

Good News, Bad News, or No News: Improving Radio and TV Coverage of Nursing Issues

The broadcast media have awesome power today, and, as a result, nurses no longer have a choice as to whether or not they will use the radio and television media to enhance their professional image. Well-developed radio and television communication skills can increase a nurse's own success, the success of health care institutions nurses work in, and the success of the nursing profession overall. Badly presented broadcasting messages — or no messages at all — detract from nursing's image and diminish the already scarce resources available to support nursing goals.

Media contact is no longer just the job of public relations departments — individual nurses, particularly those in leadership positions, must also become adept at representing nursing in a positive manner to the public. Some nurses defer this task to physicians and administrators. Other nurses who do realize the importance of media attention often find that they are ignored by reporters, who think physicians or administrators are the only logical spokespersons for news about health care, even nursing issues. Of course, physicians and administrators are usu-

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ally happy to take the credit for positive health outcomes, including those resulting from nursing care. Nurses have it within their power to reverse this situation and start to command the public recognition they deserve by learning to work well with the radio and television news media. The four key steps in this process are: attracting radio and television news attention; preparing for the appearance; determining what to say; and looking and sounding professional.

Step 1: Attracting radio and television news attention. Television news, which reaches the most people, is made up of network and local stories. There are more than 700 television stations in the United States, hundreds with network affiliations. Local television news is usually broadcast at 10:00 p.m. or 11:00 p.m., and aired in combination with network news at dinner time. Each local newscast includes news, sports, special features, special reports, and commercials. Television news operates on a time budget. The "gatekeeper" who determines what stories are used and how much time will be allotted to each report is the news producer, a parallel position to the editor of a newspaper. There is also

an assignment editor who dispatches reporters and camera crews to cover stories.

The country's 7,000 radio stations provide more frequent news coverage than television, usually from three to five minutes each hour. But there are also a number of news programs on radio that run 30 minutes or longer. The key media personnel in charge of local radio newscasts are the news directors.

You can use several strategies to foster television and radio coverage of nurses and nursing issues. Start by introducing yourself to the news producers, assignment editors, and news directors of radio and television station in your broadcast area. Arrange to visit the stations, both to meet these people and to give some background about nursing issues in your community and your health care institution. Take along a one-page list of key facts you want them to remember and leave it with them. Electronic newspeople are generalists. Unlike newspaper reporters, who are typically assigned certain subject areas and build expertise in them, television and radio journalists cover a broad range of issues. Therefore, you have to give them more background information than you would a newspaper reporter. With these busy people, you'll make the best impression by keeping your visit and your conversations short and to-the-point. Follow up initial contacts with letters and relevant materials.

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Now that the radio and television newspeople know you, you have to begin getting newsworthy health care stories to them. While looking for ideas, remember that impact and urgency are most important. Hard news stories al-

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most always get preference, but this shouldn't dissuade you from developing feature or soft news ideas. In fact, much of the news you will generate will be soft news. Also remember that the media will reject stories that have a commercial or promotional flavor, and that television newscasts are chosen on the basis of visual impact — exciting graphics, photographs, or film footage can tip the scale in a story's favor.

To get your message to the public and improve the image of the nurse, you must relentlessly pursue every opportunity. Your stories must be factual, objective, and unique, and should contain new and important information. Occasionally, you can get a story about an ordinary event on the air by developing an unusual angle. And there's nothing wrong with holding a special event to create news. Localizing a national event is another effective way to gain electronic news coverage. If you're stumped for ideas, watch and listen to the news about other professionals and groups being reported on your local stations. Most nurses have not realized the news value of many of their work activities and of their unique contributions to health care. For example, Tamara Eesley, an innovative nurse at Riverside Hospital in Columbus, Ohio, received this positive coverage on WCMH-TV Channel 4, the NBC affiliate in Columbus, on July 29, 1983, on the 6:00 to 6:30 news:

REPORTER: *Premature babies often have a lot of problems in those first*

few crucial weeks of life outside the womb. One of them is an oversized head, compared to the rest of the body, that it has trouble supporting. There's a nurse, though, at Riverside Hospital who may have solved the problem. . . . Her invention could make international medical news. It's not a mechanized, computerized, complicated item — it's simply a water pillow, and they're trying it on some premature infants here at Riverside to see if it makes a difference in the shape of a baby's head. A nurse here recently noticed that a lot of the premature babies had slightly long heads — a little flat on both sides after a period of time — and she thought it might be because of the way they were sleeping, with their heads turned to the side. So she decided to do a study using the water pillow.

NURSE: *They're placed on the pillow for twenty-four hours a day, and at six-hour intervals they're placed in an upright position so they have some pressure on the back of their head. An infant cannot be placed on the back of the head without something soft.*

REPORTER: *The study started in October, and Eesley says so far all the infants who have been placed on the water pillow have left the hospital with a more normally-shaped head. The study will be completed in about a month, and Eesley says she plans to get the findings published in a nursing journal so that other hospitals can start using water pillows. Barbara Jackson, NewsWatch Four, Columbus.*

Broadcasting stations are alerted about news primarily through news releases and personal contacts. The better the news release, the more likely the story will be picked up. What makes a good release?

First, a good lead is vital, because the decision to use a release is often made on the basis of the first two or three paragraphs. Interesting leads often begin with a quote, a dramatic statement, a question, a paraphrase, a scenario or dialogue, a slogan or logo/theme, or a contradiction. Use short sentences — nothing long, complex, and cluttered — with controlled, information-packed, and colorful language that flows. Avoid clichés and, as a rule, don't let the release run more than two double-spaced pages.

Use an inverted pyramid format, in

which facts are included according to their order of importance. The most vital information should appear in both the headline and the first paragraph, and lesser information should be included in descending order of importance to the end of the release.

Send the original copies to each station, and proofread carefully for accuracy, typing errors, names, dates, and addresses. If the release runs more than one page, end the first page with the word *more* in parentheses two lines below the last line of text and at the right. At the end of the release, type three number symbols (###) in the center of the page two lines below the last line of text.

Radio releases should be triple-spaced. Specific instructions for release time and date should be noted on the left. If the story can be released at any time, simply write "For Broadcast at Will." Add phonetic pronunciations in parentheses after proper names, foreign words, unusual personal names, and scientific and other uncommon terms. If you are trying to arrange for a nurse to be interviewed, provide his or her biographical information along with a summary of six to eight points that could be covered during the interview.

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Television news releases are similar to those for radio except that they should have two columns, one called VIDEO and the other AUDIO. In the VIDEO column, mention any slides, photographs, film, or other visual aids available to illustrate the report. Slides are better than photographs, and glossy prints cannot be used at all because they reflect studio light, so all photos

should be printed on 8 × 10 inch or 11 × 14 inch matte paper.

Building a credible reputation with the television and radio news departments in your area is at least as important as writing good news releases. You do this by always providing honest and accurate information, by meeting deadlines, and by keeping the promises you make. Once reporters know you're a dependable source,

more desirable time slots. PSAs must contain the technical elements of other commercial messages — good lighting, imaginative editing, and strong musical treatment, for example. Avoid an in-studio "talking head." The PSA should also suggest a simple viewer response action such as calling a toll-free hotline, sending for a brochure, or talking with the nurses in your local hospital.

The biggest mistake nurses make when they appear on radio or television is not rehearsing. A successful radio or television appearance may look spontaneous and relaxed, but it has been carefully planned. Very few people perform well without rehearsal; being unprepared can cause you to stumble through the interview.

they'll look to you when health questions come up that they think you can address, and the news releases you provide will start receiving more attention. The journalists will also appreciate and remember any follow-up work you do or any help you offer in contacting someone to add to what you've said, when that is appropriate. Finally, insisting on reviewing a story before it's aired can create an awkward — sometimes impossible — situation, but tactfully offering to review the story for scientific and technical accuracies at the reporter's convenience is acceptable.

News broadcasts are just one way to step-up nurses' media exposure; there are others. The Federal Communications Commission requires stations to air a certain number of public service announcements (PSAs), and stations select the ones they'll use. PSAs are broadcast free-of-charge, but you must develop them, then submit them to the station's public service director, who is responsible for community programming. Developing a good working relationship with this person can be the key to getting your PSA on the air. Asking the director for input beforehand can both improve the production quality of the PSA and can make the director feel more a part of the effort, which can lead to more air time during

Some stations present editorial viewpoints on certain issues or events and offer equal time for opposing views. Since they are not required to give any particular individual this time, you cannot simply demand that you be allowed to air your views. The best approach is to let the producer know that you are willing to speak on the issue and explain why you are qualified. Sometimes you can offer what appears to be a rebuttal but which actually presents a different idea on the issue.

Talk shows offer still another type of television visibility, and serving as a guest is an excellent way to spotlight nursing issues. Hosts want to both entertain their audience and to advise them — if you can combine the two, you'll stand a good chance of being accepted as a guest. Becoming a guest starts with deciding which program you'd like to appear on, then contacting the program executive who books guests. For the name of that person, watch or listen for the credits at the end of the program or look at *TV Publicity Outlets — Nationwide*, published by Harold D. Hansen, for television, and the *National Radio Publicity Directory*, Peter Glenn Publications, which contains descriptions of more than two thousand radio interview programs.

You'll have to convince the producer or his or her assistant that you

will be an interesting "personality," with something worthwhile to say. Send your vitae, books and articles you have written, press notices, exhibits, and any other material that will show you'll be a valuable guest. Don't be discouraged if you're turned down at first. Follow up initial letters with telephone calls — ask a secretary for the best time to call. Once you're scheduled as a guest, give the producer a list of suggested questions and topics as well as any additional background information that will be helpful.

You can also try to develop your own health care "spot" on a news program, or even work toward a show of your own. In 1982 and 1983, Connie Curran, EdD, RN, pioneered this route, appearing four nights a week on the 5 p.m. news on a Milwaukee, Wisconsin, television station. Her health segment was well-received as she developed camera poise and began to stimulate audience interest in the information she presented.

Step 2: Preparing for the appearance. Nurse administrators spend a lot of time preparing for important management meetings, trying to anticipate questions; staff nurses carefully plan their nursing care for the day; nurse educators prepare before walking into a classroom. But these same nurses will show up for radio and television appearances without any preparation at all. The biggest mistake nurses make when they appear on radio and television is not rehearsing and not organizing. A successful radio or television appearance may look as if it is spontaneous and relaxed, but, in actuality, it has been carefully planned. Very few people perform well without rehearsal; being unprepared can cause you to stumble through an interview and fail to get your message across.

To prepare, develop a list of questions you think you'll be asked. Do this by asking the interviewer for the anticipated agenda, thinking about what the audience might want to know, and putting yourself in the interviewer's shoes. Ask colleagues, friends, and family what questions they think will come up. Also, watch or listen to the program for clues to the types of questions usually asked. Don't leave questions you hope won't be asked off the list — imagine the worst and include them too.

Next, think about the interview from

the other point of view — what do you want to communicate? Decide which points you want to get across and which ideas, facts, statistics, and anecdotes will help. Draft replies to each question on your list. Gather as much information as possible together and memorize the most pertinent details. Try putting each question and its answer on a 3 inch × 5 inch card. Since answers should be short and to the point, you should be able to fit each one on one card. Don't memorize the answers or read them from the cards, though, since you'll sound as if you are reciting the material by rote. Simply keep the information on the cards firmly in mind during the interview.

Knowing what you want to say and saying it are two different matters. So it's important to practice answering the questions on your list ahead of time with a colleague or a friend acting as the reporter. If possible, rehearse with an audio tape recorder for radio interviews and a video tape recorder for television interviews. Ask someone who isn't afraid to honestly critique your performance to help you prepare for your appearance.

Step 3: Determining what to say. Radio and television interviews should be spirited conversations — your answers should be interesting and entertaining. You don't have to tell jokes, but you must use colorful language and, when appropriate, quotable quotes. The best interviews have high levels of enthusiasm and energy. You should also make it clear that, as a nurse, you care deeply and are concerned about the subject. And remember that radio and television newsmen expect you to be sure of your message before you contact them. Fuzzy explanations of such matters as the differences in the three types of basic nursing education programs or the overlapping role of nurses and physicians will not be effective.

There are a number of specifics to keep in mind as you formulate answers and comments for the broadcast media. First, state your point as briefly and as directly as possible, then back it up with facts. Whether we like it or not, television and radio cover complex issues superficially. If you don't abbreviate your comments, they'll do it for you. This is particularly important for newscast interviews, but you will also be a more successful talk show guest if your comments don't drag on

too long. If they do, you'll be interrupted or cut off in mid-sentence, and worse than that, you won't be invited back. It's not easy to condense a complex nursing issue into a 20 to 45 second answer, which is one reason preparation and practice are so essential. Use a timer when you practice your main points. The shortening and distillation done by radio and television editors can lead to misinterpretation, so, if you present your points concisely in the first place, you'll decrease the likelihood of misquotes. Try to help the editors pick out your key points by using clear transitions or "flags" such as: "The thing you should remember here is" or "The fact that deserves the most attention is. . . ."

Keep in mind when appearing on television and radio that you should include your most important points in the first part of your answer so that, if the story has to be shortened, the last part of the interview can be eliminated without losing the key information. Similarly, as a talk show guest, you will be more likely to get your most important messages across if you say them first. This takes practice because it runs counter to our usual method of communication, in which we build up to the conclusion with the supporting evidence.

Technical language and jargon should be avoided when you're talking to the

it is absolutely necessary to use technical terms for accuracy, offer an analogy to clarify the point. Similarly, statistics can enhance many comments, but they should be kept simple and should focus on a few broad, easy-to-understand trends, such as: "There are 1.6 million professional nurses; it is the second largest profession in the United States."

Although you may feel anxious the first time you appear on television or radio, you must maintain control of the interview. Don't allow the reporter or interviewer to pull you off the main issue. Reporters and talk show hosts often rephrase comments in more colorful language, so be careful not to let them put words in your mouth. If you are asked several questions at once, begin your reply with, "You've asked several questions. Let me respond to the key issue first." If an unfamiliar fact is presented, such as, "Why does this state have more nurses per capita than any other state, but not the longest life expectancy?," respond by saying, "I really can't answer that until I've had a chance to analyze the reasons more fully." Don't deny correct statements, even if they are embarrassing, but always be sure to refute incorrect information.

Occasionally, a reporter or interviewer will try to get you to make negative comments about other nurses or

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public via electronic media. The language of nursing is virtually incomprehensible to everyone but nurses. Such expressions as "nursing process," "nursing diagnosis," and "clinical specialists," are meaningless to the general public. Our carefully constructed nursing language becomes a game of words in the larger world. If

about the profession generally. Our analysis of nursing news shows that nurses "wash their dirty linen" in public more than most groups, and this is damaging to the image of the nursing profession. Never let yourself be drawn into assigning blame to other nurses. If you are to appear on a talk show with other nurses, discuss your ap-

proach together ahead of time to avoid arguing with one another. Several years ago, Phil Donahue featured several guest nurses on his show, and the result was disastrous. The show disintegrated into a battle among the nurses, who couldn't agree on anything. Mr.

the conversation. For example, consider the following 6:00 p.m. news segment, which aired on KMBC-TV (ABC) in Kansas City on June 29, 1983:

ANCHOR: *St. Mary's has become the fourth area hospital to lay off employees this year. KMBC health re-*

ization, Sam Griffin, tells me patient care doesn't always improve with the emphasis on registered nurses. As he put it, if everyone wants to be chief, there won't be enough Indians. I'm KMBC medical reporter Bob Worley at Trinity Lutheran Hospital.

To avoid this kind of interview, which misrepresents professional nursing, you use the bridge technique: answer the question briefly; form a bridge to your own idea by generalizing something about your response or the question; and state your important idea. For example:

Q: *Is it true that the nurse shortage has been eliminated because the current recession has led many nurses who are wives of unemployed men to re-enter nursing?*

A: *Yes, this is one reason, but there are also fewer open positions. Many nursing jobs have been eliminated during the last 18 months. The decision of hospital administrators to cut nursing positions when confronted with budget problems is a dangerous practice, and one. . . .*

Another type of bridge is to say: "Let's consider the larger issue here," or "Before I get to that, let me fill you in on. . . ." or even, "I don't know about that, but I do know. . . ."

Finally, there are several types of problem questions that you should be prepared to handle. Don't answer hypothetical questions, because they tend to obscure your true position on an issue by particularizing it too much. Instead, make the irrelevance clear and bridge to your own ideas.

Another pitfall to avoid is reacting with anger to anything said by a reporter, interviewer, or fellow guest. It is always better to remain calm, no matter how irritating the comments are.

On television and radio, the "loaded preface" is a pitfall for a wary nurse, who may respond to the question itself and fail to challenge the preamble. For example: "Nurses depend on physician orders to know what to do. How does it feel to be a man in a female-dominated profession?" The nurse should not let such a preamble go unchallenged, because his failure to refute it would imply agreement. In such a situation, you should disagree and bridge to your own ideas.

Nurses should also be aware of either/or questions with two incorrect alternatives: "You are among a small per-

Donahue probably loved the controversy, but nursing's image fell a notch.

When you cannot release information or do not feel that you can comment on an issue, explain this to the reporter or guest show host calmly, and matter-of-factly. If possible, explain why you must withhold certain information. If the reporter or interviewer persists, politely repeat your explanation. Do not become defensive, and do not resort to the "no comment" response. If you don't know an answer, don't try to bluff — it generally ends in disaster, as do half-truths and denials. The public will forgive an error, but they won't forgive or forget concealment and lying. However, don't become a compulsive truth-teller, offering information and details that aren't requested. Don't talk "off the record," even if the reporter or interviewer asks you to. Always remember that anything you say can, and probably will, be used.

One major problem nurses have in dealing with the broadcast media is that they allow themselves to become passive respondents rather than active advocates. Nurses often complain that they were unable to get their points across during an interview. Typically, this is not the reporter's fault. It happens when an interviewer asks a question, and the nurse answers it; the reporter then asks another question, and the nurse answers it; and so forth. A nurse who finds him- or herself in this type of ping-pong interview doesn't know how to get important points interjected into

porter Bob Worley tells of a different type of nursing care adopted by some of those hospitals.

WORLEY: *Trinity Lutheran licensed practical nurse Debbie Dorsey didn't use to respond to patient calls. Now, she does more than keep charts and give medication. When the hospital adopted primary care nursing, essentially saving money by trading sixty laid-off nurse aides for thirty new registered nurses, it gave LPNs more to do. Nurse aides did routine duties like answering patient lights, but studies claim 40 percent of the time they were doing nothing. The hospital nursing director says that trained nurses have adjusted to the shock of more menial duty.*

NURSING DIRECTOR: *Now they're there giving the baths, rubbing the backs, doing the whole thing, and you don't just do those tasks, you talk while you're doing them. . . you find out about (patients') families. . . you find out about their condition. . . you really get to know them.*

WORLEY: *Registered nurses do more than supervise now. They give baths and make beds.*

NURSE: *I went to school for four years to do nursing, so now we're back at the bedside.*

WORLEY: *What difference is the patient going to notice under the old system and this one?*

NURSE: *Probably more efficient nursing care.*

WORLEY: *The director of a national licensed practical nurse organ-*

centage of nurses in independent practice. Is this because nurses lack the motivation to put themselves on the line, or because they really aren't able to practice without physician orders?" Given two unacceptable options, a nurse

Media representatives stand between nursing and the public as interpreters and, occasionally, as defenders or critics. Although consumers sometimes rely on their experiences to guide their decisions, they are influenced by sources they see as trustworthy, attractive, and objective.

should refuse to choose either.

Another unfair approach occasionally used by reporters and guest show hosts is to imply a false relationship. For example: "Hospital room rates went up at St. Vincent's Hospital when the nurses' salaries were raised. Would you care to comment on this?" This type of statement should not go unchallenged.

Also watch for questions that reflect a stereotypical attitude. For example: "Everyone knows that nurses overdose dying patients to put them out of their misery. What do you think of this amoral practice?" It is essential that nurses challenge incorrect or unjustifiable assumptions and specific words like amoral.

Step 4: Looking and sounding professional. Even the best message can be lost if it's accompanied by poor nonverbal communication. We say a great deal through our clothing, posture, body movements, demeanor, facial expressions, eye contact, and speech style. These loom even larger on television, since they are magnified in importance when placed under the spotlight of a media interview.

The best way to dress for television is in solid colors, except for white, very light colors, black, or navy. Medium tones of gray, brown, or blue are best.

Stripes, checks, and small or contrasted patterns in ties, dresses, blouses, or shirts appear too busy on the screen. Hats create shadows from overhead lights and jewelry tends to flare and distort the picture, so both should be avoided. No special makeup is needed, but heavy makeup should be avoided. Men should wear calf-length socks and light blue or gray shirts.

Posture communicates how you feel about yourself. If you are confident, you will sit and stand straight; if you lack self-esteem, you will probably slump down. During a stand-up interview, do not bend over toward the microphone or reach for it, although it might feel natural to do so. Repetitive movements, such as rubbing your arm, are distracting to the audience, as are quick hand or body movements.

Facial expressions are crucial in television interviews. Nurses who believe in themselves and who appear authoritative maintain eye contact rather than averting their gazes. Smiling in reaction to humor is natural, but avoid smiling too much, since it has been shown that there is an inverse relationship between smiling and power — the least powerful smile the most. Always assume you are on camera or on tape until the interview has been over for a couple minutes. During the interview, look directly at the reporter or interviewer, even if he or she is looking elsewhere. Avoid looking at the camera, at the activities in the room, and at yourself in the television monitor. Don't let anything distract you from thinking about your subject and what you hope to accomplish.

Speak in a well-modulated, relaxed tone at a moderate speed. Talking fast will make you sound unsure and nervous; speaking too slowly will not allow you sufficient time to communicate your ideas and will bore listeners. Be prepared to stop the moment you are asked to avoid being cut off in mid-sentence for a commercial break. Beginning your answer before the question is complete causes editing problems and makes it harder to get your interview on the air. Filler words or phrases such as "you know," "uh," or "do you know what I mean?" are very distracting. Stressing or elongating a word can add interest to answers.

Microphones pick up and magnify all noises, so avoid rattling papers or tapping your fingers. If you must use

notes, write them on 3-by-5 inch index cards, which are quiet and unobtrusive. Speak directly into the microphone, but not too close to it. The "b," "p," and "s" sounds tend to pop, explode, or hiss over the air.

To convey the fact that you are confident in yourself and in what you are saying, speak with assurance. The public expects to watch and listen to experts with definite answers. To be a successful interviewee, you should look and sound as if you really know your subject, and you should appear secure even when you are saying you don't know the answer.

The broadcast media form a critical link in the relationship between nurses and the public. Media representatives — reporters, producers, and station health care experts — stand between the nursing profession and the public as interpreters and, occasionally, as defenders or critics. Although health care consumers sometimes rely on their own experiences to guide their decisions, they are more often influenced by sources that are perceived to be trustworthy, attractive, and objective. The immediate challenge to nursing is to create more news about nursing, to establish a cadre of nurses in the role of radio and television station health care spokespersons, and to support these

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nurses as they present nursing and health care information in a trustworthy, attractive, and objective manner. We live in a broadcast media age, and advances await those professional nurses who seize the initiative to move nursing news from "bad news" or "no news" to "good news."