

The Wrong Way to Say the Right Thing

By Lisa LeMaster

Crisis communications is analogous to the treatment of a heart attack. To save the patient, the first responders must intervene in ways that may be uncomfortable and undesirable but, hopefully, will save a life. Even after you stop the bleeding, however, therapy and routines must change to facilitate a full recovery.

Companies and institutions that are hemorrhaging on the front pages of the newspaper must take these same steps. Communicators practice triage too, and they work to sort the crises, operate on the problems, explain the resolution, and, then, prescribe the appropriate therapy.

One popular recommendation is the apology strategy. [In my last column](#), I reviewed the reluctance of many professionals to issue apologies. Also, I noted that it often takes days (or longer) for the accused to prove the truth or apologize, explain and ask for forgiveness.

Saying "I'm sorry" can be an effective way to end a public crisis, but frequently we apologize for the wrong thing. The words used in such statements often say anything but the words, "I made a mistake." Here are some examples of the wrong way to say the right thing.

Remember the Super Bowl "wardrobe malfunction." One reason the public alarm and criticism endured for months is that the immediate apology statements were so inadequate. After the "incident," Jason Timberlake said:

"I am sorry if anyone was offended by the wardrobe malfunction during the halftime performance at the Super Bowl. It was not intentional and is regrettable."

And after the game, MTV stated:

"The tearing of Janet Jackson's costume was unrehearsed, unplanned, completely unintentional, and was inconsistent with assurances we had about the content of the performance. MTV regrets this incident occurred and we apologize to anyone who was offended by it."

In the case of Timberlake, an apology statement is guaranteed to be inadequate if it has an *if*. By using the words, "if anyone was offended," the sincerity of the statement could be, and was, ruthlessly criticized.

MTV's response, although somewhat lyrical, mirrored Timberlake's words when it declared, "we apologize to anyone who was offended by it."

The sorry *if* strategy continued when Janet Jackson finally "apologized."

"I am really sorry if I offended anyone. That was truly not my intention." My decision to change the Super Bowl performance was actually made after the final rehearsal. MTV, CBS, the NFL had no knowledge of this whatsoever, and unfortunately, the whole thing went wrong in the end."

(Continued...)

From

EXECUTIVE WOMEN  HEALTHCARE

Sponsored by



In This Issue

The Wrong Way to Say the Right Thing	Page 1
A Work/Life Balance Is Good for Business	Page 3
END PIECE-Women's Week Is Scheduled	Page 4

About Executive Briefing & Exchange

Executive Briefing & Exchange is e-mailed the second and fourth Monday of each month. It is offered to you free of charge. You are welcome to print copies of EB&E.

EB&E is a service of Executive Women in Healthcare, which produces educational materials and seminars to help women healthcare executives. Executive Women in Healthcare helps leaders differentiate between fads and trends; and helps make connections with other healthcare "Trend Leaders."

You are encouraged to react to anything that you read by e-mailing us at:

Sheila Keizer
Executive Director
ebe@WomenInHealth.com

Our address is:
20 B Shawnee Way
Bozeman, Montana 59715-7624

EB&E is sponsored by PHNS, an innovative hospital services company with a continuum of solutions dedicated specifically to the healthcare industry.

Executive Women in Healthcare
406-586-6400
www.WomenInHealth.com

The Wrong Way To Say the Right Thing (Continued...)

Jackson elaborated, through a spokesperson, that the singer had intended only to display a red lace garment, as opposed to a bare breast.

Oh, that makes it acceptable and forgivable.

The "sorry if" approach does nothing to resolve a mistake, an error in judgment, or a tactless joke, assertion or statement. Another famous self-styled apology occurred after PGA golfer Fuzzy Zoeller commented on newcomer Tiger Woods' first Masters' victory.

"Pat him on the back. Say congratulations ... and tell him not to serve fried chicken next year ... or collard greens or whatever the hell they serve."

The comment referenced the fact that the defending champion of the Masters would be able to select the menu at the following year's championship dinner. Zoeller, later, issued a statement to retract those comments.

"My comments were not intended to be racially derogatory, and I apologize for the fact that they were misconstrued in that fashion."

An effective apology, public or private, must contain

some element that accepts responsibility for the wrongdoing. The "sorry if, just joking, or you took it wrong" approaches won't work because they are really an attempt to shift blame. *It simply doesn't matter what the wrongdoer meant by his/her conduct or what motivated the conduct. Ultimately, all that matters is how the audience received and perceived the conduct.*

Although it's somewhat unimaginable, what would have happened if Janet Jackson had said:

"I am so sorry and embarrassed about what I did. I made a mistake, and I want to apologize to every family in America for what happened."

Just dreaming.

Next time: More on the words of apology statements.

Lisa LeMaster is the president of The LeMaster Group, a Dallas-based company specializing in crisis communications, perception management and media coaching. For more information, you can visit: www.lemastergroup.com.



Last Chance to Register for the Second National Symposium March 6 & 7, 2006 with two workshops on March 5th.

Register online to save with our online special. Call the Ritz-Carlton Lake Las Vegas for hotel reservations at (702) 567-4700. If the hotel is full, try the Hyatt Regency Lake Las Vegas Resort next door at (702) 567-1234.

Our Vision

Women are being promoted into executive positions at the nation's hospitals and health systems at a rate not seen before. Furthermore, the women are being promoted largely from clinical responsibilities.

This is a promising trend in light of the nation's focus on quality care, safety and reduction of errors. We believe women come to their leadership roles with greater experience, greater empathy and a greater chance of succeeding.

Traditional executives have Master's Degrees in Hospital Administration and are comfortable with finance and to a great extent, information technology. They are less comfortable with quality initiatives.

The emerging female executives, 64 percent of whom have degrees in nursing and social service, are very

comfortable with the quality initiatives and less comfortable with finance and IT.

Executive Women in Healthcare (EWIH) wants to give these new leaders a high level of comfort with finance, IT and other nonclinical activities to round out their ability to serve as effective senior officers.

Above all else, we want to introduce the best thinking about the future developments and innovations in the healthcare industry.

EWIH also wants to serve as a clearing house for discussions common to female leaders: overcoming gender prejudices; balancing home and work; the challenges of accepting a position in another community with a working husband and a family at home. The list goes on.

Networking is a large part of the reason EWIH was formed. Conversation breaks have been set aside to meet with presenters and others attending this national conference.

[Click here to register online](#) or call (406) 586-6400 for additional information.

A Work/Life Balance Is Good for Business-- Find Your Balance and Help Others Do the Same

By Lynn Shapiro Snyder

I grew up in Morristown, New Jersey, behind the counter of my family's pharmacy. It was literally and figuratively a "Mom and Pop" pharmacy. We had a pharmacy department, a candy counter, some greeting card displays, a cosmetics counter and even a liquor department dating back some time. I was one of five daughters with a father that was the pharmacist working long hours and a mother that loved to see her husband and loved to work in the cosmetic/jewelry counter. As a result, we spent a lot of time behind the counters playing and 'cleaning' while both of our parents worked many retail hours making a living.

I did not realize it at the time, but my family experience as a child was different from most. In those days, many families had a clear line of demarcation between work life and family life. Often, the husband left for work and the wife stayed home to care for the family. Depending upon the commute, your father may or may not join you at the dinner table. In my family, there were no such lines. It was seamless, and your entire life revolved around your work or business.

When I joined Epstein Becker & Green in September 1979 as a single woman, I did not at first understand the importance of making a line of demarcation between work and home. I just worked. And, in those days without computers and the Internet, if I was going to work, I needed to physically be in the office - which is what I did in those days. Day after day. Weekends too. After the first few years, I came to realize that, even as a single person, I needed a balance between work and "non-work." Although I loved the work I was doing, and I enjoyed the people in the firm, I also needed another focus. Over time, I became involved in a Jewish charity organization. I volunteered my time and eventually met my husband in that context.

Then the years become a blur. I got married and had two children right away. My husband was a private lawyer at the same time and we both continued to work full time as lawyers and raise two children with a housekeeper at home. Nine years later we added a third child to the mix, however, by then our parents were starting to need time and our two older children were in middle school needing even more attention. It was then that my husband and I decided that he would become a stay-at-home dad. His focus on the home helps me keep my focus on work and yet have a good work/life balance. (Indeed, in our Women Business Leaders Foundation, I have met many senior executive women who have spouses who stay home to take care of family.)

Affirmatively planning and seeking such a work/life balance is even more essential today than in previous years-especially in two career families. Also, with the advent of new technologies, the office work has invaded our homes. Indeed, if you want to "instant message" with a senior executive of a company, the best time to do so is between 9pm and 11pm Sunday evenings as we all read our e-mails at that time to get ready for the next work week that is about to begin.

Yet, I know that many leaders in companies are reluctant to show their "life-balance" side in the workplace. Some believe that management should be hard charging and work focused so that it sets a tone for others in the work setting. Others believe that it is not necessary to bring personal matters into the workplace.

In my view, it is important for a leader to show that she or he does have a life outside the workplace and that she or he expects others to do the same. Otherwise, more junior employees may not like what they see

when it comes to what the future holds for them in the organization. The question is when and how to show such balance.

One of the "best practices" I have used has been to keep one "life" calendar. My calendar at work includes key dates for parent/teacher conferences, key sporting events for my children, key dates for plays, etc. If there is something confidential happening at home this is marked and blocked but it is still on my calendar - which is on view for others to see. This way, if at all possible, I am able to avoid having something scheduled during a time that may conflict with a potential family matter.

Second, I often share news of the accomplishments of my children with my team. My son, Isaac, plays ice hockey and last year his high school team won the state championship. Everyone on my team knew when I was leaving early to attend some of the playoff games and was rooting for his school.

Third, I ask my team about their non-work lives. You spend so much time at work with people that, in my view, it is more natural to ask about the "life" side of their day than not to ask about it.

Finally, I have made it known that there is a "sacred time" during the week that is off limits to intrusions-if at all possible. It is Friday evening. My family celebrates the Sabbath on Friday evening by having dinner in the dining room (with cloth napkins!), and we often have family or friends to visit. I do no work that evening and do not attend firm functions that may be scheduled Friday evenings-which do happen at times. This "sacred time" requires a certain amount of discipline on the part of all members of the family, and that discipline has paid off. We have enjoyed many years of rewarding Friday night dinners. These dinners mark for me a transition from work to "non-work" both physically and mentally.

To Do:

Review your calendar and see if you would be better off integrating your "home" calendar with your work calendar in order to better monitor and balance your work/life balance.

Also, review your traditional week and see if you have enough time carved out for rest, rejuvenation and for personal relationships. If not, you may want to carve out your own "sacred time" to make sure it happens.

A well rested and balanced person is good for business. Find your balance and, as a business leader in your organization, you also should make sure to help others do the same.

© Lynn Shapiro Snyder 2006

Lynn Shapiro Snyder is a National Health Care Practice Leader at Epstein Becker & Green, P.C. in Washington, DC (www.ebglaw.com). She has been voted one of the 100 most powerful people in health care for her leadership as a top Medicare, Medicaid, and compliance attorney. In addition, Ms. Snyder is nationally known as the Founder and President of the Women Business Leaders of the U.S. Health Care Industry Foundation, an invitation only group of about 1,200 senior executive women and women board members (see womenleadinghealthcare.org).



END PIECE - Women's Week Is Scheduled

It's not too early to plan for National Women's Health Week. The week will start on Mother's Day, May 14, and continue to the following Saturday, May 20. The week is a national effort by an alliance of organizations to raise awareness about manageable steps women can take to improve their health.

The focus of the week is on the importance of incorporating simple preventive and positive health behaviors into everyday life. It encourages awareness about key health issues among all women, including women with disabilities, African American, Asian/Pacific Islander, Latinas, and American Indian/Alaska Native women, since research has shown there are significant health disparities among these groups.

National Women's Health Week will be held across America - in communities, neighborhoods, towns, cities, counties, the Internet, job sites, places of worship, recreation centers, and wherever people choose to celebrate the role of good health practices in the lives of women.

The participants in the week include national women's groups, local and national health organizations, disability-related organizations, businesses, social service agencies, and others interested in the national education campaign aimed at increasing awareness of the week and its goals. In short, it will include anyone who wants to help make women's health a top priority. Founding partners hope that each year it is celebrated, more groups will join in a groundswell of activity that will lead to healthier women and a healthier America.

National Women's Check-Up Day, Monday, May 15, is a nationwide effort, coordinated by the U.S. Department of Health and Human Services (HHS), to encourage women to visit health care professionals to receive regular, preventive check-ups and screenings.

When women take even the simplest steps to improve their health, the results can be significant. But women need to be able to choose the most effective steps for their individual lifestyles and circumstances. They need to be informed and take responsible actions to improve their own health.

- For example, heart disease is the number one killer of American women. Often thought of as a man's disease, more women die of heart disease each year than do men.
- Cancer is the second leading cause of death of American women and the first cause of death among Asian/Pacific Islander women. Lung cancer is the top cancer killer among American women, with an estimated 65,000 deaths in 2002, followed by breast cancer and colorectal cancer.
- Stroke is the third leading cause of death for American women, but it occurs at a higher rate among African American and Latina women. Each year, 30,000 more women than men have strokes.
- An estimated 17 million Americans have diabetes (8.1 million women), of which an estimated 6 million are undiagnosed.
- Diabetes is the fifth leading cause of death in women.
- HIV and sexually transmitted diseases also have a major effect on women's health. There are an estimated 40,000 new HIV infections each year in the United States, with about 30 percent of reported infections occurring in women.

For information about hosting or participating in National Women's Health Week activities, visit the National Women's Health Week Web site at www.womenshealth.gov/whw or call 1-800-994-WOMAN (9662), or TTY: (888) 220-5446.



About Our Sponsor



PHNS is a privately owned company that provides a suite of strategic solutions including information technology, health information management and business office services exclusively to hospitals and multi-facility healthcare systems. Serving more than 400 hospitals and healthcare entities, PHNS creates business-healthy hospitals by improving operations, enhancing technology, providing capital dollars and increasing cash-on-hand allowing hospitals to focus on their core competency - patient care. PHNS is unlike any other hospital services company - only PHNS can deliver proven, dedicated solutions to the entire continuum of non-core business functions at a hospital. From the time a patient walks into the hospital until the hospital gets reimbursed for services rendered, the PHNS HealthCaring Solution addresses the entire flow of healthcare clinical and financial information. PHNS employs more than 1,250 experienced professionals whose dedication has resulted in over \$36 million in cost savings for PHNS' hospital partners. PHNS was founded in 1999 and is headquartered in Dallas, Texas, with employees based across the country. For more information, please visit www.phns.com.