Public Relations in Health: An Ethical Argument

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I firmly believe PR and journalism have more in common when it comes to considering why we need to act in a certain way than they have differences. Especially when you consider ethical arguments.

There is a shared agenda, from the viewpoint of ethics. When thinking, 'This is what we should do – and this is why':

- *Values and principles*. Values – concepts such as honesty, integrity, openness. These are shared both by PRs and journalists. Principles - such as try to good, to tell the truth, to be fair – based on these values, although having different applications in PR and journalism, are again similar in their ethical content.

- *Codes of conduct and professional bodies*. PRs and journalists have professional bodies they can turn to, which shape their sense of professionalism and capture these values and principles in codes of conduct: 'how we should behave'.

It's my belief that because PRs and journalists have an ethical dimension to their professional identities which is similar, and because they are facing similar and related risks in acting ethically, there is a great deal to be gained by acting together.

The evidence

My evidence for my view comes from my own experience and research. As a serving PR in the NHS in England, at a Children's Hospital, I saw many cases where there were clear ethical questions to consider – and often very little in the way of guidance as to what was the right thing to do. This lead me to my own Masters research.

I looked at how NHS PRs defined themselves, how they judged ethical decisions, their own training, and what they felt could be done to improve them. I also gauged how many of them there might be across the NHS.

I sent an initial questionnaire, containing both quantitative and qualitative questions (17 were related to the research questions); 301 requests were sent out, 84 responses analysed (28% response rate). Based on those responses, in-depth interviews were conducted with 18 serving PRs and 2 health journalists to give perspective.

These responses were analysed in three ways, to give 'triangulation' for the data.

Quantitatve analysis

This showed NHS PRs worked in teams of 2-4 and probably numbered around 400 in the trusts contacted. Over 90% dealt with conflicts of interest in their role, and around 70% thought they'd had sufficient training (1 in 3 didn't).

Content analysis

Content analysis for the survey replies. Carried out on the qualitative questions which allowed open responses and own choice of words, to look at commonly used words for NHS PRs in describing what is important for their role, and how often these words were associated in describing the same thing.

'Reputation management' not surprisingly featured a lot, and was strongly associated with 'honesty/integrity' and 'Openness/transparency', which cropped up relatively often in themselves. Their organisation's own values was also mentioned fairly often.

Around three-quarters felt they worked within a framework that had ethical principles. (1 in 4 did not).

The most surprising response was for the numbers who answered 'yes' to whether they had been asked to act unethically. 1 in 6 of the total, over a quarter of those who replied, said they had. Often qualified as 'misunderstanding' in the in-depth interviews, but also often they were not surprised to hear it and some were surprised it wasn't actually higher still.

Discourse analysis

Discourse analysis was used on the in-depth interviews. This looks at more the meanings behind words, why words are used in the way they are, as opposed to bare definitions and frequency. So it's more about cultural beliefs, norms, the context of what is being said.

Taken together with the qualitative replies and the content analysis, this allowed triangulation of the results (3 different methods used).

Findings

The analysis showed several important themes.

There was strong support for a normative, consequentialist ethical framework: so not a duty-defined way of deciding what is right (deontological), or a virtue-based one (what is virtuous), or utilitarian (greatest good for greatest number). But more a question of starting from what is regarded as the right thing to do as a defined group (normative, with strong connections to professional identity) and then thinking about the consequences of actions in reaching the best decision (consequentialist).

There was a very strong link between the way NHS PRs were defined, their autonomy, their sense of professionalism, and the relationship with the CEO and the values for that organisation.

Training was held to be valuable, but there was a mixed response on whether the NHS PRs thought they had had sufficient training for the job (roughly 2:1 split in favour).

Autonomy was defined as important, but as I've said this was usually defined in terms of the relationship with the CEO.

Some felt a defined service-wide framework would be good (around a quarter) but as any disagreed, saying their own organisation's values were their best guide, fearing a 'tick-box' list approach would emerge. I can't blame them. The NHS does that. BUT most felt the framework they worked to could be improved – there was just no consensus on how this might best be achieved to give the desired ethical framework in practice.

Conclusions

The good

- Small teams, increasingly specialised with different roles.
- Strong sense of ethical values and principles, often citing organisational values and the CEO as supportive.
- All valued training but a third said they hadn't had enough.
- Normative, consequentialist ethics were values highest. A prescriptive approach guarded against.
- This framework was important for the role, sense of autonomy and sense of professionalism (including how other professional saw the NHS PR).
- No consensus over HOW this should be improved or supported, just that it needed to be.

The not so good?

One in six of all the respondents said they had been asked to act unethically by NHS staff. Most of the in-depth respondents were not surprised to hear that, and 4 said they were surprised it wasn't higher.

There is currently no service-wide framework to support NHS PR ethics. Unlike for health professionals. Should there be? Moot point. What we don't want is another NHS' tick-list'. Normative, consequentialist.

The relationship with the CEO – often a very positive one – was critical right across the results. It's defining, for NHS PR. That is a strength. But it's also a potential source of conflict, and undermining the PR role.

A shadow in the Dark Side – and hope

Where could this lead? Taking the findings a bit wider, looking ahead as to how this might not be such a good thing:

- NHS PRs are under pressure. That should come as no surprise: all of them have to weigh up conflicts of interest as an innate part of their daily work. That means pressure.

- Add to that the lack of any service-wide framework to support NHS PRs.

- NHS PRs want to act ethically, know they should, but at least some of the time could be under pressure not to. At that point, there is very little support for them to stand their ground, when it's likely to be senior managers they are facing against.

- NHS PRs are often working alone, or in small teams, and are dependent on the most powerful people in the organisation for much of their role definition.

Could a 'perfect storm' for health journalism, PR and healthcare be on the horizon – or starting to lap at the flood barriers already?

- We know there are equal and growing pressures on health journalism.

- My own research – though exploratory and necessarily so because of the research time frame – has shown reliably that there's room for doubt over how well placed NHS PRs would be to resist pressures to be unethical.

- We also know recent legislative changes in England (HSCA, the Care Bill – clauses 81 and 82 propose making it a 'criminal offence to knowingly mislead the public over some health information' (not defined precisely), the FOI for Private health providers, now going through the UK Parliament (if defeated, private health providers would not be covered by the FOI))

- We also know there is growing privatisation for health services across Europe.

All of which could mean risks for NHS PRs:

- Dealing with less experienced journalists or who have less time. Easier to ignore, easier to fool.

- Under more pressure, as discussed. No support.

- Within a legal framework which in itself is becoming less certain over what it will mean for NHS PRs.

- NHS PRs have often got support, but in the absence of a national framework. So it can change. I've seen it happen with a change in CEO, several times. And not always for the better.

- Private healthcare PRs can play by different rules anyway. Doesn't mean they are necessarily unethical, of course. But there's even less support there.

- The same pressures are working internationally: this is not just an English problem.

- Pressures on PRs will be found elsewhere.

- These could conspire to act against openness, against candour, despite the legal and ethical calling to be open and honest.

To be a little metaphorical here, and borrow the 'Dark Side' analogy which UK journalists often use when describing PR, there's a shadow in the Dark Side, or could be.

Hope

But of course there's hope.

PRs and journalists share the same values and concerns. I'd propose there's an inter-dependence in role, and therefore in working together to better those roles, to dispel the shadow. For instance, conferences. And campaigns and networking like the ones we're hoping to start and grow. Which would give us more training, more resources, more networks. There's a lot to be gained from working to give us better standards, better ways of ensuring we keep our professionalism, with consequentialist ethics at its heart.

I would also add an appeal for more research into the way PR and journalism interrelate and interact in health. I think the common ground in shared values can yield a lot more useful information, for all of us.

An ethical way of reaching decisions

The irony that PR ethics can be traced directly back to the ethics of healthcare should not be lost on health journalists and PRs. The 'five pillars of PR ethics' are:

1. Non-malificence (do no harm)
2. Benificence (do good)
3. Veracity (tell the truth)
4. Respect privacy
5. Fairness

These have strong parallels in healthcare ethics, and in those underpinning journalism ethics internationally. While realising there must be important differences in application, of course, I believe this common pedigree, if you like, is the strongest link we have for an ethical argument.

And it's not just theory. There are good, practical models of ethical decision making that will work here. The Potter Box is probably the most well known:

1. Define the situation – gather the facts as best you can.

2. Decide what values apply – personal? Company? Professional?

3. Select the principles – company policy, code of conduct, your own rules?

4. Choose your loyalties – prioritise ALL the stakeholders who have an interest in your decision. The hospital? The patient? The public? The manager? The press?

That should then yield a decision which is ethical, and can be shown to be. This doesn't mean every ethical decision in the same situation will be the same. Far from it. But it would mean there was a consistent way of reaching that decision, which could be justified rigorously, instead of just 'It's company policy; or this is what the rule-book says we have to do; or the boss told me to – go ask him why'. It would certainly go some way to giving NHS PRs the rigorous and defensible framework they are looking for.

Ultimately, in pointing out where I think the risks are in health PR, and where I think hope may lie – through determined action – to reduce them, I'm saying:

- To first do no harm, start by asking, 'What happens next?'

That, I believe, is the strongest beginning we could make.