Agenda Building in the Blogosphere: A Communication Audit of

Blogging at Beth Israel Deaconess Medical Center

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ABSTRACT

KIMBERLEY KUZMA: Agenda Building in the Blogosphere: A Communication Audit of
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(Under the direction of Lois A. Boynton, Ph.D.)

A communication audit of blogging at Beth Israel Deaconess Medical Center was
conducted to determine how this social medium may further the hospital's agenda-building
capabilities with its audiences. The audit examines the blogs' use of message framing,
specifically addressing how relational trust frames highlighting the dimensions competence,
dependability, integrity, and transparency contribute to agenda-building success. Audit findings
reveal that the blogs exhibit consistent use of key messages containing dimensions of relational
trust and that the hospital might augment its agenda-building capabilities by enhancing blog
interactivity. The audit concludes by offering suggestions and recommendations on how the
hospital might achieve this goal.

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CHAPTER 1: INTRODUCTION AND BACKGROUND

More than 61% of adults in America today use the Internet to find health information, according to the Pew Internet and American Life Project (Fox & Jones, 2009). Not only do adults seek health information online, 41% also want to read about someone else's experiences with health or medical issues. They seek "tailored information, searching for a 'just-in-time someone-like-me'" (p. 5). Although only 4%-6% of patients are actively creating health content online, there is clearly a growing desire for this type of information.

How should health care organizations, especially hospitals, capitalize on the growing demand for tailored health information? Within the health care arena, marketing and advertising have long been viewed with skepticism, as both have self-serving connotations in a field ostensibly others-oriented. And yet, as full-fledged business organizations, hospitals have a mandate to meet the needs of their stakeholders or risk losing those stakeholders. It becomes clear, then, that incorporating online tools, including social media, into their overall public relations and marketing plans is a must for hospitals that hope to become or remain primary health resources for stakeholders.

A number of hospitals have made forays into the world of online health information, including incorporating the use of social media into their communication strategies. One such hospital is Beth Israel Deaconess Medical Center, a teaching hospital of Harvard Medical School located in Boston. Through its Web site (www.bidmc.org), the hospital actively seeks to meet its patients' growing demand for online health information, according to a letter posted on the site

from President and CEO Paul Levy (Overview, 2010). In addition, the site hosts numerous blogs, a patient-centered social-networking tool called CarePages, podcasts, and other resources. Levy also authors the blog "Running a Hospital" (http://runningahospital.blogspot.com/), which has received acclaim in social media circles for its transparency. The purpose of this thesis was to assess the hospital's presence in the social media realm by conducting a communication audit. While researching the hospital's entire online and social media strategy would have been ideal, this communication audit is limited to the hospital's blogs, how they fit into the organization's overall communications strategy and how effective they are at helping the hospital attain its objectives. The audit is grounded in agenda-building theory, which focuses on how sources bring issues into public purview through the agenda-setting function of the mass media. The following section provides a brief overview of Beth Israel Deaconess Medical Center.

Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center is a 621-bed Level 1 Trauma Center serving patients in the greater Boston area (About BIDMC, 2010). The medical center officially came into existence in 1996 with the merger of New England Deaconess and Beth Israel hospitals (Merger, 2010). While Deaconess, a hospital founded by Methodist deaconesses in 1896, became known as a specialty hospital, Beth Israel, established in 1916 to serve Boston's growing Jewish immigrant community, became an institution of teaching and research. Over time, both hospitals developed a relationship with Harvard Medical School (Beth Israel Hospital, 2010; Deaconess Hospital, 2010).

Since the two hospitals merged in 1996, the medical center has grown to serve nearly 750,000 patients each year. The hospital is considered one of the best in the country and is

among four hospitals in the U.S. to receive the most biomedical research funding each year from the National Institutes of Health (Merger, 2010).

The medical center boasts several medical firsts on behalf of Deaconess and Beth Israel hospitals, among them development of the cardiac pacemaker and an intranasal insulin spray to treat diabetes. In addition to its many medical advances, the medical center has embraced integration of social media into its communications strategy. The Web site features a "BIDMC Interactive" area complete with podcasts, blogs, BIDMC TV, chats, social networking, and CarePages™, among others. This audit seeks to ascertain whether these social media endeavors have enhanced the medical center's ability to achieve its communication objectives. The following section provides an in-depth examination of how social media tools can be used to enhance public relations strategy.

Social Media

Social media have transformed the way we communicate. Gone are the days of audiences waiting passively for news and other messages to reach them through traditional media like television, magazines and newspapers. With the growth of Web-based tools such as weblogs, podcasts, social networks and others, the general public is now able to control what information they receive and from whom. More importantly, people are no longer passive information receivers, but can now help create and shape the conversation. According to Wikipedia, this shift represents the democratization of communication, a change that has transformed "people from content consumers into content producers" (Social Media, 2010, ¶1).

It is precisely the accessibility and affordability of social media tools that have enabled the average person to generate his or her own content and contribute to the conversation.

Through tools available inexpensively or for free online, people can now communicate with just about anyone in almost any way they choose (Li & Bernoff, 2009). For example Weblogs or blogs allow them to maintain a record of thoughts or activities, personal or otherwise, which others may view and comment on. Micro-blogging services, such as Twitter, allow the same kind of communication in a shorter format (Brown, 2009).

Social-networking Web sites allow users to connect with friends and colleagues online. Through such sites, they can generate a stream of information that their "network" of friends can see anytime they choose. Such sites popular in the U.S. are Facebook, MySpace, and LinkedIn (Li & Bernoff, 2009). Other sites such as FriendFeed allow aggregation of social networks into one space and facilitate event planning and management (Solis & Breakenridge, 2009).

Social media have also facilitated an unprecedented level of collaboration among Internet users. Wikis allow users—Internet users in general or users of private business networks—to collaborate on projects from any location. The online user-generated encyclopedia Wikipedia is the most obvious example of such a tool. Social bookmarking or tagging sites such as Delicious and StumbleUpon allow users to share the sites they bookmark with their networks. And on sites like Digg, members rank news items according to popularity (Li & Bernoff, 2008).

Through social media, people are also able to voice opinions on just about anything, review products and share music, video, photos and audio. They can also become members of virtual reality worlds such as Second Life (Li & Bernoff, 2008).

Impact of Social Media on Public Relations

Social media have enabled a level of conversation and interaction among Internet users that has profound implications for the practice of public relations. Li and Bernoff (2008) have

dubbed the phenomenon the "groundswell," which they define as "a social trend in which people use technologies to get the things they need from each other, rather than from traditional institutions like corporations" (p. 9). People are now in the driver's seat, controlling the conversations that take place about products, companies, and services.

The evolution of social media has effectively wrested control away from organizations. In fact, Brown (2009) argues that organizations are no longer able to set their own agenda, in part because consumers no longer trust organizational messages. In fact, in six of the 11 countries surveyed for the Edelman Trust Barometer (2006), the "person like yourself or your peer" has become the most-trusted company spokesperson (p. 2). In contrast, CEO credibility consistently ranks in the bottom half of the Trust Barometer. Individuals also increasingly rely on friends and family for information about companies, rather than the companies themselves. Because of this transfer of trust, consumers now set their own agendas, making it increasingly important for organizations to observe and listen to communities in which conversations about them take place. Defining the audience based on information in a database has become a generic and outdated method. Instead, companies must now take time to listen to the conversation and join it in a way that is respectful of the community's rules (Solis & Breakenridge, 2009).

This process is first and foremost a social one, one that takes into account each community, its members, their interests, and how they prefer to receive information. In fact, some argue that the pitch as most PR practitioners know it is dead. The social media revolution has necessitated interaction on a much more personal level, to the extent that every time organizations join a conversation in a given community, the approach must be tailored to match that community's needs and preferences (Brown, 2009; Solis & Breakenridge, 2009).

An important step in tailoring messages is to avoid corporate speak, instead revealing the organization's human side. Humanizing the organization means no longer simply blasting the same message out to everyone; instead an organization's story must be relevant to each recipient (Solis & Breakenridge, 2009). The importance of making the story relevant cannot be overstated, as consumers now seek the information they want instead of passively accepting the information they are fed (Brown, 2009). Incorporating relevance and the human element even applies to the media release, which should be transformed from a generic corporate document to the story the organization would like to see printed (Solis & Breakenridge, 2009). This change is partially due to the fact that bloggers often pull paragraphs straight from media releases to include in blog posts, dramatically increasing the need for those releases to be print ready.

The rise of social media has also affected a change in the level of control among those traditionally considered to be the agenda setters of public thought, the news media. In order to keep pace with social media, traditional media have incorporated social media along with their traditional delivery formats. This incorporation has given news consumers a voice and even a role in the creation of news content. The rise of bloggers and other news consumers as news-content generators has increased the need for PR practitioners to broaden their media lists to include those not traditionally considered journalists (Brown, 2009). This need becomes an imperative as bloggers become more influential and rise to the role of opinion leaders and even agenda setters (Wright & Hinson, 2009).

With the news media's agenda-setting role in flux, questions arise as to the impact of this fluctuation on agenda-building theory. This theory asserts that the media are in one sense merely transmitters of information received from other sources, which attempt to influence the media's agenda by providing prepackaged information for free (Turk, 1986). These sources may need to

alter their tactics. Indeed, it seems that new possibilities exist for sources to set agendas directly with their audiences in addition to using traditional media channels. Agenda-building theory will be discussed in depth in Chapter 2.

As consumers rely less and less on traditional channels of information delivery, such as print and broadcast media, the need increases for organizational communication and culture to become more transparent (Holtz & Havens, 2009). Approaching conversations with the intent of revealing the human side of organizations means that communicators must be real, and being real means being honest about both strengths *and* weaknesses.

The bottom line is that social media are transforming the practice of public relations. Not only do many practitioners agree that social media have changed internal and external communication in their organizations, but 93% spend some part of each business day on social media (Wright & Hinson, 2009). Interestingly, while all use e-mail and organizational intranets and are comfortable with blogs and podcasts, the industry has been slower to adopt use of other social media tools such as text messaging, social networks, and virtual reality communities (Eyrich, Padman, & Sweetser, 2008).

Although the PR industry uses social media to varying degrees, social media experts envision even more-dramatic changes in the future. For example, several experts see a transformation that would either pair public relations with customer service or see PR adopting a much more customer-service-oriented role (Brown, 2009; Solis & Breakenridge, 2009). The inclusion of research-oriented PR team members who would be responsible for "listening, trafficking, and ensuring responses and action based on the conversations taking place across the Social Web" is also a possibility (Solis & Breakenridge, 2009, p. 278).

In light of the changes resulting from the use of social media, it is necessary to examine the concepts of agenda building and framing. This discussion continues in the next chapter.

CHAPTER 2: LITERATURE REVIEW

This literature review discusses the theories of agenda building and framing in order to

provide a theoretical foundation for a communication audit of Beth Israel Deaconess Medical

Center's blogging practices. In order to provide a context for agenda building, I will first briefly

discuss agenda setting.

Agendas, Agenda Setting, and the Media

The theories of agenda setting and agenda building originated in the early 1970s. The

history of agendas and agenda setting has its roots in the political sciences and is concerned with

how issues gain the salience needed to reach the public agenda. Despite its political science

origins, however, agenda setting is primarily a function of the mass media.

Although the term 'agenda' seems straightforward, Cobb & Elder (1971) noted two distinct

types of agendas within the political realm. One, the systemic agenda, refers to "a general set of

political controversies that will be viewed as falling within the range of legitimate concerns

meriting the attention of the polity" (p. 905). The other type of agenda concerns items scheduled

for consideration by "institutional decision-making bodies" and is therefore called the

institutional agenda (p. 905).

Also in 1971, researchers McCombs and Shaw hypothesized that the mass media have the

power to influence the public's agenda for political campaigns, effectively telling them which

issues are most salient. Indeed, their study found that "[t]he media appear to have exerted a

considerable impact on voters' judgments of what they considered the major issues of the campaign" (p. 180). However, Turk and Franklin (1987) cautioned that the media's agenda "is a constructed reality, not necessarily a mirror image of what really exists or is 'true'" (p. 30). It is therefore important to examine how issues reach the media agenda, a process known as agenda building.

Agenda Building

The theory of agenda building originated in the political sciences and evolved as an alternative to the classical theory of democracy (Cobb & Elder, 1971). It postulated a new idea: that many diverse groups can influence which issues gain importance as part of the societal and institutional agenda, and that this influence can strengthen the political process by providing a nonviolent outlet for groups that otherwise would have no other avenue to address their concerns. Although all groups have access to the systemic agenda, the level of influence each group commands can be quite varied. Groups with greater influence or popularity have greater control over which issues reach the attention of political decision makers. For example, societal dependence on the agricultural industry affords greater influence to this group than another group might command.

In 1982, Oscar Gandy broadened the theory of agenda building to include something he termed information subsidies—information provided to the media by sources in order to gain influence over, or build, the media agenda. Information subsidies may take many forms, including printed material such as news releases, press conferences, and direct interactions between source and journalist (Turk & Franklin, 1987). "An information subsidy is an attempt to produce influence over the actions of others by controlling their access to and use of information

relevant to those actions" (Gandy, 1982, p. 61). Providing journalists with such prepackaged information eases the economic burden of newsgathering and, in doing so, makes it easier for sources to get their issues on the media agenda. Researchers argue that a "carefully framed message, perhaps even arranged into an organized media package to help facilitate … newsgathering," rapidly increases the benefits to the source organization (Zoch & Molleda, 2006, p. 287).

Judy VanSlyke Turk took the agenda-building concept one step further in 1986, when she extended the theory to the practice of public relations. Turk theorized that "the sources of the raw material of information upon which journalists rely may ultimately have as much to do with the media's agenda as the selection processes of the journalists themselves" (p. 15). Her study of information subsidies provided to media by government public information officers revealed that PR practitioners do indeed influence the media agenda as long as their information subsidies are newsworthy and presented in a straightforward manner, without overt attempts at persuasion.

Framing

Another important aspect of the agenda-building process is the manner in which PR practitioners frame the information provided to journalists. In essence, frames are a way of making sense of information or events (Gamson & Modigliani, 1989). According to Entman (1993):

> To frame is to *select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation* for the item described (p. 52, italics in original).

Framing's power lies in the fact that it is "conceptually connected to the underlying psychological processes that people use to examine information, to make judgments, and to draw inferences about the world around them" (Hallahan, 1999, p. 206).

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Practitioners contribute to the way news media frame stories by selectively including or excluding information about issues in subsidies provided to reporters (Zoch & Molleda, 2006). Journalists also create their own frames, which allow them to more easily process and categorize large amounts of information, making it easier for readers to see how the information fits in with the larger issue.

Because frames by their very nature exclude certain details that the framers do not wish to highlight, they can determine "whether most people notice and how they understand and remember a problem, as well as how they evaluate and choose to act upon it" (Entman, 1993, p. 54). Frames effectively bias the way people process the information presented (Hallahan, 1999).

Gamson and Modigliani (1989) proposed that practitioners may use five different framing devices to suggest how audiences should think about the issue in question. Metaphors, historical examples, catchphrases, depictions, and visual images or icons can all shape understanding of an issue.

Furthermore, Hallahan (1999) has identified seven different models of framing, which include the framing of situations, attributes, choices, actions, issues, responsibility, and news. In particular, the attribute model of framing will be useful in examining BIDMC's blogs. This model highlights certain characteristics (usually positive) and ignores others in order to make persuasive messages more successful.

Frames may be crafted in such a way as to increase their usefulness to the media. Frames are most successful in garnering media attention if they are timely, controversial, and relevant or salient to the media audience. Limiting the number of frames used in a particular communication to approximately three frames also increases the likelihood that journalists will use the frames in crafting their stories. Journalists are also more likely to use frames intact if they include direct

quotes from official sources (Darmon, Fitzpatrick, & Bronstein, 2008).

As is always the case when dealing with an outside influence, organizations run the risk of losing control of their messages, no matter how carefully they are framed, once they reach the media. Fortunately, agenda building no longer applies solely to activities directed at the media.

The Broadening Definition of Agenda Building

Although agenda building originally referred to the broad spectrum of how issues are placed on the national or systemic agenda (i.e., how political decision makers are influenced), its effects are also visible on a smaller scale in institutions. As Cobb and Elder (1971) note, "By its very nature, participation in the agenda-building process is open and widespread" (p. 912). Some institutional agenda-building activities will naturally trend toward influencing the systemic agenda—affecting public policy in such a way as to allow for ideal business operation. However, agenda building has evolved to include activities targeted at affecting day-to-day business operations, including maintaining the good will of the organization's publics. These activities will naturally include agenda-building tactics that bypass the media and target the publics directly. New technologies have dramatically affected organizations' ability to directly reach their publics. This topic is addressed in the following section.

The Influence of Technology on Agendas

With the growing prevalence and influence of consumer-driven Internet communication, organizations are increasingly able to target agenda-building activities directly to their publics. Some researchers postulate that this trend will mean the end of the media's agenda-setting function due to the fragmenting of audiences and formation of individualized media agendas caused by the Internet (McCombs, 2005). The question organizations must therefore consider is

whether they should primarily direct their agenda-building activities to their publics, or if they should also continue to attempt to influence the media agenda.

McCombs (2005) asserts that if the media are indeed to lose their agenda-setting function, two conditions must be met: First, "the public spreads its attention widely and idiosyncratically across the Internet" (p. 545), and second, online sites will have highly divergent media agendas. According to McCombs (2005), neither condition can be met. He notes that "attention on the Web is even more concentrated than in the print world" (p. 545). The top five U.S. newspapers account for 21.5% of total circulation but 41.4% of total Internet links to the country's 100 largest newspapers. Further, many news sites on the Internet are online versions of traditional media and exhibit a high level of redundancy when it comes to agenda, just as traditional media do.

Although the media will likely retain their agenda-setting capabilities, the Internet provides the opportunity for organizations to "bypass the filter of more traditional media" and disseminate messages directly to audiences (Zoch et al., 2008, p. 357). Organizations are therefore free to frame messages with the confidence that they need not pass through a gatekeeper, possibly losing their essence, before reaching the audience.

Blogging: An Agenda-Building Tool

The evolution of the Internet and blogging affords organizations an opportunity not previously available to frame messages as they wish and deliver those messages directly to their audiences. Kent (2008) argues that blogs' most-important feature is the ability to include readers in the way blog messages are framed. Another key benefit is that blogs allow access to people and information that were accessible only to obscure groups or not at all before the advent of the Internet. Because blogs typically attract groups of like-minded people, they also offer public

relations practitioners the ability to easily segment their publics.

But while blogs offer organizations more freedom in message framing and delivery, it is possible that proponents have exaggerated blogs' effectiveness. Kent (2008) argues that blogs may only have the potential to reach less than one in 20 Americans. Additionally, "A blog will only be useful to an organization if it has someone to maintain it, someone trained in effective dialogic communication, and someone who has the trust of individuals and publics" (p. 39).

In spite of blogs' detractors, their potential for influence has led to the creation of a new term: blog-mediated public relations. Practitioners can build trust relationships, or relational trust, with audiences through effective blog-mediated public relations just as they can with other forms of PR. According to Yang and Lim (2009), relational trust has four dimensions that can be built through blog mediation: competence (proficiency in job performance), dependability (reliability), integrity (unwillingness to deviate from ethical standards to achieve gain) and transparency (open, frank sharing of information).

Organizations' agenda-building messages are more likely to be accepted by and successful with their audiences if they contribute to building relational trust (Yang & Lim, 2009). Several aspects of blog-mediated PR are crucial to this process. The level of interaction the blog offers is an important contributor to whether the blog author's willingness to dialogue with readers increases relational trust. The persona, or self, that the blog author adopts is at issue here. In this case the persona is the dialogical self versus the persuasive self, which is less focused on interaction with visitors and more on "selling" the organization. The credibility of a blog author also strongly affects relational trust. In other words, "When an organizational blogger sincerely responds to a reader's feedback and respects others' opinions, he or she will generate more interactivity. Writing should be a two-way symmetrical mode of public relations to induce a high

dialogical self" (p. 355).

Relational trust is an important focal point for organizations because it can be vital to an organization's long-term health. By its very nature, relational trust entails a greater level of involvement between two parties, including exchange of resources and faith in the other's intentions, than do other forms of trust. For this reason, "Unmet expectations can be survived when relational trust exists, particularly if parties make an effort to restore a sense of good faith and fair dealing in their interactions" (Rousseau et al., 1998, p. 400).

One might argue at this point that how blog messages are framed could also contribute to building relational trust. Specifically, framing messages to highlight the author's/organization's competence, dependability, integrity, and transparency could enhance readers' trust in the relationship. This focus on relational trust frames must be long-term, however, as this form of trust "derives from repeated interactions over time between trustor and trustee. Information available to the trustor *from within the relationship itself* forms the basis of relational trust" (Rousseau et al., 1998, p. 399, italics in original).

Relational communication literature notes that people in a relationship form "self-presentational" messages based upon how they wish to be perceived by the other party (Burgoon & Hale, 1984, p. 200). Indeed,

> "given the status of trust as a cornerstone in the development of close interpersonal relationships, we should expect a class of messages explicitly designed to convey one's trustworthiness, as well as one's belief in another's sincerity, beneficence, and so forth. The act of self-disclosure can be seen as an example of this message theme." (p. 200-201)

It follows, then, that a relational trust frame would include message themes highlighting the competence, dependability, integrity, and transparency of the blog author. Therefore, my examination of the medical center's blogs will focus on a relational trust frame and message themes highlighting its four dimensions.

This chapter has described agenda building and framing foundations, which are useful to the analysis of the medical center's blogs. The following chapter identifies this study's research questions and provides an overview of the communication audit method that I employed.

CHAPTER 3: RESEARCH QUESTIONS AND METHOD

The goal of this thesis is to determine how Beth Israel Deaconess Medical Center's blogs enhance its agenda-building capabilities with its audience. In order to explore this topic, I utilized the attribute model of framing, specifically examining how the medical center uses framing to highlight attributes that build relational trust and downplay attributes that may hinder trust. The following research questions provide the necessary framework for this project:

RQ1: How does BIDMC utilize blogs as agenda-building tools in its overall communications strategy?

RQ2: What frames emerge from BIDMC's blogs that enhance their agenda-building capabilities? Specifically, are relational trust frames evident? If so, what organizational attributes are most prevalent in these frames?

The mixed-method approach known as the communication audit is the most-appropriate way to find the answers to these questions. I will discuss the communication audit in greater detail in the following section.

Method

Because my goal was to assess how Beth Israel Deaconess Medical Center uses blogs to facilitate agenda building it naturally followed that I must examine how the hospital communicates with its audience through these blogs. One way of assessing an organization's communication, both internal and external, is through the communication audit.

Auditing is perhaps the most-accepted way of assessing what has been called an

organization's "communication climate" (Hargie & Tourish, 2009, p. 31). Audits provide

organizations with detailed information on the strengths and weaknesses of their

communications programs and whether or not these programs are meeting their objectives. They

indicate how satisfied employees and customers are with the information they receive from the

organization.

Although there is no one right way to conduct an audit, all audits (whether of an

organization's communication, finances, or accounting) share certain characteristics: collecting

information, developing systems to control information flow, and comparing the organization's

conduct with widely accepted standards. The elements a communication audit may examine are

nearly limitless, and include even unexpected items such as employee uniforms, performance

reviews, and company parties. More-obvious elements such as logos, press releases, meetings,

and interdepartmental relationships may also be components of a communication audit (Hargie

& Tourish, 2009).

"In short, a communication audit strips away myths, fears and illusions about the

communication climate…[and] provides an accurate diagnosis of the organization's

communicative health" (Hargie & Tourish, 2009, p. 31). Although the approach is commonly

broad in scope, it may also be much more narrowly targeted to a specific segment of

organizational communication. Whatever the scope, the audit focuses on how successful an

organization is at communicating with its various audiences (Diggs-Brown, 2007; Vahouney,

2009).

Communication audits employ both quantitative and qualitative research methods in order

to obtain the greatest possible depth and breadth of information. Common methods used include

focus groups, in-depth interviews, communication vehicle analysis, and surveys (Wimmer &

Dominick, 2006).

Interviews are arguably the most-important tool used in communication audits and can aid auditors in focusing the scope of the audit, eliciting unexpected information or gaining a greater understanding of perceptions of organizational practices. In general, interviews are either exploratory in nature, helping auditors to determine exactly what to audit, or are focused on obtaining information about a specific topic (Hargie & Tourish, 2009). I used an in-depth interview of the medical center's marketing director and document (blog) analysis to conduct a narrowly targeted audit of the medical center's external blog communication.

Communication audits typically follow a three-step process. The first step is to learn about the organization and how it communicates with its publics. This step was accomplished through assessment of the organization's Web page and through interviews with communication staff. This communication data must then be analyzed. Finally, the auditor evaluates the data and compiles a written report for the organization (Diggs-Brown, 2007). My communication audit follows this framework.

First, I provide detail on Beth Israel Deaconess Medical Center's history and examine how the hospital's many medical firsts make it a logical leader in the social media realm. The medical center stood out from others in my initial research of hospitals using social media, and I therefore provide a broad overview of its social media offerings. This overview naturally leads to a closer examination of the hospital's blogs. I studied these blogs with several questions in mind, including:

- What messages do they present?
- Are the messages clear?
- Is there consistency in messaging within and between blogs?

- Are the messages reaching the target audience?

- What is the audience's response to these messages?

- Does the audience seem to understand and respond positively to the messages?

I identified these messages by scanning the hospital's Web site, reading and re-reading blog entries to see what themes emerged. I grouped similar themes into overarching frames, such as Competence or Caring Community Partner.

I then conducted readability tests (Fog Index) of the blogs to ensure that they were at an appropriate level for the audience.

My communication audit also involved an in-depth interview of the hospital's marketing director, Rhonda Mann. Through this interview, I obtained a deeper understanding of the hospital's communications strategy and how its blogs fit into and support that strategy.

A SWOT analysis is an integral part of the communication audit. This analysis examines the strengths, weaknesses, opportunities, and threats facing the organization. For the purposes of my research, I performed the analysis on the hospital's blogs in order to ascertain what the hospital does well and where it could improve.

Finally, I summarize my findings, applying agenda-building and framing theories, in order to make recommendations on how the medical center might improve its use of social media tools in order to more effectively build relational trust with its audience.

Limitations

Conducting a comprehensive audit of an organization's internal and external communication can be an intense process. Although the Internet and e-mail have shortened the process and reduced the cost of conducting an audit (Hargie & Tourish, 2009), a full audit is still too time-, labor-, and resource-intensive to conduct as part of an academic project. This is a

limitation to my research and the reason that I have chosen to narrowly target my audit to focus on blog communication.

Finally, my research was limited by the availability of resources. Specifically, my research funding would have allowed me to conduct in-person interviews in Boston if necessary. But I do not have the time or monetary resources available to conduct the in-depth internal and external research required for a full-scale audit. For example, my research was limited by the fact that I did not have the resources to conduct research with BIDMC blog readers.

CHAPTER 4: COMMUNICATION AUDIT OF BIDMC BLOGS

In this chapter, I will examine in detail the blogs of Beth Israel Deaconess Medical Center and its CEO, Paul Levy. This examination will include identifying frames and key messages in each blog in order to evaluate how the hospital uses the blogs as vehicles for agenda building. I will also analyze each blog's reading and interactivity level to determine whether or not the blogs are furthering BIDMC's goal of engaging with readers. I will begin by providing a brief history of social media as it relates to health care and the search for health information.

Part 1: Background

Social Media and Health

In the not-too-distant past, a patient's only resource for information about his or her health was the family doctor. Health care was a private thing, not something to be shared with complete strangers. Patients had few resources to learn more about their health conditions or possible treatments. This was before the days of WebMD, MayoClinic.com, and other sites that have sprung up with the growth of the Internet and the increasing interactivity among its users.

Today, with myriad health resources just a mouse click away, 61% of American adults search for health information online. They read other people's health experiences and reviews or rankings of doctors, medical facilities and hospitals; listen to podcasts; and register for updates (Fox & Jones, 2009).

The types of health and medical information Americans look for are quite varied. Forty-nine percent want to know about a specific disease or condition, 41% want information on treatments or procedures, 33% research medications (prescription and otherwise), and a growing

number (38%) want to know more about health and fitness. Other topics that interest "e-patients" include depression and mental health, health care providers, hospitals, and weight loss (Fox & Jones, 2009).

Online health information can be quite influential, affecting decisions about treatments, changing how people take care of their health, and even prompting patients to seek a second opinion from a physician. What's more, 60% of those who access online health information report that the information has helped them or someone they know (Fox & Jones, 2009).

Interestingly, few of those who look at health and medical information online comment on what they read or post their own content. Only 4%-6% actively respond to or share information. According to the Pew Internet and American Life Project, "There are many more readers and listeners than there are writers and creators of online content" (Fox & Jones, 2009, p. 23). Even though the majority of e-patients do not post their own content, however, 60% access health-related social media.

All of these statistics have important implications for health care providers. First, while 86% of patients still turn to their family doctor for health information, more and more are augmenting this information with that from reputable Web sites (Fox & Jones, 2009). If a hospital's Web site becomes the go-to site for health information, patients may be more likely to seek out that hospital when they need medical care. Although a patient's access to hospital services may depend on his or her insurance coverage or physician's admitting privileges, previous interaction with the hospital through its Web site may do two things: reinforce the hospital as a good choice for established patients and affirm the hospital's good reputation among potential patients.

Second, an apparent lack of reader response does not necessarily indicate lack of interest in

a blog or site. Health care providers using online tools to reach patients, especially social media, must use additional metrics in order to gauge their online effectiveness.

Although The Mayo Clinic has already established itself as one of the top resources of health information online, this process is still in the nascent stages for other hospitals. One hospital that has embraced the use of online tools perhaps more quickly than some of its counterparts is Beth Israel Deaconess Medical Center in Boston, Massachusetts. In the next section, I will provide some background on this hospital and the ways in which it uses online tools to engage with its patients.

Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center, a 621-bed Level 1 Trauma Center, is a teaching hospital of Harvard University Medical School and serves patients in the greater Boston area (About BIDMC, 2010). The medical center officially came into existence in 1996 with the merger of New England Deaconess and Beth Israel hospitals (Merger, 2010). While Deaconess, a hospital founded by Methodist deaconesses in 1896, became known as a specialty hospital, Beth Israel, established in 1916 to serve Boston's growing Jewish immigrant community, became an institution of teaching and research. Over time, both hospitals developed a relationship with Harvard Medical School (Beth Israel Hospital, 2010; Deaconess Hospital, 2010).

Since the two hospitals merged in 1996, the medical center has grown to serve nearly 750,000 patients each year. The hospital ranks as one of the top in the country and is among four hospitals in the U.S. to receive the most biomedical research funding each year from the National Institutes of Health (Merger, 2010).

The medical center boasts several medical firsts, among them development of the cardiac

pacemaker and an intranasal insulin spray to treat diabetes. Its research was the first to provide

evidence that dyslexia has its roots in problems with the brain's visual system. It was also

involved in early research in AIDS and methods to relieve blockages of the coronary arteries

(Merger, 2010).

The hospital's many medical advances make it a logical leader in the social media realm.

In September 2009, the hospital launched a new Web site designed to be highly interactive,

according to Rhonda Mann, the hospital's director of marketing communications, with whom I

conducted an hour-long telephone interview for this communication audit.

"Now in health care you know that interactivity is the direct opposite of privacy. So when

we told our lawyers and compliance people we wanted a highly interactive Web site they had to

sit down," Mann says. "A year-and-a-half ago there were all kinds of Web sites popping up here

and there where you could have support groups online and really share information. And we

wanted to be able to do that within the walls of a hospital Web site. We wanted to have pages

where you could have support groups, run blogs, online chats, hour-long chats with an expert,

questions and answers, e-mailing questions to experts and they e-mail you back, all the things

that make lawyers very antsy."

The fact that the hospital's CEO, Paul Levy, happens to write a highly acclaimed blog

called Running a Hospital made it easier for Mann to convince her colleagues of the necessity of

an interactive Web site. "We have a CEO who understands the power of the Web," she says.

"It's so much easier when you have that, when you have somebody who gets why this is a good

idea."

The new Web site's front page prominently features its interactive aspect with spotlights

on certain interactive stories, such as a new bi-monthly electronic newsletter about heart and

vascular health, and a "BIDMC Interactive" area with links to podcasts, blogs, and chats. In addition, a front-page sidebar lists the most-recent stories from Medical Edge, BIDMC's online video channel. There are also links to Facebook, Twitter, YouTube, the hospital's RSS feeds, and CarePages™ (a service that allows hospitalized patients the opportunity to update friends and family members on their health with their own personalized Web page). And the hospital's fundraising site, GratefulNation not only allows online monetary donations, but also provides a space for sending e-cards of appreciation to medical staff or sharing a positive story about BIDMC with other "citizens."

In addition to its Web site, the hospital seeks to interact with target audiences through other available avenues. For example, as the official hospital of the Boston Red Sox, BIDMC this year teamed with the local television station that broadcasts the Red Sox games to do weekly player-related health stories. Each story is highly interactive, Mann says, with a "blogesque" comment section at the end that normally elicits 100 or more comments each week. BIDMC also works with a local radio station and a television station that produces a strong local news broadcast. According to Mann, the goal is to put hospital- or health-related content in areas where people who are not sick are more likely to interact. "If you're in front of them in some way that's helpful then hopefully they'll remember you at some point when they need you," she adds.

Although BIDMC's early foray into social media is admirable, few standards exist for social media use by health care organizations. It can be difficult at times to gauge the success of a particular social media strategy. A communication audit can be helpful in this process, however. This audit seeks to ascertain whether BIDMC's social media endeavors, in particular its blogs, have enhanced the medical center's ability to achieve its communication objectives.

<div align="center">Part Two: BIDMC Blogs</div>

I initially set a 30-day time period in which to examine BIDMC's blogs. As I began my research, I discovered that some blogs had only two or three posts during that time, two blogs did not have any posts, and one had more than 40 posts. In order to gain a greater understanding of those blogs with few posts, I expanded my examination period to 60 days. Because the CEO's blog had so many posts during that time frame, I examined every third post and its related comments.

Five blogs exist under BIDMC's auspices. The first, called Ask Hester, is a blog dedicated to answering reader's cancer-related questions. The blog is therefore naturally interactive, and the blogger posts only as often as there are questions to answer. Therefore there were only five posts in the 60-day period of my examination, March 20 to May 20, 2010. The material covered ranges from questions about local lodging, to the most-appropriate biopsy for a particular cancer to treatment for lymphedema, to appointment assistance. Although Hester provides educational responses to these questions, she is careful to state that she is not a doctor and cannot give medical advice. Medical professionals walk a fine line when discussing treatments with patients online. In fact, the Federation of State Medical Boards in 2002 issued guidelines for use of the internet in medical practice. The statement is available at http://www.fsmb.org/grpol_policy docs.html.

The next blog, BIDMC News and Notes, is produced by the hospital's media relations department and primarily focuses on news coverage of health topics. In essence, these blog posts are less conversational and more like press releases. They highlight hospital events, medical trials and discoveries, awards, etc. This blog had 23 posts but no comments during the 60 days.

Breaking Through to a Healthier You, a blog sponsored by the hospital's nutrition

department, focuses on nutrition and weight-loss strategies. This blog has not been updated since September 1, 2009, and therefore there are no posts within my specified timeframe. However, a brief review of older posts revealed no reader comments.

A second cancer-related blog, Living with Breast Cancer, is written by the same blogger who writes Ask Hester. This blog, however, is more clinically based and focuses on medical information, studies, and news articles about cancer. The blogger does include some personal references, but the majority of the information is very scientific. During the 60-day period of my examination, there were 63 posts and four reader comments.

The final BIDMC-sponsored blog, Trials and Tribulations of a New Mom, also did not have any posts during the period of my examination. The most-recent post was December 16, 2009. A brief review of old posts revealed that this blog is dedicated to news about the blogger's baby and her development. The style is very conversational and much more like a personal blog than the other BIDMC blogs. I did not find any comments on any of the posts in this blog, however.

The last blog is not officially under the auspices of BIDMC but, as it is written by the hospital's CEO and relates to the provision of health care, I feel it only appropriate to include this blog in my analysis. The blog, called Running a Hospital, had 97 posts and 601 comments from March 20 to May 20. Topics cover a wide range, including health reform, health care delivery, health insurance premiums, data on infection rates, accolades to nurses, organizational hierarchy, local events, and a professional indiscretion on the part of the blogger.

Although blogging is interactive and conversational by nature, bloggers may still highlight key messages and seek to gain readers' trust through use of certain message frames. In the following section, I will analyze each blog in greater detail, examining messages and how they

are framed, level of interactivity between blogger and readers, and readability. I will also answer the following questions for each blog:

- What messages do they present?

- Are the messages clear?

- Are the messages reaching the target audience?

- What is the audience's response to these messages?

- Does the audience seem to understand and respond positively to the messages?

Ask Hester

As I mentioned previously, posts for this blog are direct responses to questions submitted by readers. Because the blogger does not necessarily determine the topic for each post, determining key messages and framing them in order to build the hospital's agenda may not be foremost on the agenda for this blog. However, while it seems very natural and unstudied, this blogger's manner is one that seems to naturally evoke a relational trust frame, which generally highlights four dimensions: competence, dependability, integrity, and transparency (Yang & Lim, 2009). Several dimensions of relational trust stand out in her responses to her readers. The first dimension that becomes evident is competence. Hester is clearly an expert in cancer and issues related to it. Her responses are very detailed, explaining the issue at hand and suggesting some solutions. For example, in a post about the risk of heart damage from certain chemotherapy drugs, she gives very detailed information about each drug, when it is given, and what action is taken if patients experience cardiac issues ("Chemo and Cardiac Risks/Damage," 5/20/2010, ¶2).

Transparency is also evident in this blog. For example, when asked about a topic with which she is not familiar, the blogger openly admits that she has not heard about the issue and that even asking several doctors has not increased her knowledge ("AIs and vaginal infections,"

4/12/2010). She also prefaces a post thus: "With the reminder that I am not a physician and that the best advice is always "Ask your doctor", I can tell you my understanding about these issues" ("Chemo and Cardiac Risks/Damage," 5/20/2010, ¶2).

An additional frame that I see emerging from this blog is what I will term a Care and Concern frame. Hester's responses to her readers are understanding and supportive. She often thanks readers for their questions and sympathizes with their situations even if the question is not one she can answer: "John, I am glad that you wrote and so sorry that you have had these difficult experiences and are now facing more surgery" ("Infection and Surgery," 5/17/2010, ¶2). She shows a genuine interest in her readers and their concerns: "Good luck and please let me know what you decide" ("Chemo and Cardiac Risks/Damage," 5/20/2010, ¶7).

These frames also speak to the level of interactivity evident in this blog. The fact that the blog is based solely on questions from readers means it is naturally interactive. Hester's responses are not simply informational, however. She shows a genuine concern for her readers and their welfare. Her honest, caring responses likely encourage others to submit questions of their own.

Key messages. Although Hester's posts are dictated by her readers' questions, I would posit that a key message throughout her posts is that she, and therefore BIDMC, is an honest, compassionate, and expert source of cancer information.

Message clarity. Although the key message of this blog is never stated explicitly, it does shine through in Hester's posts, which not only provide readers with extensive scientific information but also reveal the caring and compassion that Hester offers them as a fellow cancer survivor.

Message reception by audience. I did not find any audience response to Hester's posts

within my 60-day time period and therefore it is difficult to know for certain that her messages

are reaching the target audience. Because her posts are direct responses to questions from her

target audience, however, I think we may safely assume that her posts do, indeed, reach their

target recipients.

It is impossible to know, however, what the audience response is to Hester's messages or if

the audience understands and has a positive reaction to the messages. This information would

only be available were there responses to Hester's posts within the examination period.

Fog Index. The first step in a Fog Index it to choose a sample of at least 100 words. I will

use the following sample:

> In the usual treatment of early breast cancer, there are two drugs that raise concerns about
> cardiac damage: adriamycin (part of the infamous CA) and herceptin that is used to treat
> her2 positive breast cancer. Since both agents can be problematic, they are not given
> together. This is why women who will need herceptin don't begin to receive it until they
> have completed the CA part of their chemotherapy. Herceptin can safely be delivered in
> combination with Taxol or several other chemo drugs. Before beginning treatment with
> either of these drugs, most oncologists order a heart test to be sure that your heart is strong
> and healthy at baseline. This often is an RVG, but is sometimes another procedure.
> ("Chemo and Cardiac Risks/Damage," ¶3, 5/20/2010)

The Fog Index is calculated like this:

1.	The number of words in the sample	119
2.	The number of sentences	6
3.	The number of big words (3 or more syllables)	12
4.	The average sentence length (the number of sentences divided into the number of words).	119/6 = 19.8
5.	The percentage of big words (the number of words divided into the number of big words).	12/119 = 10%
6.	Add the *average sentence length* to the *% of big words*	19.8 + 10 = 29.8
7.	Multiply the result by .4	29.8 x .4 =

An ideal Fog Index is 7 or 8, while levels above 12 are too difficult for the average reader. This

sample is nearly too difficult for average readers to understand. This sample may contain more

large words than some of the other blog posts, however, and incorporates the names of

pharmaceuticals, which generally have more than three syllables.

BIDMC News and Notes

  This blog, which details news coverage of health topics, is an additional vehicle for the

delivery of press releases and other public relations material. It is written specifically for the

media, according to Rhonda Mann. It is therefore much easier to identify the hospital's agenda-

building attempts and various message frames. For instance, the competence dimension of the

relational trust frame emerges quite clearly in this blog. Various posts highlight the hospital's

expertise, renown, "exemplary professional nursing staff" ("BIDMC Honors Nurses," 5/19/2010,

¶3), and studies conducted by its researchers and published in leading scientific journals. Still

other posts discuss grants awarded to BIDMC staff members for scientific research, particularly

an $11 million grant awarded by the National Institute on Aging ("Trial to study causes of

delirium," 5/7/2010).

  I also find evidence of an Environmental Responsibility frame in a post about BIDMC's

2010 Practice Greenhealth Partner for Change Award. The post goes into considerable detail

about BIDMC's "sustainability initiatives throughout the hospital including aggressive waste

reduction and conservation goals, green purchasing efforts, hazardous waste recycling and an

assessment that will lead to the hospital becoming mercury free" ("BIDMC wins Environmental

Award," 5/19/2010, ¶2).

Several posts highlight what I have called a Caring Community Partner frame. For instance, one post discusses BIDMC's youth summer jobs program, which allows young people interested in health careers the chance to interview, perfect their resumes, and perhaps gain some actual experience in a health-care setting ("BIDMC hosts student interview day," 5/13/2010). Another post notes a $5,000 gift given to the Greater Boston Food Bank on behalf of BIDMC nurses ("BIDMC Honors Nurses," 5/19/2010).

I find evidence of a Health and Well-being frame in a post detailing the BIDMC premiere of a cartoon designed to encourage physical activity. Another post including this frame focuses on BIDMC's efforts to improve health care for LGBT groups. Yet another post, this one baseball oriented, offers tips on how to improve one's health through exercise.

Finally, an Appreciation frame is evident in several posts discussing events honoring nurses and volunteers. The posts convey the sense that those who work at BIDMC in any capacity find appreciation and acknowledgement for their contribution.

Assessing a blog's interactivity naturally focuses on any dialogue between blogger and readers. Unfortunately, there are no reader comments on any of this blog's posts during the 60-day examination period. This lack of response leads to questions about target audience and blog promotion that I will address in the next chapter. At this point, however, I must conclude that this blog does not promote the interactivity necessary to enhance the agenda-building process.

Key messages. This blog's frames come together to promote the idea that BIDMC is a hospital renowned for its excellent medical and nursing staff, responsibility to the environment, and partnership with the local community. Several key messages emerge from this main theme. First, patients may be confident that BIDMC will provide them exceptional health care. Second, BIDMC cares about and is an integral part of the local community. Third, employees and

volunteers can be proud of their association with BIDMC and confident that their contribution

makes a difference.

Message clarity. The key messages in the BIDMC News and Notes blog are quite clear.

For example, the nursing staff are called exemplary, and many posts highlight awards and grants

given to the hospital's physicians. These factors combine to build confidence that the hospital

provides exceptional health care. BIDMC as a caring, integral community partner is also a key

message that is quite clear, once stated explicitly but generally inferred. For example, the post,

"Running the Marathon for Bowdoin Street" (4/8/2010), highlights the fact that BIDMC staff

will run the Boston Marathon in order to raise $25,000 for a program that tackles community

wellness issues. Key messages are not stated blatantly or frequently, however, and I am therefore

uncertain that the average reader would be able to identify them. It is possible that I am able to

identify them simply because I know to look for them. This researcher bias, if you will, is a

limitation of my research.

Message reception by audience. With no reader comments to guide me, it is impossible to

determine from simply reading this blog whether or not the key messages reach the target

audience, what the audience's response is, or whether or not the audience understands or

responds positively to the messages. The blog does get approximately 200 page views each

month, according to Rhonda Mann, but without any reader response I am unable to make any

judgment about its success.

Fog Index. I will conduct my readability study on the following blog sample:

Some of the hospital's most successful efforts to reduce waste include an exam table reupholstering project that will divert 20.6 tons from land fills and save the…hospital $126,000. BIDMC also created a formal equipment and supplies donations program. Over 27 tons were donated this year, diverting the weight from landfills and providing useful medical equipment and furniture to local schools and non-profits as well as hospitals in other countries. The hospital put several successful recycling programs in place this year as

well with a stand out being the OR program, which was a grassroots initiative led by a team of nurses. The team wanted to include plastic as well as cardboard recycling and this has sped up the hospital's plan to move to single stream recycling in the coming months.

1. The number of words in the sample — 132
2. The number of sentences — 5
3. The number of big words (3 or more syllables) — 15
4. The average sentence length (the number of sentences divided into the number of words). — 132/5 = 26.4
5. The percentage of big words (the number of words divided into the number of big words). — 15/132 = 11%
6. Add the *average sentence length* to the *% of big words* — 26.4 + 11 = 36.4
7. Multiply the result by .4 — 36.4 x .4 =

   Fog Index — 14.5

This blog is clearly written at too high a level for the average reader. Although journalists are hardly average readers, they do write for them. It seems that source material provided to journalists may be more user friendly, and therefore more likely to be used, if it is written at a lower reading level in the first place. For example, the last two sentences of the above paragraph could be rewritten thus:

> The hospital also began several successful recycling programs this year. A stand out is the OR program, which is led by a team of nurses. The team wanted to include both plastic and cardboard recycling in the program. This simple step has sped up the hospital's planned move to single stream recycling where all materials can be recycled in the same container.

The resulting Fog Index for this rewritten paragraph is 11.36 and is within the desired readability level for the average reader.

Breaking Through to a Healthier You

This blog, which is written by BIDMC's nutrition medicine department, unfortunately has

no recent posts. The last post is dated September 1, 2009, and is therefore outside the scope of this examination.

Living with Breast Cancer

This blog, written by the same blogger who writes "Ask Hester," is a one-stop resource for all things related to breast cancer, including scientific studies, newspaper articles, and tips from the American Society for Clinical Oncology. Hester precedes each article, abstract, or list of tips with her own personal introduction, which sometimes explains the information that follows and other times simply includes a personal note about why she feels the excerpt is important.

Given the wide range of topics Hester includes—everything from the fatigue experienced during cancer treatment to possible interactions between cancer treatments and other drugs to how to organize one's cancer care—it is clear that her goal is to be a supportive, educational resource for her readers. For this reason, the most-obvious frame that emerges from this blog is an Informational/Educational frame.

Another frame that is less obvious but still present is what I will call an "In It Together" frame. Hester openly acknowledges the fact that she, too, has had breast cancer (twice, in fact), and it is clear from her posts that she is in this battle with her readers. The language she uses is very inclusive in this sense. For example: "We hear a lot about the need to advocate for ourselves as we move through cancer treatment" ("Self-Advocacy," 4/15/2010). In a post about exercise reducing the risk of death from breast cancer, she shares her own struggle with getting to the gym and the routine that helps her do so each day ("Get Out and Exercise," 5/17/2010). In a post about the friendships formed among those with cancer, she writes: "As members of the sorority that no one wanted to join, we are sisters" ("Friendship and Cancer," 5/16/2010).

There is clearly a Competence frame evident in this blog as well. As she does in her other

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blog, Hester provides useful and often highly scientific information along with her own explanation to enhance readers' understanding. Acting as a resource of cancer-related information gives her a position of knowledge and authority that lends a sense of her competence.

Finally, the sheer breadth and variety of the information Hester provides in this blog contributes to a Reliability frame. In other words, breast cancer patients and their families can depend on Hester to keep them up-to-date on the latest research, treatment options, and other issues related to the disease. In the language of current pop culture, Hester has their backs. The fact that she blogs on a daily basis, constantly keeping the blog current, is another factor that contributes to the Reliability frame.

Unlike the other blogs I have examined thus far, this blog has several reader comments. Further examination reveals that all four comments may be from the same reader, even though one commenter uses a different name. Most of the comments are short, perhaps simply thanking Hester for posting on a particular topic. Because none of the comments require a response, it is impossible to determine how interactive the blog might be if Hester needed to respond to her readers' comments.

Key messages. The key messages evident in this blog are similar to those in Hester's other blog, *Ask Hester*. The messages are not overt, but Hester's tone, the nature of the information she posts, and the frequency of her posts communicate that she (and therefore BIDMC) is a caring, expert, reliable source of breast-cancer information. This blog also communicates that women with breast cancer can find understanding and support at BIDMC.

Message clarity. Judging message clarity is difficult when the messages are never stated plainly. They are inferred throughout the blog, but never mentioned explicitly. For example, in

the post "Value of Aspirin: IMPORTANT" (4/6/2010) Hester tells her readers how important taking a daily aspirin can be to their health. But she is also careful to advise them to discuss this step with their doctors, as taking an aspirin a day is not safe for everyone. In this post Hester never openly says that she is a cancer expert or that she cares about the health of her readers. But the message is there nonetheless. It is possible that the key messages in this blog are clear to me simply because I am specifically looking for them and am familiar with message design. However, I believe that the frames used combine to lead to relational trust, which in turn promotes the key messages mentioned above.

Message reception by audience. There are only four reader comments available during the 60-day examination period and therefore there is not a great deal of evidence by which to judge how well the audience is receiving the message. Is the message reaching the appropriate people? Do they understand and support the message? It is clear the reader(s) who responded appreciates Hester's contribution. Loop Editor writes: "Thanks for posting this. It's something I think about a lot" ("Employment After Cancer," 3/24/2010). Suzanne Harp, whom I believe is the same reader, says: "I am so glad some research is being done on this" ("PTSD and Cancer," 5/11/2010). In spite of these positive comments, it is impossible to know simply from examining the blog itself whether or not anyone else is reading the blog and receiving its messages. (Fortunately, a Google Analytics check reveals just under 500 page views (i.e., just under 500 people follow the link to the blog's page) for this blog each month, according to Rhonda Mann.)

Fog Index. This blog is an interesting mix of blogger comments and scientific articles. For that reason, I have chosen to complete two separate Fog Index measurements, one on Hester's comments and one on one of the many scientific articles she includes in her posts. The first measurement will be of the following sample from Hester's remarks:

I have written before about studies suggesting the value of exercise for women who have had breast cancer. I am writing this morning after my daily 45 minutes at the gym--and can promise you that I never like getting out of bed and lacing up my sneakers. I have learned that going first thing in the morning, before I have a chance to reconsider, is the only way for me to get there. I admire people who can exercise after work, but, by the end of the day, I just want to come home.

Anyway, this is the abstract re a recent meta-analysis by Ibrahim and Al-Hamaidh that reinforces the importance of physical activity. They found that the risk of death from breast cancer is reduced by 34% in women who regularly exercise. If that is not enough to get you moving, I don't know what would be. ("Get out and Exercise," 5/17/2010, ¶1-2)

1.	The number of words in the sample	149
2.	The number of sentences	7
3.	The number of big words (3 or more syllables)	13
4.	The average sentence length (the number of sentences divided into the number of words).	149/7 = 21.3
5.	The percentage of big words (the number of words divided into the number of big words).	13/149 = 8.7%
6.	Add the *average sentence length* to the *% of big words*	21.3 + 8.7 = 30
7.	Multiply the result by .4	30 x .4 =
	Fog Index	12

Even Hester's personal remarks measure somewhat high on the Fog Index. The score for this sample may reveal a shortcoming of the Fog Index, however. For instance, most of the "big" words in this sample—exercise, activity, regularly—have at least three syllables but are not difficult to understand. As long as Hester takes care to limit use of words such as "meta-analysis," her remarks will probably be understandable to most readers. I will now measure the following excerpt from one of the journal abstracts included in Hester's blog:

> Cognitive function in postmenopausal women receiving letrozole or tamoxifen as adjuvant endocrine treatment was compared during the fifth year of treatment in a

substudy of the BIG 1-98 trial. In BIG 1-98 patients were randomized to receive adjuvant (A) 5-years tamoxifen, (B) 5-years letrozole, (C) 2-years tamoxifen followed by 3-years letrozole, or (D) 2-years letrozole followed by 3-years tamoxifen. The primary comparison was the difference in composite score for patients taking letrozole (B+C; N=65) vs. tamoxifen (A+D; N=55). The patients taking letrozole had better overall cognitive function than those taking tamoxifen (difference in mean composite z-scores=0.28, P= 0.04, 95% CI: 0.02, 0.54, Cohen's D=0.40 indicating small to moderate effect). In this substudy, breast cancer patients taking adjuvant letrozole during the fifth year of treatment had better cognitive function than those taking tamoxifen, suggesting aromatase inhibitors do not adversely impact cognition compared with tamoxifen. ("Cognitive Function Femara vs. Tamoxifen," 4/20/2010, ¶4)

1.	The number of words in the sample	143
2.	The number of sentences	5
3.	The number of big words (3 or more syllables)	38
4.	The average sentence length (the number of sentences divided into the number of words).	143/5 = 28.6
5.	The percentage of big words (the number of words divided into the number of big words).	38/143 = 26.6%
6.	Add the *average sentence length* to the *% of big words*	28.6 + 26.6 = 55.2
7.	Multiply the result by .4	55.2 x .4 =
	Fog Index	22.1

This sample is clearly well beyond the capacity of the average reader to understand. Although Hester provides her readers a wide variety of scientific information, the complexity level of the information may be so high that it only serves to confuse readers.

Trials and Tribulations of a New Mom

This blog has not been updated since December 16, 2009, and therefore does not have any posts within the range of my examination.

This blog is written by BIDMC's CEO, Paul Levy. Levy is a very prolific blogger,

posting 97 times during the 60 days of my examination. He also boasts quite a following of

readers who posted more than 600 comments on those blog posts. Due to the high volume of

posts and comments, I have chosen to examine every third post, with accompanying comments,

beginning on March 20, 2010, and ending May 20, 2010.

Running a Hospital is Levy's forum for discussing issues related to the delivery of health

care in a hospital setting. His topics range from current issues in health care to hospital events to

Boston happenings to personal issues.

Perhaps the most-obvious frame I found as I examined this blog is the Competence

frame. Whether he is discussing the current insurance reimbursement battle raging in

Massachusetts or the most-appropriate structure of a health-care organization, Levy's posts seem

to be thoughtful, thorough, and well informed. He is clearly very knowledgeable regarding these

issues and quite passionate about finding reasonable solutions to the problems he discusses. It is

also clear that for the most part his readers respect him as a competent, successful CEO. One

goes so far as to say: "You inspire me to do my best everyday [sic]. Everyone around you feels

pride because of you and our patients really like it when you come around. I wonder how many

patients are better because you make us want to do a better job?" (Anonymous, May 3, 2010,

5:30 p.m., comment on post "I was wrong. I am sorry," May 3, 2010). Other posts echo this

same sentiment. This reaction is particularly remarkable given that the comments followed a post

in which Levy apologizes for an inappropriate relationship with a female employee. In the same

post, he includes a statement from the hospital board, which reads, in part: "…the Board also

considered his exemplary record over the course of his tenure at BIDMC, the current

performance of the hospital, his role as the chief architect of the hospital's leading position in

quality and safety, and his bold voice of leadership on public policy" (¶7). Levy's reputation

clearly also contributes to the hospital's reputation. To be fair, I must note that there were several

equally negative comments calling for Levy's resignation and vilifying the board for not

punishing him more severely. Blogger Colman wrote: "I am appalled to read the press accounts

about what Mr. Levy did. His dishonest behavior is, in a word, disgraceful. And for [the] board

just to fine him is likewise disgraceful. He has to go" (May 4, 2010, 8:05 p.m.). An anonymous

blogger said: "Perhaps this entry should be titled 'I got caught...Now I'm sorry'" (May 5, 2010,

10:59 a.m.).

In addition to the Competence frame, I also notice a Transparency frame in Levy's blog

posts. For example, in Levy's post (mentioned above) "I was wrong. I am sorry," Levy includes

the board's statement regarding his punishment as well as his own statement. Both of these

statements were released to the hospital community and media. In addition, Levy includes a

statement directly to his readers:

> For those of you who have come to rely on me for my pursuit of quality and safety of
> care and continuous process improvement in our hospitals, I hope that this series of
> events and revelations will not undercut the importance or validity of what I have been
> saying. I especially apologize to you if you feel that I have let you down and, in so doing,
> in any way weakened the case I have been making. We in the medical community have
> much to do in these areas. I hope we can together continue to engage in vigorous activity
> to help make health care safer and more patient-centered. I can't imagine more important
> goals for all of us to pursue. (May 3, 2010, ¶12)

The fact that Levy addresses the issue in his blog lends to the Transparency frame, in

spite of the fact that he does not address what actually occurred between him and his employee.

Additional details are available in newspaper articles, links to which he includes in the blog post.

While some readers scoff at what they term his so-called transparency in their comments to this

post, most readers who responded seem to believe that his apology, and therefore his transparency, is sincere.

Additional evidence for the Transparency frame comes in a post about a friend with cancer whose veins have been compromised by chemotherapy and make it difficult to insert IVs. Yet, each time she comes to BIDMC for CAT scans, she endures needless pain because there is not a system in place to flag her as a "difficult stick." The radiology techs try to insert the IV several times before they call the "special IV team," something the patient has asked them to do at the outset. But again, no system exists to coordinate scheduling the IV team with CAT scan outpatients. In the post, Paul includes his note to several of his employees and their responses as they look for solutions for Paul's friend and others like her ("Patients will teach us how to be compassionate," May 9, 2010).

A final frame I find in this blog is the Community Partner frame. Posts about a soccer cleat exchange program run by Levy and one of his friends, BIDMC teams participating in the Boston Marathon, and leadership changes in community organizations (Levy knows both the outgoing and incoming leaders by first name) all convey the sense that Levy and BIDMC are active, concerned partners with the local community.

Describing this blog as highly interactive is a slight understatement. Not only were there 601 comments in 60 days (including some responses from Levy), several posts elicited very lively debates with as many as 37 responses apiece. The posts and comments are very much a conversation, with readers addressing the original post and preceding comments. Paul also joins the conversation with his own comments where he feels it necessary. An excellent example of this blog's interactivity is the April 5, 2010, post "Should we let the health issue die?" and its subsequent comments (see Appendix).

Key messages. One of Levy's key messages is that the hospital industry must be transparent. He is notorious for posting his salary and discussing BIDMC's poor physician hand-washing techniques on his blog. He clearly would rather have his hospital's failings out in the open in order to encourage better practices. According to Rhonda Mann, director of marketing communications, when physicians became upset that Levy posted their hand-washing rates on his blog, he told them that when they improved their rates he would post that as well.

Another key message of this blog is that of encouraging dialogue among hospital executives. Levy focuses many posts on specific industry issues and seems very interested in fostering discussions among his peers.

Message clarity. Levy's transparency message is unmistakable. Holtz and Havens (2009) heralded his post "Do I Make Too Much?" as an example of the type of openness exhibited by truly transparent organizations. Rhonda Mann notes that Levy also has used the blog to talk openly about potential employee layoffs. In fact, the hospital used his post as part of its overall strategy to communicate with employees about their options. In addition, Levy's post about poor physician hand-washing techniques resulted in the hospital tracking and posting the statistics on its Web site.

Message reception by audience. The audience response to Levy's message of transparency is overwhelmingly positive. For example, this comment on his post "I was wrong. I am sorry": "[A] public apology. [W]hat a refreshing thing to see" (Anonymous, May 3, 2010, 5:43 p.m.). Perhaps the most-compelling summary of how Levy's audience understands his message is this comment, also on the same post:

> As a daily and nonlocal reader of your blog, I find your candid observations on health care consistently informative and illuminating. I find your handling of this "distraction" consistent with the accountability and transparency you stand for on health care issues. I

appreciate your continued commitment - even when uncomfortable. (Anonymous, May 3, 2010, 8:58 p.m.)

Fox Index. I will use the following sample for my readability measurement:

She is a chemotherapy patient who comes in for periodic CAT scans. The chemotherapy affects the blood vessels and makes it difficult to insert an IV for the contrast agent. The techs are not trained to insert these difficult IVs. They try several times, causing pain and swelling of these cancer patients, and then finally the special IV team is called. When Mary has asked for the special IV team to be called at the outset, she is told that there is no way to coordinate those teams with the CAT scan outpatients.

That, to me, is an unacceptable answer. These patients come in on a known schedule. They have a known problem. We do not respect that problem sufficiently to avoid the discomfort and pain that comes from multiple attempts to place the needle. ("Patients will teach us how to be compassionate," May 9, 2010)

1.	The number of words in the sample	135
2.	The number of sentences	9
3.	The number of big words (3 or more syllables)	11
4.	The average sentence length (the number of sentences divided into the number of words).	135/9 = 15
5.	The percentage of big words (the number of words divided into the number of big words).	11/135 = 8%
6.	Add the *average sentence length* to the *% of big words*	15 + 8 = 23
7.	Multiply the result by .4	23 x .4 =
	Fog Index	9.2

This blog is clearly below the upper limit of readability for the average reader. I find this particularly interesting, given that Levy's target audience members can hardly be described as average readers. His blog is targeted primarily at other hospital executives, according to Rhonda Mann, but also attracts clinicians and BIDMC employees, all of whom have a higher level of education than the average reader.

This section has examined BIDMC-related blogs in detail. The following section will put those blogs in the context of the hospital's overall communication strategy.

Part Three: Blogs as BIDMC Communication Strategy

BIDMC's foray into social media coincides with a shift in its marketing communications strategy that occurred approximately three-and-a-half years ago, according to Rhonda Mann. At that time, BIDMC shifted from targeting physicians (with the goal of increasing their referrals—the traditional strategy in health-care marketing communications) to a more consumer-oriented strategy.

"Knowing that more and more people are getting their referrals not from their doctors but from their friends, their family, from going online and researching what the options are, we really wanted to shift our philosophy a bit and get to those places where consumers were," Mann says. "Our entire philosophy now is trying to educate consumers about their health."

Mann and her staff put marketing materials in as many places on the Web as possible in order to maintain a presence in places consumers frequent. The pieces they place are no longer marketing pieces in the traditional sense, but much more informational and educational with the goal of gaining top-of-mind presence among consumers.

"Part of that is being in spaces where consumers are interacting and wanting to interact," Mann says. "…[W]e think that if we can get them to interact with you in some way they're more likely to remember you when they need you and consider using you."

The hospital's blogs are part of the overall social-media mix that allows the hospital to interact with consumers and maintain a presence in online spaces. Because blogs do not cost anything to maintain (aside from the writer's time), however, hospitals may be less likely to

promote blogs or extensively measure their success. For example, BIDMC uses Google Analytics to track the number of hits each blog receives monthly. But it does not survey readers to determine whether or not the blogs meet their needs, nor does it promote the blogs outside of its e-newsletters. Mann notes that the hospital gauges a blog's success by whether or not it is updated regularly, writers respond to comments quickly, and the page views continue to increase each month. She adds that her department tracks what people are reading on the Web site and how many are reading it and then spotlights certain items on the front page as a result.

"I don't think anybody is going to use us because they're reading a blog necessarily," she says, "but it's part of the whole component where if people are connected to you then they're more likely to use you in the future."

This section has analyzed BIDMC's blog usage in the context of its communication strategy. The next section will examine the strengths, opportunities, weaknesses, and threats facing BIDMC blogs.

Part Four: SWOT Analysis

The SWOT analysis details the strengths, weaknesses, opportunities, and threats facing an organization, campaign, or activity. The analysis provides organizations a snapshot of whether or not they are meeting their goals in a particular area and may therefore be very helpful to BIDMC.

Strengths:

- Recognized early the need to meet consumers where they are and therefore has a jump on the competition.

- Blogs have quite a few page views.

- Executive-level support of social media involvement.

- CEO's blog is highly interactive, a true conversation.

- Expert bloggers.

- Transparency.

- Clear, consistent key messages.

Beth Israel Deaconess has placed itself in a position of strength when it comes to social media involvement by recognizing early on that consumers are increasingly seeking health information online as well as greater interaction related to that information. While most hospital communications staff have difficulty getting social media proposals past the C-suite or the legal department, CEO Paul Levy's engagement in and support of social media activities has paved the way for Beth Israel Deaconess to jump in with both feet. As such, the hospital is ahead of its peers, a logical position for it considering the many medical advances pioneered within its walls.

Levy provides another strength to the hospital in the form of his personal blog. Blogging by its very nature is a highly interactive and conversational process when done well, and Levy's blog offers a first-rate example of blogging at its best. Mann stated that people often compliment her on Levy's blog even though it is not officially under the hospital's auspices. Not only is the blog a good model for other BIDMC bloggers, it also brings wide recognition to the hospital within the industry.

According to its Google Analytics research, the hospital's blogs have moderately strong readership, which tells me that topics are clearly of interest to some members of the target audiences. For example, Living with Breast Cancer gets approximately 425 page views each month and BIDMC News and Notes has approximately 200. Further, the blogs clearly capitalize

on bloggers' expert knowledge and therefore lend to the hospital's expert status. The blogs present clear key messages and these messages are also quite consistent between the blogs. Finally, there is a high level of transparency, especially in the cancer-related blogs and Running a Hospital.

Weaknesses:

- Low interactivity of most blogs.

- High readability levels.

- Little measurement to ensure that blogs meet audience needs.

- Lack of promotion.

- No link to CEO blog from main hospital Web site.

- Two blogs have not been updated in months.

Although Beth Israel Deaconess is ahead of its peers in adopting an aggressive social media strategy, its blogs have not yet reached the level of interactivity that would enable them to be considered true conversations. For example, the BIDMC News and Notes blog primarily serves as a media relations tool to inform readers about the hospital's advancements. Many of the blog posts are not designed to engage readers in conversation. In addition, the readability levels of most of the blogs are at the high end of the comprehension level for average readers. Ironically, Levy's blog has one of the most-acceptable readability levels even though it is targeted at the most highly educated audience.

As a nonprofit with a limited budget, the hospital does not have the resources to promote its blogs or to do research to determine what its target audiences want and need from a blog. The unfortunate result is that bloggers may be wasting a precious resource—their time—writing

blogs that do not completely satisfy their audiences. Although blogging does not add any extra

cost to the hospital's communications budget, it does take staff time that could be used in other,

perhaps more-effective, ways.

In spite of the nationwide popularity of Levy's blog, the hospital has chosen not to link to

the blog from its Web site. This presents an additional weakness. Although Levy is Beth Israel

Deaconess's CEO, the hospital is governed by a board that may not share Levy's opinions and

therefore does not endorse his blog, according to Mann. Many people know Beth Israel

Deaconess because of Levy's blog, however, and not linking to it may detract from the hospital's

online presence. The hospital could easily link to the blog while including a disclaimer that

Levy's opinions are his own and not necessarily those of the hospital.

A final weakness is the two blogs that have remained on the hospital's Web site for

months in spite of the fact that they have not been updated since 2009. Certain readers may wish

to read old blog posts, but these blogs remain alongside current blogs as if they are also up-to-

date.

Opportunities:

- Increase interactivity.

- Increase readership by making the language simpler and easier to understand.

- Use the blogs as research tools to determine readers' needs.

Beth Israel Deaconess has a golden opportunity to capitalize on its position as a leader in

interacting with consumers. Before its competitors attempt to follow this lead, it has the

opportunity to increase its usefulness to consumers by becoming more interactive in all of its

social media activities, especially blogs. A clear opportunity exists to make the blogs more

interactive by examining both the CEO's blog and the health column on the Red Sox television station for ideas on what encourages interaction. While the percentage of e-patients who join the conversation (rather than simply reading a blog, for example) is low, the hospital should take steps now to increase blog interactivity in order to retain current readers and gain new ones, as e-patients are likely to become more interactive.

A major step in increasing blog interactivity is making blogs more accessible by lowering their reading levels. This involves using fewer big words and simplifying highly scientific information so that all readers, not just those with graduate degrees, can easily understand each post.

Finally, a unique opportunity exists to use the blogs themselves as research tools. Bloggers might post a series of "survey" questions. Were certain posts helpful? Do readers understand the information presented? Would they like to hear more about certain topics? Although this method is in no way scientific and will reach only current blog readers, it may still yield suggestions that will render the blogs accessible to a greater audience. Perhaps the greatest benefit of this research method is that it is free.

Threats:

- Limited monetary resources.
- Discomfort on behalf of hospital legal team or physicians whose poor hand-washing stats are posted in a blog.
- Losing readers to similar, but more-interactive blogs.

Like most nonprofit hospitals, Beth Israel Deaconess must make do with a limited marketing communications budget. This lack of resources often means that either initial research

justifying an activity does not take place or that continuous research to gauge an activity's usefulness falls by the wayside. This lack of research can be a threat as organizations put staff time into activities without really knowing if the target audience knows about, understands, or appreciates these activities.

With the privacy surrounding health care, the hospital also faces a threat from both its legal department and from health care providers unhappy that their potentially unsatisfactory hand-washing techniques or infections rates have been posted online. Either of these parties could potentially derail the hospital's social media activities if they chose to do so. Finally, the hospital could potentially lose blog readers to similar but more interactive blogs if it does not address the interactivity and readability issues mentioned above.

This chapter has provided an in-depth examination of Beth Israel Deaconess's drive to become more consumer-focused and interactive. It has discussed in detail the hospital's blogs, highlighting their strengths and weaknesses, and offered suggestions on how the hospital can capitalize on several opportunities related to these blogs. The next chapter will discuss the hospital's blogs in the context of agenda-building and framing theory.

CHAPTER 5: DISCUSSION AND RECOMMENDATIONS

This chapter provides a summary of my research results in the context of the research questions I asked in Chapter 3. It then offers recommendations on how Beth Israel Deaconess can enhance its blogs' effects on the hospital's communication strategy.

DISCUSSION

RQ1: How does BIDMC utilize blogs as agenda-building tools in its overall communications strategy?

Beth Israel Deaconess adopted a new marketing communications strategy several years ago that changed the hospital's focus from gaining physician referrals to interacting with consumers. In fact, its entire strategy now revolves entirely around consumers and could almost be described as "un-marketing" in the sense that there is no overt attempt to sell consumers something. Instead, the hospital strives to provide informational, educational pieces in as many venues as possible in order to gain top-of-mind presence among its target audience. As Rhonda Mann noted, the philosophy guiding this approach says that if the hospital can engage consumers in some positive way when they are healthy, they will be more likely to think of the hospital first when they need medical care.

For this reason, the hospital seeks to build an agenda with its consumers as the premier source of health-care information and expertise. Rather than accomplishing this goal through the traditional media realm, it builds its agenda through interactive media (and therefore nontraditional communication vehicles). For example, its revamped Web site prominently

highlights interactive features, such as blogs, podcasts, a video channel, and social networking links to Facebook, Twitter, and YouTube. The hospital also partners with local radio stations and television networks to provide health information to the community. A health column on the Red Sox television station's Web site generates a great deal of interactivity each week, with at least 100 comments. Mann highlighted her attempt to create a presence in spaces where consumers were likely to interact and this health column is a good example of how to accomplish this goal successfully.

As mentioned previously, one of the nontraditional communication vehicles the hospital uses to build its agenda is blogs. Blogs aid the hospital in furthering its communication goal of increasing interaction with consumers. It sponsors three active blogs on its Web site—Ask Hester, Living with Breast Cancer, and BIDMC News and Notes—and two that are inactive. Although the active blogs receive between 200- and 500-page views apiece each month (i.e., at least 200 people follow the link to the blog's page), it is impossible to tell for sure whether or not they further the hospital's communication strategy without engaging with these readers. On average, readers spend three minutes and 30 seconds viewing Living with Breast Cancer, two minutes on Ask Hester, and one minute on BIDMC News and Notes. Readers seldom comment on the blogs, however, so although the topics covered may be of interest, the blogs do very little to promote interactivity. Although the blogs are not a primary agenda-building tool, they do reflect and support the hospital's goal of engaging with consumers.

One might adopt two opposite arguments at this point. On one hand, the blogs do not cost the hospital anything and therefore there is no need to justify their existence. The bloggers volunteer their time (although they may blog at work) and blog because they want to, not because it is in their job description.

On the other hand, one might ask whether a blog that does not encourage interaction (and a blog in its very essence should be interactive) could actually have a negative effect on the hospital's attempts to engage consumers. I certainly see no evidence of a negative effect from my limited research, yet I believe the question begs further consideration.

It is especially important to consider this question because several relatively minor changes could render the hospital's blogs much more interactive. For example, the blogger who writes Ask Hester and Living with Breast Cancer already has a very conversational style and excels at transparently sharing her own experience with cancer. Yet her posts have such high Fog Index levels that they may discourage interaction. Simplifying any scientific language used and including her own summary of journal abstracts may go a long way towards enhancing readers' understanding of her blog and their likelihood of commenting on her posts.

Although the hospital's active blogs certainly reflect its overall attempts to engage with consumers, its inactive blogs may negatively affect these attempts. Kent (2008) described this situation most appropriately: "A blog will only be useful to an organization if it has someone to maintain it, someone trained in effective dialogic communication, and someone who has the trust of individuals and publics" (p. 39). It is impossible to maintain trust when a blog is allowed to languish and yet remains listed as an active blog. Therefore another key step the hospital can take to enhance its blogging function is to move inactive blogs to an archive.

Having a CEO who blogs as successfully as Paul Levy does is certainly to the hospital's advantage. Levy has mastered the dialogical self—that easy, conversational, responsive tone inherent in two-way symmetrical communication—that increases a blog's interactivity and enhances relational trust between blogger and readers. The frames Levy uses in his blog are remarkably consistent with those used in the hospital's blogs; his competence, transparency, and

leading role at the helm of a caring community partner (BIDMC) are very clear in his posts.

Although blogs currently play only a minor role in the hospital's overall attempts to interact with its target audience, I believe that a very few alterations could significantly increase their positive impact on the hospital's marketing communications strategy.

RQ2: What frames emerge from BIDMC's blogs that enhance their agenda-building capabilities? Specifically, are relational trust frames evident? If so, what organizational attributes are most prevalent in these frames?

The attribute model of framing says that organizations may frame messages to highlight certain positive attributes and downplay other attributes in order to enhance their image in the eyes of their target audience (Hallahan, 1999). This image enhancement in turn increases the likelihood that audiences will look favorably on organizations' agenda-building messages. The frames I identified in BIDMC's blogs align with this model, focusing on the hospital's positive attributes such as competence, transparency, dependability, and community involvement.

Several of these frames are part of a larger relational trust frame identified by Yang and Lim (2009). Relational trust frames include four dimensions: competence, dependability, integrity, and transparency. I found that the hospital's blogs consistently feature relational trust frames, most frequently the competence and transparency dimensions. Although the hospital's expertise is a focal point in every blog, I found that the transparency dimension was especially obvious in the blogs Ask Hester and Running a Hospital.

Interestingly, nearly all of the other frames present could also contribute to relational trust in spite of the fact that they are not among the dimensions identified by Yang and Lim (2009). For example, the concern that Hester shows for the readers of Ask Hester and that leads to the Care and Concern frame found there may likely increase readers' sense of relationship with and

trust in her.

In the future, Beth Israel Deaconess may wish to more closely examine the salience of the frames used in its blogs (Entman, 1993) in order to determine how readers respond to the messages it employs to reach them. This examination will either validate the legitimacy of the messages used or point to the need to develop new messages.

This section has provided a summary of my research as it pertains to the research questions asked in Chapter 3. It has revealed that Beth Israel Deaconess's blogs are consistent in their message framing and that they successfully highlight attributes that will enhance relational trust with their audiences. It has also noted that increasing blog interactivity by implementing several minor changes may increase this trust relationship and further the hospital's agenda-building activities. The next section will offer recommendations for how Beth Israel Deaconess may reach this goal.

RECOMMENDATIONS

According to Diggs-Brown (2007) a communication audit should provide recommendations for an organization that will allow it to "make necessary adjustments to increase effectiveness" (p. 44). The following recommendations are based on my audit of Beth Israel Deaconess Medical Center's blogs.

Highlight Current Blogs[1]

Two of the five blogs on Beth Israel Deaconess's Web site are no longer active. An integral part of the relationship formed between blogger and readers is keeping the blog up-to-

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[1] When I revisited the hospital's Web site on June 30, 2010, the two inactive blogs were no longer listed. This may be a coincidence or the result of my conversation with Rhonda Mann. Either way, the hospital has taken an appropriate step in removing these blogs.

date. Otherwise the blogger's credibility and reliability suffer. In this case, it is the hospital's credibility and reliability that are called into question in relation to these two inactive blogs. Moving the blogs to an archive (with a link available from the main blog Web page) would allow the blogs to remain available to interested readers without giving the impression that they are current.

Join the Conversation

The concept of dialogue is integral to blogging. Although some private bloggers blog as a way of keeping an online journal, the goal of organizational blogging is to engage in conversation with key publics. This dialogue, Yang and Lim (2009) note, is important to establish the blogger's credibility. Responding sincerely to and respecting the opinions of readers are two key steps that will help bloggers to engage in truly two-way symmetrical communication—the goal of any public relations outreach, blog-mediated or otherwise.

BIDMC bloggers need look no further than CEO Paul Levy's blog to find an excellent example of the blog-as-conversation. Levy's tone and style may be a tough act to follow, but should be the model for other bloggers at BIDMC and elsewhere. For example, although Levy is highly educated and writes for fellow CEOs, he generally avoids CEO jargon, instead using shorter words and sentences that make his blog comprehensible to average readers. His tone is also truly conversational—he writes as if he were chatting with a friend he met in the hallway at work.

Invite Participation

At the end of his blog posts, Levy will often ask a question of his readers that invites them to join the conversation. Given the large number of readers who comment on the blog, this technique seems to work. Including an invitation for comments and feedback at the end of

hospital blog posts, perhaps even asking a specific question, may open the doors to a level of interactivity these blogs do not currently possess.

Increase Blog Promotion

Although Rhonda Mann (the hospital's director of marketing communications) already highlights the hospital's most-popular articles and blog posts on the front page of the Web site, she and her staff may still do more to increase blog promotion without adding anything to the hospital's marketing budget. For example, the front page might feature a set of the day's "headlines," including blog posts, along with a brief summary. The hospital might also include links to its blogs in its e-mail correspondence.

Increase Ease of Reading

Part of making blogs more interactive and conversational is making them easier to read. Because blogs are intended to spark conversation, bloggers should write as they would speak while taking into consideration their readers' abilities. Blogs should be written without medical jargon or terminology. This simplification process does not mean that bloggers cannot include scientific information in their blogs, but that perhaps they should write their own clear summary of the information and then provide a link to the actual journal article or abstract. Bloggers might also consider linking complex words to secondary pages with definitions or more information to help readers understand key concepts. The New York Times and the American Cancer Society are two examples of organizations that link either to related articles or to more detailed information on their Web sites.

Make the Legal Department Happy

Bloggers who include information about medical procedures or treatment in their blogs should include a general disclaimer that the blog should not be considered a substitute for a doctor's advice.

Consider Appropriate Information Venues

In some cases, a blog is not the most-appropriate venue for communicating certain information. For example, BIDMC News and Notes seems to be a series of press releases masquerading as blog posts. The information does nothing to promote conversation or interaction with journalists. In fact, this blogs seems redundant in that the items posted could just as easily be featured in an online newsroom. It may be more useful to focus on the hospital's online newsroom instead of maintaining this blog.

Use Blogs as Research Tools

Blogs can be very useful research tools, especially for hospitals with small research budgets. BIDMC should conduct blog research by surveying its blog readers, perhaps with just a question at a time in order to not overwhelm readers. The hospital may ask readers about the utility of blog topics and for suggestions on how the blogs could better meet their needs. Then, they can let readers know that someone is actually collecting this research data by noting when topics resulting from reader feedback are used in the blogs. In this way, readers will know their contribution is important. Conducting this type of blog research may also contribute to increasing blogs' interactivity.

Spotlight Relational Trust

The hospital has done an excellent job of highlighting certain dimensions of relational trust frames in its blogs (Yang & Lim, 2009). Competence and transparency frames are evident

consistently in each blog. In addition, dependability frames may be achieved simply by blogging

regularly and responding to reader comments in a timely manner. Readers need to know that they

can rely on the blogger in order to build and maintain relational trust. The hospital's current

blogs consistently reflect dependability frames without any overt messaging attempts by

bloggers.

Moving forward the hospital should continue to make these dimensions integral to its key

messages while also incorporating the integrity dimension. This dimension reflects the hospital's

unwillingness to deviate from ethical standards to achieve gain and therefore may be more

difficult to incorporate in its blogs very often. However, the hospital's transparency frames may

in fact lead to integrity frames. For example, publishing the hospital's infection rates is

something the CEO feels strongly about and wishes all hospitals would do. Continuing to publish

these rates in the name of transparency could be seen as an example of the integrity dimension of

relational trust because the hospital may not win confidence by focusing on infection rates when

other hospitals do not.

An integrity frame may also entail referring patients to a particular provider not

associated with the hospital if that provider happens to be the best in a particular area of

specialty.

The preceding recommendations offer Beth Israel Deaconess an opportunity to enhance

the effectiveness of its blogs as agenda-building vehicles. Although the hospital's budget does

not allow for official blog measurement or promotion, adopting these recommendations could

render the blogs considerably more useful without added cost. As such, the blogs could make a

greater contribution to the hospital's communication strategy than they do at present.

CONCLUSION

This communication audit has examined how Beth Israel Deaconess Medical Center uses blogs to further its overall communication strategy of increasing interaction with its target audience. Blogs are naturally interactive and therefore including them as one strategic communication vehicle is a logical step to encourage conversation and interaction between the hospital and consumers. By utilizing all avenues of interactivity, the hospital may show by its actions that it is serious in engaging with consumers and reaching them where they are. This will enhance the hospital's credibility and the reception its agenda-building messages receive.

The hospital's agenda-building tactics will also find a more positive reception as the hospital enhances its focus on relational trust frames, highlighting the dimensions of competence, transparency, integrity, and dependability. Further, ensuring that blog posts are updated consistently and frequently, that they encourage reader participation, and that bloggers continue to respond respectfully to reader comments will enhance the trust relationship between bloggers and readers. The hospital has the opportunity to seek reader feedback on how to improve the blogs within the blogs themselves by asking questions that encourage readers to respond with suggestions. This is a no-cost opportunity to enhance the blogs' utility with readers and may even increase the interactivity level.

Beth Israel Deaconess encourages engagement with consumers through many venues, but likely puts more effort and attention into those tactics that use limited budget resources. Although blogs are free to produce, the hospital may dramatically increase their effect on its communication strategy with the simple changes outlined in this chapter. Blogs will then be held to the same high standard of interactivity as the hospital's other communication vehicles. Above all, Beth Israel Deaconess will present a consistently conversational, interactive, dependable

image to consumers in the greater Boston area and will be well on its way to achieving the "mind share" it seeks.

APPENDIX

Running a Hospital blog post from Monday, April 5, 2010:

SHOULD WE LET THE DEATH ISSUE DIE?

Did you read yesterday's New York Times article by Anemona Hartocollis, entitled "Helping Patients Face Death, She Fought to Live"? It was about a palliative care doctor who faced her own end-of-life issues in a very different manner from the way she would have advised many of her patients.

An excerpt:

[A]s the doctors began to understand the extent of her underlying cancer, "they asked me if I wanted palliative care to come and see me."

She angrily refused. She had been telling other people to let go. But faced with that thought herself, at the age of 40, she wanted to fight on.

While she and her colleagues had been trained to talk about accepting death, and making it as comfortable as possible, she wanted to try treatments even if they were painful and offered only a 2 percent chance of survival.

It is never right to be judgmental about these matters. Each person faces this kind of situation in his or her unique way, and we have no right to dispute the choices people make.

But I was struck by how this doctor personified the public policy debate that surrounds terminally ill patients. Here's a an example of that kind of discussion from Canada (single payer, government run system!):

The high cost of dying has more to do with soaring health care costs than the aging population does, according to the Canadian Institute of Actuaries. In its submission to the

Romanow commission on the future of health care, the institute said that 30 to 50 per cent of total lifetime health care expenditures occur in the last six months of life. Noting the sensitivity of the subject, the group suggested greater use of less expensive palliative care and living wills.

Dr. Pardi's experience shows how hard it is to go from a policy-level discussion of such matters to the decisions made by individual patients and their families. Without giving credence to the nasty and politically inspired debate about "death panels," the ambiguity in such situations suggests the difficulty in adopting formulistic approaches to the decisions around end-of-life care.

Besides abortion, it is hard to think of a part of medical practice that is more likely to be politically divisive and personally uncomfortable. Given that, is it worth the debate? Alternatively, how can we best have a productive discussion about it?

Posted by Paul Levy at 4/05/2010 05:44:00 AM

A sample of the 24 comments:

Anonymous said...

The living will took years of education. This will too. It may start to happen as baby boomers start refusing the "nursing home" method of being strapped into a wheelchair in front of a TV all day to keep you from standing up, falling and more quickly dying. That's very expensive care.

April 05, 2010 7:42 AM

Blogger e-Patient Dave said...

Yes, that article was flying around my "twittersphere" yesterday.

It was hard for me to read how she said to death, "No! Try everything!" It brought back my own experience facing death three years ago.

In the 80s my sister worked with a lot of people and families going into death during the AIDS crisis. When I got sick she said "Everyone deals with it differently."

Twenty years earlier for some reason I'd listened to taped lectures by Baba Ram Dass, the Harvard psychologist Richard Alpert who'd taken up with Tibetan gurus. (It's wonderful to listen to the wisdom of the ages expressed by a Brookline Jew!) The tapes were Conscious Aging and Approaching Death.

We are constituted to survive, but when I heard Approaching Death I got acquainted with the idea that I too will someday go through that door. In my crisis, after the terror subsided, I chose to do everything in my power to beat it. My first try worked. What if it hadn't, as happened to this doctor? How long would I have fought?

I recalled a Buddhist view that Ram Dass quoted: "life [i]s stepping into a boat that is about to go out into the ocean and sink."

Oddly, being clear about that, I felt freely at choice to say "Not now" and pursue it with a mind free of terror.

What if all of us were clear about that? What if we all didn't care when someone yell[ed] scarily, "You're gonna die!!"? Would our minds be clearer to make sensible policy decisions?

April 05, 2010 8:01 AM

Anonymous CornellSloan said...

This was a huge issue for me in the health care debate. I believed there should be some recommended policy regarding end of life care.

My own mother discussed it with the family before she died. I cannot express the relief that can bring to a family. We knew what she wanted and she died peacefully with no regrets on either side. She requested no excessive treatments and we granted her wish.

I read the article this morning and I know some patients are like the Doctor in her assertion to try everything regardless of risks. Yet I feel that this discussion is so important in our society, not just in terms of cost, but in helping us deal with the passing of our loved ones. I believe our society is too shy about death and when it does finally come along we are not prepared for it. There is a great deal that happens when someone passes and what the patient and the family [choose] to do before that happens makes all the difference.

April 05, 2010 8:21 AM

Anonymous Lachlan Forrow, MD said...

This clearly captures the single most important fundamental error in the way that "palliative care" and "hospice" are currently viewed -- that they are most fundamentally about getting patients and their families to accept death, rather than helping patients and their families get the most of what they want out of life in whatever time remains.

Our soon-to-be-finished Final Report of our Mass. Expert Panel on End of Life Care will frame the issues. I have also now agreed to write a national Issue Brief for the Commonwealth Fund about this.

The single most important theme for both the Mass. Expert Panel report and the Commonwealth Fund is something along the lines of "how can a health care system help patients and their families, from the time of diagnosis of an incurable, ultimately-fatal illness, figure out what is most important about life in the time remaining [for some, that might be that life is as

long as possible, but that's not what the overwhelming majority of people say], and then be held publicly accountable for that driving all decisions?"

In Massachusetts, the now-mandatory patient/family councils that each hospital has will, I hope, be central in helping hospitals figure out how to do this better.

Patients and their families, in consultation with the doctor of their choosing, need to drive change.

The proposed leverage will be that payers should not pay for things that are not demonstrably rooted in the well-informed wishes of patients (often through their chosen proxy/family member).

April 05, 2010 8:54 AM

Anonymous Lachlan Forrow, MD said...

Addendum:

As I told the Health Care Quality Cost Council in my verbal remarks when I presented our now publicly-available draft recommendations (see http://www.mass.gov/Ihqcc/docs/ meetings/2010_03_16_QCC_EOL.ppt), 140 people in the Commonwealth died yesterday. If each has 3-4 people who loved that person deeply, then ~500 people woke up this morning having just experienced what our health care system provided. A lot would love to talk to us about how things could be better.

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