

# 14

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## Communicating

### Learning Objectives

- Appreciate the importance of communicating effectively with internal and external stakeholders
- Define communicating and model and discuss the basic mechanism of communication
- Understand the environmental (contextual) and personal barriers to communicating effectively and how to manage these barriers
- Understand how communication flows within HSOs/HSs and how these flows are combined into patterns called communication networks
- Understand the importance and mechanisms of informal communication
- Understand the special challenges and importance of communicating with an HSO's/HS's external stakeholders

## Discussion Questions

### *1. Draw a model of the communication process. Describe the interrelationships of its parts.*

This discussion should center on Figure 14.2, the communication process model. This is a model of the basic mechanisms or parts of the communication process. In this model the sender is a person or group with ideas, intentions, information, and a purpose for communicating. Senders may be individuals, departments, or units of the HSO/HS, or the HSO/HS itself. The sender uses words and symbols to encode ideas and information. Words have different meanings for different people, so care must be taken to communicate in words that are easily understood and not easily misunderstood. These must be augmented with other symbols if communication is to be effective.

The message that results from the encoding process can be verbal and/or nonverbal. Managers seek to serve various purposes with their messages, which can be for intraorganizational or interorganizational audiences or both. The channels or methods of communication are the means by which messages are transmitted. Channels include face-to-face or telephone conversations, e-mail, faxes, letters and memoranda, policy statements, operating room schedules, reports, electronic message boards, videoconferences, newspapers, television and radio commercials, and written or intranet newsletters for internal or external distribution.

The selection of channels is an important part of the communication process. Effective communication often involves using multiple channels to transmit a message.

Messages transmitted over any channel must be decoded by the receiver. Decoding means interpreting the words and symbols in the message. Decoding involves the receiver's perceptual assessment of the content of the message, the sender, and the context in which the message was transmitted. The fact that messages must be decoded (interpreted) by the receiver raises the possibility that the message the sender intends is not the message the receiver gets. The closer the decoded message is to that intended by the sender, the more effective the communication.

As shown in text Figure 14.2, environmental and personal barriers are ubiquitous and can block, filter, or distort the message as it is encoded and sent and when it is decoded and received. Note especially the feedback loop shown in this model. In intraorganizational communication, in which interdependencies among individuals and units are significant, the feedback loop has special importance. Similarly, interorganizational communication such as marketing or lobbying is greatly improved if receivers provide feedback to senders, who can then adjust the message if it is not received as intended.

### *2. Discuss the importance of feedback in communicating.*

The communication process model in Figure 14.2 should be used as the point of departure for the discussion of feedback, and students should review the definition of communication (the creation or exchange of understanding between sender[s] and receiver[s]). The important element in communication is understanding. With encoding, transmission, and decoding activities, feedback is the best means for ensuring that understanding has occurred. There are many forms of feedback: nodding, making a verbal acknowledgment such as "yes," repeating the message, and observing as to whether action occurs following the communication. Most instructors have experienced the situation in which, at the conclusion of a lecture, they asked, "Do you understand?" and received only blank stares. Feedback has been given!

### *3. Discuss the various types of communication networks and describe the advantages and disadvantages of each.*

The most important point to emphasize in this discussion is that not all communication in organizations is up or down, as some may think. Reflection by participants should reveal that

there are multiple communication flows or networks. Those presented in Figure 14.4 are the most common. To make the point, the instructor may ask participants to describe the networks that are inherent in the following situations:

- Instructor lecturing (chain)
- Group discussion of questions (circle or wheel)
- Class break during which students cluster together in small groups (all-channel or circle)

*4. Discuss the purpose of the downward communication flow in an HSO/HS.*

The organization design concepts presented in Chapter 12 can be integrated here and in Discussion Question 5. For example, the vertical dimension of HSOs/HSs, their chains of command, and delegation within them imply that certain information (objectives, policies, procedures, rules, and duties) is communicated downward through the hierarchy. Other purposes of downward communication include such management functions as integrating, coordinating, directing, and controlling. Downward communication in HSOs/HSs primarily involves passing on information from superiors to subordinates through verbal orders, one-to-one instructions, speeches to employee groups, or meetings. Myriad written methods such as handbooks, procedure manuals, newsletters, bulletin boards, the ubiquitous memorandum, and computerized information systems contribute greatly to downward flow in HSOs/HSs.

*5. Discuss the purpose of the upward communication flow in an HSO/HS.*

Upward communication flows from a lower to a higher authority. Among its purposes are to provide the manager with decision-making information, reveal problem areas, provide data for performance evaluation, indicate the status of worker morale, and generally underscore the perspective of subordinates in the organization.

In addition to being directly useful to managers, upward communication flow helps employees satisfy personal needs. It permits those in positions of lesser authority to express opinions and perceptions to those with greater authority; as a result, they feel a heightened sense of participation.

The hierarchical chain of command is the main channel for upward communication in HSOs/HSs, but this may be supplemented by grievance procedures, open-door policies, counseling, employee questionnaires, exit interviews, participative decision-making techniques, and ombudsmen.

*6. Discuss the role of committees in relation to communication in an HSO/HS.*

Committees, task forces, quality improvement teams, and cross-functional project teams composed of members from different levels or component areas of the organization or system all can serve as mechanisms of diagonal communication as well as vertical and horizontal communications. The prevalence of such groups in healthcare settings can be attributed to a need for communication in all directions. They encourage representatives of different organizational units to discuss common concerns and potential problems face to face and to coordinate activities. Committees and other groups of participants are useful boundary-spanning devices. However, they tend to be time consuming and expensive, and their decisions are often compromises that may be ineffectual solutions to problems. Fortunately, abundant guidance is available in the literature on developing effective groups by taking advantage of their positive potential while avoiding the negative.

*7. What are barriers to communication? How can they be overcome?*

Two sets of barriers to communication presented in the chapter are environmental barriers, which are created by certain characteristics of an organization and its environmental context,

and personal barriers, which arise from people's natures, especially in their interactions with others. *Environmental barriers* include competition for attention, time, managerial philosophy, multiple levels in an organizational hierarchy, power/status relationships, terminology that is unfamiliar to the receiver, and complexity of messages. *Personal barriers* include frame of reference; beliefs, values, and prejudices; selective perception; jealousy; evaluative judgments of the sender by the receiver; incentives to maintain the status quo; and lack of empathy.

Knowing that these barriers exist is the first step in minimizing their impact, although positive efforts are necessary to eliminate them. Although the necessary steps to improve communication flows, decrease distortion, and eliminate blocks depend on particular circumstances, some general steps can be suggested.

With regard to environmental barriers, efforts on the part of the receiver and the sender to ensure that adequate attention is being given to the message and that time is devoted to listening to what is being communicated are helpful. In addition, a management philosophy that encourages free and open communication flows is constructive. Reducing the number of links (levels in the organizational hierarchy or steps between the HSO/HS as a sender and external stakeholders as receivers) reduces opportunities for distortion. The power or status barrier is more difficult to eliminate because it is affected by interpersonal and interprofessional relationships. Conscious efforts to tailor terminology so that it is understandable are important. Finally, the use of multiple channels to reinforce complex messages will decrease the likelihood of misunderstanding.

Personal barriers are reduced by conscious efforts to understand another's frames of reference and beliefs. Recognizing that people engage in selective perception and may be prone to jealousy and fear is a first step toward eliminating or at least diminishing these barriers. Empathy with those to whom messages are directed may be the surest way to increase the likelihood that the messages will be received and understood as intended.

#### *8. Discuss the role of symbols in communication.*

Symbols play a major role in communicating, especially in HSOs/HSs. Symbols can be physical things, pictures, or actions. For example, uniforms provide identifying information.

Pictures or visual representation are another type of symbol. They are helpful in communicating, and they greatly increase understanding. Consider how many words would be needed to explain an HSO's/HS's organization structure in lieu of the information in an organization chart.

Action or inaction is a symbol that can be used to communicate. A friendly smile has meaning. A promotion or pay increase conveys a great deal to the recipient and to others. When action is inconsistent with words, contradictory messages are transmitted. For example, a manager who tells a subordinate, "I have confidence in your ability, your performance is excellent, and I want to expand your duties by delegating more to you," would be acting inconsistently if a small technical error caused the manager to become angry. The receiver who says, "I am listening," to the sender and then looks at the clock impatiently or starts to walk away during the conversation sends a mixed message.

#### *9. Think of a situation in which an HSO/HS receives bad press. How might the HSO/HS respond along the reactive–proactive continuum? How should it respond to stakeholders?*

This question is based on Figure 14.9. The continuum of action and communications to stakeholders in difficult times suggests that the HSO's/HS's response could vary widely depending on its managers' preferences and styles as well as its culture. At one end of the continuum, reactive responses include concealing the problem or as much information about it as possible. Less extreme but highly reactive is to admit that a problem may exist but to deny any wrongdoing and take no action to find the cause of the problem or resolve it. Such an

obstructionist position could be taken by the HSO/HS regarding further communication about the problem.

A similar reaction to a problem is one that is best labeled defensive. The HSO's/HS's managers and spokespeople act and communicate in a way that complies with the letter of the law. Such actions and communications are intended to minimize legal liability, reflecting in part the expensive liability for serious problems involving human health and life. However, some managers take defensive positions with internal and external communications whenever problems arise. They may communicate defensively about layoffs, mergers, closures, or problems in which many stakeholders have a legitimate interest.

Two other possible responses shown in the continuum in text Figure 14.9 are more proactive: accommodation and prevention. Accommodation involves accepting responsibility for a problem and aggressively resolving it. In this type of response the actions and the communications about them are proactive. Communications are characterized by openness and candor about the problem, its causes, and the actions being taken to resolve it. Prevention is further along the continuum and focuses on taking aggressive actions to prevent problems. This response would be too late to be used in addressing an existing problem, but it does prevent similar problems from occurring in the future. In a prevention approach, communications are characterized by openness and candor, as in accommodation.

HSOs/HSs are better served in managing difficult situations by actions and communications that are proactive rather than reactive. Reactive responses (concealment, obstruction, and defensive position) imply crisis management and invite the scrutiny of those affected by the problem. Furthermore, concealment and obstruction, and sometimes defense, may not reflect ethical behavior.

Technically, managers who choose accommodation are also reacting to a problem, but their response is positive and proactive as they take responsibility, actively seek to resolve the problem, and communicate openly and candidly about the problem and their actions. Using this response, they are likely to be acting ethically. Prevention involves focused action to avoid problems. Here, managers communicate to interested parties that problems might occur but that actions have been taken to prevent them or minimize their impact. This response also reflects ethical behavior.

#### *10. What are the basic differences between formal and informal communication channels?*

Formal channels of communication (downward, upward, horizontal) follow formal organizational arrangements that are established by management (see Figure 14.3). Informal channels of communication result from the interpersonal relationships of organization participants. Informal channels (see Figure 14.5) are as natural as the patterns of social interaction that develop. Like the informal organization, informal communication flows (channels) coexist with formal patterns.

## Case Study 1

### Apple Orchard Assisted Living

#### *1. What was communicated in the memorandum?*

Primarily, this letter communicates that there was not enough prior warning to Jones from Wilkins, even though several meetings were held. Whether that was true depends on what was discussed during those meetings and whether understanding was bilateral. A clearly implied message is that Wilkins has little confidence in Jones.

### *2. What effect will the memorandum have?*

It is likely that Jones will be confused by the letter and will be defensive. He may even be made justifiably angry, particularly by the last sentence. Jones will not feel good about the letter and will interpret it as unfair. The letter is an overly harsh reprimand. More constructive wording would be, "I will be glad to consult with you regarding managing your subordinates" or "it is important that you do things on your own; however, I will provide assistance if needed."

### *3. How else might Wilkins have communicated with Jones?*

The memorandum is a poor communication channel in this situation and reflects an inappropriate approach to dealing with subordinates. This type of communication is better done on a face-to-face basis. This would allow feedback and would more likely lead to a full understanding of the message by both parties. This memorandum sounds like something that might be written by a supervisor who does not care about subordinates, is insensitive to the feelings of others, or is afraid to confront problems face to face.

## Case Study 2

# Information Technologies in Rural Florida Hospitals

### *1. What else might account for some of this difference in IT use?*

Beyond the significant difference in utilization of IT between stand-alone and system-affiliated hospitals due to finances, other factors also played a role, especially in system-affiliated hospitals. Those listed by the authors of the study upon which this case is based included the following:

- Difficulty in proving or demonstrating quantifiable benefits of IT, which makes it difficult to calculate return on investment
- Some vendors' difficulties in delivering IT products and services satisfactorily
- Difficulty in achieving end-user acceptance

### *2. How might these differences affect patient care?*

The promise of IT is that it can lead to improvements in quality of care for patients; to the extent this is true, the different rates of use of IT between stand-alone and system-affiliated rural hospitals is important. Similar results could also be found in the comparison concerning strategic management and financial performance.

### *3. What might be done to offset the negative effect of lower IT usage in rural stand-alone hospitals?*

According to the authors of the study upon which this case is based, it is likely that the adoption pattern in rural stand-alone hospitals may not change "without substantial grant support from federal or state governments, or innovative approaches to achieve economies of scale and/or financial discounts."<sup>1</sup>

## Case Study 3

# "You Didn't Tell Me!"

### *1. What do these results show? Why?*

The survey results show that the number of subordinates who perceive that their superiors communicate change to them in advance of implementation declines at each successively

lower level. Individual workers infrequently perceive that they have been informed. This perception is probably accurate and consistent with what is often seen in organizations. It is likely that managers at Metropolitan Hospital are not effectively communicating change to subordinates before implementation and that this problem increases as one moves down the chain of command.

### *2. What reasons could explain these results?*

Change and plans for change are discussed more extensively at higher levels in the HSO. In addition, workers may not listen to or understand communications about change to the extent that they should, so they may be surprised when it occurs.

### *3. What steps should the CEO take based on these results?*

This survey should be taken seriously. It indicates serious problems in supervisory–subordinate–leadership. First, determine the real cause. If the cause is supervisory style (a likely cause), then existing supervisor–subordinate leadership practices must be examined and changed.

## Case Study 4

# How Much Should We Say?

### *1. Draw a stakeholder map of this HS.*

Figure 14.6 provides an example of a stakeholder map for a large HSO. Adapt the figure to respond to this question.

### *2. Discuss the options available for how communication with external stakeholders can be undertaken. Which option would be best?*

As with the suggested response to Discussion Question 9, students should be encouraged to use Figure 14.9 as a framework for responding to this question. The continuum of options begins at the left end of the figure with a reactive approach that could include concealing the problem, or as much information about it as possible. An obstructionist position could be taken by the HS regarding further communication about the problem. A similar reaction is one that is best labeled as defensive. The HS's managers and spokespeople act and communicate about the problem in ways that comply with the letter of the law, but they provide little more in the way of information.

Two other options shown in the continuum in text Figure 14.9 are accommodation and prevention. In accommodation, the HS is proactive. Communications are characterized by openness and candor about the problem, its causes, and the actions that are being taken to resolve it. It would be too late to use the prevention approach, which focuses on aggressive and concerted actions to prevent problems from occurring. The HS is better served in managing this difficult situation by actions and communications that are proactive rather than reactive.

### *3. Consider the relationship that this HS had previously established with its community and discuss the effect it would have on the HS's communication with this important external stakeholder in this situation.*

This discussion should begin with a consideration of the necessity for the HS to identify its community. Because the HS has several locations, this activity might not be straightforward. As noted in the text, the meaning of *community* usually implies physical location, although for some organizations or systems it is not this straightforward. For example, community may be a function of specialized services provided (e.g., pediatrics, psychiatric services) or of cohorts of patients served (e.g., patients needing rehabilitation services). The impact of some HSs, perhaps including this one, extends far beyond their immediate geographical locations as they attract international patients, draw students widely and return graduates to serve those



areas, or conduct research that influences diagnosis and treatment without respect to physical boundaries. HSs may have numerous and broadly dispersed physical locations. Physical location is not the only way an HS identifies its community. However, all HSs are concerned to some extent with their relationships with the people and other organizations in their immediate geographical locations.

The nature of the relationship that exists between the HS and its community is the basis for effective communication. This relationship is most successful when it ensures clear understanding and acceptance of the expectations each has of the other and of the responsibilities each bears for the other. The community reasonably wonders what contributions to community life to anticipate from the HS, whereas the HS's managers must be concerned about their system's role in the community, as well as what the community provides in the way of customers or patients, employees, infrastructure, or resources. Until such questions are answered, effective communication flows may be hampered by misunderstanding relationships, responsibilities, and expectations.

Managers in the HS need to consider carefully the nature of the relationship that their system bears to its community as a foundation on which to build effective communication. In building the foundational relationship with its community, the HS's managers can be guided by the answers to several questions listed in the chapter:

- Do we improve health in our community across a broad front of efforts reflecting the determinants of health?
- Do we fulfill our core, health-enhancing mission by providing unique benefits to our community?
- Are our economic contributions broadly defined and fully met?
- Are our philanthropic activities established broadly and generously and collaboratively pursued?
- Are we in compliance with legal requirements and obligations?
- Are our fiduciary and ethical obligations met?

The answers to these questions would have determined the nature of the relationship this HS bore to its community and would have provided a foundation for communication with the community in the difficult situation it now faces.

## Case Study 5

### Getting Help When Needed

#### *1. What role did technology play in Claudia's situation? What role did human error play in her situation?*

Unfortunately, both technology and human error played roles in Claudia's situation. The human error of most importance was that someone placed the wrong nurse's name on a list of nurses assigned to specific patients. This was compounded by other errors. The clerk, who was away from her desk when Claudia first called, should have left someone else with responsibility for answering patient calls. When the clerk, reading from the incorrect list, paged the wrong nurse the delay in responding to Claudia's call for help continued. Responding to Claudia's third call, this time with a sense of urgency, the clerk informed the correct nurse of Claudia's request for help. The nurse, arriving in Claudia's room 30 minutes after the first call for help, found her on the floor in distress.

The role of technology in Claudia's situation was also important. Better, more mobile technology could have assured that when the clerk was away from her desk any calls for assis-



tance from patients could have been received and responded to. Similarly, better technology might have assured that the list of nurse–patient assignments was correct.

### 2. How might Claudia's fall have been avoided?

Assuming an adequate level of staffing on the unit and appropriate training of all staff, Claudia's fall might have been avoided in several other ways. More attention to the importance of preventing such events as Claudia's fall might have led to better technology in support of staff–patient communication. A properly trained clerk might have clarified the issue of identifying Claudia's nurse through better two-way communications. An assumption based on a written list as to the nurse's identity was inadequate, but a brief conversation with Claudia about the identity based on the name on the list might have jogged her memory about the nurse's name, avoiding part of the delay.

In general, Claudia's unfortunate situation reinforces the admonition given in the chapter about how important it is for managers to prevent the occurrence of negative events. In doing so, managers are increasingly turning to integrated sets of activities aimed at making certain that the right things are done, that they are done correctly, and that they are done correctly the first time. These sets of activities go by various names. A popular one is *continuous quality improvement*, or CQI, which relies heavily on communication. CQI (see Chapters 7 and 8) is an important approach in prevention, as are risk management and performance improvement (see Chapter 11). Communications in the context of these efforts are open and candid, focusing on the existence and probabilities of potential problems and steps taken to prevent them.

### 3. What role did communication play in the decision by Claudia's family to sue the hospital?

We can only surmise the role of communication in the family's decision to sue because of limited information in the case. That said, however, HSOs/HSs are better served in managing difficult situations by actions and communications that are proactive rather than reactive (see Figure 14.9). Reactive responses (concealment, obstruction, and defensive positions) imply crisis management and invite the scrutiny of those affected by the problem. Technically, managers who choose accommodation are also reacting to a problem, but their response is positive and proactive as they take responsibility, actively seek to resolve the problem, and communicate openly and candidly about the problem and their actions. Prevention involves focused action to avoid problems.

In taking a preventive approach, managers communicate to interested parties, such as Claudia's family, that problems might occur but that actions have been taken to prevent them or minimize their impact. Problems in HSOs/HSs are inevitable, but many can be prevented. The consequences of problems can be managed far more effectively if managers have established a foundation of understanding and trust by communicating potential problems and their actions to prevent problems or prepare for them. Although the sequence of events that led to the family's decision to sue is unknown from the case, it can reasonably be assumed that the hospital was not practicing a prevention approach to negative events such as Claudia's fall nor communicating in ways consistent with such an approach to the extent it might have.

## Note

1. Menachermi, Nir, Darrell Burke, Art Clawson, and Robert G. Brooks. "Information Technologies in Florida's Rural Hospitals: Does System Affiliation Matter?" *Journal of Rural Health* 21, 3 (Summer 2005): 263–268.

