

Who's Sorry Now? The Growing Art of the Apology

BY JAMES E. LUKASZEWSKI, APR, FELLOW PRSA



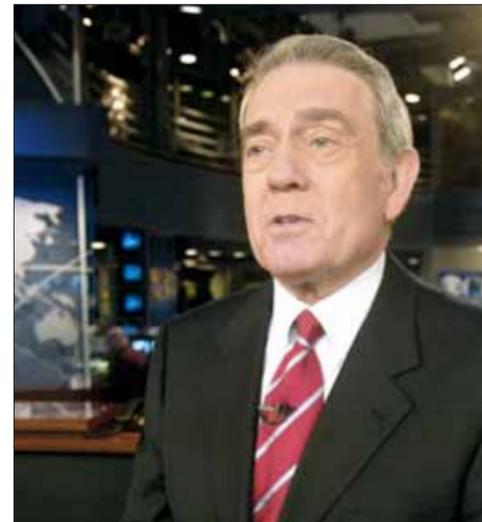
Harvard University President Lawrence Summers



Former President Bill Clinton



New York Yankees first baseman Jason Giambi



Former CBS news anchor Dan Rather



Media mogul Martha Stewart



Former Philadelphia Eagles wide receiver Terrell Owens

From elected officials to athletes to reporters, it seems as if everyone is saying he or she is sorry. How much weight or meaning does all this public head-hanging really carry?

Here's an all-too-familiar scene that many of us have encountered from clients:

On Friday afternoon, we were all still reeling from the morning's media revelations about the company, its major product failure and a series of victims announcing a class-action lawsuit, complete with demonstrations outside our headquarters. Trading stopped by 11 a.m., so the stock only dropped 17 percent.

What made the situation worse were the quotes in every news story: our attorneys calling the lawsuits "preposterous" and the CFO calling them "malicious." Our counsel was quoted calling the victims' attorneys "an outrageous bunch of opportunists who see dollar signs in every corporate boardroom decision." It became very clear that we were twisting out of control.

Sure enough, plaintiff attorneys released a private e-mail from our executive vice president for marketing rejecting any no-

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sin, no matter how great or small, fessing up and moving on has become the instant, universal unguent of redemption. The record, for public consumption, must be cleared."

Extreme honesty

In 1987, the U.S. Department of Veterans Affairs at the Veterans Administration Hospital in Lexington, Ky., began testing a new risk-management strategy: extreme honesty. An article published in the *Annals of Internal Medicine* on December 21, 1999, outlined this new litigation risk-reduction strategy: keep the patient in the information loop, aggressively, constantly, no matter what, especially when errors occur.

For the first time, a credible organization tested an affirmative mistake remediation strategy — the immediate apology — to manage the bad news risk. The goal was to test approaches that could reduce liability, litigation and threats

tion of accommodation. She said, "Any action that appears to be wimpy or gives these people recognition they don't deserve will be seen as weakness and will set a very bad precedent." She continued, "Our enemies will be defeated decisively and learn to respect us."

On the flip side is the growing recognition that there is another strategy. Consider this story from the *San Francisco Chronicle*, "Hang That Head, Beat That Breast. It Seems Everyone Is Doing the Apology Shuffle," by Steven Winn. In that article, Winn writes about "the ritual of apology," and "the growing fixation on mea culpas that has taken hold in everything from politics to sports to academia . . . if error is

to reputation and could validate something ethical PR practitioners seek to do — deal honestly, openly, fairly and truthfully with constituencies, especially when bad things happen. In the *Annals* abstract, the authors discuss what they call "humanistic risk management." It includes "early injury review, steadfast maintenance of the relationship between the hospital and the patient, proactive full disclosure to patients who have been injured because of accidents or medical negligence, and fair compensation for injuries."

Victim management

Barriers to managing victim attitudes and actions in-

Management Apology Avoidance Strategies

Somewhere in the world there must be a school where managers study apology avoidance. Here are four popular strategies for avoiding apologizing they seem to learn:

Strategy 1: Self-forgiveness

"It's an industry problem; we are not the only ones."
 "This isn't the first time this has happened, and it won't be the last time."
 "Let's not blow this out of proportion."
 "We couldn't have known."
 "It's not systemic."
 "Don't our good deeds count for anything?"

Strategy 2: Self-talk

"It's an isolated incident."
 "It couldn't have been done by our people."
 "Not many were involved."
 "If we don't do it, someone else will."
 "Let's not get ahead of ourselves."

Strategy 3: Self-delusion

"It's not our fault."
 "It's not our problem."
 "We can't be responsible for everything."
 "It won't happen again."
 "It was only one death, in one place, at one time. Why is everyone so angry?"
 "Life can't exist without risk."

Strategy 4: Lying

"I don't know."
 "We've never done that."
 "It hasn't happened before."
 "It can't happen again."
 "We won't give up without a fight."

Share these lists with executives so they know these excuses are off-limits. The urge for avoidance is so strong that they will begin thinking of new ones immediately. As you hear new avoidance language, build another list and circulate it immediately to executives to reinoculate them against apology avoidance. ■

— J.L.

clude management's fear of liability, embarrassment and humiliation, fostered by well-meaning but misguided traditions, legal counsel and peers and the traditional reluctance to simply apologize. We are learning the costly damage this strategy causes.

One lawyer interviewed for a landmark 1999 article in the *Journal of the American Medical Association* titled "Factors That Prompted Families to File Medical Malpractice Claims Following Perinatal Injuries" put it this way:

"In more than 25 years of representing both physicians and patients, it became apparent that a large percentage of patient dissatisfaction was generated by physician attitude and denial, rather than the negligence itself. In fact, my experience has been that close to half of malpractice cases could have been avoided through disclosure or apology but instead were relegated to litigation. What the majority of patients really wanted was simply an honest explanation of what happened and, if appropriate, an apology. Unfortunately, when they were not only offered neither but were rejected as well, they felt doubly wronged and then sought legal counsel."

The "I'm sorry" movement

The health care industry's transformation in attitude about apology is being driven by the insurance industry. Insurers have recognized that early, sincere apologies can significantly reduce litigation risk.

Harvard University is spearheading an effort to install an apology first strategy in its health care facilities. Harvard has been joined by other major academic and private health care organizations in the Boston region.

The metrics of apology

If you're interested in learning how to apologize, you'll have to look outside management and business schools. There is a sensational gap in the already skimpy ethics programs in America's management and business education. One place to start is the 2003 book "The One Minute Apology," by Kenneth Blanchard and Margaret McBride.

Let me warn you, the book uses words like "surrender," "integrity," "humility" and "empathy." These are concepts too infrequently seen in executive country, and even more rarely in our nation's business schools.

The plain truth is, as Blanchard and McBride say, "The longer you wait to apologize, the more wicked you begin to look." The reality is that honorable people, companies and agencies will answer any questions, respond to any ru-

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mors, issues or concerns, and apologize immediately. The evidence is mounting that an apology strategy is prudent, risk-reducing and litigation-limiting, as well as the first step to forgiveness.

The detractors

Invariably, the media are conflicted as they report on the growing apology movement. They alternatively ridicule others' apologies as being too little too late, never mind their own inability to apologize for media mistakes and negligence to retain public trust and confidence when errors occur.

It's fair to say that promptly apologizing is a trend growing stronger every day. As an old song simply fore-

casts, "You had your way. Now you must pay. I'm glad that you're sorry now." ■

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