The Role of Public Relations Departments in Health Information Dissemination in Hospitals: Toward A Successful Health Care Delivery System in Oman.

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ABSTRACT
This study takes a holistic look at the role played by PR professionals in the dissemination of health information in hospitals in Oman.

The study finds that the nascent PR practice in Oman is yet to assume the standard seen elsewhere in the developed world. The Study reveals that PRDs are not fully staffed (professionally), equipped and financed to operate as full-fledged units in the hospitals. The PRDs do not engage in media relations, web casts/pods, initiating heath campaigns etc. The study also reveals that use of information technologies in the dissemination of health information is not in pace with the rapid development in the ICT sector.

The study concludes that rather than being reduced to a customer service or front desk department, the hospital PRDs should actively be involved in well formulated and standard public relations functions that will include publicizing and increasing visibility for hospitals and their engagements.

KEY WORDS: Public Relations Departments, Hospitals, health information, communication, Oman,
1.0 INTRODUCTION:
Health communication is an aspect of communication that has witnessed, and continues to witness growth in the field of communications, yet there is an ardent need to step up efforts to improve health communication for the benefits of clients and customers of health institutions and or organizations. This is mostly needed in countries like Oman where there seems to be a lacuna in health communication and adoption of health communication packages. This obviously has resulted in non-implementation of health communication programs, and invariably the non-adoption of such health messages by clients and customers.

In the present dispensation, the need to create viable, effective and improved communication between care providers and patients on one hand, and hospitals and the target publics cannot but be timely.

For there to be a viable health care delivery system, there has to be well formulated health communication packages by the concerned authorities / institutions for the those they carter for. These in turn have to be accepted and adopted by the messages recipients.

Health literacy is a sine-qua-non in the overall achievement of health care delivery goals and objectives. Central to the actualization of these goals and objectives are the hospital Public Relations Departments (PRDs)

Given that PRDs in hospitals and health professionals play crucial roles in disseminating health messages to customers and clients, it becomes pertinent that the researchers audit Hospital PRDs in Oman to ascertain how they are playing this role.

In the case of Oman, the intent of this study is to find out whether or not the public relations roles in Omani hospitals meet the international standard and practice, if not why, and suggest ways of empowering PRDs to improve health communication in their respective hospitals.

1.1 An Overview of Oman:
Oman, with a population of 3, 957,000 (as of December 2013)is one of the countries that make up the Middle East Block. Lying on the Tropic of Cancer in the extreme southeast of Arabian Peninsula, the country covers an area of 309,500sq kms. (Oman, 2006). Its journey to become a modern State began in 1970. Prior to 1970, the country was an agrarian, traditional society with little or no trained, and or educated workforce. (Khalid and Stephenson 2012). However the quest for transforming Oman from a traditional to a modern society was given the highest priority when His Majesty Sultan Qaboos took over power in 1970.

Over the span of four decades the rate of development and transformation in Oman is record high. For example with only three schools in the whole country in 1970, Oman currently boasts of more than 60 Higher Education Institutions in the public and private sectors, with approximately 81, 810 students studying inside Oman and about 12,000 students studying abroad. (Khalid and Stephenson, 2012). In the health sector, it is established that the country which did not have any standard healthcare delivery system before 1970, is today rated among the best countries in healthcare delivery. This is part of the realization of HM’s speech in November 2000 where he said “We always call for the development of human resources, their scientific capabilities, technical skills and technological expertise in order to meet society’s urgent requirements and needs, and to provide opportunities for those resources to fully contribute to the blessed renaissance witnessed by Oman in all walks of life.” (Khalid and Stephenson 2012)

1.2 Healthcare in Oman:
The development of the health sector can be traced back to 1970, when the present ruler of Oman, His Majesty Sultan Qaboos ascended the throne of power. His major priorities then were the development of the health and education sector. “ when SutanQaboos came to power in 1970, Oman was lacking all but the most basic roads, there were few schools and little in the way of medical care; its people were poor and...
“disadvantaged” (Oman, 2006, p. 23). Given that there was hardly any standard health care delivery system prior to His Majesty coming to power, it’s amazing to note that within a span of three decades, Oman has an integral health care system as is evident in various regional and referral hospitals as well as health centers in every Wilayat (district) of the country. (Al Balushi and West, n.d). Jahn and Gugloz (2010) support this assertion as they write that “In the last three (3) decades most probably no other country has achieved so much in such a little time in terms of healthcare than Oman. (para 1). Because of the stride the Sultanate made in the health sector, Jahn and Gugloz further write that the World Health organization in the year 2000 ranked Oman first among 191 countries for “its efficient health system and for effective utilization of the available financial resources in the health services” (para 1).

The healthcare delivery system in Oman is strongly supported by the basic law of the Sultanate of Oman otherwise called the Constitution. Article 12 of the Constitution, which came into effect with the Royal Decree No. 101/1996, states that “The State guarantees assistance for the citizen and his family on cases of emergency, sickness, incapacity and old age in accordance with the social security system. It also encourages society to share the burdens of dealing with the effects of public disasters and calamities. Article 12 further provides that “The State cares for public health and for the prevention and treatment of diseases and epidemics. It endeavors to provide healthcare for every citizen and to encourage the establishment of private hospitals, clinics, and other medical institutions under State supervision and in accordance with the rules laid down by Law”

Article 12, as it were, set the solid foundation for an effective healthcare delivery system in Oman. The Ministry of Health is solely in-charge of making sure that healthcare is delivered to Omani people. To achieve an effective nation-wide healthcare delivery system the Ministry developed the following strategies:

1. Regionalization of health services and decentralization of decision making in specified technical, administrative and financial affairs
2. Emphasizing the role and importance of planning.
4. Emphasizing the importance of health systems research
5. Emphasizing the importance of regional and international relations on health issues. (MoH website)

Healthcare delivery system is so successful in the country that Oman is now seen as one of the advanced nations in the world in health related issues. Breaking down the health statistics in Oman Jahn and Gugloz (2010) write that currently there are about 180 health facilities spanning over Oman with about 50000 health professionals. Government health facilities dominate with about 87% of hospitals and 90% of outpatient services. The statistics also show that there are about 49 hospitals, which includes 13 referrals, 127 health centers and 1 health complexes. This statistic has improved with the update from the Ministry of Health in Oman. Oman News Agency, as reported in Oman Daily Observer (7 May 2014), states that the number of hospitals in the Sultanate has risen to 65 including 49 hospitals affiliated to the Ministry of Health. This report further said that the Sultanate boasts of a hospital bed rate of 16.5 percent per 10,000 population including 4, 659 beds affiliated to the Ministry of Health which makes up to 78.1 per cent of total hospital beds in Oman. This shows how much emphasis government places on health care delivery in Oman.

The private sector participation in healthcare delivery is also vibrant. There are a number of well-established and renowned private hospitals operating in the major cities of Oman thus assisting the public sector
hospitals in providing healthcare to citizens and residents in Oman. Some of these hospitals include Star Care, BadrSama, Muscat Private, to mention these few.

Given the number of hospitals with state-of-the–art communication facilities, and staffed with well-trained health professionals, it would be expected that communication within and outside the hospitals, especially government hospitals, would be normal. But in most cases this is not case. Could there be a lapse in health information dissemination in hospitals? If yes, has the PR professionals played their roles well or not. In the event of not playing their roles well, what could be the reasons? And what should be done to avert these lapses in health information dissemination?

1.3 Literature Review and Theoretical Frame:

Given that there is hardly any published study in Oman related to the present study, it is not perplexing that the researchers did not find any materials on, or related to the topic. The literature review therefore focused on studies published by scholars outside Oman. These studies will also serve as a benchmark in looking at the roles PRD play in disseminating health information to the target audiences (patients).

Regidor, et al. (2007) are of the view that one of the goals of public health is to communicate or disseminate health information in a way that it can be interpreted by the individuals and society. Regidor and his group did not specifically point out who does this communication, but it serves as a pointer to PRD function for the fact that the hospital PRDs are responsible for establishing and maintaining the relationship between the internal and external publics of the hospitals. This study further suggests that for health information to be properly disseminated, there is need to “identify the audience and taking advantage of all the channels of communication to assure that the information is communicated and marketed – not merely disseminated – to those who need to know. (para. 4). Regidor and his group also contend that for information to be communicated effectively, the professionals need to acquire skills in communicating health information to general audiences like the publics or the mass media. This study will look at the volume and depth of health information disseminated by PRDs in Omani hospitals, and also find out if the PR practitioners have the relevant skills to disseminate such information. (Skills and channels of communication used by PRDs). It is only when PRDs function effectively that they can be likened to excellent public relations that contribute immensely to the achievement of organizational goals and objectives (Dozier 1992). This is only achievable only when, as Grunig (2006) argues, public relations functions involve strategic management that leads to maximizing organizational effectiveness.

In a study to ascertain the role of effective dissemination of health information in ensuring a productive workforce, Isibor and Whong (nd) argue that the inability to understand health information results in a higher rate of hospitalization and use of emergency services among patients with limited health literacy. To reverse this, the study suggests that there is need to formulate health messages in such a way that they could be easily obtained, processed and understood so as to make appropriate and meaningful health decisions. This, probably, is where the Hospital PRDs can lend their weights. In situations where health information is not available, people whether educated or not, will be forced to have access to uninformed health information, which is detrimental to effective health care delivery.

Woolf et al (2009) are of the opinion that healthcare spending will be on the increase as a result of inadequate access to preventive health information. This seems to be the case in Oman where health care delivery is free. It is known that the government is spending huge amount of money to cater to the health needs of its citizens, and it is expected that spending on healthcare will continue to rise unless there is a systematic provision of adequate health information to guard as a preventive measure. The hospital HRDs can play a role here by identifying urgent health information, packaging and disseminating such information to the target patients through the appropriate channels of communication. This is in line with the study done
by Fuertes (2012) which reports that hospitals should be in the vanguard of the advocacy for preventive healthcare and health education through strategic dissemination of information on health issues like family planning, vaccination, hygiene etc. This apart from other advantages will add value to the hospitals by saving costs. (Grunig 2006)

Varghese (2014) who studied the E-Oman initiative as it relates to ICT and Health asserts that E-health though an emerging concept in the public health, has the advantage of enhancing referral information delivery through the internet and related technologies. The present study will strive to audit how the PR professionals in hospitals in Oman utilize e-health facilities to bring about “…healthcare services, health surveillance, health literature, health education…” (Ehealth 2005)

Thomas, (2005) believes that it is not just enough to look at the crucial role positive communication plays in healthcare, rather it is necessary to realize the negative impact ineffective communication can have in healthcare delivery. Thomas argues that most of the challenges healthcare delivery faces at present stem from ineffective dissemination of health information. The responsibility of disseminating health information in hospitals to the target audiences is a typical function of the hospital PRD. How well the hospital PRDs being studied carry out this function is one of the intents of this study.

On the roles that health communication can play in effective health delivery, Thomas, (2005) gives the following list as highlighted by the Centers for Disease Control and Prevention:

- Influence perceptions, beliefs, attitudes and social norms.
- Promote action.
- Demonstrate or illustrate skills.
- Show the benefits of behavior change.
- Increase demand for health services.
- Reinforce knowledge, attitudes and behavior.
- Refute myths and misconceptions.
- Help coalesce organizational relationships.
- Advocate for health issue or a population group. (p.4).

It is on this backdrop that the PRDs in Omani hospitals will be investigated in regard to health information dissemination and communication audit to evaluate the situation.

Given the limited nature of this study we will sum up this review by presenting the views of Thomas (2005, p.5) that “Better communication can lead to improvements in prevention, motivation for behavior change and adherence to treatment. This study will investigate as stated earlier how PRDs in Omani hospitals work to achieve the aforementioned. This study will also look at how PRDs disseminate health information by using a wide range of communication channels like interpersonal communication, print, electronic and social media.

The study employs theory of excellence, which states that communication has value to an organization because it helps to build good long-term relationships with its strategic publics. The theory also purports that excellent PR departments contribute to an organization’s effectiveness by helping it to meet its budget, reach its goals and objectives and advance its mission. (Gordon 1999)

1.4 Significance of Study: From the review of literature on this topic, it was found that no study has been done in this area in Oman. It is therefore believed that this study is novel and assumes significance in the following dimensions 1. Will form a formidable body of knowledge in this area. 2. Will inform public relations practitioners in hospitals of their roles regarding health communication dissemination, 3. Will provide a formidable solution regarding how to disseminate health information that can be adopted by the people. 4. Will inform the authorities especially the Ministry of Health on the reasons why health
communication packages are the sole responsibility of hospital PRDs hence it will argue for the PRDs to be fully equipped, staffed, and funded to carry out this responsibility.

1.5 Research Questions: Based on the roles health communication can play in effective health delivery as identified in literature review, the research questions for this study are as follows:

1. What are the roles of PR professionals in disseminating health information in hospitals?
2. Are the PRDs in Omani hospitals fully equipped, staffed, and financed to function as full-fledged PRDs like their counterparts elsewhere (West).
3. To what extent do the PRDs provide health information to the hospital’s patients?
4. Are Information Communication Technologies (ICTs) employed by the PRDs in the dissemination of health information?
5. How effective are the media used by PRDs in health information dissemination.
6. Are there lapses in health information dissemination? If yes why?
7. Are there differences between the private and public, urban and rural PRDs in the dissemination of health information?

1.6 Objectives of Study: Based on the research questions, the following are the objectives of this study –

1. To find out whether or not the Public Relations roles in Omani hospitals meet the accepted standard.
2. To find out the caliber of people who function as PR professionals in hospitals in Oman. How qualified are they?
3. To audit the adequacy, paucity or absolute lack of health communication (messages) in Omani Hospitals.
4. To identify the channels and suitability of such channels that the Hospital PRDs use in disseminating health information
5. To identify and or proffer solutions for the lapses in health communication in hospitals.
6. To ascertain if there are differences between private and public, urban and rural hospitals in lieu to dissemination of health information.

1.7 Scope and limitation of study: The intent of this study is to take a holistic look at the role played by PR professionals in the dissemination of health information in hospitals in Oman. In doing so the researchers intended to survey PR professionals to ascertain how they carry out their onerous job of disseminating health information within and outside their workplaces. Thus, the researchers in order to gather relevant information surveyed both the public and private PRDs in hospitals. The researchers intended to cover the major cities in Oman. However there were certain limitations to this study and they include the following, some hospitals from certain cities were not able to fill and return the survey given to their PRDs despite constant reminders from the researchers. This limitation was overcome as the response from these places were expected to be the same given that government hospitals run the same system throughout the Sultanate. In the case of private hospitals, their feedback were also expected to be the same irrespective of where they are situated as they run the same routine as their parent hospital. Another limitation had to do with language barrier as some of the respondents were not fluent in written and spoken English. This was taken care of through translation from English to Arabic– Arabic is the first language of one of the researchers.

1.8 Research Methodology: The researchers faced a system that is unique while conducting this research. We have to clarify that number does not play a role in the sample population of hospitals chosen for this study. This is because it would have resulted to duplication of information as all the government hospitals
run the same system i.e. they take directives from the ministry of health. The PR. functions in government hospitals are the same. The same thing applies to the private sector where the branches in different cities run the same system as their parent hospital. Consequently, hospitals were selected especially for the government sector based on levels, for example SQUH was selected to represent teaching hospital cadre, Royal Hospital to represent referral hospital (Urban), Nizwa hospital to represent semi referral hospital (rural), Khoula Hospital to represent specialist hospital. From the private sector BadrA’ Sama was selected for its wide spread within the country, Star care represents the five star private cadre. Al-Raffa Hospital was selected to represent semi urban middle range hospital. This sample selection is in agreement with Wimmer and Dominick (2006) who believe that rather than studying the whole population – which may be impossible – it is safer to draw up a subset of the entire population that represents the population. The sample so selected is based on the purpose and objectives of this study (Wrench et. al, 2009; Nworgu, 1991)

1.9 Sampling Method. In scientific research choosing a good sampling method cannot be overemphasized as it plays a huge role in authenticating research results and findings. However, there is no one-fits-all method when it comes to sampling. It is therefore obvious that sampling orientations differ in different researches. The aim, for example, of quantitative research is to choose a sample that can produce a result that can be generalized (Marshall, 1996). In qualitative studies, on the other hand, the sampling orientation is different. The emphasis is on the quality of the sample rather than the number or largeness of the size of the sample as used in quantitative research. Marshall (1996) identified three major categories of sampling that can be used in qualitative research – namely, the convenience, judgmental and theoretical models. The researchers have chosen the judgmental sampling method in this study as it will help in selecting respondents who are richer in terms of quality ideas and information. The emphasis here is on the richness of information rather than largeness of sample size. In terms of generalizability from the sample of this study, we are still on tract given that all the cadres of hospitals in Oman are represented in the study. The hospitals chosen for this study are representative enough that the results and findings can be generalized. It should be noted that studying for example 100 public hospitals in Oman will not yield a generalizable result given that these hospitals run the same system and will just generate one set of information. While the emphasis here is on (largeness) sample size, the result from the data will be poor. But studying 10 hospitals that run different systems will yield a richer result despite the fact that the sample size is small. This is what informed the choice of 10 hospitals as the sample size of this study. These 10 hospitals represent all the cadres of hospitals in Oman.

1.10 Data gathering tool: The researchers employed the semi-structured questionnaire to elicit information from the respondents. This was informed by the fact that open ended questions give respondents enough time to think and reflect on the questions and come up with relevant and good answers (Holsten and Gubruim 1995). Also the use of semi structured questionnaire eliminates the bias posed by the researcher presence during face to face interviews. (Emenyeonu, 1999). The researcher’s presence during interviews could result in inflated results which may affect the validity of the research. However to forestall wrong answers from misinterpretation or misunderstanding the interview questions, the researchers left their contact numbers for clarifications. This worked as a number of the respondents called back for some clarifications on one or two issues before giving their answers.

1.11 Data presentation, analysis and findings: The study targeted the Public Relations departments in both private and public hospitals in Oman. Ten major hospitals from both sectors constituted the sample of survey with more than 30 respondents
The study explored the roles and responsibilities of the Public Relations depts. through semi-structured questionnaire conducted with the practitioners in the hospitals.

**Gender factor:** This has no significance in this study since the data collected from the hospitals surveyed reflected fair balance between men and women sharing the same workplace and this is quite understood if we looked at the population of Oman and the number of educated women in the country. The new international trend in PR practice that suggests that the PR profession is overtaken by women is not really the case in Oman where men seem to slightly have an upper hand in the number of practitioners in the field. This may be because of cultural reasons where men are better placed to occupy such public positions rather than women. Regarding rank, the study reveals that almost none of the public relations departments is headed by a woman. Interestingly, it could be deduced from gender chart that women are coming up strongly in the PR profession despite cultural odds as they trail behind men with about 14 per cent. The chart below shows the distribution of PROs in Omani hospitals according to gender.
Education/Qualification: This has been set as a parameter to judge on the professionalism of the practitioners of any profession. The survey results yield that almost half of the practitioners in Omani hospitals are diploma graduates, (i.e. just finished high secondary schools) and received some short courses in PR practice. This criteria apparently differs when it comes to some referral hospitals like Sultan Qaboos Teaching Hospital and Royal Hospital where almost all the PR staff are university graduates though only with few degrees in public relations as a specialization. This result is of great importance since planning PR activities, campaigns and messages require highly specialized and qualified cadre in the field of public relations to ensure effectiveness of the programs.

A different scenario is displayed in the private hospitals where the workplace is highly competitive. All the staff who participated in the study have public relations background with extensive training. PR practice is more active in private hospitals as they combine both PR and marketing roles to attract customers to their hospitals.

The chart below shows the distribution of specialization among university graduates in the targeted hospitals. PR came up with a whopping 64.3 percent largely because of diploma holders who make up to 49 percent.
Ironically, whether the background of the practitioners is high secondary school level or university level, eighty-five percent of them, carry the job title of PRO in the PR unit in the hospitals.

Are PRDs fully equipped? Theoretically, PR departments must be part of the top management in any organization where they receive their directives from top management. They share in the decision making process in the organization and ascertain better flow of information in the organization in all three directions, top- down- down –up and horizontal flow of information within the different departments in the organization. The PROs (respondents) reflected on the top-down communication flow as very good in almost all responses received from hospitals yet the degree of involvement in decision-taking and making processes was not reflected and the vitality of engagement was not mentioned. Thus it could be deduced that the PRD in Hospitals are not adequately established and funded to function as a full-fledged PRD.
Use of ICTs: On whether the PR professionals use ICTs to disseminate health information in hospitals, the study reveals that there is a special ICT package in use in Oman. This special ICT refers to the initiative of e-Oman and the electronic system of “Al-shifa” in health delivery in Oman.

The researchers enquired about the usage of staff webpages, intranet, corporate webpages, bulletin boards, emails, video casting and in-house journals. Paradoxically all the new media outlets are not active in the process of internal communication in the hospitals. The communication between PR staff and other health actors in the hospitals is mainly done through traditional system of phone calls and staff meetings or atmost emails. This is in sharp contrast to the position of Wilcox and Cameron (2006) who believe that reaching out to audiences has been improved with the advent of web-based news sites and organization websites. These enable PROs to reach out to a highly desirable demographic people at work. Wilcox and Cameron farther contend that PR materials like press releases, media kits, fact sheets, and brochures can be posted on the organization’s website. Also they argue that “webcasts can be used for live events such as news conferences and introduction of new services” (P.413). Unfortunately most of these core and current functions of PRDs are not performed by PROs in the hospitals.

Health Dissemination Process: All participants declared that health campaigns are the job of Health Awareness Department. The said department, as per the description of Ministry of Health structure and job description, should suggest health communication syllabus and supervise its execution. Also coordinate with the Ministry of Education to enhance and consolidate public health, train the staff of both public and private health sectors to create a network for health communication and awareness and supervise the process of publishing health awareness materials. (P. 5 Ministry of health units' job description. (MoH website). This is a typical PR function. There is therefore a need to merge the Health Awareness Department and the PRD or else the PRD will continue to be underutilized or at best continue to primarily function as a customer service unit.

According to the job description of the PR dept. in the hospitals, the Ministry of Health document stipulates that, PR Departments are responsible for receiving patients or visitors to the hospital, and to provide guidance and care. They are also expected to provide all forms and applications as well as different publications the patients and visitors may need. Further, they provide social study (history) of the patients before guiding them to healthcare. And finally but most aptly they are responsible for preparation of conferences and scientific meetings. While these may be necessary, it is worth mentioning that these functions, except the latter part of the functions, are not the core functions of a typical PRD.

All the participants didn’t respond to the question about in-house health campaigns because they believe that it is part of the Health and Awareness Department rather than PR department responsibility. Although the role is well acknowledged as the sole responsibility of PR departments internationally.

Oman is ranked among the top health providers around the world with regard to e-health. Ministry of Health took great strides in using e-health system to connect all the hospitals to the Ministry of Health. The World health Organization defines e-health as “…the cost effective and secure use of information and communication technology in support of health and health related fields…” (Riju 2014)

The Ministry of Health initiated four different e-health applications to communicate with the patients and visitors. These are: Health information Management system (Alshifa) which is operational in almost 80% of the hospitals and health care facilities in Oman as the official documents of ministry of health stipulate…The respondents admitted that they use Alshifa to record all aspects of patient information both as in-patients or out patients.
The second is e-referral which is a two way movement of the patient and clinical information from lower level to higher level of expertise and management. The doctors can refer to available respondents in any hospital and set appointment for the patient with another doctor after consultation…Although the theoretical data assures the availability of the e-referral system as one of the e-health services provided by the MoH in Oman, yet, the survey results confirmed that none of the ten major hospitals surveyed use e-referral system. This is subject to confirmation by health professionals.

The third is e-notification system in which health institutions notify the central authority about cases detected in their hospitals…. Again the survey confirms that the e-notification system is not functional in the hospitals targeted by the study… although traditional systems of reporting are functional in the case of epidemic diseases. For example Nizwa Hospital received the sole CORONA patient and reported his death to MoH and thus the official announcement of the news.

The fourth is the mother and child health module, which provides primary care for pregnant women, but its efficiency, was not explored in this study.

ICT plays an important role in the quality of health care through provision of medical information. The respondents rated the overall role of ICTs in hospital –patient relationship as good using a scale starting from excellent to poor. ICTs are used but not efficiently.

The communication channels mostly used by PR departments to communicate with health professionals in the targeted hospitals are emails and meetings. It is apparent that ICTs are not really functional since the options included staff webpages, intranet, corporate webpages, bulletin boards, video casting, podcasting and other methods.

Rating the type of information mostly conveyed or communicated to patients and visitors, the respondents agreed that solving problems and responding to visitors concerns along with declaring the status of the patients to their relatives form the major bulk of information communicated.
The respondents reflected positively on the issue of conducting Communication audit and public relations audit. Communication audit is a self-administered questionnaire developed by the International Communication Association (ICA) and is considered the industry standard. It includes eight parts; receiving information from others, sending information to others, following up information that was received/sent (feedback), key sources of information, timeliness of information, communication relationships, communication and organization satisfaction and communication channels. Along with the self-administered study, communication experience forms, interviews, communication diaries and network analysis are also used. (ICA Website)

On the other hand, a public relations audit looks at the organization as a whole. It considers the internal aspects of the organization as well as the organization’s environment. Smith (2002) expanded the existing SWOT(Strengths, weaknesses, opportunities and threats) and added organizational reputation to the mix. The study reveals that some of the hospitals lack written materials to describe the responsibilities and roles played by their departments in the dissemination of health information or the provision of directives in the billboards or notice boards in the hospitals. TV Screens are used for entertaining the visitors rather than informing them. Also the language of the messages and the strategy is highly determined by the literacy level of the recipients of the message as exemplified in some billboards and notice boards in the hospitals visited by the researchers.

On the parameter of community relations and engagement, the respondents confirmed that they often communicate with the external public through SMs and phone calls. On the other hand, the external publics send their feedback through phone calls and mostly face-to-face communication. Complaint boxes are effective in the hospitals as well.

The Information and Guidance Department always conducts in-house health campaigns, and the PROs seldom attended such activities.
Most of the respondents of government hospitals said they didn’t initiate any community-based health campaigns while private hospitals respondents declared that they have monthly community-based campaigns to raise the awareness on different health issues. Private hospitals have wings to provide health campaigns to the society on different formats. They enumerated different social programs such as free medical camps, free teaching and awareness sessions, continuing education programs, health quiz competition and Healthy Youth Wealthy Oman Programme as Badraasama hospital respondents declared. They use different media including TV, newspapers, radio, podcasts, bulletin boards to send their messages across.

Regular health campaigns are usually conducted and supervised by the Ministry of Health’ Information unit and broadcasted on the television on national scheme. Usually, the level of literacy in the society is catered to especially in the language and message content. (stat. abt illiteracy rate needed here)
The respondents rated the level of overall health communication between the hospitals and the patients in Omani hospitals as very good and that of the doctor-patient relations as poor. This may be attributed to the high number of expatriates in the health sector, doctors, nurses and other health professionals where language poses another hindrance to health communication in Oman.

1.12 Findings:
- The study finds that, the practice of PRDs in Omani hospitals doesn’t meet the international standard and criteria of the PR practice in health sector.
- The study reveals that the health communication messages disseminated in the Omani hospitals are too general and are classified as directive/communicative information rather than health awareness messages based on planned programs.
- The package of health information in Omani hospitals is catered for by a different department named Information and Awareness Department as per the structure of the Ministry of Health which poses a real challenge to the PRDs.
- Core PR functions like press releases, press conferences, brochures, fact sheets, web casts/pod casts are hardly practiced in the hospitals studied.
- Channels of communication between the PRDs and patients as well as health professionals are not in pace with the rapid developments in the ICT sector and the use of new media outlets to serve the purpose of the departments.
- PR practitioners are not involved in planning and decision making in the hospitals.

1.13 Recommendations:
- Public relations departments in hospitals should consider recruiting graduates of public relations for effective health information dissemination. (PR practices in hospitals)
- The study recommends that for proper diffusion of health information that will be in tandem with the PR plans and strategies and meet the international roles played by PR Departments in the health sector, information and awareness departments have to be merged with PRDs for a better health communication in the Sultanate.
- Training in e-health facilities must be provided to the PROs to enable them make use of the available e-health channels.
- There is a crying need for proper internal communication that, at least, involves use of in-house journal to cater for a planned public relations program within the hospitals. As Dawn Jones of Shandwick International notes “truly successful internal communication turns organizations into intelligent organisms which learn and grow” (Baines et. al. p. 285).
• The responsibilities of the PR departments in health institutions has to be revised to go in tandem with the international practice.

• Extensive training on ICT usage in health field must be initiated to cater for the leapfrog in the field internationally.

• Specialized workshops on PR planning and programs should be conducted regularly for PROs to overcome the short created by the existence of unqualified cadre in the profession.

• PR practitioners should be involved in the management level of the hospitals so they could be part of planning and decision making.

1.4 Conclusion: It has been emphasized that public relations function in hospitals primarily has to do with effective communication with key hospital clients including the media, local residents, employees, health practitioners, hospital board members, community leaders, government officials, and most importantly, the sick and their relatives. For effective communication to take place no matter the channels of communication, the PRDs have to bear in mind the seven Cs of communication espoused by Cutlip et al. (1994) – “credibility, context, content, clarity, continuity and consistency, channels, and capability of audience” (Skinner, et al, 2001. p.78 – 79). For the PRDs to function effectively there is need to formulate strategies and tactics that help communicate important messages, “respond to positive or negative events affecting the hospital: garner publicity for new programs, services or staff; and create goodwill and recognition for the hospital within the community” (Public Relations Handbook 2006, p.A1)

Rather than being reduced to a customer service or front desk department, the hospital PRDs should actively be involved in well formulated and standard public relations functions that will include publicizing and increasing visibility for hospital, employees, programs and services, placing the hospital as a leader in health care and authority within the community, create and expand awareness of hospital’s range of programs and services, enhance hospital image through different activities both with the media and the community. (Public Relations Handbook, 2006)

References


ICA Website http://www.ica.com


Skinner


