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Keeping hospitals operating during disasters through crisis communication preparedness

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ABSTRACT

The public has high expectations that hospitals will provide compassion, care, and extensive support for both injured and uninjured disaster survivors. In the face of disasters like pandemics or terrorist attacks, hospital communicators must be prepared to effectively communicate internally, externally, and across organizations. Furthermore, in crisis situations, hospitals must apply guiding principles of public relations including relationship management and rumor management. There remains a shortage of literature examining strategic risk and crisis communication in healthcare settings, including best practices. We conducted 27 interviews with U.S. hospital personnel charged with disaster management and/or crisis communication. Key findings reveal communication challenges not identified in prior research, such as policing the media and managing up, as well as reinforcing existing generic best practices, such as accepting uncertainty.

1. Introduction

Hospitals are front-line responders for crises like infectious disease outbreaks, hurricanes, and terrorist attacks. For example, hospitals became impromptu shelter and evacuation sites after good Samaritans and the National Guard rescued thousands of people from their homes and cars after Hurricane Harvey. Other Harvey survivors turned to hospitals when shelters were not equipped to deal with routine medical needs (Sandborn, 2017). After the Boston Marathon bombings, Massachusetts General Hospital delayed all planned surgeries when a doctor saw a tweet about the bombings, allowing for more time and space to treat hundreds of bombing survivors (Smith, 2013).

The public has high expectations that hospitals will provide compassion, care, safe havens, and extensive support for survivors of community-based disasters (Charney, Rebmann, & Flood, 2014; Paturas, Smith, Smith, & Albanese, 2010). At the same time, communicative failures during disasters often impede hospitals' capacities to support communities (Lanard & Sandman, 2014; Levinson, 2014; McKay, 2015; Wise, 2003). Hospitals also face a variety of organizational crises that may impact their reputation, but also the lives of their patients and the surrounding community (Woods, 2016). The high risk for both reputational and community-based crises means hospitals must continuously engage in risk assessment and preparation (Woods, 2016).

In addition to managing reputational needs, the field of public relations research also calls for a shift in focusing on organizational reputations to include audiences and stakeholders who are required to comprehend, and in turn, re-communicate messages (Roberts & Veil, 2016; Pasadeos, Berger, & Renfro, 2010). During a crisis event, public relations practitioners are under pressure from citizens, media, management, employees, lack of time, and uncertainty (van der Meer, Verhoeven, Beentjes, & Vliegenthart, 2017).

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Disasters may facilitate increased pressure on hospitals, especially as disasters may include injured persons, hospital mismanagement, and lack of preparation, which can all lead to crisis. Crisis communication is generally summarized as an organization's knowledge, appreciation, planning, and control over operations that harm the organization's reputation (Heath, 2010). Disasters, on the other hand, are a harmful event to a community or society which exceed the amount of resources available to cope with the event (National Science and Technology Council, 2005). Indeed, disasters may facilitate organizational crises, such as when publics perceive that an organization failed to prepare or provide necessary resources (Liu, Fraustino, & Jin, 2016), and this may be especially true for hospitals as they are responsible for caring for disaster victims. In the face of disasters like pandemics or terrorist attacks, hospitals must be prepared to strategically communicate internally, externally, and across organizations (Matusitz, 2007; Woods, 2016).

Unfortunately, there is a shortage of research examining how hospitals can best communicate about disasters (Liu, Fowler, Roberts, Petrun Sayers, & Egnoto, 2017; Seltzer, Gardner, Bichard, & Callison, 2012). There also is a need for crisis communication research on practitioners' experiences so that theories and best practices reflect the "real world" (Claeys & Opgenhaffen, 2016; Ha & Boynton, 2014). Consequently, we conducted 27 interviews with hospital personnel charged with disaster management and communication to better understand best practices for hospital risk and crisis communication.

2. Literature review

To begin the discussion on hospital risk and crisis communication, we synthesize the limited research on this topic followed by a discussion of risk and crisis communication best practices.

2.1. Hospital communication

Effective communication is imperative for appropriate hospital crisis responses (Adini, Laor, & Aharonson-Daniel, 2014; Mosquera, Melendez, & Latasa, 2015; Wise, 2003). In fact, communication is the most cited reason for evaluating the outcome of effective hospital crisis responses (Hicks & Glick, 2015), and effective hospital communication is related to a host of benefits. For example, patients' perceptions of their communication with hospitalists is related to trust and compliance (Burleson, 2014). Also, communication training for hospital social workers increased their self-efficacy to facilitate difficult conversations (Bunting & Cagle, 2016). Furthermore, public relations strategies must still be embedded within hospital communication strategies. Hospital strategic communication research focuses on two main areas of study: intraorganizational communication and interorganizational communication, which we discuss next.

2.1.1. Intraorganizational communication

Intraorganizational hospital communication refers to messages that are delivered and received within the hospital and between hospitals, which also can be called internal communication. Intraorganizational hospital communication involves a myriad of considerations such as communicating with compassion and empathy, message and channel redundancy, and strong command structures (Liu et al., 2017). Communicating with compassion means that employees feel that their well-being and needs are of importance to their organizational leaders and peers (Robinson et al., 2009). Messages that are compassionate and empathetic bear benefits such as decreased stressful responses in patients (Gemmiti et al., 2017). Affective messages are particularly effective in situations where individuals perceive they lack control (Uchino, Cacioppo, & Kiecolt-Glaser, 1996).

Intraorganizational communication also involves message and channel redundancy (Kreps, Alibek, Neuhauser Rowan, & Sparks, 2005). While redundancy is an important component to effective communication, it should be practiced with balance as messages can reach the point of saturation and recipients can experience message fatigue (Revere et al., 2011). Complex messages, in particular, may need alternate wording and thoughtful channel considerations (Wu et al., 2015). Other considerations for intraorganizational communication involve strong command structures (Liu et al., 2017) and increased coordination among management teams and departments (Matusitz, 2007). Command structures and communication teams should be well established during the crisis planning phase as increased chaos is characteristic of a disaster. For example, during disasters individuals experience more difficulty accessing their medical charts and healthcare providers (Ali-Faisal, Colella, Medina-Jaudes, & Benz Scott, 2017; Brown et al., 2007). Currently, there are no known effective systems or strategies in place in the research about how to communicate risk to internal stakeholders during a crisis (Liu et al., 2017). Furthermore, existing research solidifies the need for a strong public relations function within each hospital to rebut misinformation and coordinate internal messages (Seltzer et al., 2012).

Although nurses are not mentioned much in crisis communication literature, they have been found to be central to emergency response (Landman et al., 2015). When nurses attain greater amounts of human capital, as measured by their education level and their experience on the nursing unit, patient outcomes are significantly improved (Bartel, Beaulieu, Phibbs, & Stone, 2014). Yet, nurses tend to lack information on emergency preparedness plans (Baack & Alfred, 2013). In addition, exclusionary communication, which includes nonparticipatory and unsupportive messages, influences nurse conflict and stress (Moreland & Apker, 2016). Currently, the crisis communication literature on nurses is scant and there remain many unknowns regarding their needs during crises (French, Sole, & Byers, 2002).

2.1.2. Interorganizational communication

Interorganizational communication, or messages that are sent and received between the hospital and external stakeholders, involves increased and effective coordination during crises. Despite enhanced electronic communication devices to aid coordination,