

RN = Real News Media Relations and You

by Michael Stewart, MFA, MA

Abstract

The media is the primary means by which consumers and policymakers obtain information about health care, about registered nurses, and about the nursing profession. While the situation is gradually improving, RNs continue to be under-represented in media coverage of health issues – even where nurses are the primary experts. The purpose of this independent study module (ISM) is to help prepare RNs to use the media to advance the objectives of their nursing organizations. Specifically, this program will provide basic information about strategic media relations, media relations activities/tools, and about challenges and opportunities of interviewing in different media formats.

Objectives:

By the completing this independent study module, taking and successfully passing the nursing post test, you will be able to:

1. Express basic, effective approaches for media relations.
2. Compare different techniques and constraints in dealing with the media.
3. Explain differences between basic media relations terms.
4. Discuss a basic strategic framework – steps to take and the order in which to take them – for effective media relations.
5. Name resources available for effective media relations.

The Goal of Media Relations

The goal of effective media relations is to reach and persuade to action members of a targeted audience who can help advance the core objectives of your nursing organization. From health care consumers to policymakers, Americans obtain the bulk of their information about health care from the media. Registered nurses (RNs) must take note and be involved in media relations. While the situation is improving, nurses remain under-represented in media coverage, even on issues where they are primary experts, such as school health, pain management, and end-of-life decision-making. However, as RNs become more involved in programs such as the American Nurses Association's (ANA) *RN=Real News* media speakers program, the situation is improving. Along with the ANA, some of the ANA's Constituent Member Associations (CMAs) also have active media outreach programs.

First, Take a Step Back: Media Relations in Context

Media relations is just one among many tools your nursing organization can use to advance its objectives. It's important to take a step back from just thinking about interviewing tips and techniques to look at the media relations tool in its strategic context.

First, know your nursing organization's objectives - What concrete thing do you want to happen to benefit your RNs and their patients? Do you want to see a particular piece of legislation passed; achieve a rise in the number of public schools in your area with RNs on staff; have citizens show up for a health care public forum?

Second, it's a good idea to take a look at how your organization's issues are - or aren't -- *already* playing out in current media coverage. Are you being heard?

Once your organization has its objectives in place, it should choose (or should already have chosen) communications objectives that clearly support the organizational objectives. Media relations activities are tools, not ends, and should be determined and deployed only after the organizational and communications objectives have been set.

Determining your organization's communications objectives involves answering some further questions. Who (which audiences) do you want to reach and with what messages and action steps? Once you've determined your target audience(s), you can decide which message points and action steps you want to deliver. (See below for more on messages and action steps.)

After the media outreach concludes or is well under way, assess the impact of your organization's media relations strategy around whatever issue you were highlighting. Did you receive coverage? Was it extensive or cursory, positive or negative? Was your audience action step conveyed? Did your media outreach spark ongoing dialog, e.g., letters to the editor? Is there any evidence that some members of the audience followed through and actually *took* the action step?

Simply put, what worked, what didn't, and why? Doing an after-the-fact assessment can help your organization refine its approach as you prepare to build on what you've accomplished -- and plan further media outreach.

It's important for your nursing organization - and for you, as an individual RN - to try to keep pace with media coverage (or lack of coverage) of nursing issues. In addition, every interview you view or hear - if you watch and listen critically and actively, not passively - can teach you more about interviewing skills.

So, read newspapers, magazines, and nursing and health trade publications; listen to the radio; watch TV news programs; monitor Internet coverage of nursing issues. Talking to your fellow RNs about media coverage of nursing. Don't "tune out" negative or inaccurate portrayals of nurses and nursing. Notice when a nursing perspective is missing entirely in a story where an RN should have been among the experts. Write, phone, or e-mail the producer or sponsor of a

program (or advertising image) if it offers an accurate and positive representation of nurses and nursing issues. Voice your displeasure with inaccurate or unbalanced coverage. But do so constructively - offer the facts; offer access to your nursing organization, and access to RN experts.

Proactive Media Relations

Sending a letter to the editor, disseminating a news release, and telephoning a reporter are all examples of proactive media relations. As your nursing organization becomes more involved in using media as a strategic tool, its leaders will want to be more proactive, not simply wait for reporters to contact the organization. (Waiting for reporters to reach out is termed "media services" or "reactive" media relations.) Most organizations use both proactive and reactive media strategies.

What Makes "News?"

The word tells the story -- news most often is something *new*. News also may be an existing issue that can be "packaged" as new or on which the latest development can be reported. News may be controversial, or may carry a strong human-interest angle.

As you approach the priority goals of your nursing organization in terms of using media relations as a tool, keep in mind what reporters and their audiences consider news. This can help you position your story so that it has a better chance for coverage.

Advice for First Timers

As someone approaching a media interview for the first time, it may seem natural to feel nervous. Remember, however, that as a nurse you are already an effective communicator. You were educated to develop and communicate life-and-death messages every day. You are an expert on your profession, on your specialty area of nursing, and, more broadly can speak to health care issues in a more authoritative "voice" than that of a layperson. As an RN, you are a premier patient advocate. Nurses are trusted professionals. The public is ready to hear your message.

Preparing for the Interview

Whether a reporter is referred to you by ANA Communications or by your CMA, or the reporter contacts you directly, here are some questions *you* can ask him or her. Asking these questions may help to better ensure that the interview best meets your nursing organization's objectives and serves the reporter's audience. Feel free to inquire of the reporter why he or she is covering the particular story - and why now? Ask who are the other individuals who've already been interviewed for the story. Ask the journalist how far along he or she is in developing the story. If you can get answers to these questions, it will help you better position *your* contribution to the story.

However, reporters generally don't like to share their questions in writing with an interviewee before an interview. They want the flexibility that the give-and-take of an interview can give, and they're not looking for "canned" responses to canned questions.

Strive for a Patient Focus

An important tip is to keep the focus of your story on the health care consumer. With imagination and preparation, this is almost always possible - even if, on first consideration, the story appears only to be about nurses, rather than about their patients.

Reporters and their audiences are always more attentive if they can see themselves in the story. Remember that you are not speaking to your fellow nurses in most media interviews. Strive for a patient-focused story that will awaken that "what's in it for me" ("WIIFM") response on the part of the audience - The goal of "shooting for the WIIFM" is not to appeal to peoples' base or crass motives, but to frankly recognize that everyone in today's culture is bombarded by hundreds - often thousands - of messages every day. Making the audience care can spell the difference between a story that only momentarily engages people's interest and a story they actually might *act* on. Plan ahead to craft an approach and a message that will appeal to your audience's "enlightened self-interest."

Lights, Camera, Action Step!

The most important goal for an interviewee is to persuade the audience to take a behaviorally measurable action step - to do something concrete that will benefit your nursing organization, something that (at least in theory) could be measured, even if your nursing organization doesn't have the time or resources to make the measurement. Remember that the reporter is a tool and the interview itself is a tool - tools whose object is to prompt the audience to act.

Reporters know that any thoughtful interviewee approaches the interview with an agenda for the audience. Knowing this is the case doesn't "turn off" the reporter - S/he expects it. The reporter simply wants a good, solid, accurate interview that brings some new angle to the story. Expressing your nursing organization's agenda need not detract from the interview; on the contrary, it can help focus and bring it alive.

It is not enough anymore simply to hope that the audience will read, hear, or see your story and be "better informed" or "have a greater understanding" of your issue. You want more. You want at least some members of your audience to act in a way that may help realize a concrete goal of your nursing organization. So, the first step, of course, is to know your nursing organization's goal(s) in relation to the particular story. You need to clearly convey the action step to the audience. This means stating a concrete behavior you can actually visualize your audience doing - preferably today -- such as phoning, writing, or sending a letter or an e-mail to an elected official, or showing up for a public health forum.

The Inside Scoop on Reporters

The questions a journalist asks - and doesn't ask - may reveal three things. They show his/her views of nursing. They may show his/her ignorance of nursing. Overall, they reflect the paradigms and prejudices about nursing circulating in the broader culture of which s/he is a part.

You may be frustrated with the level, "quality," or perceived fairness of questions a reporter asks. Your answers can help the reporter improve his or her understanding of your issue, and s/he can convey that fuller awareness to the audience. Every interview is an opportunity for nursing and an opportunity for you to help "grow" a nursing-friendly reporter.

In an interview, if the reporter asks you a pointed or difficult question, it's most likely that s/he is probing for different sides of the story, or working from the perspective that controversy is news. The reporter also may simply be attempting to focus your response or to elicit more than a simplistic answer.

It is truly rare to be confronted with a hostile reporter or an intentionally hostile question. The key to a successful response is to know your message in advance, to be prepared to deliver it in a positive way without being deflected, and, if necessary, to be prepared to build a verbal "bridge" back to your message if you *are* sidetracked.

Difficult Questions

This is not to say there will never be difficult questions - or even the infrequent hostile one. The best way to prepare for difficult questions is to anticipate them and to formulate your responses. Think of the question you mostly hope you *won't* get, then develop an answer or a way to "bridge" back to your message. Brainstorm with a colleague, friend, or family member. Encourage them to toss you some curve balls.

When talking about RN wages, for example, if you are asked a question such as "Isn't this just all about the money?" don't say, "That's not true," or "It's not all about the money." To do so is to repeat the negative slant of the question.

Instead, say something like, "If we want to keep nurses working as nurses, we need to be paid enough to support ourselves and our families. We're expected to be there for our patients; we expect our employers to be there for us."

When challenged by a difficult question, don't say, "No comment," or "Can this be off the record?" To the reporter and to the audience, a "no-comment" response invariably sounds like the interviewee has something to hide. Nothing is "off the record" to a reporter. From the moment you accept the reporter's call until the moment you disconnect from the call - or from the moment you walk into a studio reception area until the moment the door closes behind you and your feet hit the sidewalk as you leave - you are actually, or potentially, "on the record." The receptionist and the production and technical staff - are all "ears" for the reporter.

After the interview, it's best not to ask to see a draft of the story before it runs. Reporters almost always decline to show their drafts, because interviewees frequently backtrack, trying to "correct" or second-guess themselves. Reporters prefer to go with the first "take." The interviewee's initial response is likely to be fresher -- less formal or academic sounding. That's another reason why it's important to prepare for the interview - so your first response is your nursing organization's best response.

Building a Verbal Bridge

In any interview - but especially if the interview is live.

It's important to be able to "bridge" back to your message point if you're sidetracked. If needed, buy yourself a few seconds by stating a "mantra" such as "Nurses care about the health of all our patients."

Or simply answer the question you *wish* you had been asked! You'd be surprised how often interviewees do just this! Watch and listen to interviews, and you'll see that often the interviewee's answer doesn't "follow" the question, and the reporter will simply move the interview along from the answer given instead of backtracking to his or her original question. You also can bridge back to your message point with a lead-in statement like, "I want to keep focused on the patient here."

Message Points and Soundbites

From a media relations perspective, the best message points are ones that couple the issue you want to raise with the action step you want your audience to take. An example is: "Pain can be managed. Speak up for yourself or your loved one. Ask for a registered nurse and tell him or her how you're feeling. Don't suffer in silence."

There is no "magic number" of message points to deliver in an interview, but approach the interview knowing what you feel you *must* convey and want the audience to remember. Paradoxically, the more message points you try to convey, the more muddled and "pointless" your interview may seem. Three, two -- or even "just" one -- message point(s) are sufficient for all but the longest, most in-depth interviews. Remember that your interview will likely be edited, unless it is live. You want your key message point to stand out, to reach the audience, so keep that point as your focus and don't hesitate to express it more than once. Practice beforehand with a colleague with a "mock interview." Can the other RN discern your message point and action step when you respond to the interview question?

One of the best ways to deliver a message memorably is to use a soundbite. A soundbite is simply a brief and memorable statement of your message. Compare the following: (1.) "Reducing the RN-to-patient ratio adversely impacts on patient safety and quality care." (2.) "When you cut nurses, patients bleed." Which one sticks in your mind, is livelier? Which is more likely to be picked up by a reporter or editor and used in a story?

There is no magic length for a soundbite. However, experienced interviewees often speak of the "seven-second rule." Don't necessarily take out a stopwatch, but do keep your soundbite short.

Message points and soundbites should be stand-alone statements. Beginning your statement with, "Yes," "No," "But," or "Well," and the like can reduce your message's chances of being used. Because that initial word may have to be edited out, a producer may simply choose not to use the statement that follows. The same holds true for starting a statement with "Today," "This morning," or "Yesterday." Suppose your interview is broadcast tomorrow or the next day? Preparing and using stand-alone statements, without extraneous lead-ins, will increase your message's likelihood of "surviving" to reach the audience.

Panel Discussions

Interviews come in more than just one "flavor." For instance, you may be asked to participate in a panel discussion (also known as a studio discussion). Remember that the panel discussion is not a casual conversation. As with any interview, you will approach it with your agenda - your nursing organization's message and audience action step - firmly in mind.

You may be interested in other panelists' points of view, but don't subside into a passive, "just-listening" mode. Be civil and positive, but it's perfectly okay - and it's expected - for you to assert a message, to repeat it, and to strive to have the "last word" that will be remembered by the audience. Strive for a message that is unique among the discussants; offer a nursing perspective. If there's no "opening" for you to deliver your message point, you may need to create one by interrupting the flow of discussion with a phrase such as, "I'd like to make a point about that."

The Internet

The Internet has become an often-valuable research information resource for RNs preparing to be interviewed. However, the Internet also is growing as a media format in its own right. A single story "published" on the Internet's World Wide Web can combine features of the three traditional media formats -- television (video), radio (audio), and print (text).

Many traditional news outlets, such as daily newspapers, have Internet counterparts. And the number of Internet-only news outlets seems to grow every day. Nurses are now among the experts who participate in real-time, on-line interviews carried on the Internet, answering questions and discussing issues not just with the reporter, but also directly with members of the audience.

Visuals and B-Roll

Ever heard the saying, "A picture is worth a thousand words"? This saying is nowhere more true than on television, and if the picture *moves*, so much the better!

When preparing for an interview that will be televised, think about what "visuals" you can bring.

Depending on the interview, your visual may be a retractable needlestick device, a pair of latex gloves, or something else - it depends on the story. The basic visual no nurse should be without is the "RN" pin.

If you can *show* your story, rather than only talk about it, T.V. reporters and their audiences will appreciate it. But using visuals means having them with you, which means thinking about the possibilities ahead of time. Put "visuals" on your own interview preparation checklist.

"B-roll" is background footage. Because T.V. is an "image-hungry" medium, reporters and producers often will tape footage to run with the story. This B-roll will run while the reporter's voice-over is "setting up" the story. Watch the news, and you'll see a lot of B-roll. If the story is on treating premature infants, for example, the footage may be a "pan" over the incubators in a neonatal unit. If the story is on home health care, the B-roll may be of an RN pulling up to the client's home in his or her automobile, getting out of the car, and walking up to the front door. Reporters may ask you to be available for shooting B-roll. If you have questions about how the B-roll will be used in the finished story -- ask.

In summary, this independent study module has provided specific information about strategic media relations, media relations activities/tools, and about the challenges and opportunities of interviewing in different media formats. The ultimate goal is to enable you as a nurse to use the media to advance the objectives of your nursing organizations.

References

Some resources available to RNs interested in gaining media relations/interview skills experience include:

-- *RN=Real News: ANA Media Relations & You*: This is a media training tool produced by ANA Communications for use by registered nurses. The tool consists of a videotape and a companion resource manual. The tool was developed for distribution to each ANA Constituent Member Association (CMA) and also is available for sale from American Nurses Publishing.

--ANA's *RN=Real News* program. Contact ANA Communications at (202) 651-7028, and visit the *RN=Real News* /"Nurse's Toolkit" area of ANA's NursingWorld website - www.nursingworld.org . Get media relations tips, and sign up to be an ANA media speaker.

--Contact your CMA's communications/public relations director or committee.

--Contact the public information office at your health care facility or research/academic institution.

Glossary

The following terms are frequently used in media relations. Knowing these terms can help you feel more comfortable in working both with journalists and public relations/communications professionals.

- *action step* (also known as *behaviorally measurable action step*): An action step should be part of your message to your target audience. The goal is not simply to have the audience become better informed, but to take some specific action. Examples of an action step could be: "Phone your U.S. Representative or U.S. Senators," "Ask your child's school principal if the school has a school nurse," or "Attend our nursing organization's town hall meeting on the 14th."
- *actuality*: a brief, on-scene report, live or taped, for radio news broadcast
- *angle, slant*: the emphasis or approach of a news story or broadcast
- *audience*: see *target audience*
- *behaviorally measurable action step*: see *action step*
- *background roll* (also known as background footage): see *B-roll*
- *B-roll*: background footage of an interview subject or stock footage used to add visual interest for a television news or feature story, interspersed with soundbites and the reporter's comments
- *communications audit*: a review and assessment of the communications activities of an organization and the effectiveness of these activities in meeting the organization's goals and objectives.
- *communications plan*: see *strategic communications plan*
- *embargo*: date and time on which information issued to the media may be released to the public; media are under no legal responsibility to honor an embargo.
- *hit* (also known as media hit or media placement): a story that is printed, broadcast, or placed on the Internet either as a result of an organization's proactive media outreach or as the reactive result of responding to an incoming reporter inquiry.
- *hook*: see *news hook*
- *media format*: see: *media type*
- *media organization*: see *media outlet*

- *media outlet* (also known as media organization): the specific newspaper (e.g., *The New York Times*), radio, or TV program (e.g., *Dateline NBC*), or Internet news outlet (e.g., *nurses.com*)
- *media relations* : working with the media to disseminate messages to target audiences and to persuade members of those audiences to take concrete action. Media relations is most often approached with a combination of proactive and reactive strategies.
- *media speaker, ANA*: ANA media speakers are CMA-members who are selected by the ANA Communications department to be referred to reporters based on their expertise in topic areas related to nursing, health care, and/or health policy. (See www.nursingworld.org for more information about becoming an ANA media speaker. Click on RN=Real News, then on the "Nurses' Toolkit.")
- *media type* : the general kind of media being targeted (e.g., newspaper, magazine, radio, television, Internet news outlet).
- *message point* (also known as message): the information your nursing organization wishes to convey to the target audience.
- *news hook* (also known as the hook or the story's news value): that which makes a story news -- e.g., its immediacy, novelty (it's new), controversy, effect on a local population. When considering whether to pursue your story, reporters look to see if there's a news hook.
- *news value* : see *news hook*
- *op-ed* (in a newspaper, also known as a commentary piece): a guest editorial column
- *panel discussion* (also known as studio panel discussion): A TV or radio news format where several experts are interviewed simultaneously and dialogue with one another.
- *proactive media relations* : an organization's reaching out to journalists to raise their audiences' awareness of an issue of current importance to the organization and to persuade them to take some action step that will benefit the organization.
- *reactive media relations* (also known as media services): contacts with the organization that are initiated by reporters. The journalist informs the organization's staff person of his or her story topic and seeks experts and information to develop the story.
- *RN=Real News* : The "umbrella" name covering ANA's proactive media outreach initiatives.
- *sidebar* : a secondary story that accompanies the main news story or feature article. The sidebar often offers an individual's anecdotal perspective on the main news story or may provide a compendium of resources for the audience. (This glossary of media relations terms is a form of sidebar.)

- *soundbite* : a concise, memorable expression of your nursing organization's message point, usually a five-to-ten second portion of an interviewee's comments used in a radio or television news or feature story. Sample soundbites appear later in this section.
- *strategic communications plan* : A component of the organization's overall strategic plan, the strategic communications plan expresses the communications objectives of the organization (including target audiences to be reached, key messages to be delivered to those audiences, and the action steps that the organization wants members of these audiences to take). All these elements of the strategic communications plan should support the organizational strategic plan. (See also: strategic communications plan.)
- *strategic plan, organizational* : A written expression of an organization's core objectives, the activities to be undertaken and tools to be used to accomplish those objectives, and the evaluation steps used to gauge success or failure (and to drive changes to the plan). (See also strategic communications plan.)
- *target audience* (also known simply as target or audience): the viewers of a TV program; listeners to a radio program; visitors to an Internet website; readers of specific newspaper (or part of a newspaper), journal, magazine, or newsletter.
- *targeting* : identifying the *target audience* you wish to persuade; identifying the media outlet(s) that reach that target audience, then working with a reporter at that media outlet so that your message is conveyed to the target audience. The impetus for targeting is that each of us is bombarded with information every day. So, the older idea of reaching "the general public" doesn't work so well anymore --- it tends neither to be cost-effective nor efficient. In fact, when creating strategic communications plans, professional communicators rarely speak in terms of "the public" or "the general public." If your nursing organization's message can be conveyed through a media outlet that is of particular interest or relevance to a target audience, the message is more likely to be received, remembered, and acted upon. For example, if you want to persuade high school principals of the need to have a school nurse in every middle school, a good publication to use to target that audience might be the *National Bulletin of Secondary School Principals* .
- *visual* : something that can be used in television coverage of your story to provide visual interest and to reinforce your message points. For example, bring along a retractable needle or latex-free gloves to support a story on preventing needlestick injuries or latex allergy. The "RN" pin is a visual no nurse should be without.

Sample Soundbites

Soundbites may convey important messages, encourage audiences to take action, or both. They should be brief and memorable. Some soundbites are gems of concision, others may be a bit longer. When you're listening to the radio news or watching a TV newscast, listen for the

interviewee's soundbites. Then, try your own hand at crafting soundbites. Here are some examples:

"Put patients before profits."

"Every patient deserves a nurse."

"Ask for an RN. Ask for a real nurse."

"When you cut nurses, patients bleed."

"When you're a patient, what you don't know can hurt you."

"In the future, your 'doctor' may be a nurse."

"The only reason patients are hospitalized is to receive 24-hour nursing care."

"We can manage patients' pain. Ask an RN."

"The aide who's flushing your I.V. line today may have been serving up a 'Slushy' two weeks ago."

"We have kids in the crosshairs in America's schools." (Follow-through: "Your school nurse can mount a violence prevention campaign. But does your child's school have an RN? Ask the principal.")

Resource Publications

Communicating Science News , National Association of Science Writers. Greenlawn New York, 1996.

How to Work With the Media , by James Alan Fox and Jack Levin. SAGE Publications, Newbury Park, CA, 1993.

Larey Lewton, Kathleen, *Public Relations in Health Care: A Guide for Professionals* . AHA, Chicago, 1995.

Media Advocacy and Public Health . By Lawrence Wallack et al, SAGE Publications. Newbury Park, CA, 1993.

Meet the Press...and Succeed ! A Handbook for Nurse Educators. American Association of Colleges of Nursing, Washington, D.C., 1995.

Interview Evaluation Checklist

Use this checklist to prepare for your own interview, to look back on and evaluate your performance after the interview has concluded, or to evaluate a colleague's interview performance.

_____ Did nurse identify self as such (registered nurse or RN)? (Or did reporter do so?)

_____ Did nurse identify self as member of SNA (or name ANA, if national issue)?

_____ Did nurse convey at least one message point in interview that you could identify? What was the message point?:

_____ Did the RN convey a clear action step for the reporter's audience to take?

What was the action step?: _____

_____ Were there other message points conveyed? (Either equal in weight to the main point, or supporting the main point)

If so, what were they?: _____

_____ Did RN differentiate, as appropriate, between personal views and the official policies and positions of the CMA (ANA)?

_____ Did RN respond with complete, stand-alone statements?

_____ Could you identify the RN's "sound bite"?

If so, what was it?: _____

Did the RN repeat reporters' negative statements, or did s/he respond in a positive manner? _____

_____ If the reporter (intentionally or unintentionally) deflected the interview away from the RN's key message. Was the RN successful in "bridging" back to the message?

_____ Did the interview afford an opportunity for the RN to use a "visual"? _____

If so, what?: _____

_____ Before or after the interview, did the RN offer the reporter additional resources (either for the story at hand or for a future story)?

_____ During, before, or after the interview, did the RN offer the reporter's readers/viewers/listeners any resources?

What were they?: _____

_____ General comments: Did the RN appear confident and professional? Did you gain the sense that s/he was an expert?: _____

Additional comments/suggestions:

About the Author

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