

Health Services Approach to the Communication Audit

Tereza Balcarova

Abstract: *This paper deals with the use of a communication audit as a tool for evaluating the effectiveness of public relations within health services. The research was conducted within healthcare institutions operating in the Czech Republic. Areas of research questions were focused on these aspects of health services: 'The approach to the implementation of a communication audit: Is the communication audit tied to the level of public relations effectiveness evaluation? Is the approach influenced by public relations staff specialization? Is the approach affected by the type of health services according to the typology defined by the Institute of Health Information and Statistics of the Czech Republic? Can we consider the health services communication audit usable? For Health services who stated that they implement a communication audit, further research was focused on reporting audit results, linking the budget with results of the audit, the auditor's relationship with the rated entity, and the criteria for an effective audit. Related hypotheses were tested statistically and the approaches to the implementation of the communication audit were clustered using the Ward cluster analysis. Research has identified three levels of approach of health services to implementation of the audit. These were the variables used for determining the levels: audit outputs of health services, relation to the public relations budget, the person conducting the audit and the typical characteristics of audit realization. Small commitment is evidenced by the public relations executives, by which a lack of interest has been identified and to some extent, ignorance of standards for implementation of a communication audit.*

Keywords: Public Relations · Health Services · Effectiveness · Evaluation Communication Audit

JEL Classification: I11 · M30

1 Introduction

Providing health care in the Czech Republic is subject to constant change, which often leads to an increased need for communication with significant stakeholders. The provision of health services should be treated like any other service. Health services operate in an open market, using public relations tools to achieve direct contact with customers - patients (Wroski, Okraszewski & Bocian, 2008). The customers in this case are the self-paying patient, and health insurers (Madar et al, 2004). Previous studies have shown that health services were mostly aimed at the evaluation of relationships with physicians and entities that support healthcare services as the only major stakeholder groups (Gbadeyan, 2010; Burdette, 2007). Today, however, we must take into account the perception of environmental changes and various challenges. Perception of environmental changes influences the strategic response (efficiency oriented or market-focused) of healthcare organizations, which is related to appropriate measures of performance (Filipović, Cicvarić, Štavljanin, et al., 2010; Kumar, Subramanian Strandholm et al., 2002)

Using an ongoing evaluation of the effectiveness of processes within public relations can contribute to building and maintaining better relationships with stakeholders. One of these methods is the communications audit, which provides a standardized comprehensive report on the current state of communication within an organization (Francis and Woodcock, 2004), but is also seen as a diagnostic and intervention tool for the avoidance of doubt and to increase the effectiveness of communication inside and outside the organization (Belasen, 2008). In conjunction with an emphasis on

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providing quality health care, Czech Health services are increasingly seeking to guarantee the safety and quality of health care provided to patients. The Joint Commission International (JCI) is a worldwide organization with more than a century of tradition and is one of the few Commissions which accredit health services in the Czech Republic. To obtain accreditation, hospitals must meet over 1,000 indicators that are included in the specific accreditation standards for all areas of management and provision of health care. (Ministry of Health, 2012). These indicators, however, don't include the area of public relations, which is increasingly considered by scholars to be an important part of the management of health services management who now believe that the results of the public relations effectiveness evaluation should be taken into account. Therefore, the starting point of this research is identifying different health service approaches to communication audit implementation, regardless of whether it has an effect on the accreditation of health services.

2 Materials and Methods

This paper aims to identify the approaches of health services to the communication audit. The research is focused on the environment of health services operating in the Czech Republic. Data collection was conducted through a questionnaire survey and interviews. The return of the survey was 100 questionnaires (42%) from 292 persons responsible for public relations within health services. According to the Institute of Health Information and Statistics of the Czech Republic, by the 31st of December 2011 there were a total of 425 different health services divided into these types: 140 hospitals, 79 specialized medical departments, and 23 long-term patients' facilities. 43% of health services, according to the above evidence, share public relations departments with other health services. Of the 425 health facilities in the Czech Republic, there are 292 departments of public relations listed in the registry of Health services compiled and published by the Ministry of Health (Ministry of Health, 2012), that should have been questioned within the research. Respondents were also monitored in terms of the legal entity of health services. The most common form is a state-funded institution, with 44% of the total respondents. The least represented group is the charitable trust, with 7%. Semi-structured interviews were conducted with representatives of 10 health services evaluated as the best in quality by the project "Kvalita očima pacienta" – Quality seen by the patient" (KOP TOP 10). Within this project patients evaluate health services, while health services monitor the results of this evaluation, using certificates obtained from this project as part of the communication message. Conducted interviews were focused on the same themes as the questionnaire survey to allow comparison of the results of both surveys. Interviews are therefore focused on the respondents from among such health services that have been evaluated with the highest rating in the patient quality project, initiated by the Ministry of Health. These health services were evaluated as the best in the general average results for all tracked categories (the patient's admission to the facility, respect for the patient, coordination and integration of patient care, information and communication with the patient, the patient's physical comfort, the patient emotional support, involvement of family and loved ones in their treatment, and when the patient is discharged from the facility).

Areas of research questions (RQ) were focused on the approach of health services implementing the communication audit:

- *RQ1*. Do health services consider the communication audit as usable?
- *RQ2*. Is the communication audit tied to the level of public relations effectiveness evaluation?
- *RQ3*. Is the approach influenced by public relations staff specialization?
- *RQ4*. Is the approach affected by the type of health services according to the typology defined by the Institute of Health Information and Statistics of the Czech Republic?

For those health services which stated that they have already implemented a communication audit, further research is focused on reporting the audit results, linkage of the budget to the audit results, the auditor's relationship with the rated entity, and the criteria for an effective audit. Related hypotheses were tested statistically and the approaches to the implementation of the communication audit were clustered. For hypotheses testing, the 5% level of significance was used. For the two qualitative variables, Pearson's chi-square test was used. To identify the structure of approaches to health services communication auditing, agglomerative clustering was used, in which once connected clusters cannot be split (Řezanková, 2011). Within the methods that are distinguished by the closest clusters selection criteria, Ward's method was chosen. This method is based on the loss of information that results from clustering. The criterion for clustering is the total sum of squared deviations of each object from the centroid of a cluster to which it belongs (Lepš & Šmilauer, 2003).

3 Results

The results of the survey are based on the questionnaire evaluation, frequency and statistical hypothesis testing in the chapter below.

3.1 Results of the frequencies and testing of related hypotheses

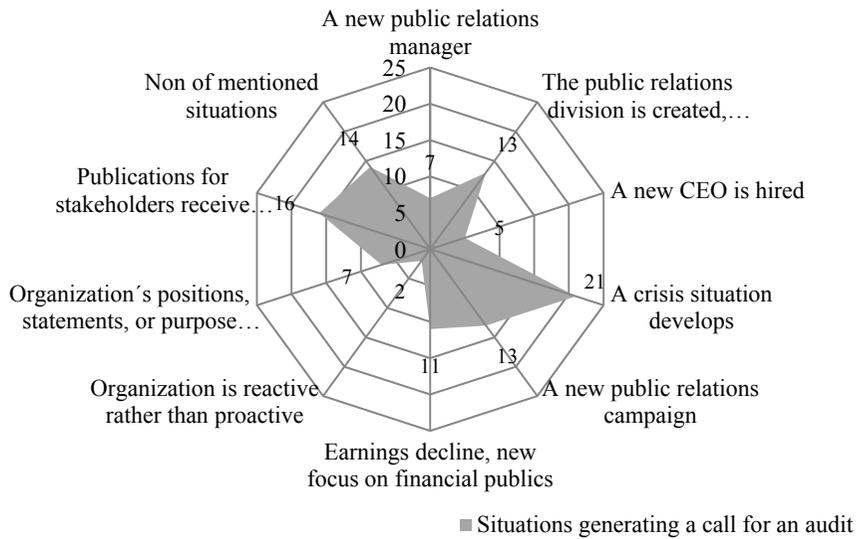
RQ1. Consider health services usable for audit?

Auditing of public relations is performed by 15% of health services, 85% don't and did not perform the communication audit. 20% of respondents said that the reason why they do not implement the communication audit is due to ignorance of audit standards and methods. 18% of respondents do not consider the audit necessary. In contrast, none of the respondents stated that the reason is following the example of the competition. According to the respondents' answers, only 26% of health services managers have ever even considered establishing a communication audit, while 74% of respondents have not even considered the implementation of a communication audit. The only time the management of a health service might consider the implementation of a communication audit would be in a crisis situation (21%), or if the presentation to the public, patients, employees or shareholders and partners is low (16% of respondents).

Most respondents stated that they would consider the implementation of an audit in a public relations crisis, and many said they would when the publications (annual reports, internal magazines, magazines for the public, press releases, etc.), in which the audit results are presented to the public, patients, employees or shareholders and partners have low ratings, or when there is a plan for a new public relations campaign, the creation of a new public relations division or existing plans are reorganized, or the divisions are given a new mandate from the institution (Fig. 1).

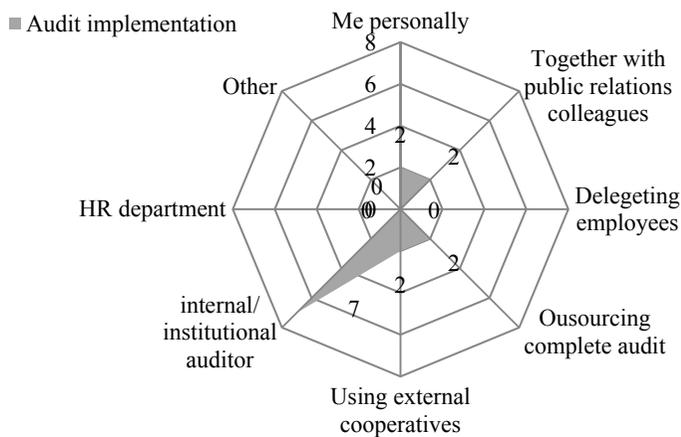
The results also show that 33% of the public relations departments of health facilities have a budget dependent on the results of the audit, while 67% of public relations budgets are not dependent on the results of the audit. The most common method of implementing a communication audit is by a hospital that has its own internal auditor. The second most common method is that the executive conducts the audit jointly with staff of the department of public relations, and the third is that health services use external staff for data collection, but the audit is carried out by the public relations department (Fig. 2).

Figure 1 Situations generating a call for an audit



Source: Own calculations based on presented research

Figure 2 Audit Implementation



Source: Own calculations based on presented research

RQ2 - Is the communication audit tied to the level of public relations effectiveness evaluation?

The health services approach to the evaluation depends on whether or not they carry out an audit due to the time demands of other activities (Pearson χ^2 : 9.41538, $df = 2$, $p = 0.009026$). 83.3% of those health services that conduct the evaluation on their own initiative do not perform an audit because other time-consuming activities prevent it and the remaining 16.7% don't even consider

this option. Of those public relations executives that do carry out compulsory evaluations, 66.7% of them do not conduct the audit because of lack of time and 33.3% of these executives do not even take this possibility into account. The relationship of health services to the evaluation depends on the decision to have an audit due to a crisis (Pearson χ^2 : 6.96139, $df = 2$, $p = 0.030786$). Interviewed public relations executives that carry out compulsory evaluation would vote for an audit in a crisis in 81.8% of cases and only 18.2% would not opt for an audit. For health services performing evaluations on their own initiative, the situation is reversed. Over half (61.3%) of them would not apply the audit in this case. The remaining 38.7% of respondents would apply the audit in a crisis situation. From the above it is clear that the majority of the responding health services would implement a communication audit in a crisis.

RQ3 - Is the approach influenced by public relations staff specialization?

Public relations management specialization depends on whether or not the management of health services considered a communication audit (Pearson χ^2 : 7.33333, $df = 1$, $p = 0.006769$). 83.3% of the health services where public relations managers are competent only for public relations tasks would not have considered an audit as useful. Only 16.7% of health services have even considered the audit useful. The opposite situation exists in health services where public relations managers are sharing competencies related to other activities (secretarial, medical, the economic sector, human resources, etc.). In these health services managers considered an audit in 62.5% of cases while 37.5% did not consider an audit useful. Staff specialization depends on whether or not they perform an audit due to the excessive costs (Pearson χ^2 : 4.79447, $df = 1$, $p = 0.028551$). In such health services, where public relations managers share competencies related to other activities, audits were performed despite the high costs in 83.9% of cases, while only 16.1% of them did not perform an audit because of high costs. For health services where public relations managers are competent just for public relations tasks, the situation is reversed. A majority of them (60%) are deterred by the fact that audit costs are too high and only 40% performed the audit despite the high costs. Staff specialization depends on whether they did or did not perform an audit due to audit redundancy (Pearson χ^2 : 5.80645, $df = 1$, $p = 0.015967$). All health services where public relations managers are competent just for public relations tasks considered the audit as necessary. Contrarily, in such health services where public relations managers share competencies related to other activities, they considered the audit as necessary only in 41.9% of cases and 58.1% of them do not perform the audit because they consider it useless.

RQ4. Is the approach affected by the type of health services according to the typology defined by the Institute of Health Information and Statistics of the Czech Republic?

Audits are not performed due to audit redundancy according to the typology of health services defined by the Institute of Health Information and Statistics (IHIS) of the Czech Republic (Pearson χ^2 : 13.2306, $df = 4$, $p = 0.010202$). All specialized medical institutions for children, specialized medical centres and hospices deemed the audit as unnecessary. Furthermore, 71.4% of hospitals also consider the audit as unnecessary, as well as 35.3% of aftercare clinics. On the other hand, 100% of university hospitals, 64.7% of aftercare clinics and 28.6% of hospitals considered the audit useful. From the above it is clear that most types of health services deemed the audit unnecessary and would prefer not to engage in it. There are other reasons for audit performance for some types of health services according to the IHIS. (Pearson χ^2 : 10.7226, $df = 4$, $p = 0.029866$). 100% of specialized medical centres and hospices would agree to performance of an audit. Furthermore, 78.3% of aftercare clinics, 66.7% of university hospitals, 33.3% of specialized medical centres for children and 28.6% of hospitals would agree to performance of the audit. Conversely, 71.4% of hospitals, 66.7% of specialized medical centres for children, 33.3% of university hospitals and 21.7% of aftercare clinics would not consider performing the audit under any circumstances.

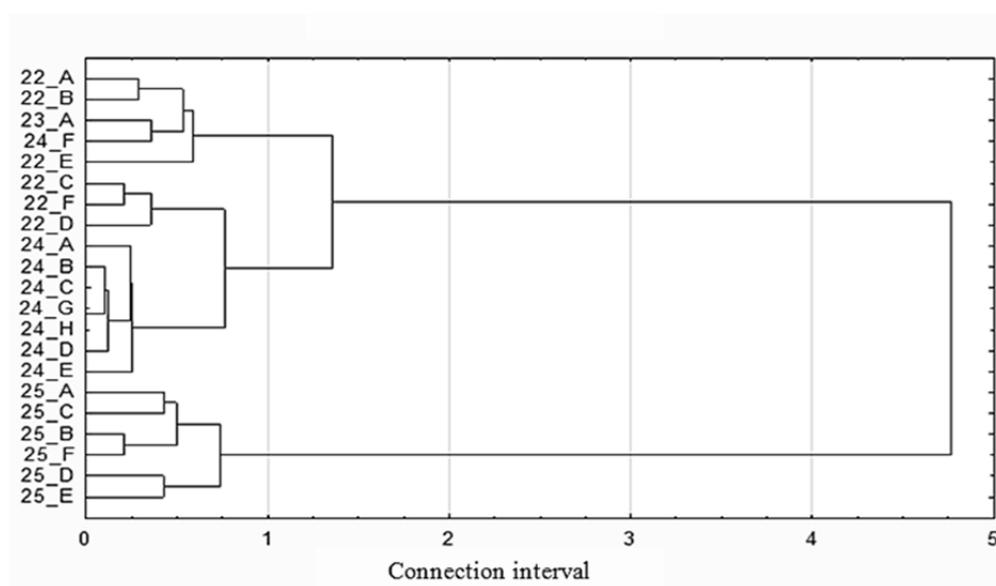
3.2 Cluster Analysis

The purpose of cluster analysis is the classification of variables describing approaches to auditing of health services. These variables were devoted to questions No. 22-25 in the survey. They were addressed to the audit outcomes of health services, the relationship of the public relations budget to the audit outcomes, the person conducting the audit and the typical characteristics of a performed audit. From the results in the dendrogram below, it is obvious that in the sub-clusters there is a certain degree of homogeneity and heterogeneity of all three clusters to the others. The Border section, which determines the depth of consolidation, was determined at a depth of one, indicating a high degree of heterogeneity in the individual clusters. As a result of this cut, three main clusters were identified:

- {22_A, 22_B, 23_A, 24_F, 22_E}
- {22_C, 22_D, 22_F, 24_A, 24_B, 24_C, 24_D, 24_E, 24_G, 24_H}
- {25_A, 25_B, 25_C, 25_D, 25_E, 25_F}.

Fig. 3 – This Cluster Analysis, which covers the variables describing approaches to the audit of health services, shows that it is clear that the first and second clusters are together in interaction with the third cluster, where there is also seen a large distance between the first two clusters and the third cluster described.

Fig. 3. Cluster Analysis (Ward method)



Source: Own calculations based on presented research

The first cluster is characterized by the pursuit of an objective approach to the implementation of the communication audit with the application of audit outsourcing, i.e., the external auditor usage (22_F), who processes the entire audit. The audit is attached to the amount of emphasis given to the impact of the audit results in the budget for public relations (23_A). The indicators monitored by the audit are typical macro-indicators, focusing on the resulting impact on the attitudes of stakeholders (22_A), monitoring the long-term effect of building relationships with stakeholders (22_E) and the resulting knowledge and understanding of the published messages (22_B). The second cluster is a specific by use of internal staff to perform the audit, whether they are executives or managers of

public relations (24_A), their subordinates or colleagues (24_B, 24_C), or whether they use an internal auditor (24_E), or the human resources department (24_G). Another option they use is the employment of an external person to obtain data, which they then process themselves (24_D). In this cluster are also variables relating to the characteristics of the monitored audit. For the second cluster are specific indicators at the micro level. These indicators include: The content of the message that was distributed to the stakeholders in connection with the publication of press releases (22_C), a summary of the results of sub-campaigns (22_D), and the volume of costs spent on public relations represented by the time spent on the public relations activities (22_F). A third cluster is formed by variables 25_A - 25_F concerning the characteristics of an effective audit. These characteristics were defined by Downs (1988) in relation to the person conducting the audit that has expertise and competency (25_A), experience (25_B) and can generate possible solutions (25_C). The audit is then characterized by a unique design that is most suitable for the specific health service (25_D), and also whether there is implementation of the proposed changes resulting from the audit (25_E) and that the audit is carried out on time and on a regular basis (25_F).

The above cluster analysis produces three basic types of health services audit approaches. They can be divided according to the principles of auditing; the second cluster is characterized by an approach from inside the hospital. The audit is always conducted by a person who is an employee of the health services, thereby reducing the degree of objectivity of the results. At the same time, its focus is more towards the micro-level of evaluation of public relations, which means that the criteria are aimed at the validation of tactics and their partial results (monitoring of embedded costs, measurements made of the potential audience, tracking the number of cuttings, the use of advertising techniques, equivalence readership tracking used by the media). This is a publication of press releases from the content and quantitative monitoring of the expended funds on sub-campaigns and the results of these campaigns. The second group can be considered as a higher degree of audit due to objectivity, where the person processing the communication audit is an external professional auditor and is able to focus on the macro level evaluation, from an institutional point of view, when it is aimed at getting feedback about stakeholders' attitudes, resulting knowledge and long exposure to interest groups. Audit results are important for this group to determine the budget for public relations. The third group is characterized by the implementation of the principles of effective auditing characterized by Downs (1988). These principles are certain standards that should be typical for the audit. Emphasis is placed on the auditor's expertise, his experience, and his ability to present a comprehensive approach to proposed solutions. There is also an emphasis on the uniqueness of the structure of the audit with regard to the specific health service, as well as an active use of the audit results, not only as a communication to internal and external stakeholders (management, shareholders, employees, ministry, public, etc.), but also by their application in practice. But it is necessary to carry out the audit in a certain time and on a regular basis.

4 Discussion

The conducted research shows a low interest of health services in implementing communication audits on a voluntary basis. Although authors (Henderson, 2005; Belasen, 2008; Downs, 1988) stated that the audit is often used as an alternative effectiveness measurement tool, which is characterized by generally applicable standards for evaluating the external and internal communication, respondents showed a lack of knowledge of this instrument. They do not consider the use of the audit in everyday practice within the systematic management of public relations. Respondents see the audit primarily as a tool used by health service top managers for monitoring public relations departments or public relations executives, or by external stakeholders, such as the Accreditation Committee, that require its completion as part of their standards. By further research, the relationship between public relations and strategic management within health services can be identified.

Research suggests that health service top managers are involved in the decision-making within public relations and public relations is also considered from the perspective of strategic management as significant. So the question is, how and to what extent do health service top managers use public relations evaluation or audit results. A summary of health services that have been best evaluated in the above-mentioned KOP TOP 10 project, and other health services in comparisons in the Czech Republic can be seen in Table 1.

Table 1 Audit approaches comparison

Criteria	KOP TOP 10	Other health services
Implementation	None.	15 % implement audit.
Reasons for decline	The lack of methods knowledge; Audit is useless; Top managers are not interested in the results.	Other time-consuming activities; High cost; Audit is useless; Top managers are not interested in the results.
Decision for Audit	Only in case of an obligation (e.g. for accreditation).	76 % never considered the communication audit.
Reasons for implementation	A new public relations manager; A new public relations division; Reorganization; A new CEO is hired; A crisis situation develops; Earnings decline; A new public relations campaign; Organization is reactive rather than proactive.	A crisis situation develops; Publications for stakeholders receive low ratings.

Source: author's own research

Within health services generally, the client/patient represents a vital group of stakeholders. The number of patients is significant for health service incomes received from health insurance institutions. Thus the number of clients/patients is crucial for the health services' existence, while taking into account the fact that currently the focus is not primarily aimed at health care physicians (first diagnosis and treatment recommendations) as the person deciding the health services' task and subsequent care. An active patient (assuming their situation is not critical or life threatening) determines the evaluation criteria and subsequently selects a particular health service on his own. Research has shown that most health services included in KOP TOP 10 do not implement a communication audit. Small commitment is evident mostly by those public relations managers, by which lack of interest and to some extent ignorance of standards for implementation of the communication audit has been identified. These factors are most often stated by respondents as a reason for refusing to implement the communication audit. Nevertheless, it is also the attitude of top managers of health services, that the results of the audit are not required. They would actively implement the audit only in the case of compulsory requirements, or of other quality verification of health services, or for accreditation.

Within the research of health services' approaches to the communication audit, a cluster analysis was conducted. The cluster analysis reduced the variables to create a typology of the specific features within the characteristics of an audit conducted by health services in the Czech Republic. These characteristics of health services' auditing can be divided into three grades according to the level of the audit process (Fig. 4):

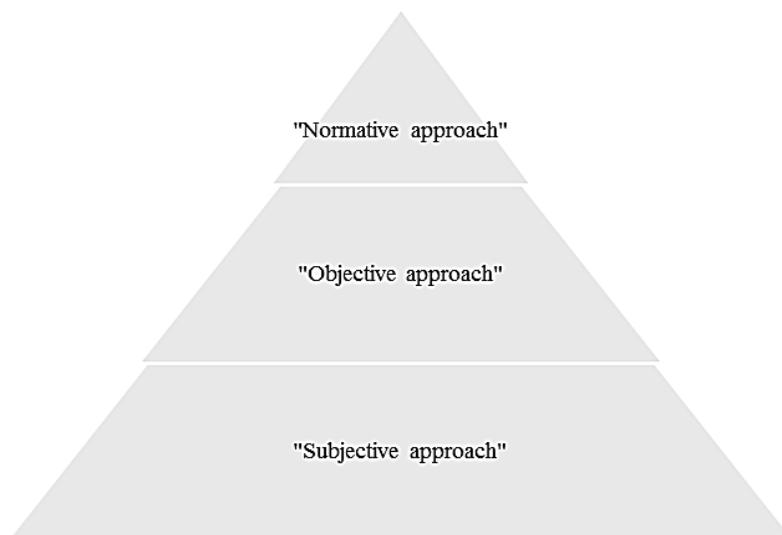
The "subjective approach" can be seen as the second determined cluster within the above cluster analysis and creates the basic level of the typology. This approach is characterized as originating

from inside the health services. The audit is always conducted by a person who is an employee of the health services, whether it is a representative of the department of public relations, an internal auditor or a human resources department employee. There is therefore a reduction of the credibility of the audit's results. Within this approach, the focus is mainly aimed at the micro level of the monitored results of public relations, as shown in Springston and Lariscy (2005). The micro level is then aimed at the program level of public relations, or the results of each tactic applied in practice, which are namely the amount of money involved, the number of published communication contents, readability and timeliness, etc.

The "objective approach" can be considered as a higher form of audit performance, as specified by an external auditor doing the auditing. The research also shows that such an auditor focuses more on the macro level of evaluation. Springston and Lariscy (2005) define this level as institutional, whose criteria are focused on the reputation and relationship with stakeholders. The monitored results are attitudes, opinions and behaviour changes of stakeholders exposed to messages. These results are defined by scholars as impacts (Xavier, Johnston, Patel, Watson, and Simmons, 2005; Kazokiene and Stravinskiene, 2011). The results of such an audit are mainly reflected in the determination of the public relations budget by respondents.

The "normative approach" can be taken as a certain level of required characteristics of the audit, which should be taken as the standard. These characteristics include an emphasis on expertise, the experience of the independent auditor and on the adjustment of an audit design to suit the specific health services. Follow-up by active implementation of the audit results is also substantial, not only by its informative role for internal and external use, but by its reflection in practice. The timeliness and regularity of an audit is also important for this grade. This normative approach is also based on an effective audit definition (Downs, 1988).

Figure 4 The hierarchy of identified communication audit approaches



Source: author's own research

5 Conclusion

The research confirmed that health services do not consider the communication audit within public relations as usable (RQ1). Top managers in 76% of health services have never considered using the communication audit. Of the listed cases (Chart 1) when the audit should be used, defined by Downs (1988) and Henderson (2005), health services would conduct the audit only in a situation of crisis or low rating of health services publications. In contrast, KOP TOP 10 listed all possible situations as stimuli for the application of an audit. Just the possibility of low publications ratings, or poor understanding of the position, statements or purpose, were not considered to be grounds for an audit. In the opinion of respondents, it is possible to deal with these situations within the usual everyday evaluation activities. These respondents also indicated that they do not implement an audit. The top managers of these health services would implement the audit only in case of an obligation (e.g. for accreditation).

None of the KOP TOP 10 health services implement the audit. The reason is ignorance of methods, the fact that they consider the audit as unnecessary and that top managers have no interest in its implementation. The surveyed health services audited public relations in 15% of all survey respondents (RQ1). Those health services that are conducting an evaluation on their own initiative do not perform an audit because of other time-consuming activities. Those health services that do carry out compulsory public relations evaluations would implement the audit only in a crisis. This confirms the dependency of the approach to the public relations evaluation and audit implementation (RQ2). In those health services where public relations executives are competent only for public relations tasks and who do not share competencies required for other activities with other areas of competence, the main reason for refusing the audit implementation are often high costs. Those who share competencies in other activities do not consider the audit as useful, and this is the most common reason for their refusal (RQ3). RQ4 is the last research area within the submitted paper. In terms of the type of health services according to the typology defined by the Institute of Health Information and Statistics (IHIS) of the Czech Republic, this research indicated that the type affected the approach to the communication audit. All specialized medical institutions for children, specialized medical centres and hospices deemed the audit as unnecessary and do not implement the audit. In general, the most common reason for audit refusal was the lack of audit methods knowledge, redundancy of an audit by the public relations executives and lack of interest by the top managers of health services.

Research has identified three levels of health services' approaches to audit implementation. Small commitment is evidenced by those public relations executives who have a lack of interest and to some extent, an ignorance of standards for the implementation of the communication audit as their main reasons for audit refusal. Health services do not consider the communication audit as usable in everyday practice within the systematic management of public relations. Respondents see the audit primarily as a tool used by health service top managers for the monitoring of public relations departments or public relations executives, or by the external stakeholders, such as the Accreditation Committee, that require its completion as part of their standards. The strategic mission of health services is to provide quality health care and achieve the satisfaction of the customer - patient. The quality of health care is assessed with respect to the requirements of patients. Getting feedback of stakeholders is thus one of the major challenges in achieving patient satisfaction.

In public relations practice it is then necessary to adapt management processes, so that health services are able to respond to the requirements and expectations of stakeholders, including an adequate response to the current active approach of patients in obtaining information. Currently, a patient is able to evaluate such information and use it for assessing the quality of health care in the health care services. For public relations management processes it is vital to include the impact of

the environment, stakeholder's assumptions and the current state of health services communication, together with an evaluation of the corresponding symmetrical principle of communication that is aimed at getting feedback, rather than evaluating the effort and cost of public relations activities. The prerequisite for such an organizational unit responsible for implementing public relations strategies is according to the mission of the health services and thus its public relations, so to achieve a sufficient degree of specialization and formalization.

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