

## **Public Relations Management at the Lucile Packard Children's Hospital: A Case Study**

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*The healthcare industry in the United States is changing at record speed, especially in California. California has seen the emergence of Health Maintenance Organizations (HMO's) and the drastic effects they have had on the hospital environment. These changes are occurring throughout the organization and affect everything from ordering of supplies to length of patient stay. It has also caused great changes in one particular area of the hospital—the public relations and marketing departments.*

*The purpose of this case study was to explain communications management during a certain period of time to ensure no encroachment on the current state of public relations for the Community and Physician Relations Department (CPRD) at Lucile Salter Packard Children's hospital at Stanford (LPCH).*

*The change in this department reflects the overall trend in healthcare marketing and the need for hospitals to promote themselves to stay profitable. The San Francisco Bay area is being hit particularly hard by all these changes and prediction that several hospitals may close in the near future. One goal of the CPRD is to educate the community about the hospital so they will use and pay for its services. Another goal is to encourage physicians to purchase phone triage services that bring in revenue and referrals to LPCH.*

*The CPRD has several areas of focus, but this case study did not attempt to cover them all. This case study focused on two main areas: the Pediatric Telecenter, a medically-based outreach program and Community Relations which is non-medically based outreach. It has only been in existence for 20 months and is a conglomeration of several different employees who previously belonged to different departments. Community Outreach used to be part of the Development and Communications Departments and the Pediatric Telecenter was part of the Medical Outreach Department. These two areas now combine their resources to more effectively reach out to the community and physicians in the Bay Area.*

*Managing this relatively new and varied group can be a challenge. Not only is the overall healthcare system changing, but LPCH has been experiencing work redesign for the past four years which also has impacted the department. Additionally, new areas keep being added to the CPRD. The Volunteer Services area of the hospital became a part of the CPRD, and a few months earlier, Continuing Medical Education was added.*

*In all, the CPRD now had nine different areas of responsibility under the leadership of one director and four managers.*

*This case study explored three theories relative to the management style of the CPRD: participative versus authoritarian management, symmetrical versus asymmetrical communication, and the role of the dominant coalition. The management style of the director is important because it affects her staff. As an outreach department, knowing how to communicate with its various publics is a must. The asymmetrical and symmetrical theory is necessary to comprehending the overall communication management of the CPRD. Finally, the concept of the dominant coalition will be discussed because although the director of the CPRD is not considered senior management, she does have an important role to play with those in higher echelons of management. This also affects her management style and effectiveness.*

*As the role of the CPRD director is discussed, it is important to keep in mind that she is not a professional in communications or public relations; she is a nurse. This unique characteristic brings a different approach to the management of the CPRD and this will be explained in this case study.*

*The first author of this study was a member of this department and reported to the director. As a result, this case study departs from others in that it relies on participant observations and is an insider's look at the creation, current management and future goals of this uniquely designed department.*

*Several methods of evidence were used in this case study to develop the process of triangulation and add to the verifiability of the results (Yin, 2009). Documents were selected based on the existing archives and availability. Agendas and year-end reports were useful to show the background, past successes, and future goals of the CPRD. Archival records such as organizational charts and budgets provided the business aspects of the department. The time period covered was one fiscal year. The bulk of evidence came from conducting personal interviews with several individuals. Those individuals were the CPRD Director and the two managers in charge of Community Outreach and the Pediatric Telecenter respectively. These interviews focused on the creation of this department, management style, communication to the public, and the effect of the director's role in the dominant coalition.*

*There were several delimiters to this case study. First was the time factor. The case study was conducted in fewer than 16 weeks so there was a limit to the amount of information that could be collected and examined during that time. Another delimiter was the role of the first author as a participant observer. Although this circumstance allowed for ease of access to people and information, it also was somewhat awkward in an interview situation. Because all the individuals involved worked together, the respondents knew that what they said could affect the interviewer. Some of the interview questions were awkward but the answers obtained still seemed more honest and in-depth than an outsider could have obtained.*

*The CPRD at Packard Children's Hospital is an important link in the continued viability of the hospital. After reading this case study, the department's purpose, style of management, and role within the community and hospital should be more evident.*

## **LITERATURE REVIEW**

This case study compares the theories of authoritarian and participative management, asymmetrical and symmetrical communication, and looks at the concept of dominant coalitions. These theories will be discussed to show that the Community and Physicians Relations Department (CPRD) is managed in a mostly participative fashion that focuses on both asymmetrical and symmetrical communication and is directed by a manager who, although not part of senior management, is definitely a player in the dominant coalition of the organization.

### **Authoritarian and Participative Organizational Cultures**

An organizational structure is "the sum total of shared values, symbols, meanings, beliefs, assumptions, and expectations that organize and integrate a group of people who work together" (Grunig, Grunig, & Dozier, 2002, p. 482). There are two main types of organizational structure: authoritarian and participative.

Authoritarian organizational cultures are marked by centralized control and authority. According to Dozier et al. (1995), "The various departments in authoritative organizational cultures do not share a common mission. Employees say managers act as if the employees they supervise don't have initiative and require constant direction" (p. 140). In this type of department, decisions are made by the manager without consulting staff members. These staff members are then expected to follow through on whatever decision the manager has decreed.

On the other extreme is the participative organizational culture. Dozier et al. (1995) said:

Feeling part of the team, working together, fostering interdepartmental coordination, and maintaining team-level responsibility for getting the job done are values and beliefs central to participative organizational cultures. These types of cultures also share decision-making authority, fostering a sense of equality, because decisions are made with the involvement of those most affected by the decision. (p. 138)

Based on these definitions, the Community and Physicians Relations Department (CPRD) seems to have a mostly participative organizational culture based on preliminary observations. Terry O'Grady, Director of CPRD, oversees a diverse array of programs, managers and staff. As the director of medical and non-medical outreach programs, O'Grady must understand all the publics involved, but must also rely heavily on the managerial staff who specialize in these areas.

Likert's (1961) research proved that the participative management approach was most successful because increasing participation by organizational members at all levels helped build more productive organizations. House and Dessler (1974) said managers could enhance the psychological state of employees, giving them greater motivation to perform and increasing job satisfaction. Matejko (1986) said, "Participation implies a situation in which all interested parties exercise some legitimate control over these decisions which are of vital interest to them" (p. 193).

Yeung's (2004) research posits that the control exercised in facilitation lies in providing a structure for collaborative rational inquiry, channeling different ideas and allowing for negotiation of different interests. The discourse strategies are thus differently oriented and often show features which are opposite those of top-down control.

O'Grady, from the Children's Hospital, scheduled regular meetings with her staff; weekly individual meetings with managers, and monthly group meetings with all other staff. She encouraged staff members at personal and professional levels, and helped them focus on their strengths and improve on their weaknesses. She seemed to have realized the importance of teamwork in getting things done and in making the most people satisfied with their jobs.

Fleishman (1956) characterized managers in two categories: relationship-oriented and task-oriented. The relationship-oriented behavior was one of friendship, mutual trust and good relations between the manager and group. The task-oriented behavior was noted by defining relationships within a group, listing ways a job can get done, scheduling and criticizing. As a director, O'Grady is much more relationship-oriented. She even used this word herself to explain many aspects of her role in the department. Schriesheim and Schreisheim (1980) said this relationship-oriented behavior has the most positive impact on satisfaction and production of those employees who work on stressful and frustrating tasks. The Pediatric Telecenter deals with medical calls and emergencies so there can be a high level of stress in those jobs. Community Outreach has had to deal with a number of cutbacks in recent months that can make the situation frustrating. As a result, both of these departments benefit from O'Grady's relationship-oriented management style.

According to Etzioni (1960), a less formalized structure is appropriate in organizations where change is occurring. This statement is reflective of the current environment experienced in the CPRD. As a conglomeration of different staff people from completely different backgrounds, everyone has had to learn how to best work with, and relate to the diverse areas covered by the department. This type of diversity would not lend itself well to a highly structured environment. With all individuals having such different roles there are a variety of approaches for each job. A structured environment would hinder personnel from performing these diverse tasks in the best way possible.

One other aspect of participative management is to "empower employees, giving them sufficient control over needed resources to complete the job. The empowerment value runs deep in participative culture" (Dozier et al., 1995, p. 77). Leher (1982) also

discussed empowerment and said, "it is being recognized throughout the world that productivity and quality of work like can both be enhanced by involving those who do work in solving problems associated with their work" (p. 1).

Although O'Grady leans heavily towards the participative management style, she is still in charge of an entire department and all parties involved do not always agree with her decisions. Barnard (1938) said that although goals were imposed from the top down, attainment of these goals depended on the willingness to comply from the bottom up. In times of disagreement amongst staff members, O'Grady makes the final decision and personnel, whose respect she has earned, perform accordingly. Barnard said authority depends on the subordinate's approval, which goes hand-in-hand with the issues of teamwork emphasized in this department.

Two other researchers also had ideas on this theme of conflict. House (1977) characterized effective leaders as using the authoritative style when resistance is encountered, but encouraging employee participation in decision-making when compliance is assured. Tannenbaum and Schmidt (1973) said successful leaders are flexible and cognizant of their choices; directing when necessary and allowing freedom when possible. This second theory is most reflective of the overall management of CPRD.

This case study looked at the empowerment of the CPRD staff and the control they were given to complete their jobs. It was important to find out if the management style of O'Grady is considered to be participative by two of her managers and herself. The type of management style is important in discussing the functions of the department -- is the asymmetrical or symmetrical form of communication practiced?

## **Two-way Communication Theories**

Asymmetrical and symmetrical or two-way models of communications make a major contribution to this case study. "In asymmetrical practices, communicators use attitude theory, persuasion, and manipulation to shape public attitudes and behaviors. In symmetrical practices communicators use theories and techniques of conflict resolution and negotiation to increase dominant coalition understanding of publics" (Dozier et al., 1995, p. 46). This case study will show that in many ways the CPRD is functioning in an asymmetrical fashion because its ultimate goal is to raise funds for the hospital and convince parents that this hospital will provide the best care for their children. The tasks of a department's function in asymmetrical communication are to:

- Persuade a public that your organization is right on an issue
- Get publics to behave as your organization wants
- Manipulates publics scientifically
- Use attitude theory in a campaign (Dozier et al., 1995. p. 46)

Looking at the functions of the CPRD will show that asymmetrical tasks are performed often. Getting the public (general community and physicians) to choose Packard

Children's Hospital over any other hospital is the department's main goal. Showing a strong stance for advocacy of children is a method to persuade the public that the organization is right on an issue, i.e. child safety seats, health care reform, and injury prevention. Convincing physicians that the nurses are the most qualified to provide triage services is another important message. However, the CPRD is not completely asymmetrical because it does not try to manipulate the public scientifically and it does not launch any full public relations campaigns. The task for a symmetrical communicator is:

- Negotiate with an activist public
- Use theories of conflict resolution in dealing with publics
- Help management to understand the opinion of particular publics
- Determine how publics react to the organization (Dozier et al., 1995, p. 46)

Based on this list of criteria, the CPRD also participates in symmetrical communication. It is an important role of the department to communicate with its publics to find out what their interests are to serve them better in the future. Spending so much time in the community is an important way to find out what the organization's publics think about it and ensures that top management understands those publics. One of those publics is the patients and families who have returned home after a visit at LPCH. Patient satisfaction surveys are sent to all the families to track the type of care they received. It is important that hospital management know what its customers think and make changes accordingly. This theory is important to the entire hospital organization because it is easy to forget about the publics served on the outside when so many people must face patients (another public) needing attention on the inside.

"Symmetrical practices emphasize change in the management opinions and behavior, as well as those of publics. Asymmetrical practices, on the other hand, emphasize changing the opinions and behavior of publics, without similar changes in the opinions and behavior of dominant coalitions" (Dozier et al., 1995, p. 95).

The two main publics served by the CPRD are the community of physicians and the community at large. These are two very distinct groups, but each is important to the role of the CPRD and it is important that the role of these publics is clearly defined to hospital management. Without either of these publics, the hospital could not exist. Keeping good relations with the physicians and creating win/win situations are vital to the continued care of the patients at LPCH. The continued tracking of the community to see where they hear about outreach programs, what their attitude is toward them, and whether they would bring their children to LPCH are important factors for hospital management to understand. Although the CPRD serves to educate and serve the community, the ultimate goal is to have the publics think of LPCH when they need care for their child or want to refer a patient.

Using both symmetrical and asymmetrical communication is not unusual. Murphy (1991) developed the term mixed motives from game theory that suggest both sides pursue their own interests, but both sides also realize that the game's outcome must be satisfactory to both parties. Because the majority of the communication is asymmetrical

in this situation, the new model of symmetry as two-way practices (Dozier et al., 1995) does not seem to apply to this department. The new model of symmetry applies when "...communicators try to persuade dominant coalitions to move towards the public's position" (p. 49). In the case of the CPRD, the majority of persuasion is to the external publics, not the internal. Also, the hospital's dominant coalition (top management) is well aware of its publics' issues so there is not much urgency to convince them of their positions. Plowman (2008), however, expanded on the Dozier et al. model and encompassed both the asymmetrical and symmetrical communications within a mixed motive model for public relations.

Having examined the authoritative and participative management styles and the combined asymmetrical and symmetrical communication practices in mixed motives for CPRD, the next step is to evaluate the director of the department's role in the dominant coalition of the hospital.

### **Dominant Coalition**

The director of the CPRD is not only key because of her role in the department but also because of her role with the dominant coalition of the hospital. "The dominant coalition is the group of individuals within an organization who have the power to determine its mission and goals." (Grunig, Grunig, & Dozier, 2002, p. 141). O'Grady is not a member of the senior management team, but her management style of negotiating a win/win for all sides has made her a valuable member of the dominant coalition.

Although not the director for the actual Communications Department, O'Grady does have an impact on many of the story ideas sent to the media and promotional tools used for her various programs. She also has the respect and trust of those in senior management. After more than 20 years at LPCH, O'Grady has the reputation as someone who cares about the hospital—its patients and staff. However, through these many years she also has been progressive in creating new programs for the hospital. All of these programs have been successful in bringing revenue or creating strong relationships with the community physicians and other publics.

The director's role in the dominant coalition provides the CPRD with more respect and latitude than other departments within the hospital. The department is perceived as valuable because O'Grady is seen as valuable. Her role in the dominant coalition positively affects her staff. As the hospital continues to make necessary financial and structural changes, O'Grady is viewed as a pivotal figure to explain those sometimes difficult changes to others throughout the hospital personnel structure. The hospital is changing course and O'Grady is helping captain some of that change.

What is intriguing about O'Grady's role as the director of this department is her nursing background. She has no formal training in writing, editing or working with the media. However, as this case study will show, she has these skills and other non-technical skills that actually are more important. "...technical expertise alone is not what makes excellent programs excellent: the best communication programs achieve excellence

through strategic use of such craft expertise to solve important problems or create important opportunities for senior management" (Dozier et al., 1995, p. 22). Grunig (1992) preceded this statement when he said, "Strategically managed public relations, therefore, is designed to build relationships with the most important stakeholders of an organization" (p. 123). This is precisely what O'Grady strives to achieve.

## **Research Questions**

This case study examined O'Grady's role within the dominant coalition and how this affects her style and communication practices. Based on the three theoretical emphases of the literature review, the research questions are:

1. Is the organizational culture of the CPRD more participative than authoritative?
2. Do the communication practices tend to be more asymmetrical than symmetrical?
3. Is the director of the CPRD not a member of the dominant coalition but does she have significant influence on that coalition?

## **METHOD**

Although there are many types of research studies, this paper focused on the case study because as Yin (2009) said, "In brief, the case study allows an investigator to retain the holistic and meaningful characteristics of real-life events-such as ...organizational and managerial process..." (p. 3). The case study helps answer the "how" and "why" through qualitative methods of evidence instead of statistical data. In an effort to answer the three research questions for this case study, several sources of evidence will be used. According to Yin (2009), "...the various sources are highly complimentary, and a good case study will therefore want to use as many sources as possible" (p. 80). Four sources of evidence were used: documentation, archival records, interviews, and participant observation.

### **Documentation**

According to Yin (2009), documents have three main purposes: verifying correct spelling and titles or names of organizations, providing specific details to corroborate information from other sources, and helping the researcher make inferences. In an organization the size of Packard Children's Hospital, there is a tremendous amount of documentation that could be obtained. However, those most relevant to the issues of the Community and Physician Relations Department (CPRD) were meeting agendas and year end reports of the hospital and the CPRD. The CPRD was established as a separate department two years prior to this time. These documents helped show the overall mission of the hospital and the role of the CPRD to help fulfill this mission. In this time of massive changes in the health care facility, these documents also showed an historical progression of the hospital's role in the community.

## **Archival Records**

Although archival records are an important source of information, Yin (2009) warned that, "Most archival records were produced for a specific purpose and a specific audience...and these conditions must be fully appreciated in order to interpret the usefulness of any archival records" (p. 84). Keeping this in mind, it was still helpful to look at some of the budget information and organizational charts for the CPRD. These financial documents were not audited and the time period for which they were examined was the same as for the documents listed above. The budget information was especially interesting in discussing the Pediatric Telecenter, which has a high salary budget, but the Telecenter also helps in fundraising for the hospital. The Community Outreach budget is not as large, but also does not have the same measure of fundraising to evaluate its success.

## **Personal Interviews**

The bulk of evidence for this case study came from three personal interviews with the aforementioned O'Grady, Director of CPRD; Deb Zwahlen, Pediatric Telecenter Coordinator; and Ellen Corman, Community Outreach Manager. The individuals were selected because of their positions and length of time with CPRD. O'Grady was in charge of the department and the others were chosen because they were both managers who had worked for O'Grady since the inception of CPRD. O'Grady provided an overall view of the entire department and was vital in answering questions regarding her role in the dominant coalition. Zwahlen leads the Pediatric Telecenter, which is the medical outreach program of the CPRD and Corman leads the Community Outreach department whose efforts are primarily of a non-medical nature.

Focused interviews were conducted in which "...the interviews may still remain open-ended and assume a conversational manner, but you are more likely to be following a certain set of questions derived from case study protocol" (Yin, 2009, p. 85). The focused interview was developed " ... to provide some basis for interpreting statistically significant effects of mass communications" (Merton, Fiske & Kendall, 1956, p. 5). The focused interviews worked better for this case study for two reasons. First, the schedules of these three individuals were known so it was easier to capturing an hour of their valuable time. Secondly, and more importantly, because of the close relationship of the primary researcher and first author with each of these individuals it was quite easy for the interview to shift directions and discuss numerous issues other than the case study.

## **Participant Observation**

There are several obvious benefits to being a participant observer in a case study. The researcher had access to all the documentation and archival records. The researcher worked closely with those being interviewed so scheduling time with them was easier

than with an outsider. And finally, the researcher had an understanding of the hospital, the department, and the community it serves -- moreso than a direct observer.

Concerns of being a participant observer included innate bias from the researcher's viewpoint of job, department, staff, etc. Becker (1958) said this was a main problem of this research method because the investigator has to assume positions or advocacy roles at certain times that may interfere with the interest of good scientific practice. Trying to discount these biases while doing the case study was a challenge. What this department does for the patients, families, physicians and communities is so important that those values cannot be discounted in doing this case study. However, this strong disposition toward the organization worked to the benefit of this case study because of the depth of research that was accomplished.

Using these multiple sources of evidence represents the process of triangulation that is an important advantage. It means that "...any finding or conclusion in a case study is likely to be more convincing and accurate if it is based on several different sources of information, following a corroboratory mode" (Yin, 2009, p. 92). Again, the basis for collection of the information for this study was guided by the parameters of the research questions. It was evaluated and analyzed according to pattern-matching analysis mentioned later and in accord with the stated mission of the hospital. For example, financial documents were used to show how much of a budget O'Grady had to work with in the Pediatric Telecenter. This was a costly program because of the large size of the nursing staff. That same budget did, however, show the projections of profit for u'1e Telecenter allowing O'Grady to justify the program.

Now that methods of evidence have been determined, some predictions can be made about the information expected to be found in the research. The management style of O'Grady will have strong overtones of the participatory style with many meetings and inclusion of staff in making departmental decisions. However, as with any organization, someone still has to make an ultimate decision so there will be some authoritative effects as well. The documentation, archival records and interviews should all be able to help justify these guiding hypotheses (Marshall & Rossman, 2006). The varied publics of the CPRD dictate that both asymmetrical and symmetrical communication systems will likely be implemented. The archival records will help corroborate this information as well as the interviews. And, all the interviews should confirm O'Grady's unofficial role in the hospital's dominant coalition. It is not expected that any written information will be found substantiating this guiding hypothesis because that information is unofficial, but the interviews should bring it out quite distinctly.

There are some limitations to the sources of evidence. The interviews were all conducted at the office and although a quiet place to interview was sought, there were occasional interruptions from other staff. The interview with O'Grady was done on the phone while she was on vacation in Hawaii. Time constraints on everyone's part required that less than perfect conditions be taken advantage of for these interviews to occur at all. There were no limitations to the archival records or documentation. In fact,

the second author limited herself to just a few items of when more items began to restate the same information.

## **Stages of Analysis**

In order to analyze all of the information obtained, the pattern-matching technique was implemented that Yin (2009) considered the most desirable strategy for case study analysis. According to Trochim (1989), this pattern-matching logic compares an empirically based logic with a predicted one. If the patterns coincide, the results strengthen the case study's validity. First, interview transcripts were compared with the literature review to make sure the theories were adequately discussed and conclusions could be drawn from them. Then, the archival and document information was compared to the literature review for the same purpose. Since the ultimate goal was to make conclusions about the three proposed theories, this type of analysis should work best for and will provide the accurate analysis needed.

## **RESULTS**

Focused interviews were conducted with Terry O'Grady, Director of the Community and Physician Relations Department (CPRD); Deb Zwahlen, Pediatric Telecenter Coordinator; and Ellen Corman, Community Outreach Manager. Once that information was collected and compared to archival records, documents and personal observations using the pattern-matching technique, five patterns resulted.

These five patterns were:

1. The leadership style of the director is mostly participative with definite instances of authoritative,
2. The main role of each area is "relationships" whether this be with the community, physicians or dominant coalition,
3. The director of the CPRD is a member of the hospital's dominant coalition,
4. The director's background as a nurse impacts her management style, and
5. Each sub-area of the department has a different idea of how they will be affected by the changes in the healthcare industry.

### **Result 1 - Leadership Style**

O'Grady has worked within the Stanford hospital system for the past 20 years in a variety of managerial roles. As the current director of the CPRD, she hopes her staff sees her as "collaborative" and that she tries to present things in a "palatable" way to make things OK with everyone. O'Grady said, "Teamwork is very, very important to me in how I manage." She said she tries very hard to be a good listener and tries to be as available as possible when staff need her and helps them problem solve as necessary. O'Grady also said she gives as much authority as possible to her managers, but she will stay more involved if she feels she has more of a history in the situation or that her

relationships with others will help in a particular situation. The two managers seem to corroborate much of what O'Grady said she tries to do.

Zwahlen, who has known O'Grady since 1982, said they have built a "foundation of trust" that helps them have a positive working relationship. Zwahlen gets a "huge amount of support" from O'Grady in regular meetings, "spur of the moment" meetings when extra input is needed, and the time O'Grady gives to plan out future projects and just "touch base" on current ones. Zwahlen also said O'Grady is a great listener and "really cares what I am doing." Zwahlen also mentioned O'Grady's creative energy and encouragement as two more positive characteristics to her management style.

Corman also said O'Grady is a good listener and appreciates the consistent "open door policy" that allows her to talk with O'Grady as needed even during the busiest of times. Corman said it is easy to talk with O'Grady and also mentioned the director's ability at providing praise and not constant criticism of her staff. Corman also said O'Grady is good at bringing information from meetings with senior managers to her staff to keep them informed. She added that O'Grady has "enthusiasm for the job and hospital and tries to make everyone else feel the same way." Overall, Corman felt O'Grady "believes in what I do and is there for me."

The overall comments on O'Grady's leadership style parlay directly into the goals she strives for as a leader. However, Corman and Zwahlen both said O'Grady needs to give more authority to them. Zwahlen said she has about "70% of the authority" over her area that she should have which she attributes to O'Grady's fear of burdening her staff and her innate nature as a perfectionist who is used to doing things herself. Zwahlen said O'Grady "doesn't punt more to me" but that they have discussed this and more responsibility is being relinquished to Zwahlen after each of these talks. Zwahlen feels that because of her long time relationship with O'Grady, they are able to discuss differences and that O'Grady really listens to her input.

Corman held the opinion that although she has the "responsibility" for all her programs, she only has "authority" over some. She said that O'Grady does expect communication on everything although she doesn't "just hang around all the time" interfering. Unlike Zwahlen, who is on a friendship level with O'Grady as well as professional, Corman feels their relationship is more of a "boss to employee" one and very professional.

Reading throughout the monthly agenda notes, it is clear to see that O'Grady involves every staff member in these meetings. Everyone is able to discuss what they are currently working on or any announcements or concerns they might have. Not only are these discussed in a particular meeting, but the follow-up minutes are distributed to each staff person as well.

Both Zwahlen and Corman felt supported by O'Grady although Corman felt she needed to ask for actual physical support such as additional personnel help. O'Grady's encouragement, praise for staff, and time taken to listen, however, were cited by both managers.

## **Result 2 - Department Roles**

The main role of the overall department and the sub-areas within it all has to do with relationships. Each person interviewed used this word and it is used several times in the 1995 year end report. O'Grady said, "The focus of this department is around relationships with the community, physicians, patients and volunteers." She said the CPRD helps the hospital "deal with the inside and outside world" since they serve publics in both.

O'Grady said her department involves the community in helping make some decisions and other times they just let the community know what they are planning to do. She said there are situations that lend themselves to both methods. O'Grady said her department tries to make sure the public is aware of its free community service programs and know about the specialized care the hospital has just for children. A common theme they try to express is "one size doesn't fit all" meaning that children need to come to a children's hospital where equipment is the right size and the caregivers are specialized in pediatric issues and needs. O'Grady said the healthcare marketplace is "cut throat" right now and her department's goal is to do their best for less or "at least convince the payers and physicians - our market - that we are."

Zwahlen said the goal of the Pediatric Telecenter is to "develop relationships with all the community - patients, families and physicians." The Pediatric Telecenter houses five different programs: Physician Hotline, Admission and Discharge Notification Service, AfterHours Care and Call Triage Service, Parent Information and Referral Center (PIRC), and the Physician Referral Service. Each of these is designed for a different public. Some need marketing and publicity, whereas others do not. PIRC is a free community service that is publicized on bus cards, billboards, in newspaper and magazine ads, phone directories, and at educational fairs. It is the most highly publicized program in the Pediatric Telecenter although it is not considered a money making program. According to a CPRD Year-End Report, "PIRC plays a significant role in the promotion of the most appropriate use of health care resources." Pediatric nurses answering this toll free line respond to health questions for parents and other caregivers. The Physician Referral service is also for the community because it has over 400 affiliated doctors to which families can be referred. Zwahlen said the primary public for these programs are parents and caretakers and her role is "to get people aware of these services they can get for free."

The Physician Hotline and AfterHours Care and Call Triage Service are designed to appeal to the community physician so it is a set market that can use these services. Physicians can purchase these services, which provide nurses to triage after-hour calls and provide a clinic where the physicians' patients can be seen after hours. Both of these programs were started a few years ago and are continuing to grow. Zwahlen said they have not marketed the AfterHours program to date, but it is included in the strategic plan of the department and should happen in the future.

The Patient Discharge Program is a completely different program whose public is the patients and their families. Zwahlen said nurses call patients after discharge to answer any further medical questions. Zwahlen said the patient satisfaction is a large focus right now and this program helps them measure what families think.

Most of Zwahlen's programs can be quantifiably recorded as verified by the researcher. She has statistics, graphs and tables that show how many calls they have received, referrals to the hospital, number of emergency room visits they have preempted, etc. Zwahlen has the ability to take these numbers to show how greatly her programs impact the hospital financially.

Corman has a completely different role as the Community Outreach Manager. She is in charge of community education, educational outreach, hospital tours, SafeKids Coalition of San Mateo and Santa Clara Counties, and serves as a liaison between the hospital and other community organizations and the public. She sees her role as having the hospital out there in the professional community by being involved in coalitions, and committees. She said the "hospital needs to be seen as a player in community programming."

Corman said the hospital cannot exist unless patients come to it, but she does not feel she does actual "marketing" for the hospital. Corman said she does the "feel good" stuff and markets the hospital in a "more subtle and comfortable way." She also said this is not like other types of marketing because even if she convinces someone that LPCH is the best place for their child, there are other factors parents have to deal with such as HMO options.

She builds "relationships" with schools, organizations, businesses, physicians and the general public in her job. Corman said LPCH wants to be "collaborative" and they realize that "taking care of kids is a community effort - not just one or more programs." Her main public is the general community and more specifically, the parents. She said one of her roles is to "provide our experts as people available and specialized to talk with parents with needs." Parents are one of the main publics served by the CPRD and in the LPCH Report to The Community. It emphasizes this commitment by stating, "In a time when caring for children seems harder than ever, LPCH wants parents to know there is a place to turn for help." It is one of Corman's roles to make sure parents know about this help. Unlike Zwahlen, Corman said she "cannot measure our success accordingly because it is immeasurable." Corman can show the number of events attended, tours conducted and promotional supplies distributed, but there is not an accurate way to show the impact this area has on the hospital, and definitely not a way to show it financially. Each of these areas has very different focuses, but they are all similar in that they build relationships, which is one of the goals listed in the year end report.

### **Result 3 - Dominant Coalition**

This was the one area where interviews and participant observation were the only two methods of evidence used. There is nothing in writing that would show O'Grady's unofficial role in the hospital's dominant coalition. However, each person interviewed, including O'Grady, agreed this was fact.

O'Grady said there are certain members of the senior management team that she is close to and feels she has "some impact" on decisions made. She said there are "certain ones of them that seek out my opinion on a regular basis" because they care what she has to say and they listen closely. O'Grady said she makes sure the right people hear her and that she will bring issues to senior management if she deems it necessary. However, she said she is "not emotional- I do it in a data-driven kind of way." O'Grady said she goes to these members with facts and clearly explains why it is important to her and why it is important to the institution. She said, "It doesn't work if it's just how I feel about something."

Zwahlen and Corman were quick to say that O'Grady has a special role in this dominant coalition and that it has helped their department. Corman said O'Grady's role has a positive effect on what she does for Corman's department. She said O'Grady is "highly respected by senior management and those higher." Corman also said that if O'Grady is associated with something, that gives it more importance.

Zwahlen said O'Grady has "brought personal power to that role" that someone else would not have and she has "brought the department into the limelight." Zwahlen cited O'Grady's personal friendship with the hospital's chief operating officer as a "springboard" to this role of power and that O'Grady purposefully cultivates certain relationships that she knows will be helpful to her department. Zwahlen feels O'Grady's role has had a definite impact on her own department and she knows she reports to "a fairly powerful person." Zwahlen attributes much of O'Grady's focal role to the relationships she has built in the past 20 years, the ones she continues to build and her "great personal touch." Zwahlen also said what O'Grady does is "behind the scenes" so she works hard at building these relationships, but many people do not even realize her impact.

### **Results 4 - Nursing Background**

As stated previously in this case study, O'Grady is the director of a department that oversees medically-based and non-medically based programs that have various different markets to which to publicize. She works with the media, fundraising team and others, but her background is in nursing which has had an impact on her management style and feelings about the department. O'Grady said her nursing background has helped her "incredibly" in her new management role. The relationships she has built with nurses, physicians and management through the years has been useful in knowing who to talk to about getting things done and promoting various programs. She said her

training as a nurse was also quite important because she was trained to always "assess situations" which she has carried over into this new role. As a nurse, O'Grady said she was trained to be outcome oriented. She also said that, "As a nurse you have a lot going on at once - juggling, reprioritizing, and attending to details all at the same time. That preparation has helped me manage."

This nursing background helps O'Grady as she oversees several nurses who staff the Pediatric Telecenter and has helped her create the Community Education program, which is a monthly seminar on childhood issues available to parents. Corman said O'Grady's nursing background is evident in all she does and can be helpful when a new community outreach program needs support of the medical staff. This nursing background has personally affected Zwahlen. She worked with O'Grady when they were both nurses and later on, when Zwahlen was laid off, O'Grady helped her get a job at the Telecenter. O'Grady's nursing background has been brought out in many different ways in her current managerial role.

### **Results 5 - Effects of Healthcare Changes**

This is the only result that is an aberration because none of those interviewed said the same thing. Only one question was asked about the effects they expected from all of the changes in the overall healthcare system. However, this question had larger meaning because LPCH is about to merge with two other Bay Area hospitals, which means major changes are forthcoming.

Zwahlen felt that her area was pretty safe during this upcoming time of change. She said, "We are one of the minority departments that will be positively impacted." Zwahlen attributes this to the services she supervises and said they are at the "forefront" of needs and wants in the healthcare community. She said they have been serving LPCH quite well and the hospitals considered in the merger do not have any such telephone services so it is a "good opportunity" for us to expand.

The Community Outreach Department is not so hopeful. Corman said this department has "not been on the highest priority of the External Affairs Department, much less the hospital." She said some of what she does exists in other departments and feels it is quite possible that her department could be eliminated.

O'Grady answered in the middle of this question. She said she really doesn't know what might happen - "the department could become very important or it could become superfluous." She said everyone needs to "understand the culture that is coming" and that change is inevitable. "Can we preserve what we've done?" she asked. "I sure hope so."

### **CONCLUSIONS**

The three research questions were answered in this study and the results corroborate earlier predictions. The management style of the Community and Physician Relations

Department (CPRD), led by Terry O'Grady, definitely leans towards the participative theory, but will resort to the authoritative style on certain occasions, in a mixed motive manner.

Two-way symmetrical and two-way asymmetrical communications also are in evidence. The roles of each department are quite different and impact different audiences. Some programs are designed with input from the community or based on community needs. Some decisions are just made by the hospital without such input. Therefore, the CPRD implements the asymmetrical and symmetrical forms of communication with their publics.

Finally, the role of O'Grady within the dominant coalition has been proven to have an impact on her personal role within the hospital and the importance of her department. Her department is looked at with more respect and she has the ear of those in the senior management. She has an unofficial role in the dominant coalition of the hospital. These findings are important to those in the healthcare profession and managers of any profession. Management style, communication behavior and working with the dominant coalition are important factors to be considered by any professionals can see how these three areas have an impact on a department going through change. Since many hospitals are going through similar change, they would be wise to read this case study and get ideas how they can make improvements or avoid certain mistakes before it affects them. This case study also will be useful to academics because it substantiates and modifies those theories by which managers communicate with their own staffs.

The CPRD has been a department in the midst of change since it started and 20 months later, it is still adjusting to some changes and preparing for many more. The management of this department will be even more crucial in the upcoming months as hospitals merge and departments begin to metamorphosize. This could be the toughest test yet for O'Grady's leadership style as she supports her department through potentially tumultuous times. It may also dramatically change her role in the hospital's dominant coalition that may no longer exist in its current form.

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