning of public hospitals, it is necessary to provide an overview of the public health system. Public hospitals are managed by the provincial departments of health. The role of the National Department of Health is to develop policy and channel funding to the provincial departments.

2.2 PUBLIC HEALTH CARE IN SOUTH AFRICA

According to Knight and Maharaj (2009: 17-18), the black African majority were largely restricted to using public services provided by segregated racial homeland authorities. Whites, on the other hand, had access to better quality public services, and their higher income groups had access to health insurance and, therefore, private health care services. Since the end of apartheid, there has been pressure to redress the inherent inequalities regarding the health sector, and this resulted in large-scale restructuring of health services in South Africa.

According to Luiz (2002:594-595), the 1994 elections ushered in a new, exciting and challenging era for the South African society. The democratic government inherited a discriminatory socio-economic system and a disorganised politico-administrative framework. Expectations for the new government to deliver an improved quality of life were immense. Provision of health care was one such challenge, which still continues to pose distinct challenges since democracy. The African National Congress's (ANC) Reconstruction and Development Programme (RDP) was introduced to eradicate the consequences of apartheid.

The RDP is a social contract which calls for confronting the challenges of meeting the basic needs, developing human capacity, increasing participation in the democratic institutions of civil society and implementing the RDP in all facets. Basic needs of the people include, amongst others, a clean and

healthy environment, adequate nutrition, and access to affordable, quality health care to all (KwaZulu-Natal Department of Health 2007: 5 – 6).

Coovadia et al. (2009:828) state that the central task for the democratically-elected state was to address the disempowerment, discrimination and underdevelopment that, over centuries, had weakened the health system. As the health system was transformed in 1994, this was driven by the need to redress historical inequalities and to provide essential health care to the disadvantaged (especially rural) people.

In addition, the introduction of the South African Constitution also specifies that, every person has the right to achieve optimal health. This, therefore, directly positions health care as part of the new government's responsibility, which resulted in the birth of the Public Health Policy.

2.3 THE SOUTH AFRICAN PUBLIC HEALTH POLICY

The overall aim of the Public Health Policy is to deliver accessible, equitable and good quality health services which are both responsive to community demands and based on the principle of intersectoral collaboration (Schaay, Sanders and Kruger 2011:2). Linked to this is the National Health Act (Act 61 of 2003). As described by Botha and Hendricks (2008: 26-28), the Act mandates the Minister of Health, within the limits of available resources, to ensure the provision of essential health services, which must, at least, include primary health care services to the population of the Republic as may be prescribed after consultation with the National Health Council. The Act took into consideration the 1996 policy document of the Department of Health on the restructuring of the national health system for universal primary care and the basic principles that would govern the reform process.

Since 1994, the public health system has been transformed into an integrated, comprehensive national service. The health care policy is structured into different categories of health care facilities from a public relations practice perspective. The structure of the South African health sector, as defined by Coovadia et al. (2009:829), is based on the following:

- National Department of Health responsible for national health policy;
- Nine provincial departments of health responsible for developing provincial policy within the framework of national policy and public health service delivery;
- Three tiers of hospital: tertiary, regional, and district;

- The primary health-care system – a mainly nurse-driven service in clinics, includes the district hospital and community health centres;
- Local government is responsible for preventive and promotive services; and
- The private health system consists of general practitioners and private hospitals, with care in the private hospitals mostly funded through medical schemes. In 2008, 70 percent of private hospitals lay in three of the country's nine provinces, with 38 percent located in Gauteng province (Johannesburg and Pretoria) alone.

South Africa's health system has witnessed a number of policy interventions aimed at advancing the policy agenda of a National Health System (NHS), as explained by Botha and Hendricks (2008: 18). Considerable progress has been made in terms of laying the foundation for such a system in relation to the delivery, organisation and funding of health services. According to the National Department of Health (NDoH 2007), access to primary health care service has increased significantly with 20 million more patient visits annually compared to five years ago. In addition to the above, Schaay, Sanders and Kruger (2011:5-7) also allude to significant progress made by the country in terms of certain aspects of the health care system. For example, it has developed sound and progressive public health legislation and policies, established a unified national health system, increased infrastructure at primary care level, removed user fees for maternal and child health services and introduced a system of social support grants, ensured the steady increase of immunisation coverage, and supported the world's largest HIV/AIDS treatment programme.

Despite considerable progress, Botha and Hendricks (2008: 4) point to the fact that key failures of the public health system are pervasive. Notwithstanding the implementation of a number of well documented policies, the public health system is still afflicted by the challenges of inequitable access to health services attributable to delivery inefficiencies, poor quality care, under-funding and the remaining lack of social solidarity within the system. A review by Schaay, Sanders and Kruger (2011:5-6) on the country's progress towards the Millennium Development Goals shows that, while the country had made some progress towards several intersectoral goals, its progress has been insufficient in others. To fully digest this, the section below relates to the Millennium Development Goals and the progress made by the country.

2.3.1 THE MILLENNIUM DEVELOPMENT GOALS

According to the United Nations Development Programme (2010), the Millennium Development Goals (MDGs) and targets come from the Millennium Declaration, signed by 189 countries, including 147 Heads of State and Government, in September 2000 and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly). The goals and targets are interrelated and should be seen as a whole. They enjoin the developed countries and the developing countries through a partnership that would be conducive to development and to the elimination of poverty.

For the purpose of this study, it is critical to look at South Africa's development context when scrutinising the country's role in order to address the Millennium Development Goals. As explained by Lehohla (2010: 16), the attainment of democracy in 1994 brought the possibility for South Africa to address poverty and inequality and to restore the dignity of its citizens and ensure that South Africa belongs to all who live in it. New policies had to be put in place to improve people's quality of life. It is through policy instruments that South Africa identifies the development challenges facing the country and outlines a strategy for improving living conditions of South Africans. The above talks directly to the core foundation of the Millennium Declaration in 2000, when the spectre of a whole new millennium presented the world with a chance to change the course of history and finally answer the challenges that bedevil human development. This is where governments of different countries of the world committed to end global poverty, secure peace, democracy and human rights.

Patel (2011:1) broadly outlines the Millennium Development Goals, which encompass the following eight targets:

- MDG1: Eradicate extreme poverty and hunger;
- MDG2: Achieve universal primary education;
- MDG3: Promote gender equality and empower women;
- MDG4: Reduce child mortality;
- MDG5: Improve maternal health;
- MDG6: Combat HIV/AIDS, Malaria and other diseases;
- MDG7: Ensure environmental sustainability; and
- MDG8: Develop a Global Partnership for Development.

South Africa's country report of 2010 carries a statement by the President of South Africa, Mr Jacob Zuma, explaining that South Africa has committed to the eight MDGs and embraced them into a national set of ten priorities. For the purpose of this study, MDGs 4, 5 and 6 are the most relevant.

The Medium-Term Strategic Framework (MTSF, 2009-2014) demonstrates how South Africa, at a strategic level, identifies the eight MDGs as integral to the country's development priorities. For example, the MTSF identifies the following five development objectives:-

- Halve poverty and unemployment by 2014;
- Ensure a more equitable distribution of the benefits of economic growth and reduce inequality;
- Improve the nation's health profile and skills base and ensure universal access to basic services;
- Build a nation free of all forms of racism, sexism, tribalism and xenophobia; and
- Improve the safety of citizens by reducing incidents of crime and corruption.

In terms of MDG 5: Improve maternal health, Lehohla (2010:66) states that investment in public health is high in the country, however, there is also an increasing level of maternal mortality. In 2007, South Africa was standing at 625 maternal deaths per 100 000 live births. This ratio is far higher than the 2015 MDG 5 target of 38 maternal deaths per 100 000 live births. Looking at MDG 6: Combat HIV/AIDS, Malaria and other diseases, the Government of South Africa has intensified the implementation of policies, strategies and programmes aimed at combating HIV/AIDS. However, the Lehohla (2010:66) makes it clear that there is recognition that the Government cannot be expected to combat the spread of HIV/AIDS, Malaria and other diseases (including TB) without broad-based support from all sectors of South Africa.

Lehohla (2010:2) explains that South Africa is one of the few countries with adequate data for purposes of the MDGs. According to the United Nations Development Programme, in 2005, the Government of South Africa produced its first national report on progress made towards achieving the MDGs. The report concluded that, for a number of goals, targets and associated indicators, considerable progress towards the achievement of national development targets was made. This applied specifically to economic growth (GDP), poverty reduction, gender equality, primary education and maternal health. A second MDG update was published for 2007 and updated in 2008. That report provided a mid-term

review of both the encouraging achievements and the challenges that remained on the path towards achieving the MDGs by 2015.

Patel (2011: 2) emphasises that South Africa has made progress on development goals. However, the shortage of finance experienced by Africa in this difficult economic situation depresses investment, deters growth and undermines the ability of the country to meet the MDGs, a conclusion which is also critical for this study. In addition, the Department of Health released a report in 2012, the aid effectiveness framework for health in South Africa, highlighting that the South African population faces a huge burden of preventable and treatable health problems whose solutions are known, and proportionately far beyond the country's share of the world's population. The burden from communicable and non-communicable diseases and injury and trauma, including the social impact of these, has adversely affected development in South Africa.

2.4 CHALLENGES FACED IN MANAGING PUBLIC HEALTH CARE IN SOUTH AFRICA

According to Coovadia et al. (2009:818), health care in South Africa reflects the country's position as a blend of the First and Third Worlds, as some public health care facilities in rural areas are very basic while some private facilities are cutting-edge, placing South Africa firmly at the forefront of medical advances. Generally, public facilities tend to be underfunded, bureaucratic, inefficient and hopelessly over-subscribed, whereas many private facilities are excellent – as good as any found in Australasia, Europe and the United States of America.

The Lancet Report (Coovadia, Jewkes, Barron, Sanders and McIntye, 2009:817) firmly and broadly indicates that the roots of a dysfunctional health system and the collision of the epidemic of communicable and non-communicable diseases in South Africa can be found in the policies from the periods of the country's history, from colonial subjugation, apartheid dispossession, to the post-apartheid period. In the Human Sciences Research Council CEO's report, Orkin (2003:15) states that the health system has not been immune to Apartheid's infections and, more than seventeen years down the line, we are still witnessing how the private sector is becoming wealthier whilst the public health sector remains stagnated, largely lacking the necessary financial and human resources to provide good quality health care to those who seek its services.

2.4.1 FINANCIAL RESOURCE CHALLENGES

Ataguba and Akazili (2010:74-78) maintain that, in South Africa, health care is financed through a combination of mechanisms. For example, in 2005, allocations from general tax accounted for about forty percent, private medical schemes about forty five percent, and out-of-pocket payments about fourteen percent of total health care financing. The financial resource challenge is critical to be understood fully as it may directly or indirectly have an effect on the practice of public relations at the identified public hospitals.

The Media Club South Africa (2012) states that health care varies from the most basic primary health care, offered free by the state, to highly specialised hi-tech health services available in both the public and private sectors. The private sector spends about R66 billion, while the majority of the black population depends on R59 billion. This clearly indicates that the public health care is stretched and under-resourced and this may cause serious challenges towards its day-to-day operations.

The Media Club South Africa (2012) further asserts that the Department of Health has an overall responsibility for health care in the country. High levels of poverty and unemployment imply that health care is largely the burden of the state. There has, however, been an increase in funding for public hospitals, which consume two-thirds of the health budget. In his Budget Speech, the Minister of Finance, Pravin Gordhan (National Treasury 2010:7), mentioned that, in October of 2009, the government announced an additional R5.4 billion for spending on the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) programme to be able to take on more people and improve the effectiveness of treatment programmes. Taking into account further policy measures to broaden access to those co-infected with Tuberculosis (TB) and women and children with Cluster of Differentiation 4 (CD4) counts lower than 350, a further R3 billion was allocated in the budget for 2010. About 920 000 people are on anti-retroviral treatment. The budget provided for the number to rise to 2.1 million in 2012/13.

According to Cullinan (2006), some eighty percent of the funds spent on health care in the country are spent in the private sector, which accounts for almost half the country's approximately four hundred hospitals. Yet, only about seventeen percent of the population have medical aid schemes and use private health facilities, whilst the rest of the population depend on the public health system, which is struggling to meet demand.

2.4.2 HUMAN RESOURCE CHALLENGES

A study by Schaay, Sanders and Kruger (2011:5-7) revealed that, despite the development of a national human resource strategy in 1999/2000 and the framework of a human resource plan in 2006, there remains a significant human resource crisis, especially at community and primary levels in the public health sector, with poor availability of health personnel in disadvantaged areas, further reducing access. Such knowledge may give meaning to some of the challenges or to better understand the nature of challenges experienced by public hospitals. The public relations practitioner will, in turn, use such knowledge to draw up programmes to tackle some of the grievances that may arise from the public.

A study conducted by Pillay (2008:99-100) on defining competencies for hospital management highlighted one of the reasons identified by the South African Government as being the lack of health management capacity which retards their quest to improve policy implementation and health systems' functioning. Despite health managers being central to overcoming the challenges facing health delivery in South Africa, Pillay (2008:101) emphasises that there has been a paucity of research that systematically analyses the competencies that are important for effective management of health care facilities. Such a factor may pose to be a serious challenge when it comes to the management of public hospitals.

Schaay, Sanders and Kruger (2011:5-7) reveal that the Development Bank of Southern Africa did work on the health roadmap which highlighted the problem of inappropriately skilled managers in charge of district health services and hospitals. This is due to the urgency to develop managers who are capable of managing the rapid changes in this sector as well as meeting the needs of patients and the communities alike. Pillay (2008:103) emphasises that there has been an increase in the number of health personnel undergoing management training. The public health system has been transformed into an integrated, comprehensive national service, but failures in leadership and stewardship and weak management have led to inadequate implementation of its policies.

Bateman (2009:2) further elaborated on the fact that pivotal facets of primary health care are not in place and there is a substantial human resources crisis facing the health sector. It is, therefore, important for public relations practitioners to understand that the field of health care management poses unique challenges as managers are expected to integrate modern business management practices with clinical and health care knowledge.

As government continues to build on the strategies to rebuild and restructure South Africa to meet the goals set in the Reconstruction and Development Programme (RDP), one of the findings identified by Guy et al. (2007:2–3) is the inability of many health care entities to successfully manage communications and relationships with these constituencies. This finding is a significant reason why health care systems have not achieved optimal functioning and outcomes. The responsibilities of today's health care organisations are too difficult and overwhelming to accomplish without the assistance of strategic partners and other publics.

Guy, Williams, Aldridge and Roggenkamp (2007:2–3) state that the environment, within which health care organisations operate, grows more complex and dynamic, presenting new opportunities and challenges. The demands on and responsibilities of today's health care organisations are too difficult and overwhelming to accomplish without the assistance of strategic partners. In addition, both public and private health care organisations have exhibited difficulties in demonstrating their worth and value to key publics by its definition. Valjak and Draskovic (2012: 256) describe public health care as organised health efforts directed to communities rather than to individuals, relying on a combination of science and social approaches. For example, the social approach of Batho Pele (putting people first) is one of the key principles of the Department of Health and Government. The Department of Public Service and Administration (2005) explains Batho Pele principles as follows:

Batho Pele Principle 1 - Consultation:

Citizens should be consulted about the level and quality of the public services they receive and, wherever possible, should be given a choice about the services that are offered.

Batho Pele Principle 2 - Service Standards:

Citizens should be told what level and quality of public services they will receive so that they are aware of what to expect.

Batho Pele Principle 3 - Access:

All citizens should have equal access to the services to which they are entitled.

Batho Pele Principle 4 - Courtesy:

Citizens should be treated with courtesy and consideration.

Batho Pele Principle 5 - Information:

Citizens should be given full, accurate information about the public services they are entitled to receive.

Batho Pele Principle 6 - Openness and transparency:

Citizens should be told how national and provincial departments are run, how much they cost, and who is in charge.

Batho Pele Principle 7 - Redress:

If the promised standard of service is not delivered, citizens should be offered an apology, a full explanation and a speedy and effective remedy; and, when the complaints are made, citizens should receive a sympathetic, positive response.

Batho Pele Principle 8 - Value for Money:

Public services should be provided economically and efficiently in order to give citizens the best possible value for money.

Implicit in the above principles of Batho Pele is the obligation of government to provide information to communities. However, one of the findings identified by Guy et al. (2007:2–3) is the inability of many health care entities to successfully manage communications and relationships with these constituencies. This is a significant reason why health care systems have not achieved optimal functioning and outcomes. In addition, both public and private health care organisations have exhibited difficulties in demonstrating their worth and value to key publics. It is for this reason that the concept of public relations has been introduced to assist with the management of public hospitals.

2.5 THE MANAGEMENT OF PUBLIC HOSPITALS IN SOUTH AFRICA

Public hospitals in South Africa are managed by the Provincial Department of Health. The role of the National Department of Health is to develop policy and channel funding to the provincial departments. The provision of health services is divided between primary health clinics and level 1 (district), level 2 (regional) and level 3 (central) hospitals (von Holdt & Murphy, 2006:2).

The public health hospitals are classified in table 1 as follows:

	District Hospital	Regional Hospital	Provincial Hospital	National Central Hospital	Specialised Hospital	Total Hospitals
<i>Province</i>	<i>(level 1)</i>	<i>(Level 2)</i>	<i>(Level 3)</i>	<i>Hospital</i>	<i>Hospital</i>	<i>Hospitals</i>
Eastern Cape	47	9	-	-	16	72
Free State	24	5	2	-	3	34
Gauteng	8	11	-	4	6	29
KwaZulu-Natal	37	14	1	1	9	62
Limpopo	37	5	2	-	3	47
Mpumalanga	20	5	1	-	1	27
Northern Cape	22	1	-	-	3	26
North West	24	4	-	-	2	30
Western Cape	28	9	-	3	21	61
Total	247	63	6	8	64	388

Table 1: Classification of public hospitals in South Africa by the Department of Health

Cullinan (2006) further highlights that, for many South Africans, particularly those in the rural areas, district hospitals are the only hospitals to which they will ever be admitted. A district hospital is a facility at which a range of outpatient and inpatient services are offered. It is open 24 hours a day, 7 days a week. The hospital would have between 30 and 200 beds, a 24-hour emergency service and an operating theatre. In demonstrating that health care is one of the key priorities for the South African Government, primary health services are now free of charge at the point of delivery, although little provision has been made to ensure that there are sufficient funds, personnel and medication available. Furthermore, between 1995 and the beginning of 1998, more than 560 clinics had been built or upgraded and more than 200 mobile clinics had been purchased.

The organogram (figure 1) of public hospitals is the same in all provinces in South Africa. Below is an illustration of a typical structure. What is important to note on the organogram is the positioning of a public relations practitioner.

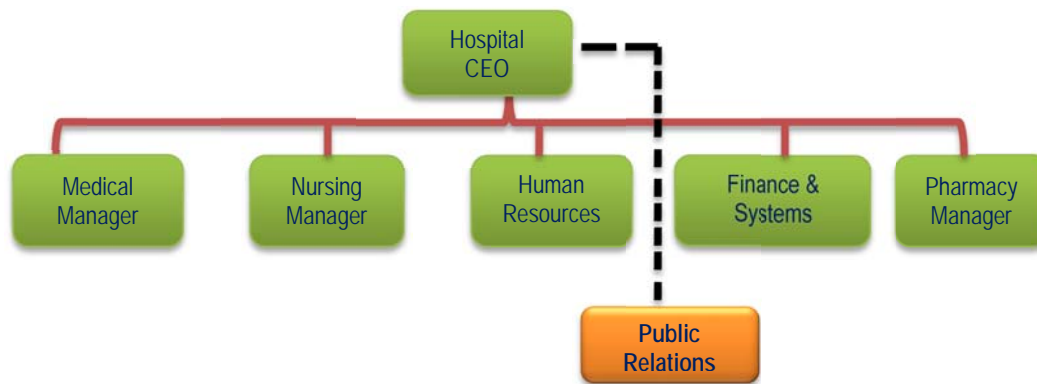


Figure 1: Hierarchical structure of public hospitals (KwaZulu-Natal Health 2009)

As indicated above, the hospital CEO is the head of the hospital. Under her are line managers, Medical Manager, Nursing Manager, Human Resources Manager, Finance & Systems Manager and the Pharmacy Manager. The line of reporting for all line managers is interlinked except for the public relations function. This function is not part of line management. However, the public relations practitioner reports directly to the hospital CEO.

2.5.1 THE INTRODUCTION OF PUBLIC RELATIONS IN PUBLIC HOSPITALS

Public Relations in Public Hospitals of the KwaZulu-Natal Department of Health (2007:6-7) is a policy which covers a broad objective, which includes the role of public relations office in institutions, core functions, key performance areas and appointment procedure. Its inclusion in the body of this dissertation is to give clarity on what is stated by the Department in terms of public relations practice. This policy is very important as the findings of this study will test its relevance.

2.5.1.1 Public Relations Policy by the KwaZulu-Natal Department of Health

According to this policy, public relations is central to the work and management of the KwaZulu-Natal Department of Health. The Department shall endeavour to provide the media and public with timely, accurate, clear, objective and complete information about its policies, programmes, services and initiatives, thereby ensuring visibility, accessibility and accountability.

Broad objective

To create a framework for public relations that would improve the quality, impact, effectiveness and efficiency of communication within the department.

The role of the public relations office in institutions

Public relations is a management function that is concerned with bridging diverse people together in mutual understanding and would have to employ every means to achieve an effective two-way flow of information between the organisation and its target groups.

The core functions of the public relations policy are as follows:

- Improve the institution/department's relations with the communities;
- Enhance levels of understanding between the communities and the institution/department; and
- Articulate, promote and defend the department's policies and positions as well as those of government.

The key performance areas of the public relations policy are as follows:

- Consulting/Counseling: to counsel/advise/consult management (including District management where no public relations officer has been appointed) on the broad communication imperatives;
- Develop increased goodwill, confidence and support between the institution and all its stakeholders;
- Community Involvement: must understand the attitudes and concerns of community, consumer, employee and public interest groups and establish cooperative relationships with them; ensuring that the communities are well informed in order to be able to participate effectively in the programmes of the department;
- Internal communication: Initiate internal communication mechanisms that address policy matters, personnel administration, training, news items and so on;
- Media Liaison: Establish and maintain cooperative relationships with representatives from print and broadcast journalism;
- Media Monitoring : assess and analyse the media for news items which might be of interest to the institution and the department;
- Marketing: use web pages as marketing tool;

- Corporate Advertisement: place advertisements to inform the communities of the institution's activities;
- IEC materials: develop and distribute IEC materials to educate the communities of the departments and government programmes;
- Organise Events: organise and manage events, exhibitions and educational seminars; and
- Crisis Communication: control the negative effects of crisis situations.

Appointment procedure

The appointment of PROs should be in line with the Public Service Act and the Public Service Regulations and all other applicable policies and legislations. This policy wishes to provide as follows:

- The policy provisions in relation to personal attributes, skills, knowledge, qualifications and job content should be incorporated into the job advert and description;
- The short listing and interview panels should include or seek to involve the contributions of the Corporate Communications unit of the Department of Health;
- The salary level of a PRO should be in accordance with Job Evaluation and shall commence at Level 9; and
- The Public Relations Officer should report to the head of the institution and shall sit in management meetings.

Having studied the public relations policy by the Department of Health in KwaZulu-Natal (2007: 6-7), it is now critical to look at the role of public relations in a public health setting, as discussed by various scholars.

2.6 THE ROLE OF PUBLIC RELATIONS IN A PUBLIC HEALTH SETTING

Guy et al. (2007:2) reveal that the inability of many health care entities to successfully manage communications and relationships with their key publics is the primary reason why health care systems have not achieved their goals. Furthermore, trust in health care systems and organisations has fallen to low levels 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. While communication researchers have developed a solid body of knowledge in the health field, little is known about the activities of public relations practitioners in public health bodies. Wise

(2001:497) believes that this is very unfortunate, because public health bodies have faced considerable criticism for what amounts to poor public relations. Yet on the other hand, public relations practice has much to offer the field of public health in helping public health bodies meet their challenges.

According to Wise (2001:497), public relations personnel with the proper training and support would seem to be ideally suited to helping public health bodies address some of their most important challenges. Yet we know very little is known about the activities of practitioners in public health settings. In other words, public relations practitioners with the necessary training and support could play vital roles in helping public hospitals achieve their goals with respect to providing essential health services.

Improved public relations activities are steadily becoming one of the most important activities hospitals can engage. Tengilimoglu, Yesiltas, Kisa and Dziegielewski (2007:20) highlight four factors that hospitals cannot afford to ignore. This includes quality of health services, cleanliness of the physical facilities, the attitudes and behaviours of hospital staff, and the reputation and image of hospital. Facilitating communication with consumers is important for all employees of the hospital including the medical staff and health administrators. Public relations departments can help to highlight areas of consumer satisfaction and use this as a direct or indirect measure of outcome to influence the surrounding community. Public relations departments also serve to assist with specific complaint behaviours in regard to consumer-perceived problems as well as providing responses to consumer complaints which affect the overall satisfaction with hospital services.

Publics are defined by Guy et al. (2007:3) as groups of people who share an interest in an organisation or industry, its functioning, and impacts on the welfare of those groups. Communications and public relations have always been intertwined and, in fact, have sometimes been thought of as interchangeable concepts. Among the first public relations activities undertaken by hospitals in the 1920s were newsletters. These were fliers used to inform the general public of the hospital's activities. This form of activity is still heavily used by public hospitals in South Africa. In the new millennium, public relations in health care remains focused primarily on one-way communications (both internal and external) and image-building activities. Organisations 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.

Tengilimoglu et al. (2007:23) point out that the community, including the news media, medical professional associations, business round table discussions, regulators and government policy makers, social action groups, can take an active or reactive interest in the organisation's activities that should never be underestimated.

Currently, philanthropy is becoming less and less an important part of a hospital's overall budget, with third-party payments accounting for more than seventy five percent of operating revenue. A response by Brønn (2001:1), is that public relations men or women must offer something more worthwhile to management if they are to survive. They must participate in the decision-making process if they are to function as true professionals.

Important to note, Kano (2009:106) raises the point that most hospital administrators and medical board presidents are adamantly opposed to any kind of publicity as a matter of policy. On the other hand, Brønn (2001:1) points out that the hospital public relations personnel's biggest enemy is themselves, because often they have not prepared themselves for a battle of wits in an atmosphere where their adversaries have the advantage of omniscience. Knowledge of techniques, such as public-opinion surveys and audio-visual communication, are, of course, helpful or even necessary, depending on the job situation.

Talking to the critical imperative of this dissertation, Turney (1998) raises a need for strong and significant relationships between organisational effectiveness and departments with high potential to practice the two-way symmetrical model, enact the manager role, and participate in strategic planning.

Turney (1998), further argues that, while hospital CEOs are aware that public relations importance in health care is increasing, they are not clear as to what public relations as a discipline or profession entails or how it should fit into the organisational structure. The blame is on CEOs' confusion on practitioners' preoccupation with production-oriented tasks, which reinforces views of public relations as a lower level technical function rather than one that provides strategic counsel to senior management. As a result, public relations departments often are one of the first targets for budget cuts and downsizing or sometimes eliminated. Yet, to overcome their crisis situation, hospitals need excellent public relations.

The excellence theory, according to Tyama (2008:197), holds that public relations departments with high potential for excellence will contribute to an organisation's effectiveness by helping it meet its budget, reach its goals and objectives, and advance its mission.

Imperatively, hospitals do carry some form of public relations activity, acknowledged or not. A tool used to measure its effectiveness is described by Shelton (2001:25) as through asking callers where they heard about a service and patient surveys are the methods most used. Although the hospital has several target audiences, each audience has different needs. The main audiences include the local community, the surrounding countries, physicians, hospital employees and the media.

Looking at the case of designing health brochures, Springston and Champion (2004:483) flag that brochures continue to be one of the most common tools available to health public relations practitioners. However, few studies have focused on the best ways to design health brochures for the public. It is based on this reasoning that Springston and Champion (2004:484) conclude that this shift makes the role of public relations practitioners more critical than ever. Well-designed public relations materials are essential to effectively inform the public about healthy behaviours and persuade them to adopt those behaviours. While the development of brochures is often tossed off as a technician function in public relations, they are one of the most common and cost-effective ways to inform one's public. Brochures have the potential to effectively reach a wide variety of target publics.

The purpose of public relations is explained by Fitzpatrick and Gauthier (2001:194) as not simply to influence publics for the good of the institution. Rather, it should be to help organisations and their publics accommodate each other's interests with a goal of mutual benefit. According to Devi and Singh (2014:1), hospitals cannot serve in isolation and, hence, it needs, to assist the society and to gear itself to meet the expectations of the society to give them fullest satisfaction. Good services, coupled with sound working practices and fair treatment of employees and medical staff, are not enough unless a sound programme of public relations is developed and practised. Devi and Singh (2014:1) also highlighted the four distinct reasons for ever increasing necessity of public relations:

- Increased governmental activities;
- Population explosion creating communication problems;
- Increased educational standards and resulting in rise in expectations; and
- Progress in communication techniques.

In health care, the need for public relations arose in response to the demand for greater accountability by health organisations to their many different constituencies. According to Guy et al. (2007:2–5), this reassessment encompasses the purpose and objectives of public relations efforts as well as where the function is placed in the organisational hierarchy; its role in strategic planning; who conducts public relations activities; and what those activities are. What is being raised by Guy et al. (2007:6) is also fundamental for this study towards getting credible findings in the practice of public relations within selected hospitals in KwaZulu-Natal.

For the public relations practitioner to achieve greater accountability to many different constituencies, the element of communication needs to be amplified. It is impossible to think of public relations actions without looking at communication taking place. According to Henderson (2005:286), public relations and communication are so entwined that it is virtually impossible to separate the two. In essence, strategic health communication is critical for public hospitals and it has to be driven by the public relations practitioner, looking at a number of programmes that the hospital is offering.

According to Rice and Atkin (2001:251), the concept of strategic communication encompasses a wide variety of public health interventions, including community mobilisation, client-centered counselling, social network interventions, social marketing, entertainment-education by means of television or radio dramas and music, and so forth, including any type of communication process that leads to behaviour change. Critical for this study is the explanation by Rice and Atkin, citing that for specific health problems an analysis of the population can determine which types of strategies and which messages and activities are most appropriate to be used by public relations practitioners for different communities.

Below are the six key elements of strategic communication, as discussed by Rice and Atkin (2001:251 - 252):

Science and research-based

- A science and research-based approach to communication requires both accurate data and relevant theory. It begins with formative or preliminary research and adequate data to define a specific health problem, identify feasible solutions to the problem, and describe the intended population or audience;

Client-centered

- A client-centered approach calls for substantial message pretesting and audience reach (both qualitative and quantitative), including focus groups, interviews, surveys and psychographic

research. This approach can offer practical support to clients, for example, by making client-provider communication more convenient, less time-consuming, and more polite;

Benefit-oriented

- Perhaps the most important single element in strategic health communication is to emphasise the desires and constraints of specific clients, potential clients, or segmented audiences;

Service-linked

- Health promotion campaigns should increasingly identify and promote the specific sites, providers, brand name products, and even means of access that can help individuals meet their needs as do social marketing campaigns. The audience needs to know what to do and where to find any help that is needed;

Entertainment education-focused

- Entertainment education is important to strategic communication due to the “nine p’s”: pervasive, meaning it reaches almost everyone; popular, meaning everyone likes it; passionate, meaning it evokes emotions; personal, meaning people identify with characters in entertainment; participatory, meaning people often become involved in following entertainment figures and situations; persuasive, meaning individual role models and consequences of behaviour can be convincingly portrayed; and practical, meaning the entertainment industry already exists and can readily incorporate health themes in on-going work in a cost-effective manner; and

Expanding to scale

- A strategic communication programme must be able to scale up to reach ever larger populations and areas.

The specific communication role of public relations within public health care, as described by Valjak and Draskovic (2012:257-258), is a necessity. This is important for this study as communication plays the following important roles in the context of public health care:

- Monitor health status and solve community health problems
 - » Communication role: Deliver relevant health status information to communities, particularly changes in rates that suggest the need for intervention; provide an opportunity for communities to voice concerns about perceived health problems;
- Diagnose and investigate health problems and health hazards in the community

- » Communication role: Notify individuals and communities of potential health hazards;
- Inform, educate, and empower people about health issues.
 - » Communication role: Use multiple levels of communication, including community education to bring about healthy lifestyles;
- Mobilise community partnerships and action to identify and solve health problems.
 - » Communication role: Assist in the development of coalitions and partnerships that will lead to collaborative action;
- Develop policies and plans that support individual and community health efforts.
 - » Communication role: Inform the public about new laws that affect health and share draft planning documents with stakeholders as a means to receive input and generate investments and outcomes; and
- Research for new insights and innovative solutions to health problems.
 - » Communication role: Publish results of applied research in peer-reviewed journals so that other institutions can translate findings into more effective public health practice.

If the above are implemented effectively, they will justify the definition of public relations by Newsom and Carrel (as cited by Henderson 2005:286) calling communication the heart of public relations. As this is a public relations study, it is important to look at the strategic role of public relations and the importance of stakeholder relations.

2.6.1 THE STRATEGIC ROLE OF PUBLIC RELATIONS AT PUBLIC HOSPITALS/PUBLIC RELATIONS AND STAKEHOLDER RELATIONS

In terms of the strategic role of public relations at a public hospital, Everett (2010) states that the role of a strategic public relations manager is to undertake environmental scanning and issues management. By doing so, the consequences of decisions can be assessed and influenced before they impact upon the organisation's various stakeholders. Furthermore, the practitioner, who enacts the role of the strategic public relations manager, helps the organisation identify the strategic stakeholders with whom it needs to build relationships.

Ni (2009:103) raises the point that organisations need to explore how their publics perceive the different types of relationships or different quality of relationships that are especially needed under different strategies, so that they can avoid doing things for historic reasons without ever considering the effects

of those practices. The value of public relations lies in strategically cultivating relationships with a public that can contribute to the implementation of organisational strategies. What is crucially important for public relations practitioners is the understanding of the business and societal issues that the organisation is facing and then connecting communication to these issues.

It is fair to conclude this section by highlighting that the involvement of public relations during decision-making is important due to an extra resource that public relations brings to the table in terms of environmental scanning and issue management. The discussion emphasised the importance and benefits of having public relations in the management and taking part in the strategic direction of the organisation. The appointment procedure (KwaZulu-Natal Department of Health 2007:7) states that the public relations officer should report to the head of the institution and should sit in management meetings.

When it comes to stakeholder relations, one of the objectives of this study is to identify the nature of relations between the hospital and key stakeholders. This section will also draw literature on how a public relations programme can be used to generate media coverage for the institution. It has to be remembered that part of the problem statement is that the public hospitals continue to generate negative coverage. Building relations with health journalists due to their specialised understanding of the sector is important for this study.

van Oudenhove de St Géry (2010:60) emphasise that public relations has a role to play in stakeholder management as it can identify the organisations' most strategic public; planning, implementing and evaluating communication programmes to develop and maintain as well as measure the long-term relationships between management and those stakeholders.

Rawlins (2006:2) defines a stakeholder as any group or individual who is affected by or can affect the achievement of an organisation's objectives whilst publics is the term used for stakeholders in the public relations literature. The term publics has frequently been related to the recipients of messages from organisations. These publics become segmented into more homogeneous subsets that help communicators choose appropriate channels for reaching them.

One of the important considerations in stakeholder management, as outlined by van Oudenhove de St Géry (2010:34–35), is to identify and classify which stakeholders are important to the organisation and should be considered within the organisation's environment.

Effective management of relationships with stakeholders is crucial to resolving issues facing organisations. By using their influence, stakeholders hold the key to the environment in which one's organisation operates. Thus, the effective management of stakeholder relations is growing as a key focus of public relations and organisational activity (Harrison, 2011).

What is important for this study is that the aim of stakeholder relations management is to influence stakeholder attitudes, decisions and actions for mutual benefit. This aim will address how the hospital relates with the media and local municipalities. According to Harrison (2011), the first main steps in stakeholder relations management are to identify and prioritise stakeholders. The benefits of using a stakeholder-based approach are:

- » One can use the viewpoints of the main stakeholders to help shape one's projects at any stage;
- » Gaining support from powerful stakeholders can help one to win more resources;
- » By communicating with stakeholders early and often, one can ensure that they know what one is doing and fully understand the benefits of one's project; and
- » One can anticipate what people's reaction to one's project may be, and build into one's plan the actions that will win people's support.

What is important for public relations is that, once organisations have identified their stakeholders, there is a struggle for attention. Rawlins (2006:2) states that sacrificing the needs of one stakeholder for the needs of the other is a dilemma with which many organisations struggle. When these conflicts arise, it is important to the success of the organisation that it has prioritised each stakeholder according to the situation.

What is also more relevant to this study is the statement by van Oudenhove de St Géry (2010:60) that public relations adds value to organisations by being central to stakeholder management through identifying the strategic publics that develop because of the consequences that organisations and publics have on each other as well as by using symmetrical communication to develop and maintain quality relationships with these strategic publics.

To mitigate extensive negative media coverage, as explained in the problem statement, a proper media relations plan will be ideal for public relations in public hospitals. The section below will highlight the use of a public relations programme to generate media coverage and also building relations with health journalists.

2.7 PUBLIC RELATIONS: PRACTICE AND ORIGINS

When discussing the general role and functions of public relations, it is critical to firstly draw literature from the global perspective in terms of its practice internationally. This is aimed at giving the generic understanding of public relations and its expectations. Linked to this are the characteristics of excellence in public relations. As this is a South African study, focus on the development of public relations in South Africa and other countries in the Southern region is very important. This is then guided by the origins and definition of public relations.

2.7.1 THE PRACTICE OF PUBLIC RELATIONS

It is critical to be aware of what is happening in other corners of the world and keep abreast with latest trends and developments. As a result, literature on global theory and international practice of public relations is of utmost importance for this study. Thereafter, it is critical to look at the constraints experienced in the 21st century as this will give proper guidance to this particular study. Discussion on the practice of public relations is bound to include the four models, as explained by Grunig (2001:76). Public relations tools are also key in the practice of public relations as they look at various platforms available for public relations practitioners to engage their stakeholders.

This discussion also explores the concept of agenda setting and the use of media through building relations. The importance of messaging and how to package messages is important for public relations in terms of reaching the target audience. For any organisation, good publicity is key towards a positive image. As this study is about the practice of public relations within selected hospitals in KwaZulu-Natal, a hospital environment is sensitive in nature and crisis needs to be managed properly in case it arises. It is due to this reason that crisis management is also discussed at length. Every public relations practitioner needs to be guided by the code of conduct, herein referred to as ethics, which is important for public relations officers practising at public hospitals as well.

2.7.2 PUBLIC RELATIONS INTERNATIONALLY

Public relations is an emerging social science discipline currently lacking paradigmatic and topic diversity and strongly influenced by practice. Within this context, O'Dwyer (2005:809) views the public relations function from one of the two perspectives. First, there are those who discern it to be a mutually beneficial function benefiting both publics and the management. Second, there are those who

identify it as being manipulative to the detriment of the publics. To those who perceive the function as being mutually beneficial, the relationship between management and its publics is symbiotic in nature, benefiting from the use of two-way communication to achieve the company's goals without any adverse effects to its publics.

United States public relations models have generally dictated western public relations practice, but international public relations presents issues related to cultural, social and economic factors that must be considered. In search for a generic understanding of public relations practices, a study, conducted in India, Greece and Taiwan by Diaz, Abratt, Clarke and Bendixen (2008:81), identified two additional models: the personal influence and the cultural interpreter models. In essence, the personal influence model is applicable when public relations practitioners are expected to develop contacts with important people. The cultural interpreter model is applicable when practitioners are expected to interpret local cultural practices for multinational companies (Diaz et al., 2008:81).

Scholars continue to challenge the applicability of the four public relations models presented by Grunig (2001: 75-80) across cultures and countries. What is stressed by Diaz et al. (2008:81) is the need to focus on the central purpose of public relations by the use of communications to adapt relationships between organisations. Also linked to this is the expectation on public relations to be an effective function that can help organisations or clients achieve excellence through communication.

The question of excellence in public relations is of critical importance to the practice of public relations in public hospitals, as this can assist in terms of defining and measuring effectiveness and excellence of public relations practitioners. According to Grunig (2008:1620–1622), excellence in public relations can help organisations achieve their goals and to be the most effective that they can be. The characteristics of excellence in public relations are listed below:

- Involvement of public relations in strategic management;
- Empowerment of public relations in the dominant coalition or direct reporting relationship to the senior management;
- Integrated public relations function;
- Public relations as a management function separate from other functions;
- The role of the public relations practitioner;
- Two-way symmetrical model of public relations;
- A symmetrical system of internal communication;

- Knowledge potential for managerial role and symmetrical public relations; and
- Diversity embodied in all roles.

Unique social, political and economic factors shape the practice of public relations in different countries. This is strongly embedded on what James Grunig described as the Global Theory of Public Relations. The professional practice of public relations, according to Gibson and Gonzales (2006:23), has a lengthy and distinctive history. It is an important profession in a variety of ways, as the public, in general, has benefited on numerous occasions from public relations campaigns. Symbiotic relationships between public relations practitioners, the media, corporations and the public are complex and diverse, but the typical outcome is some degree of satisfaction for each of these major stakeholders.

Kent (2001:60) explains public relations as a mediated communication activity used to reach multiple publics. Prevailing opinion has been that public relations practitioners are in an ideal position to bridge the gap between the media and the general public. Important to note is that public relations should carefully examine its assumptions to understand where the field currently is, and, more importantly, where the field is going.

2.7.3 THEORY AND INTERNATIONAL PRACTICE OF PUBLIC RELATIONS

According to Grunig (2009:2-4), global public relations theory attempted to answer the question of whether public relations theory and practice should be unique to each country or culture or whether it should be practised in the same way everywhere. In an attempt to answer this question, the first point is that global public relations should fall in the middle between standardisation and individualisation.

There are a set of generic principles that could be applied universally. These principles should be applied differently in different locations. Grunig further argued that there are many idiosyncrasies in public relations practice around the world that reflects cultural differences. Global theory is a normative theory that argues that public relations will be most effective throughout most parts of the world when it follows the generic principles and applies them with appropriate variations for local, cultural, political, social, and economic conditions.

The generic principles are summarised by Grunig (2009:4) as follows:

Empowerment of public relations

- The chief communication officer is part of or has access to the dominant coalition or other coalitions of senior managers who make decisions in the organisation;

Integrated communication function

- Excellent departments integrate all public relations functions into a single department or have a mechanism to coordinate the departments responsible for different communication activities;

Headed by a strategic manager rather than a communication technician or an administrative manager who supervises technical services

- Excellent public relations units have at least one senior manager who directs public relations programmes;

Involved in strategic management

- Public relations develops programmes to communicate with strategic publics, both external and internal;

Two-way and symmetrical communication

- Two-way, symmetrical public relations uses research, listening, and dialogue to manage conflict and to cultivate relationships with both internal and external publics;

Diverse

- Effective organisations attempt to increase the diversity in the public relations function when the diversity in their environments increases; and

Ethical

- Public relations departments practise ethically and promote ethical and socially responsible organisational decisions and behaviours.

However, these generic principles call for six contextual conditions to be taken into account when applied. This includes culture, the political system, economic system, level of economic development, nature of activism and the media system. The new digital media is a global force that conforms well to the generic principles and that make it possible to overcome the contextual conditions that limit the practice of these principles.

2.7.4 PUBLIC RELATIONS IN THE 21ST CENTURY AND CONSTRAINTS IN THE PRACTICE

In the 21st century, Pearce (2010) states that the most potent and potentially meaningful characteristics of public relations remains its ability to transform organisations so that they are more aligned with their stakeholders' needs and wants. On the other hand, Falkow (2010:2) points out that social media is no longer a fad, or something to try out. It will become an integral part of public relations moving forward.

This says that public relations practitioners have to master social media and use it strategically to be effective.

In terms of constraints, public relations practitioners employed within organisations must work under the constraints imposed by management. Ireland and Hitt (2005:54) emphasise that these constraints hold the potential to control how public relations is practised in the organisation. Furthermore, a public relations practitioner must determine a model which will best serve an organisation. However, to play a role in determining the organisation's predominant public relations model, a practitioner would need to have influence at the highest level within the organisation. For example, a public relations practitioner skilled in the use of research might not be able to employ that skill to practise two-way public relations if the upper-level management of his or her organisation only supports publicity from the public relations function.

For this to happen, Ireland and Hitt (2005:55) explain that, ideally, the practitioner who has limited involvement with upper-level management, and, therefore, a limited managerial role, will likely be unable to practise public relations strategically. Turney (2000:1) emphasizes in that the public relations profession did not mature beyond manipulative explanations until practitioners realised that the most meaningful and long-lasting relationships are built on two-way/give and take relationships rather than one-way persuasion.

Whether or not public relations departments in hospitals are to meet the challenge is unknown because little research has focused on public relations in this type of organisation Turney (2000:1).

A discussion on the practice of public relations gave a concise view that there are various models being applied by various practitioners in different environments and countries. It is, therefore, critical to scrutinise these models for the purpose of this study.

2.7.5 PUBLIC RELATIONS IN SOUTH AFRICA

The development of public relations practice is more advanced in South Africa than other countries in the Southern region. According to Rensburg and Cant (2003:67), the era of modern public relations in South Africa could be traced back to the colonial era; this led to the establishment of the Public Relations Institute of Southern Africa (PRISA). Public relations has evolved to being a service involving

strategic thought and implementation across all elements of the communication mix. This confirms what is raised by Mora (2012:1) who cites that public relations is no longer about merely disseminating press releases. Instead, it is a brave new world which embodies a well-considered strategic communication process (which, by its nature, must be dynamic and evolutionary).

Gray (2003:2) explains that South Africa remains Africa's largest public relations market. Most of the world's biggest public relations networks are represented through affiliate relationships, although a handful have equity stakes in South African public relations companies. Increasingly, public relations in South Africa is no longer seen as an 'add on', but as a strategic tool to be employed and integrated into other business activities at the planning stage. Furthermore, corporate governance legislation means that companies will have to work harder at communicating with stakeholders.

In terms of education, universities and technikons ("universities of technology") offer courses on public relations, but from different points of view. Meintjes and Niemann-Struweg (2009:227) state that "public relations courses at South African universities tend to follow the more theoretically inclined European model, whereas training at South African universities of technology and technical colleges tends towards the American, more skill-based, model".

There is a compulsory in-service training that graduates need to accomplish before entering the job market. However, "Public relations practitioners are confused about their role in organisations, and are of the opinion that they lack knowledge and experience in areas such as strategy, business management, marketing, and (given divergent educational backgrounds) public relations itself" (Kent, 2001:61). Furthermore, public relations functions are carried out by diverse individuals such as lawyers, media personnel or management-trained executives. The conclusion thus seems to be that public relations is a discipline that is confused, unsavoury and ill-trained.

Another critical aspect mentioned by Meintjes and Niemann-Struweg (2009:228) is that, traditionally, the public relations industry in South Africa has been a haven for failed journalists. The lack of experience and knowledge of some practitioners is preventing the industry from positioning itself in the marketplace. There are too many non-qualified and inexperienced people entering the South African public relations industry. This contributes to the negative image and lack of recognition given to the profession.

Kent (2001:61) highlighted that South Africa provides little opportunity for practising Western public relations. The main reason is that public relations has been practised in the country for more than 50 years. The future of the profession is in the hands of its practitioners. The question is whether they are prepared to take responsibility for what they are doing, and find creative ways of dealing with a difficult situation.

Today's public relations agencies are hired to engage in persuasion on behalf of their clients, who believe their problems can be solved if only they can gain the support of their publics. Smith (2005:6-7) envisions public relations anew, seeing it as serving the persuasive needs of client organisations as well as fostering more productive and beneficial relationships between organisations and their various publics. As a result, public relations practitioners should be prepared to help organisations engage their publics both in word and deed.

Due to democratisation in South Africa, Holtzhausen's (2005:408) findings revealed that greater demands were made on more transparency. Hence, organisations are forced to communicate and convince the public about their involvement in the communities around them and how they are helping people. Practice required more specialisation in intercultural communication and development communication. More community involvement brought challenges in terms of cross-cultural issues. This made the practice more stressful, more demanding and more aggressive.

Moving forward, Lages and Simkin (2000:298) look at public relations as an emerging social science discipline currently lacking paradigmatic and topic diversity and strongly influenced by practice. Public relations activities will vary according to the historical and cultural context in which they are practised. This is due to the fact that every individual engaged in dialogue will have his or her own values and assumptions that guide relationship building which is culturally constituted and shaped by their own experiences and position within society.

Local influences, institutions, and practitioners are enabling public relations practice to develop in unique ways within particular nations. Furthermore, researchers of international public relations are becoming increasingly conscious of the fact that the standardization of approach, and a lack of awareness and appreciation of the culturally prescribed rules and norms of communication behaviours particular to other cultures, impedes relationship building across cultural boundaries and can have a detrimental effect on the success of public relations activities (Hodges, 2006:81).

Due to the ever-changing environment, White (2000:85) points out that public relations cannot survive without innovation. This means that innovation in public relations depends, in part, on practitioners claiming a role for themselves which is larger than the role many accept at present, such as the communication specialist role. Public relations should be recognised as part of the overall management function, examining and helping manage important relationships, seeking to influence the development of those relationships and the perceptions and behaviour associated with them.

2.7.6 ORIGINS AND DEFINITIONS OF PUBLIC RELATIONS

Looking at origins of public relations, Ofose (2012:2) describes public relations as a profession that existed for thousands of years. The Greek had a word for it: Sematikos (to signify), which can semantically be defined as how to get people to believe things and do things. That is not a bad definition of public relations. Ofose further explains that public relations became a profession in 1903 as Ivy Lee undertook to advise John D. Rockefeller on how to conduct his public relations.

In 1923 (as cited by Bates, 2006:3-4), Bernays published "Crystallizing Public Opinion," in which he established several public relations principles. He said that public relations had these functions:

- To interpret the client to the public, which means promoting the client; and
- To interpret the public to the client, which means operating the company.

Hodges (2006:81) highlights that public relations has been commonly regarded as a United States phenomenon which emerged as a result of industrialisation and spread to other parts of the world as a result of globalisation. However, Lancaster (2010) traces its modern day origins in the United States as far back as 1807 with President Jefferson's address to congress, although evidence suggests that the ancient Greeks and Romans gave much attention to influencing public opinion.

Taking both Hodges and Lancaster's findings and the findings of Curtin (2006:1) who focused on the 20th century factor, it is evident that the United States took the lead in defining its practice and formalising its structure. However, in the new millennium, public relations is blossoming from a United States based industry into a global industrial phenomenon spanning countries with vastly different cultures, economic and political systems and levels of development.

Another interesting review by Lancaster (2010) is that public relations in the United Kingdom began as a Government information and propaganda machine during World War One and was then used more extensively in World War Two. Public relations has now spread throughout industry and commerce. At

first, full-time employment was less common than the use of the services of a public relations consultant. From the mid 1970's onwards, a change developed in the role and perceived value of public relations, leading to a growth in this form of communication, which has continued right up to the present day.

Moving towards globalisation, Yannas (2005:72) explains that public relations, as a field of study, has made great strides in the past three decades. Programmes in public relations have multiplied both in the United States, the country where the field traces its academic origins and its major developments, and in the rest of the world.

In conclusion, a number of scholars highlighted that it is very safe to say that what is now referred to as public relations had actually been in existence from the beginning of man's existence. Uyo (2006:28–30) stresses that, although the phrase public relations was invented in the twentieth century, the practice of public relations had been since the dawn of recorded history. In addition, Bentele (2010:313) raised that, "Edward Bernays, one of the seminal figures in modern public relations stated that, the three main elements of public relations are practically as old as society: informing people, persuading people, or integrating people with people. Of course the means and methods of accomplishing these ends have changed as society has changed."

The common theme from all the sources on the origins of public relations is that the profession has been in existence for a very long time. However, it is critical to note that it has evolved over time. Some of the factors to this existence include the industrialisation and the impact of globalisation. Terms like public opinion and propaganda machine are prominent when looking at this subject, as provided by various sources. The most important factor (which is relevant from all the sources used) is about linking the public and the company. This point is of utmost importance for this study as it is looking at public relations practices within selected public hospitals in KwaZulu-Natal.

2.7.7 DEFINING PUBLIC RELATIONS

The Public Relations Institute of Southern Africa (PRISA), established in 1957, represents professionals in public relations and communication management throughout the Southern African region. Public relations is the management – through communication - of perceptions and strategic relationships between an organisation and its internal and external stakeholders, (Public Relations Institute of Southern Africa 2009).

Public relations is defined by various practitioners and scholars in which management seems to be the common and key element (Khodarahmi, 2009:529). Another aspect of the definition centres around beneficial relationships which this study will also explore further. Slater (2002:149-152) defines public relations as a management function that establishes and maintains mutually beneficial relationships between an organisation and the publics on whom its success or failure depends. Public relations practitioners need to distinguish between internal and external relations. Internal relations deal with publics involved in the internal working of the organisation. This may include nurses and administrators at the hospital, whereas external publics deal with consumers or the public that are being serviced. Again, for the hospital, this may include the surrounding community to the hospital and the public, in general.

Polly (2004:47) defines public relations as being more than just generating positive news coverage for the organisation. It is critical to remember that public relations is all about managing relationships. As a result, public relations tools include everything from customer service and customer relations to relations with one's employees. Another perspective from Sriramesh (2009:2) is that public relations practitioners pursue building good relationships with their publics by obtaining positive publicity, good company image, management and elimination of rumours, news and adverse events.

Turney (2000:1) states that most people think they know what public relations is. It is so much part of one's everyday life and vocabulary that one tends to take it for granted. In that respect, it is a lot like communication. Both are terms one hears every day. They are processes one experiences and participates in regularly but, because they are so common and so familiar, one does not clarify them in one's own minds or in one's conversations with others. One assumes that everyone will know what one is talking about and that one will know what they mean.

What is clear from Turney's (2000:1) explanation is that "public relations practitioners who are performing public relations for a living should have a pretty clear idea of what the other practitioners encounter whose definitions and interpretations are dramatically different than their own".

Curtin (2006: 8–10), suggests that public relations is present to varying degrees in all countries and all socio-political systems. The plurality of voices and structures in the dialogue of what it means to define and practice public relations is limited in countries with centralised governments. One of the reasons

the United States is doing well in public relations is because of their open communication environment bound by democratic systems and principles.

It is evident that there are a number of definitions for public relations. Rodgers (2008:7) mentions that the reason it is difficult to describe concisely is that there are so many different types of public relations. Helping clients clarify their message, writing news releases and talking to the press are the most widely understood functions of a typical public relations practitioner. However, publicists, crisis managers, political campaign strategists, lobbyists and other specialities, such as spokespeople, have also been counted among public relations ranks.

Definitions of public relations reflected a lack of overall precision in the practice and that practitioners were unable to provide an adequate and specific description of its function. Hodges (2006:81) asked a number of questions, such as, does the history of public relations, as it is commonly presented, adequately describe why public relations exists today? What is an appropriate definition of public relations, its role, and function? Such questions are as ever relevant today, and the industry needs to address them.

Sources and definitions of the term public relations have been offered over the past decades. According to Sriramesh (2009:2-3), almost every one of those definitions had consciously or unconsciously either subsumed the cultural diversity inherent in the 'relevant publics' referred to in the definitions or had been quite oblivious to the impact of culture.

In conclusion, the researcher concurs with Vercic et al. (2001:373–378) who emphasise that there may be various definitions to public relations, but, at the end of the day, everything comes to what distinguishes the public relations manager when he/she sits down at a table with other managers. Consequently, public relations brings to the table a special concern for broader societal issues and approaches to any problem with a concern for implications of organisational behaviour and in the public sphere. It is precisely this concern that is implicit in definitions of public relations as relationships management and as communication management, in both image management and reputation management, and is fundamental for the understanding of some of the fundamental concepts like stakeholders, public(s) and activists.

Looking at various definitions given by scholars, the researcher views the most appropriate definition (which will also shape the discussion for this study) being that of a management function that

establishes and maintains mutually beneficial relationships between an organisation and the publics on whom its success or failure depends. This will automatically cover aspects related to image and reputation management of public hospitals.

2.7.8 PUBLIC RELATIONS MODELS

Public relations models research is well developed, and it has been over two decades since Grunig and Hunt proposed four models of public relations practice. The historical development of public relations is explained by Niemann-Struweg, Meintjes and Grobler (2007:70-71) as a reflection on Grunig and Hunt's four models to explain the broad differences in the way in which public relations has been practised since the mid-nineteenth century.

According to Moncur (2006:95), today's public relations industry can be described as a mature profession in which practitioners and academics work together to better understand the role of public relations and to debate and clarify the many practical and philosophical issues which arise in defining the relationship between an organisation and its publics. Furthermore, if public relations is to progress as a strategic management discipline, it is essential that it links with the wider organisational strategies and the wider domain of business studies.

Odedele (2002:68) uses James Grunig's work to explain the modern practice of public relations. Modern practice comprises the following colonial and post-colonial practice of the profession:

- I. ***Press Agency***. describes the model where information moves one-way from the organisation to its publics. Public relations people operating under this model are constantly looking for opportunities to get their organisation's name favourably mentioned in the media;
- II. ***Public information***. intent on informing rather than to press for sales, but communication is still essentially one-way. Practitioners operating under this model respond to queries from their various publics and become proactive when they believe their publics need to know something important;
- III. ***The two-way asymmetric model***: public relations practitioners use polls, interviews, and focus groups to measure public attitudes that gain the support of key publics. The organisation is more interested in having the publics adjust to the organisation rather than the reverse; and

IV. *The two-way symmetric model* focuses on mutual understanding and two-way communications rather than one-way persuasion.

Succinctly, a study by Diaz et al. (2008:80) on the same models of public relations, also based on Grunig and Hunt, suggests that the first stage (press agent or publicity model) would be dominant in small, stable, non-competitive organisations, low in complexity with simple products and services. The second phase (public information model) is characterised by a perceived need to keep the publics informed and generate favourable publicity for the client and organisation.

The third stage (two-way asymmetric model) introduces increased audience segmentation, client credibility and the active seeking of public feedback. It would be most dominant in large organisations with complex knowledge requirements, large-scale demand and production, high environmental constraints and considerable uncertainty. The fourth stage (two-way symmetrical model) considered by some to be normative, stresses the establishment and cultivation of long-term relationships with highly segmented publics, and ascertainment of public needs, attitudes and opinions before, during and following design and implementation of the public relations campaign.

Public relations roles, as defined by Gordon and Kelly (2009:77-78), are centered on two major roles, namely, technician and manager. Practitioners enacting the manager role use formative and evaluative research in their work. This is through environmental scanning to monitor the organisation environment and help it manage relationships with strategic publics. They are more likely to participate in the organisation's decision-making. On the other side, the technician role, are practitioners viewed by themselves and others as creative personnel. According to Lages (2000:305), technicians are concerned with producing and implementing the various techniques used in public relations.

On the other hand, van Heerden (2004:5) also stress that there are actually two distinct models: the one- and two-way models. They point out that in the three asymmetrical models, persuasive techniques are used to bring publics in line with the organisation; while in the symmetrical model, information exchange is stressed, with the goal of mutual understanding and respect.

The models can also provide an understanding of the conditions that influence the practice of a particular model with a particular context. Interestingly raised by Lages and Simkin (2003:304–305), public relations should be concerned with the organisation's behaviour in society, by focusing on legitimacy and public trust. This goes in accordance with the work of Hogg and Doolan (1999:598)

highlighting that the important element for public relations practitioners is the reflective model as it adapts organisational standards and values according to the changing standards and values of society's expectations.

Within the South African context, Holtzhausen (2003:305) states that practitioners do not conform to the underlying assumptions of models of practice developed in western countries. Instead, they developed their own culture-specific models of practice, as described by the western dialogic model, the activist model, the Ubuntu model and the oral communication model.

Towards unlocking the role of public relations practitioners, O'Dwyer (2005:811) indicates that there are numerous interlocking factors that combine to form not only the role played by the public relations practitioners in an organisation, but also the individual public relations model practised. O'Dwyer (2005:811) further alludes to factors such as the internal and external corporate environment. This does not leave out its organisational culture and climate, the power holders, the choice of public relations models as strategies, the public relations potential within an organisation and its choice of strategic publics. When combined, these factors pre-select both the public relations practitioner role and public relations function practised within an organisation, which, in turn, dictates whether or not public relations can be considered a management function.

Concluding remarks are that the four models do provide a means of classifying the principal forms of public relations practice found in organisations today. However, there have been arguments about the superiority of the two-way symmetrical model, in particular. Some scholars have argued that persuasion is the natural way by which organisations seek to exert control over their environments. According to Khodarahmi (2009:530), public relations models should be analysed and understood in depth with respect to political context, culture and social, rather than defining it narrowly.

2.8 STRATEGIC MANAGEMENT IN PUBLIC RELATIONS PRACTICE

This section scrutinises the role of public relations in the organisation structure as part of management. This involves public relations as a strategist, participating in decision making, advising management on the environmental developments or issues and taking part in the organisation's strategy formulation processes. Planning and managing public relations work is discussed at great length.

2.8.1 PUBLIC RELATIONS ROLE IN THE ORGANISATIONAL STRUCTURE AS PART OF MANAGEMENT

In today's environment, Clements (2005:1) acknowledges that successful businesses know the value of public relations as a management function. By taking full advantage of a public relations professional's skills as a public advocate, businesses can better understand how decisions affect customers, what customer concerns may be, and how to maintain mutually beneficial relationships between the organisation and the public on whom it depends for success and survival. This is also relevant for public hospitals as having public relations officers during the decision-making process. Not only can the hospital make better decisions, but public relations officers have first-hand knowledge of the issues and can provide the interested public with better information.

Various definitions of public relations drawn from a wide range of sources emphasised the importance of public relations as a management function playing a critical role in the organisational strategic decision-making process. It is, therefore, critical for this study to explore the strategic role being played by practitioners from an added-value perspective.

There is no single definition for public relations and strategic public relations, but Khodarahmi (2009:529 – 531) states that what is exclusively stressed by the majority of scholars and practitioners is the necessity of planning in strategic public relations. Planning is vital to strategic public relations since communications need to be strategic and analytical in the turbulence of the 21st century.

New conceptual roles of senior public relations practitioners are viewed by Steyn and Everett (2009:96) as emerging on different parts of the world. A public relations strategist operates at the top management or macro-level, performing the mirror function of public relations, which involves scanning and monitoring relevant environmental developments/issues and anticipating their consequences for the organisation's policies and strategies (especially with regard to the stakeholder and societal environment). In the contrary, a public relations manager operates at the functional/middle management level, partly performing the window function of public relations by developing public relations strategy and strategic public relations plan that results in messages portraying all facets of the organisation.

While most research has taken place in the United States, studies undertaken elsewhere have also focused on the manager/technician dichotomy, indicating that practitioners are increasingly moving

away from purely technical roles to managerial role-playing. Insufficient attention has been paid to examining the nature of managerial work in the public relations context and how the public relations manager's role may vary at different levels, differentiating between practitioners who play a senior executive role and those who manage operational practices (Steyn, 2009:519).

The changing role of business in society thus has major implications for the role to be performed by the public relations function, providing a window of opportunity for strategic role-playing. In the new interconnected world, the importance of stakeholder engagement is widely acknowledged. Steyn (2009: 518) observes that many public relations practitioners in South Africa do not seem to be rising to the challenge of giving strategic direction in managing reputation or communicating relationships with strategic stakeholders/societal interest groups. The contribution of public relations to the achievement of corporate goals is still a mystery to many. Although practitioners provide counsel/advice to senior managers regarding communication-related problems, they often do not participate directly at the corporate and business levels. As a result, the public relations function is often seen to be peripheral to policy formulation, not a legitimate part thereof.

2.8.2 PLANNING AND MANAGING PUBLIC RELATIONS WORK

While much is written about the need to play a strategic role, Steyn (2009:519) emphasises that few theoretical guidelines exist as to how public relations should contribute to the organisation's strategy formulation process or what a strategic role for the public relations practitioner actually constitutes. This is also vital for this study in exploring the role of public relations practitioners playing a key role in the strategic direction of the hospital.

Organisations that integrate public relations inputs into organisational strategic decisions were found to perform much better than those that did not. This is according to Sriramesh (2009:4) who further states that, in order for public relations to be able to contribute at the strategic level, it has to be empowered either by being part of the decision-making body of the organisation or have direct access to those who are in the dominant coalition. In order to benefit from public relations activities, organisations would do well to have an integrated public relations function where all the communication activities of the organisation are driven by a unified organisational strategy.

In addition, Khodarahmi (2009:530) emphasises that all senior managers and boards of directors in organisations and conglomerates need to be aware of public relations activities and allow public relations managers to have a say in organisational strategic decision-making process. This enormously mitigates the negative consequences of an organisation's actions; since all internal and external factors are taken into account at the time of decision making.

The issue of decision making is viewed by Choi and Choi (2009:292–293) as centred on leadership, that “could be the means for public relations practitioners to obtain access to higher-ups in an organisation and influence the decision-making process. Acknowledging the significance of leadership in the public relations discipline, professional discussion regarding leadership is now coming to the forefront”. Furthermore, Choi and Choi mention that “public relations leadership holds a unique position within an organisation. As boundary spanners, public relations professionals work cross-functionally, thus requiring a need to exercise organisation-wide leadership”.

The biggest challenges facing public relations today include building trust with all internal and external stakeholders, managing reputation, counselling top management on satisfying the societal demand for greater transparency and disclosure, fulfilling expectations for organisations to be good citizens, and understanding transparency as a best practice strategy for reputation management (Steyn, 2009: 518).

The need for trust in the practice of public relations is imperative on two levels. First, to satisfy the role of being messengers for organisations, public relations practitioners must have credibility. Second, trust is critical to public relations primary purpose of establishing and maintaining relationships with key stakeholders on whom the success of the organisation depends (Rawlins, 2007:6).

Another aspect of trust includes transparency. Blumenthal (2006:2) describes transparency as the real job of a public relations professional. This means to tell the whole truth and nothing but the truth about the organisation and, in so doing, to portray the organisation as trustworthy. Therefore, public relations is actually the antithesis of branding, which is to tell a very partial, even propagandist truth. This means that public relations uses transparency to build the reputation of a brand to insulate its image against damaging attacks.

2.9 PUBLIC RELATIONS TACTICS AND TECHNIQUES (THE IMPORTANCE OF MESSAGING AND COMMUNICATING)

Public relations is all about communicating effectively with the public. This can only be done with the help of various channels of communication using different tools. Integrated marketing communication (2011) mentions that public relations practitioners use various tools to communicate messages. Amongst others, this includes media relations, media tours, newsletters and special events. The basic goal of public relations, using any of the listed tools, is to:-

- attract public attention;
- win belief;
- achieve understanding; and
- earn goodwill.

The literature below focuses on the use of media relations which is critical for public relations practitioners in public hospitals. Also linked into it is the relations between public relations practitioners and health journalists.

2.9.1 MEDIA RELATIONS

Public relations practitioners serve as one of the most influential sources of news through their ability to subsidise information for journalists (Shin and Cameron, 2003:240). The influence of public relations on the news as information subsidy has resulted in numerous statistical estimates. The border between journalism and public relations is being eroded in the context of more a general decline of normative inquiry and its replacement with inquiries into mere instrumental effectiveness (Salter, 2005: 90).

Public relations encompasses various functions, from issues management to public affairs, advertising, lobbying and investor relations. It should be noted that all actors in the public arena pursue media access. Yoon (2005:766) states that it is possible that organisations use public relations departments to minimize rather than increase media attention.

The fact is that some organisations want to stay out of any news as focus is on strategies of avoidance and secrecy. Studies of how public relations influence news content to date have generally assumed a

rather narrow view of public relations efforts. Much of the literature focuses on how news media utilise sources of information subsidies, such as news releases, and why some subsidies are accepted whereas others are rejected.

Professional public relations involves more than supplying information subsidies and developing favourable images of public relations among journalists. To effectively achieve access to the media, Shin and Cameron (2002:240) further state that sources should have great knowledge of journalists' work habits and news values and adopt sophisticated strategies and well-planned, timely actions in relation to the media. Furthermore, the knowledge aspect of public relations expertise includes the degree to which the public relations team understands news, values and routines of journalists, such as journalists' deadlines, their favourite types of stories and formats, and their pursuit of objectivity.

Efficacy of public relations in the news production process may be not only in its ability to achieve media access but also in its contribution to accumulating institutional legitimacy for organisations, particularly non-institutional and resource-poor ones.

Some studies done in the past, such as the one by Smith (2005:191), concluded that the news media owe a lot to public relations. Estimates vary on how much information carried in the news media comes from public relations practitioners. It is evident that most editors and reporters get a lot of their information from public relations sources.

2.9.2 RELATIONS BETWEEN PUBLIC RELATIONS PRACTITIONERS AND HEALTH JOURNALISTS

Health journalists and public relations practitioners, who work in the field of health, have the important responsibility of providing accurate and timely information to the public. This is echoed by Len-Rios, Hinnant and Park (2009:56), highlighting that the gravity of this responsibility is reflected in the fact that health decisions can have a profound effect on the quality and length of a person's life. Writing about health, journalists must have access to health experts, many of whom communicate with journalists through the help of a public relations practitioner. As a result, public relations practitioners are an indispensable part of the news process and can make the work of journalists much easier.

DeLorme and Fedler (2003:99) state that journalists seem to treat public relations and its practitioners with contempt. The negativity currently permeates journalism and is frequently reflected in verbal

comments and in printed articles throughout the profession and in academia. This is puzzling since journalists depend on public relations practitioners for information and, midway through their careers, often accept jobs in public relations.

In journalism practice, journalists view public relations as an image-making or tactic-oriented profession. This is according to Jo (2003:398–399), who further states that journalists often equate public relations with publicity activities, such as writing press releases and pitching new stories in favour of their organisations. In short, the media does not see public relations as a management function that nurtures mutually rewarding relationships.

In conclusion, managing stakeholders can determine the effectiveness or failure of the public relations practitioners. The media has been identified as one of the main stakeholders and they have to be treated as such, keeping in mind what they write about the organisation may influence the reputation. It is also critical for public relations practitioners in public hospitals to take into consideration some of the findings by Jo (2003:400), who states that “journalists doubt the credibility of news sources in that public relations material is often disguised as news, or too frequently insists on promoting products and services that do not deserve news space”. What is essential for public relations practitioners is that all stakeholders have specific roles that they play and should be treated with specific care.

2.9.3 GENERATING MEDIA COVERAGE: (AGENDA SETTING)

The Agenda-Setting Theory is well grounded within the field of journalism. However, there has been a strong argument from various scholars stating that there is a supplier of the stories in the media environment. Public relations practitioners work very closely with the media for a number of reasons. It is due to this reason that the question of setting the agenda should be investigated.

After the media came into being, adjuncts of the media began to see the endless possibilities offered by this institution. In the specific case of public relations, practitioners see the media as a tool in the continuing task of achieving goodwill and a favourable image. This task has, over the years, been and continues to be executed with vigour and increasing sophistication so much so that practitioners have been indispensable in journalists' performance of their duties. This is narrated by Akpabio (2005:173) linking how public relations can set the agenda.

Akpabio further explains that public relations practitioners in the public and private sectors provide inputs into news through such processes as confirmation of stories, press releases, video news releases, press conferences, media visits and so on. Moreover, they do this by utilising state of the art equipment and time-tested professionals. As a result, pictures, video news releases, press releases and other items or events meant for the media are irresistible and thus easily used. In short, the manipulation of the media and orchestration of visual settings will guarantee one's high approval settings.

Before liaising with the media and other stakeholders, public relations practitioners prepare messages and work out a plan in terms of communicating them, which also informs a communication channel to be used. Linked to this will be the media relations function as it appears throughout the literature as one of the key important roles to be fulfilled by the practitioner.

In terms of media relations, one of the primary ways an organisation tells its story to its audiences is through the press. What is critical is that one may not have a major television station in one's area, but chances are one has a local newspaper, a local radio station, and perhaps a local-access cable television station. Averill (2000:3) points out that media relations is only one part of a public relations plan, but it can be one's most valuable and efficient tool. Once one knows how to get one's message not only accepted, but valued, as important news by one's local media, one would have made a big step towards the success of one's programme. Averill also links this to publicity as not only low cost but high return.

Placing a news story about one's event or one's organisation gives one's message credibility and recognition, whether broadcast or printed. The ultimate goal of most public relations programmes, as explained by Selnick (2005:13), is to generate positive media coverage in the publications and outlets that are read by an organisation's target audiences.

In taking the process forward in making sure that hospital programmes are communicated effectively, the subject of media engagement is very critical. However, this has to be done directly with journalists within the field of health care as they understand matters better and they are the relevant journalists where health care matters are newsworthy.

2.9.3.1 PUBLICITY

The primary challenge in creating publicity is to be able to digest the relevant points being communicated, see them from every angle, and express them effectively from one group to another. Effective practice of public relations boils down ideas from one segment of the population and conveys them clearly to others, forming a common ground of communication for the various groups who make up one's society. "Analysis of any successful public relations campaign will reveal clear, concise communication, common sense in appealing to people's wants and needs, combined with a little imagination" (The role and impact public relations, 2014).

The publicity phase of public relations aims at creating awareness and building recognition for the organisation. According to Turney (1998:1), getting messages out to the widest possible audiences were paramount. As a result, practitioners in the publicity phase see public relations as:-

- Basically a one-way process;
- Something done to someone else;
- Primarily press agency;
- Relying mostly exclusively on the mass media; and
- Using transmission theories of communication and/or diffusion theories of information and innovation as the basis for message dissemination.

What is also revealed by Turney (1998:1) is that, in the late 19th century, attempts to generate publicity became more and more common as publicity's effectiveness became increasingly apparent.

On the other hand, Thompson (2010:11) elaborates on the somewhat misleading way to describe the difference between public relations and publicity. Publicity is designed to keep one in the news and public relations is designed to keep one out. Large corporations often have much bigger public relations divisions as opposed to publicity divisions. They often spend much more money keeping themselves out of the news than purposefully getting themselves in. This is because, for large corporations with shareholders and their fair share of lawsuits on their hands, publicity can often mean trouble.

In short, publicity and media coverage are important aspects of public relations no matter what stage of development it is in. Turney (1998:1) states that practitioners in all phases of public relations have to be concerned about the media coverage their organisations get.

2.9.3.2 PUBLIC RELATIONS PROGRAMME

A public relations practitioner is always armed with a public relations programme aligned to the activities of the organisation. Selnick (2005:1) states that from building awareness and credibility to supporting organisations' efforts, a well-executed, strategic public relations programme can make the difference between achieving one's goals or falling desperately short of them

Coskun (2007:38) explains that public relations programmes must be developed to achieve effective internal communication through periodic meetings, effective supervision and by creating friendly surroundings. These programmes will be very crucial to the hospital environment so that public relations programmes can achieve maximum value in terms of communication.

2.9.4 COMMUNICATION CHANNELS AND MEDIA (PUBLIC RELATIONS TOOLS)

Stein, Bentley and Wanta (1998:25-28) explain that communication is generally regarded as an essential part of the inner workings of an organisation, as it involves the flow of information between the organisation and its external and internal publics. This information may be disseminated through multiple channels and may be dependent upon a myriad of tools and practices used to convey various messages to these publics. It is in this context that Erica (2011) refers to public relations as completely about communication. The job of a public relations practitioner is to communicate information about a product or service that the hospital is offering to the public. There are several tools used by public relations practitioners. Writing press releases and engaging in proactive media relations are some of the most important tasks one can perform as a practitioner.

Other tools available include radio, television, brochures, newsletters and others. In addition, these public relations tools are viewed by Ifukor (2013:306-312) as mechanisms that assist organisations to influence attitudes toward the company. Newspapers, magazines, radio and television are important channels for the dissemination of information to the community. If public hospitals are to gain public approval for one's new plans, and explain other reforms taking place to benefit the community, local publications and brochures are the best channels to use.

Kapoor (2011) looks at radio and television as important tools for public relations practitioners, in terms of reaching a much bigger audience. The most important reason why radio, as a publicity medium is good, is because of its reach. Radio signals are broadcasted and can be received almost anywhere. The more economical option is to take part in talk shows hosted on the radio stations. In the talk show, the public relations practitioner may talk about the kind of service offered by the hospital as a special guest. On the other hand, television is the most recent medium of publicity. However, it is a very costly medium which may not be affordable to public hospitals at a district level. The benefit of television is that it provides a scientific synchronisation of features of sound and sight motions that no other medium has been able to provide so far.

The need for communicating information to the hospitals' internal public — its employees — has become of utmost importance in the last ten to fifteen years, as the changing nature of the workplace has had an impact on employee attitudes and employee morale. Today's employees have more questions about their roles within their organisations than ever before and have a need for more information from their employers (Stein, Bentley and Wanta, 1998:25-28).

In the past, as highlighted by Felea (2004:49-52), employee publication was the primary tool used by employers to communicate with their employees. The employee publication generally took the form of a newsletter, newspaper, or magazine that was produced at regularly-established intervals and distributed to all those who worked for a particular organisation. Other channels used for communicating information to employees have included staff meetings, formal memos, one-on-one meetings with supervisors, and, less formally, the internal grapevine. With the development of new technologies and their application to the workplace in recent years, employee communications programmes have been expanded to include the use of electronic mail (email) and intranet.

2.9.4.1 IMPORTANCE OF MESSAGING

Therkelsen and Fiebich (2001:374-375) emphasise that just to get a message from here to there, from sender to receiver, requires a reasonable command of the social sciences, communication, psychology, marketing and subdivisions of each. To be successful, a message must be received by the intended individual or audience. It must get the audience's attention. It must be understood. It must be believed. It must be remembered. Moreover, in some fashion, it must be acted upon. Failure to accomplish any of these tasks means the entire message fails. It fails because it does not accomplish

the purpose for which it was created. What is critical is that the public relations practitioner must be well versed in a variety of academic disciplines, as public relations falls into what organisational sociologists call a boundary-spanning role.

Holtzhausen (2005:411) explains that customisation of messages within a cultural frame has become one of the most important aspects of public relations practices in South Africa. Cultural diversity brought new challenges such as language, changes in protocol, dress code and general ways of doing things. Culture not only changed the context of communication but also the way in which communication took place.

In addition, Cruess (2005:41) explains that while there are many definitions of communication, it is most often thought of as the act of conveying information. It is simple in theory, but many times complex to practice. Communication is often the least committed level of partnership. The differences in language have the greatest impact on communicating technical information. The differences in language are complex because there are subtleties within a language that can create confusion. For this reason, the use of acronyms and technical jargon should be avoided, whenever possible.

No doubt, the public and public relations practitioners themselves understand that company spokespersons are, to some extent, paid advocates for an organisation and, as such, are mandated to possess a reporting bias to some extent. It would seem that none fault public relations practitioners for taking their employing organisation's side in a discussion, but it should come as no surprise that spokespersons who are paid to present their employers in the best possible light are not always seen as stalwarts of honesty, which often leads to motives being questioned (Callison, 2004:373).

In essence, one of the channels that a public relations officer can use to disseminate or convey company messages is through the media. As a result, this calls for building relations with the media and understanding how the media environment works. A hospital can use this channel to position itself in society. This could even involve transparency in a number of programmes offered and explain the necessity for the public to give the hospital necessary assistance, where possible. Furthermore, once relations are established, it will be more manageable for the hospital to communicate its case in terms of crisis.

2.9.5 CRISIS MANAGEMENT

Failure to manage crisis can be detrimental to any organisation's image and its existence. When looking at a hospital, it is a sensitive environment dominated by incidents which may translate into crisis. For the purpose of this study, it is important to review literature on crisis management.

As public image is important to all organisations and prominent personalities, the role of the public relations practitioner becomes pertinent in crisis situations. Succinctly, Jan (209) raised the point that public relations practitioners provide important and timely transmission of information that helps save the face of the organisation. In present times, public relations employs diverse techniques such as opinion polling and focus groups to evaluate public opinion, combined with a variety of high-tech techniques for distributing information on behalf of their clients. Non-profit organisations, such as hospitals, boost support of their programmes such as awareness programmes and fund-raising programmes to increase patronage of services rendered (James, 2014).

According to Krupa (2002:189), managing the media is a significant task during a crisis because perception is reality. Poorly chosen messages, spokespersons or bad timing can launch another crisis of its own – one that brings into question the ability of the organisation to conduct its business. The organisational response to a critical incident can have a major impact on how the organisation is perceived in both the short-term and long-term. Gillingham and Noizet (2007:545) emphasise that the effective management of public relations during and after an incident can lead to major organisational benefits. The four-element model for how organisations should manage their public relations when they are faced with a critical incident is presented below:

- i. Think of the public and the media
 - At the moment that an incident takes place, the organisation needs to think about this crisis from the point-of-view of the public and the media. The organisation needs to base its communications on the perceptions of the public and not on its own understanding of the event. If the external world thinks there is a problem, then there is a problem. Under no circumstances should an organisation respond to an incident by saying it has no comment. This will be interpreted negatively and will hand control of the communications over to the media.

ii. Act Fast

- The stakeholders involved need to be informed about the incident within a matter of hours. The media needs to be made aware of the situation rapidly and if the organisation does not talk then the information will come from another source. If information is not available immediately, then this leaves room for speculative stories by the media. The organisation needs to communicate what it is doing about the incident and how well it is caring for people and looking after the environment. The Chief Executive's involvement at press conferences and at the incident scene adds weight and credibility to the communication. The communication messages need to be agreed and understood by all those involved and the appointment of a single spokesperson helps to maintain a consistent message.

iii. Be straight

- The organisation needs to tell the truth and denying can be very damaging. The organisation needs to make its plan for solving the problem and to make it clearly understood by using clear and simple language. Transparency is essential and there should be clear signs that the organisation takes the matter very seriously.

iv. Show concern and compassion

- Organisations needs to be seen to be warm and human, not cold and calculating. They need to express sorrow quickly after the incident and to express understanding and sympathy for the victims. It is essential to show commitment to victims and to providing assistance. The organisation should apologise promptly, when appropriate.

Grant (2010) states that the role of a public relations practitioner in crisis management is like a football coach. One needs to select a team, choose a captain, work out what is likely to be thrown at them, develop a game plan to counter it and then practise. The game will not plan out exactly as one might expect, but one has a better chance of winning if one has done preparation.

The emergence of social media is also adding another responsibility in dealing with crisis. According to Rowell (2010:1), in the old days, one had to get on top of a crisis in the first forty eight hours. Now it is the first forty eight minutes. In those minutes, one has a responsibility to contain the crisis and alert any audiences that may be in danger or are being impacted by the crisis. Social media has pushed public relations practitioners to consistently monitor the news, blogs, and social media outlets, and it has drastically changed the time frame within which one has to react.

The aftermath is very critical and this is often ignored as it appears less in the public domain through the media. Public relations practitioners need to be aware of what is described by Krupa (2002:190) in ensuring that one communicates the restoration of service. However, one should not lose the crisis mentality and preparedness. What is also critical is to analyse how one fared by listening to the community affected by the crisis. One should watch behaviours, listen to comments and observe call statistics. Skepticism of the organisation's ability to deliver is natural – for the short-term. The organisation's goal must be to restore confidence by delivering a reliable, stable service.

What is also critical is to determine what one could have done better and adjust processes then, before the next crisis hits again. Learning from the event and applying changes while the experience is fresh will be beneficial during the next crisis, no matter how large or small.

2.9.6 PUBLIC RELATIONS ETHICS

As public relations increasingly crosses national boundaries and enters the international arena, there is no question that ethical issues in professional practice are among the most challenging dilemmas confronting people today. This is vital for public relations practitioners in hospitals so that they are able to conduct themselves in a manner that will not jeopardise the profession even though they are faced with serious challenges.

The fact that the ethical code has not been enforced to control the behaviours of public relations practitioners might be the central problem (Huang, 2001:260). Automatically, this has a direct impact on the reputational risk of the public relations profession.

PRISA reported that for the last fifty three years, it has been representing the interests of professional communication in both consulting and practices and in corporate South Africa. However, it is increasingly difficult to manage the professionalism of the industry in a voluntarily regulated environment where many employed as consultants and corporate managers are no longer actively participating in guarding the health and professionalism of the discipline. As a result, indicators show that the profession is faced with the real possibility that the only remaining viable option is to pursue legislation (Commuinika, 2010:3).

The practice of public relations involves a multitude of communication strategies and tactics designed to influence the attitudes and behaviours of targeted audiences, generally for the good of the organisation and sometimes for the good of both organisation and others. Fitzpatrick and Gauthier (2001:194–195) state that the confusion regarding the role performed by public relations professionals creates more confusion regarding the ethical standards that should define public relations practices. Another challenge is that there are no established minimal standards for the practice of public relations. Although one does have an industry body in South Africa called PRISA, which has a detailed code of ethics, it does not require practitioners to qualify for a licence before practising.

The issue of public relations ethics has, to an extent, undermined the cause for the recognition of public relations as a profession. Baker (2002:192) states that public relations has suffered from an identity crisis - largely of its own making. The dominant theme in public relations was to use communication to build and hold goodwill. Other definitions of public relations and its practitioners that emerged in subsequent decades had a scattered focus, including, for example, social and political engineering, persuader, clarifier, builder of public opinion, lubricant, interpreter and devil's advocate. Baker classifies public relations into three dimensions:-

a) Interest:

- To what degree is the public relations function focused on client interests versus the public interest?

b) Initiative:

- To what extent is the public relations function reactive versus pro-active?

c) Image:

- To what extent is the organisation focused on perception vs. reality (image vs. substance)?

Roper (2005:69-86) centred the ethics of public relations around James Grunig's two-way communication. Grunig proposes his model of two-way, symmetrical communication as the best way to achieve ethical decisions. He bases his theory on the following assumptions:

- Collaboration: working jointly with others, is a key value in ethical decisions;
- The process of dialogue with different people allows for both listening and arguing;
- Not everyone will get what they want, but dialogue will lead to the most ethical outcome; and
- This approach requires the public relations practitioner to balance their role as advocates for their organisation with their role as social conscience.

It is important to establish a working definition of ethics and to apply it specifically to the public relations realm. As public relations practitioners are faced with the challenge of upholding integrity while meeting the needs of their stakeholders, ethical relativism must be considered. According to Kim (2003:210-211), ethical relativism argues that social groups have different norms and values.

Therefore, ethics among these groups will differ as well. It is difficult to determine what is right and wrong, because people have different standards and perceptions. Some scholars explained that the principle behind professional ethics is that one's actions are designed to create the greatest good for both the client and community as a whole, rather than to enhance the position and power of the practitioner. As a result, this concept has important ramifications for public relations practitioners who are, oftentimes, put in situations with social groups that differ in norms and values.

The concluding remarks centred on what Moyer (2007) defines as the primary goal of ethical standards in public relations is to give the best services to the client while maintaining public trust at the same time. Thus, the working definition of ethics embraces somewhat divergent tasks. Therefore, ethics can be a continuum that represents a practitioner's possible wide range of stances taken toward the public and client. To obtain the public's trust and ensure public relations' social utility, it is necessary to engage in socially responsible practices both individually and collectively. Social responsibility of public relations helps fulfill the need for public approval.

2.10 CONCLUSION

It is evident that public hospitals do require a public relations function to play the role of building and maintaining relationships between the hospitals and its publics. The KwaZulu-Natal Department of Health's public relations policy (2007) outlined the core factors embedded on the Government's obligation to provide information to the people as one of the reasons why public hospitals need to have a public relations function, as introduced in 2001.

The literature review has presented that the health care in South Africa brings forward a number of factors and its transformation gave a broad understanding of the situation and the challenges which may have an effect on the public relations function. Some of the issues raised include that the public health care is stretched and under-resourced. The management of public hospitals in South Africa

discussed different roles by various spheres as the National Department of Health develop policy and channel funding to provincial departments.

Introduction of public relations in public hospitals referred to the improved public relations activities as becoming one of the important activities hospitals can engage. Literature demonstrated that public relations personnel can help public health bodies address some of their most important challenges. Literature on public hospital environment and the structural positioning of public relations indicated that hospital CEOs are aware of the importance of public relations. However, they are not clear as to what the discipline of public relations entails and how to fit it in the organisational structure.

The general role and functions of public relations looked at public relations internationally and how the US public relations models have dictated western practice of public relations. Literature also indicated that unique social, political and economic factors shape the practice of public relations in different countries, something very important for this particular study. Public relations in South Africa highlighted how it has evolved over the years as it is now considered to be a strategic communication process.

In discussing origins and definition of public relations, it transpired that there is a number of definitions and this study adopted the most common, such as, public relations as a management function that establishes and maintains mutually beneficial relationships between an organisation and the publics on whom its success or failure depends. A follow on to this was a section on the actual practice of public relations which took into consideration theory and the international practice. Linked to this section was the constraints in the 21st century which highlighted that public relations practitioners needs to find ways to work around constraints imposed on them by means of coming up with models best suited to serve the organisation. This section also addressed the issue of public relations models and tools, looking at various channels available for practitioners.

Public relations role in management emphasised the importance of involving public relations during decision-making. This was also linked to the strategic edge that public relations practitioners add in the strategic direction of the organisation. Public relations and stakeholder relations outlined the importance of managing stakeholders and their impact in terms of organisational success or failure.

Establishing relations with the media is one of the critical aspects identified to be important for public relations practitioners as well as liaising constantly with health journalists to ensure that provision of information to the public is accurate and timely. The efficient way of using public relations tools to

disseminate information is also important. The use of radio, television, publications and brochures to successfully communicate with the public was also discussed.

The organisational response to a critical incident can have a major impact on how the organisation is perceived to be handling crisis accordingly or plunging even deeper into crisis. Public relations practitioners need to provide information that can save the face of the organisation during crisis and communicate measures being taken for the restoration of service.

Public relations use communication to build and hold goodwill. As a result, public relations practitioners in public hospitals have a responsibility to conduct themselves in a manner that will not jeopardise the profession even if they are faced with serious challenges.

From the above, it is evident that the function of public relations plays an integral part in the effective functioning of public hospitals. This study, therefore, uses the core functions identified above to construct a questionnaire and an interview schedule to investigate the role of public relations in public hospitals in South Africa to determine whether this function is perceived as being effective.

The next chapter focusses on the research methodology of the study.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the research design and methodology. Methodology is not the same for all studies. According to de Sousa (2003: 28), research methodology is a study of the methods of the various sciences, according to the laws of discourse, or the art of guiding the spirit in the investigation of the truth.

It is critical to firstly look at the research paradigms. The immediate question is why a particular research paradigm is relevant for the study of this nature.

3.2 RESEARCH PARADIGM

A paradigm provides a conceptual framework for seeing and making sense of the social world. The significance of paradigms is that they shape how we perceive the world and are reinforced by those around us, the community of practitioners (Williams, 1998). In addition, Rowlands (2005:83) states that a paradigm is rather a framework within which theories are built, that fundamentally influences how you see the world, determines your perspective, and shapes your understanding of how things are connected.

Why is it necessary for this study to even consider research paradigms? The answer is that, within the research process, the beliefs a researcher hold will reflect in the way research is designed, how data is both collected and analysed and how research results are presented. For the researcher, Williams (1998) states that it is important to recognise a paradigm as it allows the researcher to identify a role in the research process, determine the course of any research project and distinguish other perspectives.

There are three basic research paradigms, namely, positivism (quantitative, scientific approach), interpretivism and critical science.

For the purpose of this study, interpretivism was chosen as a paradigm which will best suit the character and nature of this study and in line with the study objectives. More conclusive reasons why interpretivism was chosen for this study are covered in the discussion throughout this chapter.

Interpretivism, or the qualitative approach, is a way to gain insights through discovering meanings by improving one's comprehension of the whole. Qualitative research explores the richness, depth and complexity of phenomena. Qualitative research, broadly defined, means "any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification". The underlying assumption of interpretivism is that the whole needs to be examined in order to understand a phenomenon. Interpretivism proposes that there are multiple realities, not single realities of phenomenon, and that these realities can differ across time and place (Neill, 2006).

There is general agreement that research is a systematic and methodical process of inquiry and investigation that increases knowledge and/or solves a particular problem. The purpose of research, as opposed to the process, can be summarised as follows (Williams, 1998):-

- To review and synthesise existing knowledge;
- To investigate existing situations or problems;
- To provide solutions to a problem;
- To explore and analyse more general issues;
- To construct or create a new procedure or system; and
- To explain a new phenomenon or to generate new knowledge.

Research purpose has three main classifications: exploratory, descriptive and causal or predictive, (Williams, 1998).

Cohen and Crabtree (2006) indicate that interpretivists share the following beliefs about the nature of knowing and reality:

- **Relativist ontology** - assumes that reality, as one knows it, is constructed intersubjectively through the meanings and understandings developed socially and experientially;
- **Transactional or subjectivist epistemology** - assumes that one cannot separate oneself from what one knows. The investigator and the object of investigation are linked such that who one is and how one understands the world is a central part of how one understands oneself, others and the world.

By positing a reality that cannot be separate from one's knowledge of it (no separation of subject and object), the interpretivist paradigm posits that researchers' values are inherent in all phases of the research process. Truth is negotiated through dialogue. In terms of methodology, the following are observed:-

- Interpretive approaches rely heavily on naturalistic methods (interviewing and observation and analysis of existing texts);
- These methods ensure an adequate dialogue between the researchers and those with whom they interact in order to collaboratively construct a meaningful reality;
- Generally, meanings are emergent from the research process; and
- Typically, qualitative methods are used.

Interpretivism is well suited for this study because it gives credence to the understanding of themes. The interpretivist sees the results of research as an individual interpretation of fact, based firmly on a systematic approach to analysis and maintenance of an open mind. According to Keen (2005:18-19), the use of the interpretivist approach is at the cost of being able to generalise the findings of the research beyond the scope studied.

The main advantage, pointed by Keen (2005:18-19), of the interpretivist approach in the formation of study is that it is not restricted by the physical limitations of natural sciences, but one in which a rich and detailed theory related to the individual perception of social issues may emerge.

For the purpose of this study, the researcher adopted a qualitative approach as it is also in line with the interpretivist approach. Qualitative research is explained by Polkinghorne (2005:137) as an inquiry aimed at describing human experience as it appears in people's lives.

3.3 QUALITATIVE RESEARCH

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. Qualitative research, broadly defined by Penzhorn (2002:244), is any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification. Qualitative methods can be used to better understand any phenomenon about

which little is yet known. They can also be used to gain new perspectives on things about which much is already known, or to gain more in-depth information that may be difficult to convey quantitatively.

The objectives of this study required processes grounded within qualitative research in order to understand the richness and complexity of social experience by attending closely to the actions, interactions, and social contexts of everyday life of public relations practitioners in public hospitals. Kidder and Judd (2003:240) explain that qualitative research involves systematically watching people in their own territory or speaking with them in depth about their thoughts and feelings.

It is important to describe the dynamics and texture of everyday life for public relations practitioners in public hospitals.

Kidder and Judd (2003:243) explain that qualitative researchers scrutinise social life at close range, to place themselves in direct contact with, or in the immediate proximity of, the lived world of those being studied. A second common thread is an abiding commitment to close scrutiny. Qualitative researchers study things up close in order to understand and document the organisation of social life as it is practised.

Hoepfl (1997) explains that the ability of qualitative data to more fully describe a phenomenon as an important consideration not only from the researcher's perspective, but from the reader's perspective. If one wants people to understand better than they otherwise might, provide them information in the form in which they usually experience it.

According to Struwig and Cilliers (2012:1), quantitative research makes sense in situations where one knows in advance what the important variables are, and is able to devise reasonable ways of controlling or measuring them. However, in situations in which it is difficult to say what the variables are, one needs to engage in the kinds of open-ended, inductive exploration made possible by qualitative research. What is also critical, according to Cutcliffe and McKenna (1999:74–380), is that qualitative research should be judged by the same standards of reliability and validity as quantitative research. Qualitative researchers should, therefore, strive to eliminate or control sources of subjective bias in the same way as quantitative researchers do, and, to the extent that qualitative research, by its very nature, is less susceptible to control than quantitative research is, it should be classified as less scientific.

Linked to the above, Neuman (2003:327) explains that all social researchers systematically collect and analyse empirical evidence to understand and explain social life. When data are in the form of words, sentences, and paragraphs rather than numbers, researchers use different research strategies and data collection techniques.

Penzhorn (2002:246) highlights the following prominent characteristics of qualitative research:

- Qualitative research uses the natural setting as the source of data. The researcher attempts to observe, describe and interpret settings as they are, maintaining what Patton (1999) calls empathic neutrality;
- The researcher acts as the human instrument of data collection;
- Qualitative researchers predominantly use inductive data analysis;
- Qualitative research reports are descriptive, incorporating expressive language and the presence of voice in the text;
- Qualitative research has an interpretive character, aimed at discovering the meaning events have for the individuals who experience them, and the interpretations of those meanings by the researcher;
- Qualitative researchers pay attention to the idiosyncratic as well as the pervasive, seeking the uniqueness of each case;
- Qualitative research has an emergent (as opposed to predetermined) design, and researchers focus on this emerging process as well as the outcomes or product of the research; and
- Qualitative research is judged using special criteria for trustworthiness (these will be discussed in some detail in a later section).

Penzhorn (2002:246) points out that these are not absolute characteristics of qualitative inquiry, but rather strategic ideals that provide a direction and a framework for developing specific designs and concrete data collection tactics.

The benefits of a qualitative approach to health-care research are becoming increasingly recognised by both academics and clinicians. This is according to Marshall (2006:97), who also emphasises that qualitative research involves the collection, analysis and interpretation of data that are not easily reduced to numbers. These data relate to the social world and the concepts and behaviours of people within it. Also linked to this is the sampling, a process of systematically selecting that which will be examined during the course of a study.

Grounded theory formed the base of this study. Strickland (2006:230) points out that participatory research emphasises the importance of knowledge and action that are directly useful to the phenomenon studied and aims to link knowledge gained from research with implementation. It is due to this reason that this study considered the grounded theory.

3.4 GROUNDED THEORY

Grounded theory is most accurately described as a research method in which the theory is developed from the data, rather than the other way around. This study adopts an inductive approach, meaning that it moves from the specific to the more general. According to Hall (2009), the inductive approach to social science research, known as grounded theory, represents a bottom-up method in which theory emerges from a process of data collection, coding and analysis.

Rather than the top-down hypothesis testing approach used in most scientific inquiry, grounded theory assumes that theory is contained within the data collected. Uncovering the theory involves a process of writing memos in which the researcher articulates emerging ideas that become the basis of a theory. The general goal of grounded theory research is to construct theories in order to understand phenomena. A good grounded theory is one that is: (1) inductively derived from data; (2) subjected to theoretical elaboration; and (3) judged adequate to its domain with respect to a number of evaluative criteria (Esteves, 2002:89).

The researcher based the methodology of the study within various elements of grounded theory. This included the researcher collecting data through qualitative methods, such as, interviews for this study. Following this was the use of purposive sampling rather than random sampling. Another important factor was the categorisation and coding of data. The researcher was well aware of the challenges, such as careful reading of interview notes and transcripts to note important patterns and themes.

The primary objective of grounded theory, according to Esteves (2002:90), is to expand upon an explanation of a phenomenon by identifying the key elements of that phenomenon, and then categorising the relationships of those elements to the context and process of the experiment. In other words, the goal is to go from the general to the specific without losing sight of what makes the subject of a study unique.

3.5 SAMPLING

Galloway (2011:2) explains sampling as a strategy of selecting a smaller section of the population that will accurately represent the patterns of the target population at large. Sampling decisions are made for the explicit purpose of obtaining the richest possible source of information to answer the research questions. Important to note is that purposive sampling decisions influence not only the selection of participants but also settings, incidents, events and activities for data collection.

3.5.1 PURPOSIVE SAMPLING

Purposive sampling is a sampling method used for this study based on the purpose of this study. The purpose was to study a limited group of hospitals in KwaZulu-Natal within the Zululand region. A purposive sample is defined by Galloway (2011:3) as one which is selected by the researcher subjectively. The researcher attempts to obtain a sample that appears to him/her to be representative of the population and will usually try to ensure that a range from one extreme to the other is included. This is in line with Syque (2012:1) who states that purposive sampling starts with a purpose in mind and the sample is thus selected to include people of interest and exclude those who do not suit the purpose.

The population for the study includes the hospital public relations officers, hospital CEOs, local media and municipalities in Vryheid, Nongoma and Hlabisa. Firstly, a written request was sent to the KwaZulu-Natal Department of Health, asking for the permission to conduct the study. The department granted the permission and informed the three selected hospitals of this particular study. The researcher also contacted hospitals scheduling appointment for visits and interviews. A schedule of questions was drafted for the purpose of data collection method during interviews.

3.6 DATA COLLECTION

In this section, the procedures used for collecting data will be discussed. As defined by Hurrell (2005:2), data is information, often in the form of facts or figures obtained from experiments or surveys, used as a basis for making calculations or drawing conclusions. Data collection is embedded on what Galloway (2011) describes as a process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes. This was essentially done accurately in order to maintain the integrity of research.

Furthermore, the data collected in qualitative research has been termed by Siegle, (2002:1) as soft, that is, rich in description of people, places, and conversations, and not easily handled by statistical procedures. The research shares the same sentiments as with other qualitative researchers in believing that multiple ways of interpreting experiences are available to everyone through interacting with others, and that it is the meaning of one's experiences that constitutes reality.

According to Struwig and Cilliers (2012:9), the first thing to know about data collection in qualitative research is that the word data is not universally popular. Data represents bits of discrete information that can be extracted from their context and analysed as numbers, whereas qualitative researchers typically work with material that is richly related to its context and would lose its meaning if broken into discrete bits. Additionally, the word data conjures up images of some kind of knowledge factory, where raw materials (data) are processed (analysed) to manufactured products (results). It is critical to note that qualitative researchers do not make such clear-cut distinctions between the different phases of research, but may reformulate their research questions as a result of new material they have collected, or change their sampling strategy in response to new findings.

Before embarking on this particular study, the researcher's question was how can data be collected in such a way as to make it easier to get to know the phenomenon in its real context?

According to Struwig and Cilliers (2012:10), one should not disturb the context unduly, but attempt to become a natural part of the context in which the phenomenon occurs. This can be achieved by entering the research setting with necessary care and engaging with research participants in an open and empathic manner.

3.7 DATA COLLECTION METHOD

In-depth interviewing was used to collect data. The researcher entered the world of the respondents identified for this study and kept a detailed written record of what is heard and observed. The data collected were examined to ascertain the practice of public relations within the selected public hospitals in KwaZulu-Natal.

From the data collected, the researcher sought to deduce whether the practices observed could be regarded as satisfying within the models of public relations, as explained by Gordon and Kelly (2000).

Furthermore, the researcher sought to discover to what degree public relations was perceived to be a strategically important function by the hospital management, or is it simply viewed as a tactical function.

3.7.1 INTERVIEWS

Interviews are particularly useful for getting the story behind a participant's experiences. The interviewer can pursue in-depth information around the topic. Interviews may be useful as follow-up to certain respondents to questionnaires, e.g., to further investigate their responses. A qualitative research interview seeks to cover both a factual and a meaning level, though it is usually more difficult to interview on a meaning level. The qualitative research interview seeks to describe the meanings of central themes in the life world of the subjects. The main task in interviewing is to understand the meaning of what the interviewees say (Hiller and DiLuzio, 2004:32).

Three days were spent at each of the identified hospitals (Vryheid, Nongoma and Hlabisa). Questions were divided into various sections. There were specific sets of questions for the CEO, public relations officer, local media and a municipality. A great deal of time was spent with all the respondents.

The CEOs' questions were developed to measure the public relations practitioner's potential to participate at a strategic level. This included a public relations practitioner serving as a member of the hospital's strategic management team to help develop the hospital's business plan. The other role players, namely, local media and municipalities, were asked about the relationship they have with the hospitals. This included frequency of meetings and the nature of interaction (*The schedule of questions used during interviews are attached as annexure two*).

According to Neuman (2003:289), conducting an interview is a more natural form of interacting with people than making them fill out a questionnaire, do a test, or perform some experimental task. It gives an opportunity to get to know people quite intimately, so that one can really understand how one thinks and feels.

The researcher looked at the advantages of conducting interviews, as explained by Neuman (2003:290-295), and why they are well suited for this study.

- Flexibility
 - One major advantage of the interview is its flexibility. Interviewers can probe for more specific answers from the targeted public hospitals and can repeat a question when the response

indicates that the respondent misunderstood. It may be that the different questions are appropriate for different respondents; the interview situation makes it possible for the interviewer to decide what questions are appropriate, rather than writing them all in advance as the researcher must do for the mailed study.

- Response rate
 - The interview tends to have a better response rate than the mailed questionnaire. Many people simply feel more confident of their speaking ability than of their writing ability.
- Control of environment
 - An interviewer standardises the interview environment by making certain that the interview is conducted in privacy, that there is no noise.
- Question order
 - The interviewer has control over questions' order and can ensure that the respondent does not answer the questions out of order or in any other way that thwarts the structure of the questionnaire.
- Completeness
 - The interviewer can ensure that all of the questions are answered.

3.7.2 PERSONAL VISITS

Groenewald (2004:11) explains that, when collecting data by means of personal interviews, the researcher will visit the respondents at their workplace. This will help in case respondents are evasive. This process was followed accordingly. Sufficient time was spent in each hospital, to understand the nature of the work conducted by public relations practitioners. This includes branding, office material, products (such as brochures and newsletters), and notice boards. Two hospitals (Vryhied and Benedictine) hosted events on the day of first visit by the researcher. These events were further used by the researcher to learn more about the practice of public relations practitioners.

3.8 ORGANISING DATA

The data was organised logically and systematically. This study adopted the following four basic steps to analysing qualitative data, as explained by Hurrell (2005: 8):

1. Organise the data

- An important factor was to get the data into a format that is easy to work with. Responses (notes) from the interviews were categorised and typed up. This study followed a similar structure where data gathered from the interviews was categorised and typed up, looking at hospital CEOs, public relations officers, local media and municipalities;
- 2. Shape the data into information
 - Sorting was done in order to get themes coming through after looking at the data. Data was separated into groups that share similar characteristics;
- 3. Interpret and summarise the information
 - An effort made was to make sure that all opinions and views were represented in the summary; and
- 4. Explain the information
 - Information was discussed at length in order to avoid making assumptions.

3.9 PROCESSING DATA

As the critical first step, following data collection and prior to data analysis, raw qualitative data must be processed and consolidated in order to be usable. This required some form of data cleaning, organising, and coding from the researcher so that the data could be analysed and compared between selected public hospitals in KwaZulu-Natal.

Step 1

Review of the data collected

The researcher had to review data collection notes for each interview as these were in a rough form. This was followed by noting responses and consolidating long narratives into summary points. Also crucial was to highlight key quotes that the researcher considered using in the presentation of the results and to keep a list of quotations that might be used to illustrate important points made by participants.

Step 2

Organise key points

Summary points were organised by topic for each interview. Topics discussed with respondents were then compared between individuals. Common occurring topics were identified and systematically listed as such. The researcher used a spreadsheet indicating each response in a row and answer to topics in

a column. The logic behind this arrangement is to make the process user-friendly when comparing respondents during analysis.

Step 3

Using codes for similar responses

In terms of succinctness, it was imperative for the researcher to code (in terms of symbols) common topics for each individual into categories, giving similar responses or discussion points the same code. These codes were, therefore, used in the spreadsheet and a proper description was provided.

Step 4

Listing unique topics

Due to the nature of the study being qualitative, a number of other topics arose during open-ended interviews. Such unique topics were then listed as bullet summary points. Some of these topics were not comparable between hospitals, local media and municipalities. It was, therefore, crucial to separate these points prior to analysis as they could provide valuable insights into what makes the job of one public relations practitioner different from others.

3.10 QUALITATIVE DATA ANALYSIS

Singh and Jones (2007:145) define qualitative data analysis as, “working with data, organising it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others”.

Qualitative data analysis is the search for patterns and relationships in raw data. It also aims to collect explanations for those patterns and relationships. Lewis, Taylor and Gibbs (2005:2) emphasise that qualitative data analysis is the range of processes and procedures whereby one moves from the qualitative data that have been collected into some form of explanation, understanding or interpretation of the people and situations one is investigating. It is usually based on an interpretative philosophy.

The idea is to examine the meaningful and symbolic content of qualitative data. Qualitative data are in the form of text, written words, phrases, or symbols describing or representing people, actions, and events in social life (Thomas and Harden, 2007:3). In the past, few qualitative researchers explained how they analysed data. In fact, a common criticism of qualitative research was that data analysis was

not made explicit or open to inspection. Qualitative data analysis has moved to a more explicit and systematic step-by-step approach.

The researcher had to take into consideration a number of factors raised by various scholars regarding qualitative data analysis. In order to generate findings that transform raw data into new knowledge, Thorne (2000:68) states that a qualitative researcher must engage in active and demanding analytic processes throughout all phases of the research. One of the key issues raised by Thorne on what makes a study qualitative usually relies on inductive reasoning processes to interpret and structure the meanings that can be derived from data. Distinguishing inductive from deductive inquiry processes is an important step in identifying what counts as qualitative research. Generally, inductive reasoning uses the data to generate ideas (hypothesis generating), whereas deductive reasoning begins with the idea and uses the data to confirm or negate the idea (hypothesis testing).

Another factor also raised by van der Merwe (2007:55) is that qualitative explanations take many forms. As clearly stipulated by various scholars, a qualitative researcher does not have to choose between a rigid ideographic/nomothetic dichotomy – that is, between describing specifics and verifying universal laws. Instead, a researcher develops explanations or generalisations that are close to concrete data and contexts but are more than simple descriptions. Explanations tend to be rich in detail, sensitive to context, and capable of showing the complex processes or sequences of social life. The explanations may be causal, but this is not always the case. The researcher's goal with this particular section was to organise a large quantity of specific details into a coherent picture, model or set of interlocked concepts.

A format used by the researcher in analysing data for this study followed the same criteria as that explained by Neuman (2003:176) where a qualitative researcher analyses data by organising it into categories on the basis of themes, concepts, or similar features. The next step was for the researcher to develop new concepts, formulate conceptual definitions, and examine the relationships among concepts. Eventually, the researcher linked concepts to each other in terms of a sequence, as oppositional sets (X is the opposite of Y), or as sets of similar categories that a researcher interweaves into theoretical statements.

According to Thorne (2000:70), analysis also occurs as an explicit step in conceptually interpreting the data set as a whole, using specific analytic strategies to transform the raw data into a new and coherent depiction of the thing being studied. This study had to recognise the fact that as much as there are

many qualitative data analysis computer programmes available on the market today, these are essentially aids to sorting and organising sets of qualitative data, and none are capable of the intellectual and conceptualising processes required to transform data into meaningful findings.

One of the techniques used by the researcher when doing analysis of the data was constant comparative analysis which originally developed for use in the grounded theory methodology, which itself evolved out of the sociological theory of symbolic interactionism. According to Thorne (2000: 70), this strategy involves taking one piece of data (one interview, one statement, one theme) and comparing it with all others that may be similar or different in order to develop conceptualisations of the possible relations between various pieces of data.

3.11 VALIDITY AND RELIABILITY IN QUALITATIVE RESEARCH

According to Cho and Trent (2006: 319), validity in qualitative research involves determining the degree to which researchers' claims about knowledge corresponded to the reality (or research participants' construction of reality) being studied. Reliability in qualitative research is defined by Golafshani (2003: 597–607) as a use of dependability in qualitative research which closely corresponds to the notion of reliability in quantitative research. It further emphasises an inquiry audit as one measure which might enhance the dependability of qualitative research. To ensure reliability in qualitative research, examination of trustworthiness is crucial.

One goal of qualitative research is to enhance understanding of phenomena, according to Byrne (2001: 2). When a person reports or evaluates qualitative research, it is important to assess the findings for plausibility and believability. Although a specific methodology may have its own guidelines regarding evidence and verification, some common strategies are used by qualitative researchers to support the credibility of the findings.

The credibility of qualitative research depends on the ability and effort of the researcher. Bashir, Afzal and Azeem (2008:35–45) explain that reliability and validity are the issues that have been described in great detail by advocates of quantitative researchers. The validity and the norms of rigour that are applied to quantitative research are not entirely applicable to qualitative research. Validity in qualitative research means the extent to which the data is plausible, credible and trustworthy and thus can be defended when challenged.

In quantitative research, the concepts of reliability and validity are used to judge and evaluate statistical findings. However, in qualitative research, credible is the preferred term. This section provides an overview of common terms and strategies used by the researcher to substantiate and evaluate research methods and findings.

Golafshani (2003:597) points out that a good qualitative study can help understand a situation that would otherwise be enigmatic or confusing. This relates to good quality research when reliability is a concept to evaluate quality in a quantitative study with a purpose of explaining while the quality concept in qualitative study has the purpose of generating understanding. An argument by Greenhalgh (2003:166) is that researchers who use qualitative methods seek a deeper truth. They aim to study things in their natural setting, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them, and they use “a holistic perspective which preserves the complexities of human behaviour”.

The researcher clearly understood that credibility starts with the researcher being credible. This included a proper documentation in terms of qualifications, experiences, perspectives and assumptions related to the practice of public relations in public hospitals. According to Byrne (2001:1), qualitative research inherently is an interpretive process; therefore, it is important for a researcher's perspective to be articulated. Any personal connections the researcher has with the topic or participants should be identified.

For this study, the researcher relied on the three approaches to validity in qualitative research, as explained by Bashir, Afzal and Azeem (2008:35-36), namely, validation as investigation, as communication, and as action. This is embedded on description and explanation. This is explained by other researchers as more in-line with quality, rigour and trustworthiness. The idea of trustworthiness is that it is defensible and establishes confidence in the findings.

Fenton and Mazulewicz (2008:1) affirm the aim of trustworthiness in qualitative research to support the argument that the inquiry's findings are worthy. What needs to be understood is that aspects of trustworthiness include aspects such as credibility, transferability, dependability and confirmability.

Establishing the credibility of a research method and subsequent findings can be achieved through numerous strategies built into data collection and analysis. The researcher used the following two strategies in making sure that the study is credible:

- I. The researcher prolonged engagements with all interviews to make sure that the information provided is credible. The same applied when doing document analysis through multiple readings; and
- II. Another strategy by the researcher was to use another person (peer debriefer) to analyse and confirm data. The peer debriefer is well grounded with the public relations discipline. A research proposal was earlier shared with the peer debriefer. This was done in order to make sure that the peer debriefer could challenge the researcher's assumptions with regard to findings. Regular progress reports of the project were shared with the peer debriefer, who posed questions regarding the research questions, ethics, trustworthiness and other research issues.

To address transferability, data analysis documents used to generate the answer to the research question could be made available upon request.

3.12 CONCLUSION

This chapter dealt with the research design and the methodology employed for this qualitative study. Grounded theory was discussed at great length as the researcher based the methodology of the study within various elements of this theory. Also included was information on the data collection process as well as data analyses, which include identifying themes from the answers of the participating respondents. The next chapter focusses on data analysis and interpretation of data.

CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION OF DATA

4.1 BACKGROUND INFORMATION ABOUT THE RESEARCH STUDY

The preceding three chapters reflected on the problem statement and objectives of the study, a literature review that included a key discussion/ theories and models that guide the practice of public relations and a detailed description of the methodology used in this study.

This chapter consists of a thematic analysis of the data obtained from the empirical study. The discussion and analysis of the findings from this study are based on responses given during interviews. Findings are broken down into six broad headings, as they mirror the literature review. The following order was necessitated by the nature of findings:

- Strategic management in public relations practice;
- The role of public relations in public health setting;
- The practice of public relations;
- Challenges faced in managing public health care in South Africa;
- Public relations tactics and techniques; and
- Management of public hospitals in South Africa

This chapter interrogates the public relations practices within selected public hospitals in KwaZulu-Natal, namely, Benedictine hospital, Vryheid Hospital and Hlabisa Hospital.

Findings were sourced from the:

Hospitals' CEOs	1	Public Relations Practitioners	1	Local Media	1	Local Municipalities	1
	2		2		2		2
	3		3				3

Observations were only used in just two cases where two hospitals staged events at the time the study was conducted. As indicated throughout this paper, the fundamental baseline for this paper is the practice of public relations in public hospitals by public relations practitioners. It is critical to highlight that public relations practitioners are referred to as public relations officers (PROs) by the Department of Health in KwaZulu-Natal.

This study also gets credibility from the KwaZulu-Natal Department of Health public relations policy (2007:6-7), as covered in the literature review. The ultimate endeavour is to infuse in the department an appreciation of the role of PROs as strategic element of service delivery. Related to this is the challenge of providing the communities with information that enables people to become active and conscious participants in the complex process of social transformation.

This study also looked at the relations that exist between each hospital and its local media, and local municipality. The key objectives which guided the study centred around:

- Review the strategic role being played by public relations practitioners in the hospital environment; and
- Identify the nature of relations between the hospital, the media and local municipalities.

4.2 DATA ANALYSIS AND INTERPRETATION

This section presents:

- Firstly, the findings from the three hospitals where a similar set of questions were asked to the hospital' CEOs and Public Relations Practitioners; and
- The second section is based on the relations between the hospitals and three local municipalities and one local media as the other areas in the region do not have local media, either in a form of print or broadcast. The findings then were synthesised with the dual purpose of revealing common themes or trends and uncovering the range of responses or to what extent practitioners' and CEO's experiences and examples diverge.

4.3 FINDINGS OF THE RESEARCH

4.3.1 STRATEGIC MANAGEMENT IN PUBLIC RELATIONS PRACTICE

Before even exploring deeper meaning and understanding in terms of the strategic role of the public relations practitioners, it was critical for the purpose of study to firstly establish whether public hospitals do recognise value for public relations. Responses given by CEOs of public hospitals to this question varied.

One respondent emphatically agreed that public relations is important. He stated that public relations is more of a support service and of value to the CEO. He further highlighted that the public relations officer assists the hospital by communicating with various stakeholders. Another respondent mentioned that she was grateful to the public relations officer as she is now able to focus on other things since the PRO often visit the clinics. The third respondent stated that she valued having the PRO as she communicates with the public and often meets with a number of stakeholders who visit clinics from time-to-time.

The above clearly demonstrates that each hospital management appreciates having the function of public relations in its structure. All respondents articulated different areas as functions or roles being played by their public relations officers. The above responses intrigued the researcher to probe this question further, asking the role that public relations practitioners play from their CEO's perspective.

Respondent one alluded to attending to customer queries, addressing complaints from the public and being in charge of the hospital newsletter. Respondent two mentioned handling complaints from the public, communicating with the head office and the surrounding community as the main roles. Lastly, the third respondent raised the issue of handling complaints and dealing with grievances as important, and stated that issues that require the media's attention are responsibility of the head of communications at the head office. Consequently, the public relations officer needs to liaise with the head office more often.

As much as the identified hospitals highlighted the value of public relations, however, on a bigger scale, the role of public relations practitioners was not clearly articulated. It appears to be a limited role since all respondents mentioned handling complaints as the prime role that practitioners need to play.

Another prominent response line from all hospital CEOs was that a public relations practitioner needs to communicate with stakeholders. However, when asked in detail about structures supporting this particular function of communicating with stakeholders, different answers emerged. The responses did not only differ in terms of structures, but they also differed even in terms of the defining stakeholders. One CEO stated that,

"Having a public relations practitioner is helping me to focus on other things".

Having the public relations officer just to help the CEO to focus on other things could be interpreted in many ways. It may mean that their duties (PROs) are not taken seriously and that the role of the public

relations does not have any strategic value in the organisation. The respondent could not give sound answers on the nature of activities assigned to the PRO so that the CEO could focus on other things.

This further demonstrates that there may be some limitations in terms of understanding the role of PROs by the hospital management when it comes to what public relations practitioners are expected to do. All responses given did not even come close to the role of public relations as defined by Sriramesh (2009: 2) in the literature review, which emphasised the importance of public relations as a management function playing a critical role in the organisational strategic decision-making process.

The question of public relations practitioners participating in the management and strategic meetings was asked. This question drew mixed responses both from the hospital CEOs and public relations practitioners.

Responses from the hospital CEOs highlighted the following:

The first respondent stated that the hospital PRO does not sit in the executive meetings. However, she is expected to participate in various activities, such as a flagship project called MBO. It was a different answer from respondent two who said that their PRO has a seat in the management meetings and is expected to present a plan for the year. Respondent three completely avoided the question and resorted to stating that the hospital receives analysis reports and client surveys on the activities where the PRO has been involved. All these reports are submitted directly to the hospital CEO who then updates the management.

The same question asked to the PROs drew the following responses.

Respondent one unequivocally stated that the PRO is not allowed to attend management meetings. The same response line was given by the other two respondents.

Each hospital CEO recognised a need for the public relations practitioner to be part of strategic meetings. However, answers differed when asked if public relations practitioners really did sit in these meetings and what would be their role. Responses from hospital CEOs are in contradiction with what the public relations practitioners stated. It appears that hospital CEOs are aware of the importance of having public relations practitioners in these meetings, yet decide not to extend the invitation.

There is common understanding amongst the public relations practitioners on the need for their participation in the management meetings. The general response was that there was a number of activities happening around and there is space for their strategic input.

This is a serious transgression on the part of hospital CEOs as Communication and Marketing Management Policy Guidelines (MM-04) provide for the PROs to sit in management meetings. For one hospital CEO to even give a response that was disputed by her PRO demonstrates that the CEO is aware of the policy but decides to ignore it.

At a strategic level, it was also interesting to learn that not all of the core functions specified by the KwaZulu-Natal Department of Health Policy (MM-03) on external communications were either mentioned by public relations practitioners or hospital CEOs.

The Department of Health identified three functions, namely:-

- i. Improve the institution/department's relations with communities;
- ii. Enhance levels of understanding between communities and the institution/department; and
- iii. Articulate, promote and defend the department's policies and positions as well as those of government.

The department's policy should act as a guide towards the work of public relations practitioners. This finding clearly indicates that there is no adherence to the policy at all levels. This questions the authority over the enforcement of policies as spelt out by the Department of Health in KwaZulu-Natal.

The role of public relations practitioners should go beyond just handling complaints, the newsletter and visiting clinics. Functions of public relations practitioners and key performance areas are clearly defined by the Department of Health policy documents. It is a matter of hospital CEOs familiarising themselves with the framework document and for public relations practitioners taking responsibility by making themselves invaluable and make hospital CEOs see value on the functions of public relations.

4.3.2 THE ROLE OF PUBLIC RELATIONS IN PUBLIC HEALTH SETTING

From responses detailed above, there was an overwhelming positive response to the value of work by public relations practitioners from the hospital CEOs. When asked about the kind of assistance that public relations give to this effect, one hospital CEO said the following.

“There was a gap when we did not have a public relations practitioner. At least now our clinics receive regular visits from our PRO and the reports from my PRO keeps me informed”.

However, this study found that, at times, PROs are made to just attend meetings as hospital representatives without proper briefing. One respondent stated the following:-

“The CEO asked me to attend a meeting in Pietermaritzburg last week and I had no idea what was this about except that the hospital had to be represented. Only to find when I get there it was a workshop on The Make Me Look Like A Hospital Project. Apparently, this was discussed by our management and I was not part of that meeting yet I was told to attend something I did not know.”

One of the critical factors of having public relations practitioners playing an essential role for the hospital to achieve its goals is to allow them to sit in management or strategic meetings so that once the hospital has identified its objectives for the year – then the public relations practitioner should come up with public relations strategies and an action plan which shall assist the hospital towards achieving the set objectives. The absence of public relations practitioners in these meetings clearly says they are just sitting in their offices in isolation. Thus, whatever they do is not influenced by the overall strategic objective of the hospital.

If the public relations practitioners are to play a meaningful and strategic role in any institution, they should be well informed about management decisions and critical issues in the organisation. The best way to have them informed is through participation in management meetings or to have a compulsory briefing by the management on hospital developments.

Responding to the question of an official public relations strategy being in place:

Respondent one said that there was no public relations strategy in place, and raised that it is hard to put a strategy in place knowing that there is no budget for its implementation. In the same breath, the second respondent explained that there is no strategy in place or being considered and all her work is to avail herself when there are issues that need her attention and her major focus is to attend to queries from the public or clinics. The same response was also given by the third respondent who stated that the work of the public relations officer is closely linked to quality assurance.

All public relations practitioners responded by saying there is no strategy in place (this is discussed in detail under section 4.7). The public relations strategy is supposed to be informed by the hospital

strategic plan. In this instance, it is not clear if hospital PROs do have access to the hospital strategic plan. Not having a public relations strategy weakens the function of public relations in assisting the hospital towards achieving its goals. In a practical sense, a public relations strategy should be informed by the hospital strategy and activities of the public relations office should be guided by such a strategy for effective implementation and attainment of hospital objectives.

4.3.3 POSITIONING OF PUBLIC RELATIONS IN THE HOSPITAL ENVIRONMENT

All the hospitals under review are using a similar hierarchical structure as recommended by the KwaZulu-Natal Department of Health. The findings reveal that the current structure is not adequate for the effectiveness of public relations. Literature says that the most potent and potentially meaningful characteristic of public relations remains its ability to transform organisations so that they are more aligned with their stakeholders' needs and wants (Pearce, 2010). This transformation will never take place if, structurally, there is no alignment making it possible for the public relations practitioner to answer to various needs posed by the hospital stakeholders.

Currently, in terms of the hospital hierarchy, public relations is not part of the management structure. According to the Appointment procedure, Department of Health's policy on external communications (MM-03),

- The public relations officer should report to the head of the institution and shall sit in management meetings.

Part of this policy is being implemented but not on its entirety. When public relations practitioners were asked who they report to, all of the respondents pointed to the CEO as the immediate supervisor and as someone they report to directly.

This demonstrates that there is adherence as public relations practitioners report directly to their respective hospital CEOs. However, they do not participate in management meetings. Figure 3 illustrates the reporting structure of the hospitals, which agrees with policy guidelines of the Department of Health of KwaZulu-Natal (2007).

Figure 2: Reporting structure

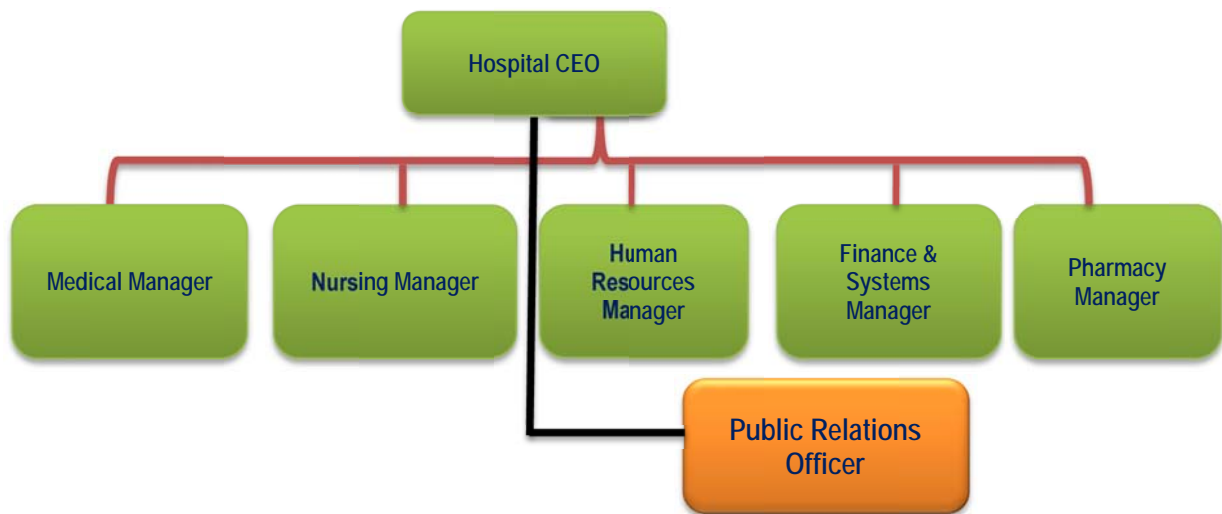


Figure 3 indicates that the hospital CEO is aware of all the functions or activities planned by the office of public relations. The reasoning behind this is that all reports from the office of the public relations are submitted directly to the hospital CEO.

There were mixed responses when the public relations practitioners were asked if hospital CEOs fully understand core functions of public relations practitioners and the support given to them.

Respondent one said that her CEO does have an idea of her work and the CEO often attends to events organised by the hospital. However, the second respondent brought to the attention of the researcher that her CEO does not fully understand the role of the PRO and, as a result, the PRO is often not informed of certain critical issues relating to the hospital. In addition, the respondent highlighted that the buy-in on a number of things she has tried to do has been very minimal. Respondent three was comfortable with the support from the CEO and management but felt that she should be doing more work rather than spending too much time visiting clinics.

The role of public relations practitioners appears to be sidelined. There is recognition from public relations practitioners that they should be doing more than what they do currently. As much as support is given, there is a sense that it is not sufficient.

One respondent stated that practitioners are even given old equipment from other sections since their work is not regarded as critical. In addition, another public relations practitioner stated that, "For the fact that we hear of things happening from other people demonstrate that the management forget about

our existence at times". This response does question the extent to which public hospitals' management understands the role of public relations and the extent to which they fully utilise their expertise.

Responding to a question of feedback sessions after management meetings, respondents unanimously replied, 'NO'. This was a follow-up question after the researcher realized that public relations practitioners were not allowed in these meetings. This response indicates that the current structure does not professionalise effective communication with other line managers. Therefore, this suggests that there is no synergy in how public relations practitioners integrate various programmes from each section to the public relations programme for the financial year. This also promotes the 'by-the-way' factor. How does each line function communicate its programme to its intended audience if the liaison line with the public relations practitioner is not professionalised? As much as public relations practitioners do receive messages and notifications directly from the CEO, this does not mean that such form of communication is consistent and beneficial.

There are no structured feedback sessions after executive meetings nor preparation before meetings between the hospital CEO and public relations practitioners. This would have enabled the public relations practitioner to give a proper brief on a number of programmes or issues that might impact on the work of line managers.

Having a public relations practitioner in the management meetings will call for the practitioner to include key programmes when designing a public relations programme. Public relations contributes to the bottom line of an organisation and determines how the communication function must be organised and managed to make an organisation more effective. Hence, Carrington (2011) defines public relations as a managerial function rather than a technical support activity and that "excellent" public relations is an integral part of the overall strategic management of an organisation.

As much as the public relations practitioner reports directly to the office of the hospital CEO, that does not mean that the public relations practitioner is privy to all issues that get discussed by the executive structure. The involvement of public relations may add insight to certain issues. This includes environmental scanning and to raise the importance of communication in some projects that the hospital is undertaking. This will also eliminate the 'By-the-way Factor'.

4.3.4 WHAT IS BY-THE-WAY FACTOR?

Public relations practitioners from all the three hospitals complained of being left out in the planning phase of various programmes undertaken by public hospitals. More often, they get involved as - oh! by the way, there is a public relations officer who can come and take photos during the event. As a result, public relations officers will only be invited for that particular role or asked to handle logistics. This is one of the reasons why public relations practitioners expressed that they feel they are not valued and have less influence in areas where they should be taking the lead. In other words, they are being considered last. They are not regarded as an essential element geared to assist the hospital to organise events.

This is another major area where there is a contradiction between what the hospital CEOs say in terms of appreciating the value of having public relations officers and what the public relations practitioners say looking at the manner in which they are being treated and the nature of work given to them.

4.3.5 THE PRACTICE OF PUBLIC RELATIONS

The findings seem to suggest that there are no clearly defined roles for public relations officers except handling customer queries and meetings with stakeholders. It was, therefore, critical to ask what was entailed in their performance agreements and the measurable goals and outcomes that they are expected to achieve. No coherent response was given on this question.

Respondent one said: "More in terms of handling complaints. I also attend to other things happening around here." For the second respondent, it was the planning of events. Respondent three highlighted that there were five performance areas for the PRO (but could not mention them to be specific), and added that there is no budget allocation to the office of the PRO.

It is critical to note that hospital CEOs had little knowledge of something called a public relations programme, which should dominate largely the performance agreement between the PRO and the hospital CEO. Hospital CEOs do performance assessments of public relations practitioners. No concrete response was given on how performance assessments are done if key performance areas are not clearly articulated in their agreements.

Such a situation leaves public relations practitioners vulnerable to be doing work without any meaningful measurable goals and outcomes and thus render them insignificant towards proving their effectiveness. The establishment of clear goals and measurable outcomes plays a very important role in guiding and influencing performance.

Public relations practitioners need to set goals which must be achievable and be in line with the hospital's objectives. These goals will also be translated in their public relations programmes which identify the organisational outcomes required for work success. This is one of the means that can make the practice of public relations meaningful and effective for public hospitals.

4.3.6 CHALLENGES FACED IN MANAGING PUBLIC HEALTH CARE IN SOUTH AFRICA

A public hospital is allocated one public relations practitioner to handle all the functions or duties related to the office of public relations. This exerts too much pressure on public relations practitioners due to the responses given below.

Respondent one informed the researcher that there is only one public relations person employed by the hospital. Respondent two is also the only public relations officer working at the hospital without any support staff. The respondent highlighted that, at some point, there was an intern but it was a contract position which expired and had been alone ever since. The third respondent has an intern as part of the learnership programme, meaning that, at the end of the learnership programme, respondent three will also be left alone to perform her duties. Respondent three has been requesting for a permanent person to assist her office but has often been told there is no money and the approval should come from the head office in Pietermaritzburg.

When looking at this finding, the next question in terms of capacity centres on the practicality. Is it practically possible that one public relations practitioner can handle all the responsibilities in the public relations office without any support structure?

According to Guy et al. (2007:2–5), in health care, the need for public relations came about in response to the demand for greater accountability by health organisations to their many different constituencies. This responsibility can never be carried out successfully by just one public relations practitioner. Public hospitals can only benefit greatly from the practice of public relations if this office is sufficiently supported with adequate personnel and resources.

The current situation, according to the findings, suggest that public relations practitioners can only carry out a few functions as they spent too much time visiting clinics, attending to customer complaints and performing other duties. Additional personnel will be in a position to arm the office of public relations to do more work, which is not mentioned in the findings, such as fostering community relations, collating and analysing media coverage and engage in more communication activities and campaigns.

The findings reveal that, at times, hospitals do get a public relations intern. However, this is not a sustainable or a structured process. According to respondents, once the internship period is over, the public relations practitioner is left alone or until such time that the Department of Health in KwaZulu-Natal can appoint another intern. This suggests that a hospital public relations practitioner cannot draw a public relations programme with plans involving an intern or any public relations support personnel. Succinctly, there is lack of capacity to ensure that the broader scope of public relations functions is covered.

4.3.6.1 HUMAN RESOURCES CHALLENGES

The hospital CEOs response on the issue of capacity centred on insufficient budget. Also raised by the CEOs was that support is given to the office of the public relations by the quality assurance and the hospital, in general. However, no details were given on the nature of assistance or support being given. Below is how hospital CEOs responded:

Respondent one said that the hospital is allocated posts and, according to the structure, there can only be one PRO for a district hospital. The hospital often relies on interns to assist the PRO but that the intern must be appointed by the head office. Respondent two also said that the hospital cannot appoint an additional PRO, and the hospital did ask the Department of Health for an assistant to the PRO but, due to budget constraints, this is impossible. "I can also see that my PRO needs an assistant as we service a bigger population here but that process is not at our hands. This is one of the reasons our PRO work closely with quality assurance".

Respondent three looked at the quality assurance as the structure more appropriate to assist the public relations office. The respondent also informed the researcher that the hospital requested for an assistant and it was turned down as there is no budget.

4.3.6.2 FINANCIAL RESOURCES CHALLENGES

Research established that there is no budget allocated to the office of public relations.

Respondent one unreservedly stated that there is no budget allocated for public relations. Public relations only rely on the funds allocated to standard items. Respondent two also confirmed that there is no budget for public relations. The same was the case with respondent three who went on to say that she does not even get a brief on what she needs to do.

The unavailability of budget was raised by public relations practitioners as one of the major challenges towards doing their work effectively. They cannot even articulate their plans or programmes for the year as they do not have resources to carry out those plans. In public hospitals, budget is allocated according to structured standard items, such as goods and services.

Public hospitals rely heavily on the office of the public relations practitioner for compliance in the number of Batho Pele principles through its functions. The head office of the KwaZulu-Natal Department of Health is looking after budgets for various hospitals as allocated by Treasury. Since each hospitals' structure provides for a public relations practitioner, there must be a budget allocated to the office of public relations to function properly. Strictly allocating budget to standard items does not do justice to soft disciplines like public relations. This hampers chances of this function to assist public hospitals towards building a favourable image for the Department of Health in KwaZulu-Natal.

The media (Sapa, 2009:1) reported that the Department of Health in KwaZulu-Natal overspent by R2.5 billion in 2008. This called for austerity measures. However, tightening budgets does not mean that some sections should be considered as not eligible for budget allocation. This leaves the office of public relations vulnerable and at the mercy of other sections for the transfer of funds so that they can function optimally and add value.

The absence of budget allocation clearly says that public relations is not considered a critical function. As a result, the office of public relations will be less visible as there are no activities organised. Ideally, available resources should be spread equitably to cover all the activities in the hospital programme. Where resources may not be adequate, the activities should be ranked in the order of their priority so that the most crucial ones are accommodated.

4.3.7 PUBLIC RELATIONS TACTICS AND TECHNIQUES

From the public relations practitioners' perspective, this is how they defined their responsibilities: Respondent one mentioned media queries, handling complaints and fundraising for small events as her key responsibilities. Respondent two informed the researcher that she spends most of her time attending to complaints from the public, a task she said is not enough and believes she could be doing more but there is no budget allocated. Respondent three defined writing stories for the newsletter, attending flagship projects and taking photos at various events as her main responsibilities. In addition, she attends to media queries since there is an active newspaper in the area.

One of the aims of the study was:-

- To establish the functions of public relations within hospitals.

With the current capacity, research findings suggest that there are three prominent functions of hospital public relations practitioners in public hospitals:

- I. Attend to media queries;
- II. Handling complaints; and
- III. Compiling a newsletter and taking photos during events.

These were the common functions specified by public relations practitioners interviewed. Expressed strongly by the practitioners is that they will want to do more but they are limited by the resources allocated and the fact that they are on their own. More often, they have to attend to meetings in various clinics and other forums.

4.3.7.1 ATTENDING TO MEDIA QUERIES

There is a very strict media liaison policy from the KwaZulu-Natal Department of Health, MM 01-04 (2007:1-4) which guides the practice of public relations practitioners in terms of media engagement. This policy applies to all KwaZulu-Natal Health institutions on external communication with the media. It is particularly relevant to the Communication Manager, as the individual designated the responsibility for managing the marketing and communication undertaken by the Department of Health in KwaZulu-Natal.

Before public relations practitioners or hospitals may comment on a particular media query, they first need to contact the head office for approval. Fundamentally, this is good in terms of sending a

coherent message and maintaining authority over messages disseminated to the media. This also ensures the quality of communication between the media and the Department of Health in KwaZulu-Natal. However, this brings into question the issue of red tape and bureaucratic processes. It has to be acknowledged that the media is working under strict deadlines and will often push for immediate responses within 24 hours.

According to media liaison policy, when any staff member, other than the designated person for media liaison, receives an enquiry from the media, he/she must refer the enquiry to the Communication Component at the Head Office. The Communication Manager shall prepare a response in collaboration with the relevant manager, obtain the approval from the General Manager: Corporate Communications and release it. As stated above, the intention of this policy is very good, however, there is a gap in terms of the rapid nature of media environment. The policy says nothing about turn-around time in terms of responding to media queries, hence, the frustrations for public relations practitioners when faced with the urgent media queries.

Public relations practitioners expressed that, at times, they find themselves bombarded with media queries and they cannot comment on issues whilst waiting for the head office to give approval. Moving forward, the head office will have to review this policy and take into consideration the sensitivity of issues within the health care industry. The moment issues are in the media, it is critical that either an immediate statement or a comment from the hospital is actioned, taking into consideration the Head Office's requirements.

Another serious challenge faced by the public relations practitioners is the equipment needed to perform their duties. For example, there is a long process to be followed in order to make an outgoing telephone call. Practitioners appreciate that it is important to manage telephone calls but they find it very frustrating having to fill in a telephone request form so that they can be granted permission to make phone calls.

4.3.7.2 HANDLING OF COMPLAINTS

Each hospital has a standard procedure in terms of handling complaints. From the findings, this is one of the key functions for the public relations practitioner. What was evident though is that energies are more towards a reaction approach. When asked about strategies of dealing with complaints before reaching the hospital management, a question of capacity was prominent. The procedure is that

complaints must be brought to the attention of the public relations practitioner through various channels, which include suggestion boxes. When asked about the visibility of the office of the public relations practitioner or how informed the public is about complaints procedure, no coherent response was given.

Some complaints have a greater impact to a point that they even reach the head office. In such cases, the head office is expected to give a response or give approval for the hospital to respond on the issue. Asking about the turnaround time when responding to complaints, no exact answer was given by any of the hospitals interviewed.

During the site visit, it was very complicated to locate the office of a public relations practitioner since there was no signage directing one to the office. In one hospital, the public relations practitioner is sharing the office space with human resources personnel in the first floor of the building. This office is clearly separated from other offices in the fourth floor of the building where the majority of management is located.

As much as each hospital is dedicated to solving complaints from the community, much more support is still needed. The first entry, which is the OPD (Out-patient Department), needs to have much more visible writing about complaint procedures and how to log a complaint. Notice boards can also be used to profile some of the resolved cases for transparency and demonstrate the effectiveness of the hospital towards solving challenges experienced by patients.

4.3.7.3 PUBLIC RELATIONS PRACTITIONER'S ROLE IN ORGANISING HOSPITAL EVENTS

Findings reveal that there is a number of health care related programmes being rolled out by public hospitals. These range from Breast-feeding week to HIV/AIDS Awareness campaigns. These events are extensive in nature and are critical for each of the hospital's calendar. Hospital CEOs emphasised that an extensive amount of planning goes into these events, working closely with line managers. These activities or events are of utmost importance in nature as they deal with matters of human life, thus demanding public awareness campaigns.

Asking about the role played by public relations practitioners when organising events, respondent one, working as a PRO, stated that her responsibilities are to ensure that all logistics of any events organised by the hospital are met. Respondent two does not even get informed when there are

projects being planned or organised. More often, she will be told at a later stage so that she can take photos and write something for the newsletter. This is almost a similar case with respondent three who, at times, is informed of upcoming events and will have to write something for the hospital newsletter.

The findings reveal that there is a little role that public relations practitioners play in planning or being part of the core team working on organising events. This is in contrast to what is raised by Skinner, von Essen, and Mersham (2004:230) that event management is an important responsibility of public relations. In essence, public relations focus more on giving valuable information to the public. Public relations courses at institutions of higher learning give adequate knowledge in terms of planning and hosting events and all the interviewed practitioners expressed confidence in handling this task, yet they are not involved fully. Their involvement comes as a 'by-the-way' factor.

Various channels can be used in terms of making events a huge success for public hospitals. This includes making the hospital staff members and the public aware and maximise greater participation by means of publicising the event. It is imperative to get the media to buy-in by inviting them on time to cover the event and also using the hospital stakeholders to spread the word and getting them to use their channels to publicise hospital events. This is where public hospitals could be utilising the expertise of their public relations practitioners as they have the necessary knowledge and adequate skills to handle events.

For example, when one hospital was visited for the purpose of this study, it had a function called operation MBO. This is a flagship project organised by the Province of KwaZulu-Natal. Various government departments participate by means of exhibitions and educating the public about their work. The South African Police Service will have an exhibition stand and explain to people about their work and the community is allowed to report matters for criminal investigations. The same goes for the Department of Agriculture where the community receive fertilizers and other necessary tools needed for subsistence farming purposes.

Operation MBO is a big event for rural communities who often have to travel long distances to receive basic services. This is a golden opportunity for public relations practitioners to galvanise more publicity and liaise with other partners, such as municipalities and local media to disseminate as much information as possible. However, when the public relations practitioner was asked about her office's involvement in the event, there was none whatsoever. Basically, the public relations practitioner informed the researcher that her role was to take photos and write content for the hospital newsletter.

Also noticeable was the absence of the media to cover the event. The public relations practitioner confirmed that the media was not invited to cover the event.

Another hospital visited by the researcher had a Nursing Day celebration. The role of a public relations practitioner was critical for the event of this nature. Hence, the researcher used this opportunity to interview the practitioner. Responses given on the role played by the public relations practitioner was that it was the nursing management which organised the event.

“My role as the public relations officer was to ensure that invited guests confirm their attendance and are seated in their rightful places, and I am taking photos which I will use for the newsletter”.

This is a clear demonstration of how little public hospitals utilise the skills available within their premises. The nursing management must have involved the office of public relations when the event of this nature was conceptualised and worked out the plan for implementation. It appears that the hospital is unaware of the special skills of public relations practitioners or unwilling to involve the office of the public relations in their programmes.

4.3.7.4 CHANNELS OF COMMUNICATION

Channels of communication used by PROs in public hospitals are somehow similar. These include:-

- a. Newsletters;
- b. Notice boards; and
- c. Community media and the head office.

It is only community meetings that really offer two-way communication as the public ask questions and receive responses instantly. Other forms of communication are also active but there is a delay in terms of feedback.

a. Hospital newsletter

Before looking at the content of the newsletter and its availability, it is critical to highlight that this study was conducted in the Zululand region of KwaZulu-Natal where the dominant language is IsiZulu. This says that majority of the people find it easy to read and understand content written in their mother

tongue. It must be remembered that these communities are within the Living Standard Measure (LSM) of 1 to 4.

Each hospital has a newsletter and it is given a unique name for identification. This is also made available electronically via the hospital website. Newsletters given to the researcher included:-

- I. Isibani;
- II. Inqolobane; and
- III. Insengakwazi.

A newsletter is one of the key responsibilities for each public relations practitioner. These newsletters are done in a simple format and are easy to read. However, each hospital uses its own template and there is no standard layout set out by the KwaZulu-Natal Department of Health. Each hospital has its own editorial principles and layout design.

b. Content

The content covered by these newsletters varies from one hospital to the other. It is mostly about events which took place and awards given to staff members. There seems to be no clear or detailed plan on how the newsletter is distributed and how hospital staff members are kept aware each time a new edition is uploaded on the website. Ideally, key points for each departmental section (next to notice boards) could be used as stations where staff members can easily access this publication.

The same goes for patients visiting the hospital. Ideally, there should be copies at the OPD (Out-patient Department) as it serves as the first point of entry for each public hospital. The public sit on benches waiting to be served by both nurses and doctors, and they can utilise this time to read the newsletter and other publications.

c. Language

The newsletters are supposedly bi-lingual, a mix of English and IsiZulu. Interestingly, English makes almost ninety-five percent of the content. As a public relations practitioner, one is always sensitive to the environment within which one is operating. With the majority of staff members and population in the region being IsiZulu speakers, an attempt to, at least, balance the content in both languages is the best option. Educated staff members will find it easy to read the newsletter. However, the same cannot be said of the less educated staff members and patients who may want to read the newsletter in IsiZulu.

d. Notice Boards

During the site visits, key points at various public hospitals had notice boards with various types of information posted. Nevertheless, the majority of the information was written in English and in small fonts, thus making it less visible and could prove difficult to be understood by the community within LSM 1 to 4. Public relations practitioners constantly update the content posted. Other sections within the hospital also use these notice boards to post information relevant to their target audiences.

4.3.8 UNAVAILABILITY OF PUBLIC HOSPITAL PUBLIC RELATIONS PROGRAMMES

From the findings already articulated, none of the public relations practitioners have a public relations programme. More often, they will receive a request to assist with either logistics or other functions pertaining to various programmes undertaken by the hospital. This is very detrimental to the function of public relations practitioners. In the absence of a programme for the year, it is very difficult to integrate programmes on the hospital calendar for public relations. Ideally, the public relations programme must be largely influenced by the hospital's programme, and what it aims to achieve.

Furthermore, the unavailability of such a programme somehow contributes to the marginalisation of public relations practitioners in public hospitals. The term marginalisation is used in a sense that public relations practitioners do not participate in planning sessions (which also includes strategic planning). This is where practitioners can determine the type of public relations programmes needed for the activities identified by the hospital.

The hospital's goals and budget will determine a public relations programme most suited for each hospital. One cannot talk about a public relations programme and leave out strategic planning. As mentioned in the literature review, according to Cutlip et al. (2002:138–139), strategic planning in public relations involves making decisions about programme goals and objectives, identifying key publics, setting policies or rules to guide selection of strategies, and determining strategies. Public relations practitioners work with other managers to develop strategic programme plans. Although each programme calls for specifically tailored and unique elements, the overall approach is similar from plan to plan.

Public hospitals can benefit in many ways by putting in place a public relations programme as this does not only emphasise the function of public relations, but it also includes mass media and

communications. If a public relations programme is sustained, it is pivotal towards building better relations with various stakeholders, thus improving the image of the hospital. The art in public relations is that it increases credibility.

In practical terms, the hospital public relations programmes will include, amongst others, objectives that aim to:-

- Create awareness of the services offered by the hospital and to ensure easy access;
- Increase knowledge of the activities by the hospital;
- Improve the image of the hospital;
- Create public appreciation of the role the hospital plays in the society; and
- Develop a sense of ownership.

4.3.9 CHALLENGES CONFRONTING PUBLIC RELATIONS PRACTITIONERS

The literature review, which informed this study, highlighted that public relations has been a profession strongly practised by the private sector. According to Jenaibi (2013 (63-67), the key to corporate public relations is to use whichever medium is going to produce the best results, and that is the one where one's potential customers are. As well as drawing attention to one's products and services, one can also do much to enhance one's corporate image. When looking at the hospital environment, as covered in the literature, public relations is not simply to influence publics for the good of the institution. Rather, it should help organisations and their publics accommodate each other's interests with a goal of mutual benefit.

Public relations practitioners complained of the hospital environment not being conducive to the practice of public relations. Below are some of the responses given by the public relations practitioners.

Respondent one complained of the hospital environment not conducive to the function of public relations at all. Some of the challenges include space and the kind of work that is needed to be done, which, at times, is not understood by staff members. Respondent two felt that the hospital environment was limiting her capabilities of delivering more on her job and denying her an opportunity to make a meaningful contribution to the hospital. The respondent felt constrained all the time because of budget

issues. Respondent three stated that, "It is not only conducive. There is a lack of public relations understanding and expectations. Worse of it all there is no proper communication here".

Public relations practitioners are fully aware of the fact that they should be doing more and they are hungry to do so. Yet, they feel very constrained and too limited by the resources allocated to them and how the hospital structure has positioned them. There is a clear relationship between this factor and the one on the understanding of the work of public relations practitioners by hospital CEOs. If there was proper understanding and clear expectation by the hospital management, there should not be any challenges in terms of resources allocation, budget and support, in general.

The hospital would have realised a need to prioritise resources needed by the public relations office. Due to this lack of understanding, public relations practitioners end up doing whatever they can with the available resources, which are, unfortunately, insufficient. This hampers their effectiveness and thus makes the function of public relations inefficient towards the overall performance of the hospital.

4.3.9.1 FRUSTRATING FACTORS IN THE HOSPITAL ENVIRONMENT

Public relations practitioners were asked of the three most frustrating factors about their work. Responses received were similar.

Respondent one mentioned lack of resources and no budget allocation, whilst respondent two also highlighted budget, lack of support and not seating in strategic meetings as some of the frustrating factors. Respondent three was mostly frustrated by the management not recognising value in the function of public relations. In addition, the respondent felt that most of her time was spent visiting clinics and she had little time to perform other responsibilities. Not having a budget was also mentioned as one of the factors.

In short, public relations practitioners identified the following three prominent factors:

- No budget allocation;
- Lack of public relations understanding; and
- Lack of resources and insufficient support.

"How am I really expected to do something in this office when I am not even allocated budget and look at this camera I am using, how do you define this. This computer freezes from time-to-time and I do not

even have a printer. Working here can be very frustrating my brother... I want to do more but I just cannot...", said one respondent.

The above factors have already been discussed in other sections of the findings. The findings clearly demonstrate the seriousness of these factors as hindering the work that needs to be carried out by public relations practitioners efficiently. This will definitely require the attention of the head office and heads of public hospitals to look into their structures and review the role that public relations play. This will automatically influence the positioning of the public relations and greater enforcement from the head office in ensuring that public hospitals fully utilise services of their public relations practitioners.

4.3.10 FRAIL RELATIONSHIPS WITH RELEVANT STAKEHOLDERS

Relevant stakeholders in this study refer to local municipalities and the local media. Public relations practitioners did highlight that they know and fully understand the importance of stakeholders and why they are critical in the hospital's existence. However, findings differed from one public relations practitioner to the other when asked about structures and the kinds of relationships they have built and maintained with their stakeholders.

Respondent one said that she does not communicate with the media and only talks to the municipality when there are issues up for discussion. Respondent two complained about lack of forums or structures where the hospital can engage its stakeholders. Visiting clinics is not enough as there is no liaison line between the hospital and the municipality and the media in the region. Respondent three hardly works with the municipality and has tried to work with it before but it did not work at all. The respondent also visits clinics a lot and talks to the public at the OPD when visiting the hospital for treatment.

Research findings seem to suggest a vacuum in the area of building and strengthening relationships. There are no structured forms of communication with these relevant stakeholders, thus making it difficult to build relations. The research acknowledged that some areas targeted for this research did not have the local media. However, there is a district radio station called Zululand Radio which received a passing mention during the interviews. Liaising with the media is more structured from the Head Office and this leaves little room for public relations practitioners to build and maintain critical media relations at a grass-root level.

In terms of municipalities, hospitals do, at times, interact with the municipalities but not often. Truthfully, some public hospitals never had meetings nor collaborated with municipalities at all. There is no base upon which relationships can be built. Responses from the public relations practitioners pointed out that there is no plan where these relationships ought to be built, even in future. However, municipalities did recognise a need for the two institutions to formalise their relationships.

Responses given by public relations practitioners indicated that they often interact with the surrounding communities when they visit the hospital for treatment. As much as there are other forums that could be utilised, there are no structured forums which public relations practitioners can utilise in order to interact with the public, in general.

4.3.11 NEGATIVE PERCEPTION BY LOCAL MUNICIPALITIES AND LOCAL MEDIA

In terms of working together, all the municipalities interviewed stressed the importance of the two institutions working together or supporting one another on a number of programmes. This includes programmes dealing with HIV/AIDS, TB and Cancer, as municipalities also run such initiatives.

Respondent one was comfortable to say the hospital relationship was just "okay". However, she complained of customer care. There are often reports by the public complaining of ill-treatment they receive from the nurses. Respondent two hardly knows of what is happening at the local hospital as they never work with municipalities. The only time the municipality visits the hospital premises is when there are drain blockages and other waste-related problems. Respondent three was concerned with the overcrowding and slow movement of queues (all which are operational issues). However, the respondent cited that there is room for working together on a number of programmes.

One municipality mentioned that having synergies will allow the hospital to use the municipality to promote its programmes through flyers, municipal newsletter, and a Mayor's slot on uKhozi fm. This is a national radio station which will be a perfect platform by the hospital to receive extensive mileage over its communication.

In rating the hospital's image, there was mixed reaction which clearly indicated that the two institutions hardly interact or attend similar forums. Two municipalities complained about the lack of customer care and the unfavourable tone used by the public hospitals when interacting with patients. However, when

municipalities were probed further about such claims, they (municipalities) could only relate to the information they hear from people talking.

This is a vacuum and definitely requires some relations to be strengthened. The hospital's proper functioning and two-way symmetrical communication is also critical. The municipality's role is to offer services to its community and they rely on public hospitals for services related to health care. As a result, good service from public health institutions will improve the municipality's rating.

4.3.11.1 LOCAL MEDIA REACTION

Due to lack of local media institutions in the region targeted for this study, only one source was used to source the data. Findings from this source was in-line with what was given by the local municipalities in terms of the tainted hospital image. This is how the editor of the local publication replied when asked about the reputation of the public hospital:-

The respondent labelled the hospital as not having a good relationship and described it as "Batho Pele gone crazy". Signage was also described as a problem when one enters that hospital.

Some of the challenges that one often reads about in the mainstream media where corpses go missing and ill-treatment of patients by hospital staff also emerged from the local media. Paper work gone missing and lack of parking space were identified by the local media as additional challenges.

Access to the public relations practitioner by the local media was described in this manner:

"Their PRO is really active, far better than the other guy they had before. We always get a response but the challenge is that their responses are not in-depth and we only receive them past the printing deadline".

It is always a concern when the media is given responses which lack in-depth information and are submitted late. This says that the publication will go into printing without the view of the hospital on the issue covered. This justifies the nature of negative coverage being received by public hospitals and this factor needs the attention of the head office where communication is coordinated.

The local media also raised concern of not being invited when there are events. The respondent complained of not receiving any alerts or press statements when there are events organised by the

hospital. The respondent went on to say that it also bothers the paper that the only time the hospital is covered is when it is in crisis.

This justified the absence of the media in the events attended by the researcher when conducting interviews for the purpose of this study. This blame cannot be levelled against public relations practitioners since they are less involved in the planning and organising of events in public hospitals. Receiving media coverage when only faced with crisis can damage the image of public hospitals. It is never easy to change the nature of coverage during the time of crisis to a positive tone.

The local media was of the view that even minor issues frustrate the surrounding communities about the hospital, and they (local media) tried very hard to engage the hospital on these issues. For example:

“Security personnel are the one conducting patient diagnosis by means of deciding whether you are sick enough to be driven inside the hospital or you must be dropped off by the gate and walk inside”.

4.3.12 BATHO PELE PRINCIPLES – A TERRAIN BETWEEN PUBLIC RELATIONS AND QUALITY ASSURANCE

In response to the question of Batho Pele – ‘putting people first’, hospital CEOs clearly articulated that putting people first is very important in the public service.

Respondent one emphasised that there must be transparency in the work conducted by the hospital and people are encouraged to express their feelings about the nature of service they receive from the hospital. The public relations officer is expected to do an audit of complaints received and advise the hospital. On the other hand, respondent two said that it is the office of quality assurance which is more relevant towards ensuring that the hospital adheres to the Batho Pele principles. Public relations is not that involved in that process. Another version from respondent three was that all hospital staff members have to conduct themselves having these principles in mind and the hospital management is very active in encouraging all staff members to put people first in their duties. The same goes for public relations and quality assurance.

In serving predominantly the rural population, one hospital CEO stated that “it is critical that public hospitals treat the community with respect and dignity and public relations is at the forefront towards ensuring that courtesy and service standards are adhered to”. The findings reveal that Batho Pele principles are more about arriving at acceptable levels of service delivery and quality.

All the public hospitals targeted for the study had the Batho Pele principles posted on the wall. Asked about this move, one respondent highlighted that it is critical that all staff members fully understand the principles and apply them into practice. When asked about enforcement, responses differed from one hospital CEO to the other. When reading the findings by the respondents above, quality assurance was more prominent, stressing that it was part of the responsibility for the hospital to apply the Batho Pele principles.

Public relations practitioners’ response to question of Batho Pele was very general.

Respondent one stated that she fully understands the principles and does apply them in her work but the quality assurance has a major role to play. Respondent two felt that her involvement with Batho Pele principles only talks to handling complaints and expects the quality assurance to be the custodian of these principles. Respondent three ensures that the principles are available at various points within the hospital premises for both the staff members and the public to read them.

From the above findings, it is clear that public relations practitioners in public hospitals are well informed of the Batho Pele principles. Yet, what is not clear is how these principles are applied practically. There is no structural uniformity for public relations practitioners in public hospitals to fully implement these principles. The work of public relations practitioners in some areas, such as handling of complaints and dissemination of information, is questionable. There was a lack of ownership from practitioners to implement the Batho Pele principles.

A model is required that will be consistent in all public hospitals for public relations practitioners to have Batho Pele principles applicable to their field of work. There is also a need to look at the role of the quality assurer versus public relations to remove duplications, if any, and this will call for clear definitions in terms of roles.

4.4 CONCLUSION

This chapter has analysed and discussed the findings of the empirical study. The themes used in this chapter resulted from analysing data from all the respondents. The findings also revealed that a lot more needs to be done by both the Department of Health in KwaZulu-Natal and hospital CEOs to ensure that public relations practitioners perform their duties efficiently and effectively. Interpretations by the researcher took into consideration public relations literature and data analysis. The next chapter focuses on the conclusions and recommendations of the study.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The overall conclusions to the research study will be presented in this chapter. These conclusions are based on the research findings that are related to the aims and objectives of the study. Also included are the recommendations emanating from the analysis of the data received.

5.2 SUMMARY OF FINDINGS

The aim of this study was to establish the functions of public relations within hospitals and to identify and explore the nature of relations between public hospitals and key stakeholders. The literature review shows that public relations is becoming one of the important functions of public hospitals. Although the South African government continues to financially support the public health care system in the country, the demands facing public hospitals are complicated and overwhelming to accomplish without the assistance of strategic partners and publics.

There is confusion amongst hospital CEOs on 'supposedly' the role of public relations practitioners in public hospitals. Mixed reaction from the research findings suggest that hospitals are not reaping benefits of having a public relations function. This was also evident as there was no adherence to the functions of public relations stipulated by the KwaZulu-Natal Department of Health. Non-involvement of public relations practitioners in the calendar events of public hospitals is another sign of under-utilising public relations practitioners. Public relations practitioners play more of a technical role in public hospitals.

The positioning of public relations in the public hospitals' structure is somehow confusing. According to the KwaZulu-Natal Department of Health, public relations practitioners must be part of management meetings, yet the research findings highlighted that this was not happening. Respondents stated that hospital CEOs are aware of the fact that public relations practitioners deserve to sit in these meetings. Unfortunately, these practitioners were excluded from these meetings.

The 'by-the-way' factor is dominant in public hospitals and this leaves public relations practitioners feeling that they are not valued and have less influence in areas where they should be taking the lead. The challenge of insufficient capacity emerged as one of the findings. Although, from time-to-time, there are public relations interns assisting public relations practitioners, this position is not formalised and, thus, there is no consistency.

Handling media queries and complaints are among the functions carried out by public relations practitioners in public hospitals. The two aspects were covered in detail and new ways of handling these functions are recommended. The case of organising events highlighted that public hospitals do not involve public relations practitioners in the planning phase and this is a major pitfall.

None of the public hospitals under review have public relations programmes. Another finding highlighted that there is no budget allocation for public relations in public hospitals. This is closely related to the hospital environment not being conducive to public relations. Issues raised by public relations practitioners included lack of resources, no budget allocation and lack of understanding of their work by the senior management.

Negative perceptions about the hospital are prevalent from hospital stakeholders. Local media and municipalities raised a number of issues and indicated that they hardly interact with local public hospitals. There are no structured forums where engagement with stakeholders could materialise. The last section of the chapter covered frustrating factors experienced by practitioners.

It is noteworthy that public hospitals understand and know the importance of applying Batho Pele principles. The research findings failed to establish the influence imposed by public relations practitioners in terms of applying these principles in the workplace environment. The principles, in terms of compliance, where evidence could be drawn from public relations practitioners and hospital CEOs were Redress and Access to Information.

5.3 CONCLUSIONS OF THE STUDY BASED ON THE OBJECTIVES

The following conclusions respond directly to the objectives of the study, as articulated in chapter one of the study.

5.3.1 TO ESTABLISH THE FUNCTIONS OF PUBLIC RELATIONS WITHIN HOSPITALS

This study revealed that the public relations function is more than just managing complaints, attending to media queries and writing newsletters, although these tasks certainly remain important considerations. Functions of public relations practitioners and key performance areas are clearly defined by the Department of Health in KwaZulu-Natal policy documents. Strict adherence of these functions is required. A gap is also revealed between what literature and policies say about the functions and what actually happens on the ground.

5.3.2 ADMIN-IFICATION AND DIMINISHED SCOPE OF PRACTICE

The findings of this study also seem to suggest a concept of 'admin-ification' of public relations function in the public hospitals studied. It is clear from the data collected and analysed that public relations practitioners are being used as 'glorified' administration staff to an extent. Another factor that can be raised from the findings is that of a 'diminished scope of practice'. Public relations practitioners highlighted that they are not being used optimally as per their functions and practice articulated in the literature and policies of the KwaZulu-Natal Department of Health. It is understood why this is happening as a number of constraining factors have been identified and discussed by this study.

5.3.3 IDENTIFY AND EXPLORE THE NATURE OF RELATIONS BETWEEN PUBLIC HOSPITALS AND KEY STAKEHOLDERS

The nature of relations between public hospitals and key stakeholders (municipalities and local media) seem to be unacceptable. Both the local municipalities and local media expressed that there is a vacuum and would like to work much more closer than the current situation and strengthen their relationships.

The researcher's view is in line with an assertion by Guy et al. (2007:16), stating that health care 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 from the community they serve. In short, a well organised and supported public relations function can be instrumental to a hospital's success.

5.4 RECOMMENDATIONS

5.4.1 PUBLIC RELATIONS PRACTITIONERS AS STRATEGIC MANAGERS

Steyn (2012:2) defined strategic management as a process that enables any organisation to identify its long-term opportunities and threats, mobilise its assets to address them and carry out a successful implementation strategy. Strategic management of public relations works best when the organisation is driven by the process. If the CEO and the board know where they want to go and how to get there, the role of public relations will be clearly defined. A public relations strategy can then be based on the corporate plan. This study recommends that public relations practitioners participate in strategic management processes and be part of the planning process and they will use public relations strategies to build harmony between the hospital and all its external and internal publics.

5.4.2 VALUE FOR PUBLIC RELATIONS

One of the moves that can assist hospital CEOs to better evaluate the work of public relations practitioners and realise value in it is by means of including public relations measurement outcomes in their performance agreements. This is all about defining measurable objectives that are specific milestones that measure progress toward achievement of public relations goals. According to Ballenger (2010:5), the objectives must:

- Address the desired communication or behavioural outcome;
- Designate the audiences among whom the behavioural outcome is to be recognised;
- Specify the expected level of attainment or accomplishment; and
- Identify the timeframe in which those attainments or accomplishments are to occur.

5.4.3 ADDITIONAL FUNCTIONS OF PUBLIC RELATIONS PRACTITIONERS

As highlighted in the literature review, the role of the public relations function in health care organisations has taken on a broader and, at times, more strategic organisational focus. It is recommended that public relations practitioners also play a role to counsel the hospital management and also include public relations calendar meetings with a vision to link the hospital with its publics.

5.4.4 PUBLIC RELATIONS CALENDAR MEETINGS

Having a calendar is great because everyone can see where the hospital is headed, but it is in the meetings that the ideas really originate. Holding public relations meetings every other week that focus on the different projects in motion will help keep the hospital unified. This is a great place to bounce around ideas and grow the office of public relations for the hospital from the inside out.

5.4.5 INTERNAL PUBLIC RELATIONS

To improve the understanding of the public relations function by the hospital management and staff members, public relations practitioners need to strengthen their communication internally. This will mean highlighting accomplishments and sharing of good stories via channels like the newsletter and notice boards.

5.4.6 HANDLING OF COMPLAINTS BY PUBLIC RELATIONS PRACTITIONERS

Complaint handling must have, as its basis, sound processes that embody the five fundamental principles of fairness, accessibility, responsiveness, efficiency and integration. It is critical that public relations practitioners continue with this function but also bear in mind the aforementioned five principles. The aim, as specified by McMillan (2009:21), is to ensure that complaints are dealt with efficiently and effectively and that clients have confidence in the agency's complaint system. Regular contact with the complainant should be maintained throughout the process. It is especially important to keep the complainant informed if his/her complaint is taking longer to resolve than first advised.

5.4.7 PUBLIC RELATIONS PROGRAMME

There is a need for public relations practitioners to consider having a public relations programme linked to a year-cycle (financial year). This programme should be largely influenced by the hospitals' strategic vision and programme for the year. It should be sincere and directed to create and strengthen development of mutual understanding and respect between the hospital and its strategic partners. A public relations programme will be like a vehicle to be used by the hospital to tell its stories to the public to gain both an understanding of its mission and appreciation for its role in the society while actively engaging its public to identify their needs and concerns.

5.4.8 DEALING WITH STAKEHOLDERS

It is evident that public relations practitioners need to play an important role in managing relationships with stakeholders and publics, in general. It is, therefore, recommended that public relations practitioners engage in deliberately planned campaigns and programmes to inform, influence or change behaviour of their local municipalities and the media for a wide range of strategic purposes. Public relations practitioners should consider organising and coordinating communication forums which will act as a content hub where various issues can be discussed. This can also involve the local radio station in the region – Zululand Radio Station – as it can use some of the content for its programmes.

5.4.9 ENGAGING THE LOCAL MEDIA

According to Cohen (2011:1), public relations is the art of engaging the public through the media and influencing opinion. The head office needs to allow some flexibility in the manner public relations practitioners in hospitals engage the media when there are programmes being rolled out and to publicise certain events. Responding to critical issues may still be coordinated by the head office but the turn-around time needs to be improved.

Engaging local media will mean placing media articles about the hospital or media inserts to broadcast media. Such articles will lend public hospitals credibility in the eyes of the public and position the hospitals as centres of health care that can be trusted and change the current negative perception. Another function of such publicity is to create an appealing image for public hospitals to encourage customer identification and trust by the local communities.

The most obvious way to do that is to take advantage of the fact that most local newspapers have a section that routinely reports on events and activities. Events do not necessarily need to be big in scale. They can take the form of:

- Special visits by government officials at a higher level;
- Expansions of some units of the hospital;
- Special events (such as the nursing day); and
- Community service involvement.

Public relations should not be a "by-the-way factor" kind of effort. A sustained initiative can build one's organisation's profile in the news media and the local community. Editorial coverage gives one's organisation better stakeholder attention compared to paid advertisements.

5.4.10 BUDGET

It is evident that the budget for public relations is never a priority in public hospitals. As much as this is a major pitfall for the public relations function, this says that public relations practitioners need to go an extra mile to prove their worth and why they deserve to be allocated a budget like other units in public hospitals. Public relations needs to come up with a business plan attached to its programme. The public relations plan needs to nest into the overall business plan of the hospital. The plan by public relations practitioners needs to focus on the following:

- Focus on activities. List the key activities arising from the current business plan - new products;
- Decide what public relations functions will support these activities. Specify the required public relations activities - how many releases, press conferences, facility visits, events, road shows, exhibitions and when these will happen;
- Integration and balance - Public relations is the most potent (and cost effective) tool of the hospital, but it cannot support the whole communications programme alone. It needs to be integrated with other activities, respecting what other line managers can contribute;
- Decide what resources are required. In-house resources may meet some of the needs, but, for others, the public relations practitioner will need outside help. It is, therefore, important to draw a clear boundary between in-house and outside tasks;

- Brief the hospital. At this stage one is able to give a full brief to one's public relations programme, with information of what one wants to achieve, what one is planning to do and the services one expects the hospitals to provide; and
- Build in feedback. Based on the objectives one sets at the start, decide on the most appropriate form of evaluation to help one measure effectiveness and improve performance.

This will go a long way to convince the hospital management to allocate a budget to the office of public relations. The same business plan can be used to demonstrate the need for additional capacity so that assistance or a public relations intern can be prioritised so that the office of public relations can achieve its objectives.

5.4.11 MANAGEMENT OF PUBLIC RELATIONS PRACTITIONERS

The head of communication from the office needs to assist CEOs of public hospitals by means of ensuring that there is adherence to the communication and marketing management policy guidelines by public relations practitioners. This will ensure that public relations practitioners deliver according to the required expectations and also streamline their functions to answer to the deliverables of public hospitals. This will also bring closer the head of communication to public relations practitioners and attend to some of their frustrations arising due to the lack of understanding of their work by the CEOs.

5.4.12 LIMITATIONS OF THE STUDY

It is a qualitative study and, therefore, cannot be generalised. Recommendations for further research shall consider a quantitative study to cover more hospitals to determine whether the findings are common.

5.5 CONCLUDING REMARKS

This study highlighted the importance of the public relations function in public hospitals and identified that there is under-utilisation of public relations practitioners. The literature review gave a broad understanding of how the health care industry has evolved and positioned public relations as one of the drivers that can help health care institutions to manage relationships with a variety of external publics as well as the society at large. The empirical data used for this study was based on interviews conducted with the CEOs of public hospitals, public relations practitioners, municipalities and the local

media in the Zululand region of KwaZulu-Natal. The recommendations discussed are some of the actions that can be considered by both the Department of Health and public hospitals to better utilise and find value in the work of public relations practitioners.

This study revealed that not enough attention is given to the practice of public relations in public hospitals. The Media Club South Africa (2010) explains that the private sector is spending about R66 billion to service about 7 million people, leaving the rest of the population depending on the R59 billion made available by the South African government. This leaves the public health care system in a vulnerable position and often overcrowded with little resources. As a result, public hospitals end up more concerned about provision of health care services.

Striving towards creating a good impression and strengthening relations with stakeholders does not seem to be a priority. Public hospitals need to realise that good public relations will not only enhance the name of the hospital but also create a 'good feel' from patients and the communities they serve and thus improve the hospitals' image.

Based on the literature review, the public relations function is rapidly growing in public health organisations because it serves a need and provides value. In addition, Springston and Lariscy (2005:219) explain that there is a greater demand for health news and consumer information has helped drive the growth of the public relations function in public health organisations. For public hospitals to realise the need and value from the function of public relations, they have to appreciate that the practice of public relations has grown over the years and they have to employ effective public relations practitioners in order to accomplish their goals.

The South African government relies heavily on the Batho Pele principles as guidelines for effective service delivery by public servants. Ideally, this should place government at good standing with the public. One key element that defines effective public relations is to establish and maintain a positive reputation for the organisation. Looking at the communications framework by the Department of Health in KwaZulu-Natal, public relations practitioners need to live up to the Batho Pele principles for effective reputation management. For this to happen, issue management is a critical element as it is a proactive process of monitoring and analysing new and potentially emerging issues that might have an impact on public hospitals.

The researcher is aware of the effective role that public relations practitioners play in terms of handling complaints. However, issue management is different from handling complaints which is reactive in nature. According to Springston and Lariscy (2005:221), issue management enables an organisation to anticipate and avoid activities that audiences find unfavourable. This will enable practitioners to anticipate and analyse issues, develop positions on those issues, identify key audiences whose support is necessary to manage those key issues and determine the desired behaviour of those audiences.

Effective issue management is very important for public hospitals as they often find themselves in the media and is being scrutinised by the public at large. It has to be noted that issue management will require a strong crisis communication plan. As much as public relations practitioners at public hospitals may try their best to handle issues and enhance the reputation of their organisation with its key stakeholders and the publics, there is no way that practitioners can anticipate or avoid negative events all the time. Outbreak of diseases and other negative issues beyond the public relations practitioners' control do happen and a crisis management plan assists in confronting these issues.

The researcher found no evidence from any respondent to indicate that public hospitals used a uniform system specifically to determine the expectations of its strategic constituencies. Building and maintaining positive relationships with the public, local media and municipalities is a major element for effective public relations in public hospitals. Therefore, public hospitals require a great deal of collaboration with their audiences. This relationship will bring strength to the programmes being offered by public hospitals. Effective communication with these stakeholders is essential.

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ANNEXURE ONE



CORPORATE COMMUNICATION SERVICES
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Telephone: (033) 395 3130

23 April 2009

THE HOSPITAL MANAGER:
VRYHEID HOSPITAL
HLABISA HOSPITAL
BENEDICTINE HOSPITAL

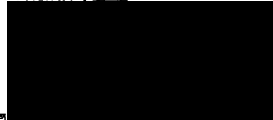
Please be advised that the Department of Health has granted permission to **MR GS NXUMALO** to conduct a research at your Hospital and for you to give him full cooperation.

The approval is subject to the following;

- Any interview and filming conducted with patients does require the patient's consent and/or guardian's consent in writing prior to such interviews;
- The person to speak on behalf the Department is Mr. Leon Mbangwa who will be available around 12h00;
- Patient care is not to be compromised;
- Patient confidentiality must be observed at all times;
- The staff must NOT be disrupted and/or inconvenienced in any way; and
- This approval is limited to the subject matter for which approval has been requested.

If you have any queries please call the Communication Section on the telephone number given above.

Thank you.



MR LA MBANGWA
GENERAL MANAGER: CORPORATE COMMUNICATIONS
DEPARTMENT OF HEALTH: KWAZULU NATAL

uMnyango Wezempilo . Departement van Gesondheid

Fighting Disease, Fighting Poverty, Giving Hope

ANNEXURE TWO

Questionnaire

>Hospital management

- 1) Do you consider public relations as having great value in the hospital?
- 2) In your own words, explain the role being played by the public relations officer?
- 3) Would you describe public relations as an essential element of the hospital, which assists management to achieve its objectives?
- 4) Do you set specific measurable PR goals and objectives during strategic planning?
- 5) Is the public relations officer part of the executive team? If so, what role is this person playing?
- 6) How many public relations activities have been organised by the PR desk in the past eight months? And how would you rate them?
- 7) How often do you engage with stakeholders like the local municipality, local media and the community leaders?
- 8) What can you mention as measurable outputs as a result of a particular PR programme or activity that the hospital has run?
- 9) How do you try to implement the concept of Batho Pele?

>Public relations Practitioners

- 1) How big is the public relations department and what are its functions?
- 2) How would you describe your role in the hospital as a Public Relations Practitioner?
- 3) What is your role in the planning process?
- 4) Do you have an official communication/PR strategy in place?
- 5) What are your communication objectives as a PRP for the hospital?
- 6) What are the channels being frequently used to communicate with stakeholders and targeted audiences?
- 7) How do you find the hospital environment? And, is it conducive for public relations practices?
- 8) Would you rate the hospital executive as being fully aware of the role that you have to play? If yes, do you get the necessary support?
- 9) Do you have a seat in strategic meetings? If yes, what is your role there?
- 10) How much is your total budget allocation as compared with the PR programme?
- 11) How is your relationship with the local municipality, local media and surrounding community?

- 12) What are the three most frustrating factors about your job?
- 13) What challenges do you face in trying to accomplish your tasks, duties and role as a PRP in this hospital?
- 14) Who do you report to and what is his/her role in the hospital?

>Local municipality

- 1) How would you rate the hospital's reputation generally?
- 2) Do you embark on any activities with the hospital? If yes, what are they?
- 3) Has the hospital rolled out any activities like awareness campaigns in or for the community in the last 12 months?
- 4) How will you describe a need for the two of you to work together on certain programmes?
- 5) What are the areas of synergy and conflicts (if any)?
- 6) What milestone can you achieve through group work?
- 7) How is your relationship with the hospital?

>Local media

- 1) Does the public appreciate services they receive from the hospital?
- 2) Describe access to the hospital?
- 3) Do you have sufficient support and co-operation from the public relations desk?
- 4) How will you rate their programmes or activities?
- 5) What are the prominent issues of the hospital that often receive media attention?
- 6) How is the state of relationship between the media and the hospital?